1000.00.00 INTRODUCTION TO THE POLICY MANUAL

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1000.00.00 INTRODUCTION TO THE POLICY MANUAL

The Policy Manual user must have an understanding of the organization and format of the manual. This introduction provides information regarding the following:

Purpose and Scope of the Manual (Section 1005);
Manual Organization and Format (Section 1010);
Manual Numbering Scheme (Section 1015);
Manual Terminology (Section 1020);
Manual Categories (Section 1025);
Manual Distribution (Section 1035); and
Future Revisions To The Policy Manual (Section 1040).

1005.00.00 PURPOSE AND SCOPE OF THE MANUAL

The manual incorporates policies concerning the Supplemental Nutrition Assistance Program (SNAP), Refugee Cash (RCA) & Temporary Assistance for Needy Families (TANF), and Indiana Manpower Placement and Comprehensive Training (IMPACT) programs. The manual is maintained in an internet version.

Policy concerning burial assistance is included in this manual; however, the determination of entitlement to burial assistance is not supported by the eligibility system.

The provisions of this manual apply to the Division of Family Resources throughout the State of Indiana. The manual is intended as a guide for implementation of all federal and state laws and regulations relating to the eligibility determination of the SNAP, Cash Assistance, and IMPACT programs administered by the Division of Family Resources.

1010.00.00 MANUAL ORGANIZATION AND FORMAT

The manual is organized into the following chapters:

Chapter 1000	Introduction
Chapter 1200	General Program Information
Chapter 1400	Administrative Policy
Chapter 1600	Categories of Assistance
Chapter 1800	Application Registration
Chapter 2000	Application Processing
Chapter 2200	Continuing Case Processing
Chapter 2400	Non-financial Eligibility Requirements
Chapter 2500	IMPACT

Chapter 2600	Resources
Chapter 2800	Income
Chapter 3000	Eligibility Standards
Chapter 3200	Assistance Groups
Chapter 3400	Budgeting and Benefit Calculation
Chapter 3600	Benefit Issuance
Chapter 4200	Appeals and Hearings
Chapter 4400	Data Exchange
Chapter 4600	Benefit Recovery
Chapter 4800	Burial Provisions
Chapter 6000	Glossary

Within each chapter, the manual material is organized with policy common to all programs presented first, followed by policy specific to a particular program or group of programs. The first section (or passage as referred to on-line) serves as a table of contents for the chapter by listing the main sections contained in the chapter.

When a policy applies to all programs, no program designators are listed after the passage title. When a policy applies to only one program, the program designator is listed in parentheses following the passage title.

When policy in a passage does not pertain to all categories of assistance within a program, the first sentence in the passage will state the specific categories for which the passage is applicable. In some instances, the first sentence will state the category for which the passage does not apply.

1015.00.00 MANUAL NUMBERING SCHEME

The numbering scheme used for the policy manual provides a method for numbering each chapter and passage of text. There may be up to four sets of numbers in each passage number. The first number which represents the chapter and section number is four digits. All other numbers are two digits.

The numbering scheme is illustrated by the following:

1600.00.00	Indicates Chapter 1600;
1605.00.00	Indicates Chapter 1600, Section 1605;
1605.05.00	Indicates Chapter 1600, Section 1605, Subsection 1605.05;
1605.05.05	Indicates Chapter 1600, Section 1605, Subsection 1605.05, Second Subsection 1605.05.05;

1605.10.10.05 Indicates Chapter 1600, Section 1605, Subsection 1605.10, Second Subsection 1605.10.10, and Third Subsection 1605.10.10.05.

1020.00.00 MANUAL TERMINOLOGY

Many of the passage titles in the policy manual contain "program designators". These program designations are in parentheses at the end of passage titles.

The program designators and the programs they represent are:

S Supplemental Nutrition Assistance Program

C Temporary Assistance for Needy Families And Refugee Cash Assistance

I Indiana Manpower Placement and Comprehensive Training

The following sections list the specific categories of assistance within each program designation.

1025.00.00 CATEGORIES

The ‘C’ program designator includes more than one category, while the program designator ‘S’ only includes one. The categories within the ‘C’ program designator follow. Further clarification of each category is outlined in Chapter 1600.

1025.05.00 CASH ASSISTANCE

Categories of assistance in the Cash program group are:

Two-Parent TANF Cash Assistance (ADCU)
Regular TANF Cash Assistance (ADCR)
Refugee Cash Assistance (ADCQ)

1035.00.00 MANUAL DISTRIBUTION

The manual is available online at http://www.in.gov/fssa/dfr/3301.htm.

1035.10.00 Searching the Manual

The manual may be searched by clicking find in the edit menu of your internet browser or pressing ctrl + f on your pc keyboard.

1040.00.00 FUTURE REVISIONS TO THE POLICY MANUAL

When the manual needs to be revised or updated, a flash bulletin will alert workers that a revision has been made.

1200.00.00 GENERAL PROGRAM INFORMATION

1205.00.00 Supplemental Nutrition Assistance Program(S)

1205.05.00 LEGAL BASIS (S)

1205.10.00 PROGRAM OVERVIEW (S)

1205.15.00 ELIGIBILITY CRITERIA (S)

1210.00.00 CASH ASSISTANCE AND IMPACT (C, I)

1210.05.00 LEGAL BASIS (C, I)

1210.10.00 PROGRAM OVERVIEW (C, I)

1210.15.00 ELIGIBILITY CRITERIA (C, I)

1215.00.00 RESERVED

1200.00.00 GENERAL PROGRAM INFORMATION

This chapter presents general information about the following Family and Social Services Administration (FSSA) programs:

Supplemental Nutrition Assistance Program (SNAP) (Section 1205);

Temporary Assistance for Needy Families (Cash Assistance) (TANF), Refugee Cash Assistance (RCA), and Indiana Manpower Placement and Comprehensive Training (IMPACT) (Section 1210.)

These programs are administered by the state throughout 92 counties.

1205.00.00 Supplemental Nutrition Assistance Program(S)

The purpose of the SNAP Program is to assist eligible low income participants to obtain a more nutritious diet by increasing food purchasing power. Indiana uses an Electronic Benefits Transfer (EBT) system for issuance of SNAP benefits. The EBT system electronically distributes SNAP benefits on the Hoosier Works card which is similar to a commercial debit or ATM card. Each card has a unique sixteen-digit account number, a magnetic stripe on the back and only works with a four digit Personal Identification Number (PIN) selected by the participant.

1205.05.00 LEGAL BASIS (S)

The legal basis for SNAP is the Food Stamp Act of 1977, the Omnibus Reconciliation Act of 1981, and the Food Security Act of 1965. The United States Department of Agriculture (USDA) is the federal agency which is responsible for administration of SNAP. This agency's Food and Nutrition Service (FNS) provides specific guidance to states concerning the SNAP Program.

1205.10.00 PROGRAM OVERVIEW (S)

Assistance groups (AGs) are issued benefits electronically through the Hoosier Works card. The Hoosier Works card is used to purchase eligible food items at retail stores

authorized by USDA. SNAP is intended to supplement other AG income. The amount of benefits received is based on the AGs size and financial circumstances. These benefits are funded 100 percent by the federal government, and administrative costs are shared by the state and federal governments on a 50 - 50 basis.

1205.15.00 ELIGIBILITY CRITERIA (S)

Individuals who purchase and prepare food together are considered an AG for SNAP purposes and their eligibility is determined together. Individuals who apply for SNAP must qualify on the basis of income and resources. Income, unless specifically exempt by federal regulations, is counted. After adding all the AGs countable income, federally allowed deductions are subtracted. In order to be eligible, any remaining income must fall below set income limits, depending on the AGs size.

In addition, families and individuals must meet work registration requirements as well as certain citizenship and residency requirements. Eligibility criteria are established by USDA and are uniform throughout the United States.

Any AG in which all members are recipients of Cash Assistance (TANF) or Refugee Cash Assistance (RCA)and/or SSI benefits are considered categorically eligible because of their entitlement to these benefits. Eligibility factors accepted for SNAP eligibility and Cash Assistance and/or SSI eligibility are:

1. Gross and net income limits;
2. Resources;
3. Social Security number information;
4. Sponsored alien information, and
5. Residency.

1210.00.00 CASH ASSISTANCE AND IMPACT (C, I)

Cash Assistance programs are designed to provide financial assistance to individuals who meet specific program eligibility requirements. Two federal programs, Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA), comprise the Cash Assistance Programs in the eligibility system.

TANF provides financial assistance to dependent children and their parents or relatives who are deprived of financial support and who meet non-financial eligibility criteria.

RCA provides financial assistance to refugee adults and families who have resettled in the United States. The purpose of the program is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible.

1210.05.00 LEGAL BASIS (C, I)

The legal basis for the TANF cash assistance program is Title IV-A of the Social Security Act as amended by the Personal Work Opportunity Reconciliation Act (PRWORA) of 1996. The Indiana Code (IC) provides authority for operating in Indiana, and the Indiana Administrative Code (IAC) contains specific rules about how the program is run in Indiana. The Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) is the federal agency responsible for the program.

The legal basis for the RCA program is Title IV of the Immigration and Nationality Act (INA) and the Refugee Act of 1980.

1210.10.00 PROGRAM OVERVIEW (C, I)

With the passage of the Social Security Act in 1935, states were given the option of participating in the Assistance to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act). Once the program was adopted, the state was required to comply with laws and regulations of the federal government. The Welfare Act of 1936 established the AFDC Program in Indiana. The program went through many changes and in 1967 was expanded to make payments for the second parent in the home when one of the parents was incapacitated (AFDC-I). Although a federal option previously, the AFDC-Unemployed Program was not adopted in Indiana until October 1, 1990. It became mandatory as a result of the Family Support Act of 1988. In 1996, welfare reform efforts resulted in the Personal Responsibility and Work Opportunity Reconciliation Act that eliminated the AFDC Program and created TANF. The goal of the TANF program is to enable participants to achieve economic self-sufficiency. The aim of the TANF policies and procedures is to meet this goal.

TANF cash assistance is funded through the federal TANF Block Grant which requires states to maintain financial support of other programs for low-income families in order to receive the complete grant amount.

The Refugee Act of 1980 set procedures for the administration of the Refugee Cash Assistance (RCA) program and for the admission of refugees to the United States. Standardized immigration documents were developed at this

time to assist in program administration. A basic principle in the development of this program was that eligibility for other assistance programs was to be determined prior to determining eligibility for RCA.

RCA is funded completely by federal funds.

1210.15.00 ELIGIBILITY CRITERIA (C, I)

The determination of eligibility for TANF cash assistance is a two step process. In addition to financial eligibility, which includes income and resource consideration, each applicant/recipient of TANF must also be determined eligible according to the non-financial requirements of the TANF Program as administered in the State of Indiana.

TANF eligibility is determined on the basis of the eligibility of the child. An eligible child is:

1. A dependent child under age 18 who is a citizen of the United States or an alien lawfully admitted for permanent residence.

2. Living with an eligible relative (as described in Section 3215.05.00) who is unable to provide adequate financial support for the child.

The determination of eligibility for Refugee Cash Assistance (RCA) is dependent on the determination of refugee status by the United States Citizenship and Immigration Services (USCIS). In addition, other non-financial requirements, income, and resources are considered. Refugee Cash Assistance is time limited based upon the refugee's date of entry into the United States.

IMPACT services are available to TANF and SNAP recipients. TANF IMPACT services are available for individuals included in the TANF grant, including zero grants, and those who are not included in the grant:

Whose 24 months of eligibility have expired, but the individual’s TANF Assistance Group (AG) remains open, or

Who are no longer eligible for TANF, but have not completed the On-the-Job Training (OJT) contract initiated for the individual while the TANF AG was open.

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CHAPTER: 1400 ADMINISTRATIVE POLICY	SECTION: 1400.00.00 ADMINISTRATIVE POLICY	

1400.00.00 ADMINISTRATIVE POLICY

1405.00.00 FAMILY AND SOCIAL SERVICES ADMINISTRATION

1405.05.00 DIVISION OF FAMILY RESOURCES

1405.10.00 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES

1405.15.00 DIVISION OF MENTAL HEALTH AND ADDICTION

1405.20.00 DIVISION OF AGING

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1410.25.05 Determining the Need for Bilingual Service (S)

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1415.00.00 OUTREACH

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1425.10.05 Release Of Confidential Information to the Individual

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1425.10.10.20 Issuance of Subpoena

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1445.00.00 MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT

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1460.00.00 USES FOR SNAP BENEFITS (S)

1460.10.05 Communal Dining Facilities (S)

1460.10.10 Meal Delivery Services (S)

1460.10.15 Drug Addiction/Alcoholic Treatment Centers (S)

1460.10.20 Group Living Arrangements (S)

1460.10.25 Shelters For Battered Persons (S)

1460.10.30 Homeless Meal Providers (S)

1460.10.35 Shelters For Homeless Persons (S)

1465.10.05 Methods to Fulfill Certification Needs (S)

1465.10.10.15 Access To SNAP (S)

1465.10.15 Exceptions to Certification Services (S)

1465.10.20 Drop-off Point for Applications (S)

1465.10.30 Out-Of-Office Certification (S)

1465.10.35 Requirement to Publicize (S)

1465.15.10 Minimum Hour Requirements (S)

1465.15.10.10 Expedited Service (S)

1465.15.20 Units with Elderly and Disabled Members (S)

1465.25.05 Determining the Issuance Schedule (S)

1465.25.10 Requirement to Publicize (S)

1465.25.15 Posting Of the Schedule (S)

1465.25.20 Publicizing the System (S)

1470.00.00 DISASTERS (S)

1499.00.00 FOOTNOTES FOR CHAPTER 1400

1400.00.00 ADMINISTRATIVE POLICY

This chapter presents administrative policy, including:

Family and Social Services Administration (Section 1405)
Personnel Standards (Section 1410)
Outreach (Section 1415)
Inquiries for Information (Section 1420)
Confidentiality (Section 1425)
Protected Cases (Section 1430)
ADA/Rehabilitation Act Policy (Section 1432.00.00)
Non-Discrimination (Section 1435)
Complaints (Section 1440)
Mandatory Reporting Of Child Abuse or Neglect (Section 1445)
Case Record Maintenance (Section 1450)
Destruction of Case Material (Section 1455)
Uses for SNAP (Section 1460)
Disasters (Section 1470)

1405.00.00 FAMILY AND SOCIAL SERVICES ADMINISTRATION

The Family and Social Services Administration (FSSA) is the agency of the state responsible for social service and financial assistance programs. The administration includes five major service divisions:

The Division of Family Resources;

The Division of Disability, Aging and Rehabilitative Services; and

The Division of Mental Health and Addiction

The Division of Aging

The Office of Medicaid Policy and Planning

The Office of Early Childhood and Out of School Learning

The mission of FSSA is to develop, finance and compassionately administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient and productive lives.

1405.05.00 DIVISION OF FAMILY RESOURCES

The Division of Family Resources has the responsibility for all the programs included in this manual.

1405.10.00 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES

The Division of Disability and Rehabilitative Services administers programs for people with developmental disabilities.

1405.15.00 DIVISION OF MENTAL HEALTH AND ADDICTION

The Division of Mental Health and Addiction (DMHA) is responsible for mental health needs and addiction services.

1405.20.00 DIVISION OF AGING

The Division of Aging establishes and monitors programs that serve the needs of Indiana seniors.

1405.25.00 OFFICE OF MEDICAID POLICY AND PLANNING

The Office of Medicaid Policy and Planning administers Medicaid programs and performs medical reviews of Medicaid disability claims.

1405.30.00 Office of Early Childhood and Out of School Learning

The Office of Early Childhood and Out of School Learning (OECOSL) manages the Child Care Development Block Grant (CCDBG)including the CCDF voucher program which helps low income families with the cost of child care while parents are working, attending school or training, or enrolled in the TANF IMPACT program. OECOSL also administers Paths to Quality, Indiana’s child care rating and improvement system.

1410.00.00 PERSONNEL STANDARDS

Certain personnel standards must be followed in the administration of the SNAP and Cash Assistance programs. The following sections discuss these requirements.

1410.05.00 DIVISION OF STAFF RESPONSIBILITIES (S)

Volunteers and other non-merit staff cannot conduct eligibility interviews, determine eligibility or establish benefit amounts. The certification unit is responsible for determining assistance group (AG) eligibility.

Security controls in the eligibility system allow individuals to perform only one or the other function based upon security profiles for the individual's job title.

1410.10.00 MERIT PERSONNEL FOR ELIGIBILITY CASE PROCESSING

DFR personnel tasked with the determination of eligibility and calculation of benefits are to be state merit staff employed by the Division. Functions of the eligibility staff include but are not limited to interviewing, evaluating, information gathering, and establishing eligibility and benefit levels.

1410.15.00 USE OF OTHER STAFF

The DFR is encouraged to use volunteers in activities such as prescreening, assisting applicants in completing the application, and securing needed verification.

Individuals and organizations, who are parties to a strike or lockout, and their facilities, may not be used in the SNAP eligibility process except as a source of verification of information supplied by the applicant.

1410.20.00 SUFFICIENT STAFF

The DFR shall employ sufficient staff to perform eligibility and benefit issuance functions accurately and process benefits fairly and timely in accordance with the standards set forth in this manual.

1410.25.00 BILINGUAL STAFF AND MATERIALS (S)

The DFR is to provide bilingual program information, eligibility materials, staff and/or interpreters to low income, non-English speaking, single language AGs (AGs which speak the same non-English language and which do not contain adults fluent in English as a second language)in accordance with the following guidelines.

1410.25.05 Determining the Need for Bilingual Service (S)

The DFR must provide bilingual staff or interpreters, certification materials, and materials used in program informational activities in the appropriate language if the office serves a population of either approximately 100 single language AGs or a low income group of less than 100 in which the majority are of the same single language majority.

Certification materials include the application form, change report forms, and notices to AGs.

1410.25.10 Seasonal Influx of Non-English Speaking Groups (S)

In project areas with a seasonal influx of non-English speaking groups, the DFR is to provide bilingual materials and staff or interpreters as required if, during the seasonal influx, the number of single language minority low income groups which move into the area meets or exceeds the requirements above.

1410.25.15 Estimates Of Potential Target Population (S)

The FSSA will, with input from the DFR, develop estimates of the numbers of low income, single language minority groups, both participating and nonparticipating in the program, for each county by using census data (including the Census Bureau's Current Population Report: Population Estimates and Projections, Series P. 15, No. 627) and knowledge of project areas and area services by certification offices. Local Bureau of Census offices, Community Services Administration offices, community action agencies, planning agencies, migrant service organizations, and school officials may also be important sources of information in determining the need for bilingual service. If these information sources do not provide sufficient information for the FSSA to determine if there is a need for a bilingual staff of interpreters, such certification offices shall, for a six month period, record the number of single language minority groups that visit the office to make inquiries about the program, file a new application for benefits, or be recertified.

1415.00.00 OUTREACH

Outreach promotes education and public awareness of assistance programs as well as increases access to services. Outreach includes:

Providing program information;

Providing referrals to other agencies;

Training community organizations that provide program information to the public to promote assistance programs;

Eliminating the social and geographic barriers to participation; and

Encouraging continued participation by AGs.

1420.00.00 INQUIRIES FOR INFORMATION

An inquiry is a request for information regarding the eligibility requirements for assistance. Individuals inquiring about assistance are to be given information in written form and orally, as appropriate, regarding eligibility requirements, scope of the program, coverage, and the rights and responsibilities of applicants/recipients.

Responses to inquiries regarding eligibility should be general. Information regarding agency procedures, income and resource standards, and program requirements may be provided. In no event should individuals requesting information be told that they are eligible or ineligible unless that individual has filed an application and an official determination has been made.

A worker who makes an eligibility statement without receiving an application and/or completing a thorough investigation of an individual's or family's situation puts the agency at risk of providing benefits to ineligible people and denies the client the right to proper notice which is required by federal law. The notice establishes and supports the client's right to appeal. Verbal communication without written notification serves to interfere with the client's rights.

1420.05.00 PRINTED MATERIAL

Written information such as brochures or pamphlets that describe basic financial and non-financial eligibility criteria, the application process, and participant rights and responsibilities, are to be available. This written information shall be distributed by the DFR and shall be made available to other local agencies upon request. This information is also available on the Division of Family Resources website.

The informational leaflet explaining the rules and procedures governing the appeal and hearing process is to be made available by the DFR to each applicant/recipient and to any other interested person.

1420.10.00 MANUALS AND PROGRAM DIRECTIVES

Program manuals and supplemental instructions used in the determination of eligibility shall be accessible via the internet or at the DFR for examination by members of the public on regular workdays during regular office hours.

1425.00.00 CONFIDENTIALITY

All information obtained by the DFR and maintained in the case record about an applicant/recipient and his circumstances is confidential.

Information obtained by the DFR from participants or individuals, whether or not they are currently participating, is also considered confidential.

1425.05.00 ACCESS AND USE OF CONFIDENTIAL INFORMATION

Access and use of confidential information is to be restricted to those DFR staff members with direct responsibility for establishing eligibility, authorizing benefit levels, and providing services for the individual or family for whom the information was obtained. Confidential information may also be shared with DFR staff who have responsibility for administration and oversight of the programs for which the confidential information was secured.

Under no circumstances may a list of names and addresses of applicants/recipients be released for commercial or political purposes. (f4)

1425.10.00 RELEASE OF CONFIDENTIAL INFORMATION

Sections 1425.10.05 through 1425.10.15 describe circumstances in which confidential information may be released.

1425.10.05 Release Of Confidential Information to the Individual

Upon request of an applicant/recipient and/or his authorized representative for the examination of his case record, all case information pertaining to that individual is to be made available excluding recorded telephone conversations (see below). (f5) Individuals who request copies of case material may be charged a fee per page (not to exceed the actual cost of copying by the DFR Office.

Upon request of an applicant/recipient and/or his authorized representative for the examination of recorded telephone conversation, the recorded telephone conversation shall be made available within a reasonable amount of time. In making this request, the applicant/recipient and his/her authorized representative must provide the date and time of the telephone call and the phone number from which the call was made. Individuals who request a copy of this recording may choose to receive the copy via email or on a disc at the individual’s expense, or, request a transcript of the recording. The requesting individual is advised that additional time is required to prepare a transcript. Further, the requesting individual is advised that preparation of a transcript can be costly and the requesting individual is responsible for that cost.

When a hearing has been requested, DFR mandates “the claimant, or his representative, will have adequate opportunity to examine the contents of his case file and all documents and records to be used by the agency at the hearing at a reasonable time before the date of the hearing as well as during the hearing".

1425.10.10 Release of Information to Third Parties

Unless permitted by one of the following sections, the release of agency information requires a statement signed by the applicant/recipient, authorizing the Local Office to release the information to the requesting agency or individual. (f7) This written authorization must specify the scope of information the DFR is authorized to release,

the specific agency or individual to whom the information is to be released, and the period of time for which information is to be released. (f8) Authorizations should be preserved in the case file.

1425.10.10.05 Release Of Confidential Information without Consent

Confidential information may be released without the applicant's/recipient's permission for purposes directly connected with:

The administration of the SNAP, TANF, IMPACT, Child Support, Medicaid, Title XX, and Federal Supplemental Security Income (SSI) programs (such purposes include establishing eligibility, determining the amount of assistance, and providing services);

Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any of the above programs; or

Any audit or similar activity (for example, a review of expenditure reports or a financial review) conducted in connection with any of the above programs by any governmental entity which is authorized by law to conduct such audit or activity. (f9)

1425.10.10.10 Release Of Confidential Information without Consent (S, C)

Confidential SNAP and TANF (Cash Assistance) information may also be released without consent for the administration of any other federal or federally funded program which provides assistance, in cash or in kind, or services directly to individuals on the basis of need such as the Section 8 Housing Program and the Workforce Innovation and Opportunity Act (WIOA) Programs. For SNAP, if a law enforcement officer provides a recipient's name and notifies the agency that the recipient is fleeing to avoid prosecution, custody or confinement for a felony, is violating a condition of parole or probation or has information necessary for the officer to perform an official duty related to a felony/parole violation then the

agency must give the recipient's address, SSN and photograph (if available) to the officer.

The requesting officer must provide the applicable information listed above which must be documented in the eligibility system along with the officer's name and date requested.

1425.10.10.15 Release Of Confidential Information without Consent (C)

Confidential Cash Assistance information may also be released to support any effort by law enforcement officers to locate a Cash Assistance recipient who is a fugitive felon. The DFR may release the name and current address of the Cash Assistance recipient to a law enforcement officer only after the law enforcement officer has provided the DFR with sufficient information that the Cash Assistance recipient might be a fugitive felon.

1425.10.10.20 Issuance of Subpoena

In the event of the issuance of a subpoena for the case record or for a DFR representative to testify concerning an applicant/recipient, the attorney for the DFR is to immediately be informed of this fact. The attorney should make a determination of the appropriateness of releasing the information and, where appropriate, bring to the court's attention the statute and regulation regarding confidentiality. When information is to be made available to any person under compulsory legal process, the DFR should make reasonable efforts to furnish prior notice to the client regarding the release.

1430.00.00 PROTECTED CASES

Protected cases are those cases which have a greater need for security protection as a result of the relationship between the applicant/recipient and one or more of the agency's staff members. Situations requiring a protected case include but are not limited to:

Cases which include an agency staff member;

Cases which include an individual who is related by blood or marriage to an agency staff member; or

Cases which include an individual who is a close friend of an agency staff member.

Once it is determined that a case needs to have protected status it must be assigned to a worker who has no familial or personal relationship to any of the individuals in the case. A relative or close friend may not perform any of the interview or eligibility functions needed to support the protected case or a case that meets the above criteria but has never received protected status.

It may be difficult to discern that a case needs protection until a problem exists. This may be avoided by workers reporting potential conflicts to their supervisors as soon as they are aware of them.

Workers who access the agency's records pertaining to their family and friends are violating the client's right to confidentiality and the agency's security agreement. Violators may be subject to appropriate disciplinary action.

The case file material should also be maintained at a location which is inaccessible to staff who have no responsibility for the case. This is necessary to ensure that confidentiality is maintained.

1432.00.00 ADA/REHABILITATION ACT POLICY

The purpose of Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) is to protect disabled individuals and individuals who have a relationship or association with a disabled person from discrimination based upon the disability in participation of or obtaining benefits and services which they are otherwise qualified to receive. DFR does not discriminate against individuals with disabilities, as defined by Section 504 and/or the ADA.

1432.05.00 LEGAL BASIS OF THE ADA/REHABILITATION POLICY

The legal basis for prohibition against discrimination of disabled individuals is Section 504, and the ADA. As a recipient of federal funds under the TANF program, the DFR is subject to Section 504 and its implementing regulation promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Part 84. As a recipient of federal funds under the SNAP program, the DFR is subject to Section

504 and its implementing regulations promulgated by United States Department of Agriculture (USDA), 7 CFR Part 15 b. As a state agency providing social services, the DFR is subject to the ADA and implementing regulations promulgated by the U.S. Department of Justice, 28 CFR Part 35.

1432.05.05 Accommodations for the ADA/Rehabilitation Act

It is the DFR's policy to provide reasonable accommodations by furnishing individuals with disabilities appropriate auxiliary aids and services where necessary to afford individuals with disabilities an equal opportunity to participate in and enjoy the benefits of DFR's programs and services for which they are otherwise qualified to receive.

The DFR provides primary consideration to the accommodation requests of individuals with disabilities; however, requests which fundamentally alter the nature of a service, the programs, or create undue financial or administrative burden upon the DFR are addressed by the ADA Coordinator to ensure to the maximum extent possible individuals with disabilities who meet the essential eligibility requirements for the receipt of such DFR services have access to participate in and enjoy the benefit of the DFR's programs and services.

1432.10.00 ADA COORDINATOR

The DFR has an ADA Coordinator to ensure compliance with Section 504 and the ADA. The ADA Coordinator will provide training, advice, and guidance regarding Section 504 and the ADA. DFR staff and contractors with any specific questions or issues regarding compliance with the Section 504 or ADA provide inquiries to the REM, who will contact the ADA Coordinator. The ADA Coordinator works with REM to resolve questions or issues, and evaluate the next steps, if any, needed to comply with Section 504 or the ADA.

1435.00.00 NON-DISCRIMINATION

Individuals will not be discriminated against for reasons of age, race, color, sex, disability, religious creed, national origin, marital status, or political beliefs in any aspect of program administration including, but not limited to:

The acceptance of and responsiveness to a request for assistance;

The eligibility determination;

The issuance of EBT cards or benefits;

The IMPACT Program administration;

Fair hearing procedure; or

Any other service offered by the DFR.

1435.05.00 NON-DISCRIMINATION INFORMATION

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to U.S. Department of Agriculture, Office of the 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard or hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact

us by mail directly or by email. If you require alternative means of communication for program information (e.g. Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202)720-2600 (voice and TDD).

This institution is an equal opportunity provider.

In order to inform all individuals of their protection against discrimination and to ensure agency compliance with civil rights laws and policies:

The DFR publicizes the procedures for filing state and federal complaints in order to inform individuals of nondiscrimination compliance;

All offices must display the USDA nondiscrimination poster "And Justice for All" – AD-475B;

Information regarding the complaint system and an explanation of the procedure must be provided to all individuals immediately upon request.

1440.00.00 COMPLAINTS

An applicant/recipient, or a person acting on his behalf, may register any dissatisfaction he may have regarding a DFR action or inaction relative to his entitlement to benefits as well as any mistreatment by agency staff. Complaints may be made to the DFR in person, by telephone, online or by letter. Some complaints may be directed to the FSSA or other officials of federal or state government. Complaints directed to other governmental offices are normally referred to the DFR for investigation and reply.

All complaints are to be given prompt, courteous, and thorough attention by DFR staff.

1440.05.00 PUBLICATION OF COMPLAINT PROCEDURE (S)

The DFR is responsible for making information on the complaint procedure available to AGs, potential AGs, and other interested persons. These include provision of all appropriate telephone numbers and addresses, the same being displayed in a reasonable fashion in the DFR/SNAP Office, and provided specifically to any person raising a complaint.

1440.10.00 APPLICANT/RECIPIENT COMPLAINTS RECEIVED BY THE DFR

Upon receipt of a complaint from an applicant/recipient, the DFR is to take immediate steps addressing the problem, including any or all of the following:

Review the situation to determine whether the action taken was in accord with federal and state law and regulation; (If an error occurred, adjusting action is to be taken immediately.)

Promptly interview, telephone, or write the complainant to interpret appropriate aspects of the program;

Provide the complainant with appropriate program leaflets;

Advise the complainant of other programs and community resources that may be able to meet his needs; and

Advise complainants of their appeal rights and help them to understand the appeal and hearing process. See IPPM 4205.00.00 – 4205.10.00 regarding appeal rights.

1440.15.00 COMPLAINTS RECEIVED FROM THIRD PARTIES BY the DFR

When the DFR receives a complaint or inquiry on behalf of the applicant/recipient from an individual other than the applicant/recipient, specific information about the applicant/recipient cannot be released without his signed consent. (f11) See IPPM 1425.00.00 – 1425.10.10.20 regarding confidentiality.

If such inquiry is received without an authorization for release of information, the DFR is to provide general information relative to the nature of the complaint. The complainant should be advised of the confidentiality of case records and of the necessity of obtaining the applicant's/recipient’s signed consent should the general information not be sufficient.

1440.20.00 COMPLAINTS OF DISCRIMINATION

Discrimination in the SNAP or Cash Assistance Programs is specifically prohibited on the basis of race, color, national origin, sex, age, or disability. SNAP also prohibits discrimination for religion or political beliefs. Individuals with any of these conditions are referred to as 'protected classes'. In addition, Federal civil rights laws make it illegal to discriminate against someone who has filed a complaint or has engaged in other Equal Employment Opportunity (EEO) or civil rights activity.

Examples of Discrimination

Discrimination can occur in many different ways. The actions below are examples of discrimination and non-compliance with civil rights requirements when the action is motivated by or results from a policy that disproportionately has an adverse impact on a person or group of people who belong to one of the protected classes:

Denial of an individual or household of any service or benefits provided under the program for which the individual or household is otherwise eligible (for example not providing a translator or other foreign language assistance to a household with limited English proficiency);

The failure of DFR staff to provide the same quality, quantity or manner of service or benefits to all;

Segregation or separate treatment of individuals in any manner related to the application for or receipt of program benefits (separate facilities or separate procedures based on race or another protected status and having noticeably better office space in one part of town versus another where populations include a greater percentage of those with protected status);

Use of criteria or methods of administration that have the effect of defeating or impairing the objectives of any program (imposing additional eligibility criteria on certain individuals);

Selection of sites for offices that exclude or discourage individuals from accessing the benefits of the program such as offices that are not accessible to persons with disabilities or offices located far away from an eligible minority community and not served by public transportation; or

Adverse treatment such as rude, unprofessional and unresponsive behavior directed at any individual with protected status.

Evidence of discrimination is established when all of the following conditions are met:

A complainant shows that the individual has been adversely affected by a program decision;

The adverse action is related to a protected condition; and

The individual against whom the action was taken is a member of the protected class.

The complaint must be filed no later than 180 days from the date of the alleged discrimination or when the complainant became aware of the action. If circumstances warrant, the Civil Rights Director of the Department of Agriculture or the Director of Health and Human Services may extend the filing time.

Program applicants or program recipients who feel that they have been discriminated against can complain to the following:

DFR Office staff;

DFR Policy Section of the Division of Family Resources, 402 W. Washington Street, Room W363, Indianapolis, IN 46204, or call (317)233-0826;

Regional Director, Office of Civil Rights/EEO, USDA, Food and Nutrition Service, Midwest Region, 77 W. Jackson Blvd., 20th Floor, Chicago, IL 60604-3511;

For SNAP: complete the USDA Program Discrimination Complaint Form or call (866) 632-9992 to request the form. Send a completed complaint form to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or by fax (202) 690-7442. The form may also be submitted via email at program.intake@usda.gov; or

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office of Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

Individuals who feel they have been discriminated against may file a written or verbal complaint. Anyone contacted about a complaint should make every effort to obtain the following information from the complainant:

Name, address, telephone number or other means of contacting the complainant;

Name and location of office where the alleged discrimination took place;

The nature of the incident that led to the complaint;

The protected status (i.e. race, color, national origin, sex, age, religion, political beliefs or disability) that the complainant believes was violated;

The names and contact information of the individuals who have knowledge of the discriminatory action; and

The date of the alleged discriminatory action.

1440.20.05 DFR and Discrimination Complaints

The DFR's responsibilities related to handling complaints of discrimination are listed below.

1. Civil Rights complaints are to be forwarded to the appropriate Regional Manager who will initiate the investigation. Complaints may be forwarded to the

Regional Manager (RM) via telephone or the regional mailbox (email).

2. Any complaints determined to be a complaint of discrimination based on age are to be reported to the FNS Regional Office of Civil Rights (OCR) within 5 days of receipt.

3. The tracking of civil rights complaints will be managed by the SNAP Policy section.

4. The RM will notify the designee in SNAP policy so that tracking of the complaint may begin. Tracking will include, at a minimum, date complaint was receive by the RM; nature of complaint; disposition of complaint; date final response provided to the client.

5. The RM will designate a manager in their region to address the complaint. This will include at a minimum: contacting client; reviewing case information or other documentation; rectifying any errors in case processing, etc.; competing a report for DFR records; completing a letter that summarizes the findings and responds to the client’s complaint. The RM will maintain oversight of this process.

6. All complaints must be resolved within 90 days, but an investigation will be initiated upon receipt of the complaint.

7. The report will contain, at a minimum, the following information: findings of the investigation with relation to the specific allegations of the complaint and a summary of all interviews with the complainant, participants, and community organizations and case file examinations. The report will be forwarded to SNAP policy for tracking and transmittal to FNS.

8. The report will be submitted to the FNS Midwest Regional Office prior to mailing of a summary letter to the complainant.

9. A letter will be mailed to the complainant with a summary of the findings and actions taken by the Region conducting the investigation approval of FNS. The letter will include information regarding the right to appeal to the Secretary of Agriculture.

1440.20.10 DFR Policy Section and Discrimination Complaints

The DFR Policy Section responsibilities in resolving complaints of discrimination are described below:

1. Complaint is received. Attempt to get as much information as possible as described in Section 1440.20.00 under '**Complaint Format**'.

2. If the complaint alleges discrimination by a specific worker, or refers to one incident (and there is no allegation of or reason to believe that there is a policy or practice in the office that may be discriminatory), refer the complainant to the appropriate DFR office within one day after receipt.

3. If the complaint alleges widespread discrimination or discriminatory practices in the DFR office, arrange to have someone from DFR Policy Section go to the DFR office to investigate the allegation. The investigation would be conducted in a manner similar to the procedures described in Section 1440.20.05, but more emphasis would be put on contacting other applicants and recipients of the same protected class as the complainant to see if they had experienced similar treatment. These cases would also be handled in the same timeframes described under DFR office procedures.

4. Acknowledge receipt of the complaint to the complainant in writing within 5 days after receipt.

5. Review the draft of the decision letter prepared by the Regional Manager or their designee or DFR Policy Section staff after the investigation is completed. Determine if the investigation was thorough and whether appropriate action was taken.

6. If all of the information is complete and the decision is in keeping with stated findings, forward the report to the appropriate federal regional office.

7. Instruct the Regional Manager or their designee to forward a copy of the final decision letter to the complainant.

8. If an investigation was not conducted, review the

DFR's written report to determine if the reason(s) for not conducting an investigation are acceptable.

9. Follow up on all findings of 'probable non-compliance' to insure that corrective actions have been taken and that problems are not recurring.

10. For SNAP: Submit a quarterly report to FNS on all discrimination complaints processed during that period.

11. Review discrimination complaint logs to determine if there are any patterns of complaints that may require training or other corrective actions either statewide or in particular project areas.

12. Analyze participation data to determine if there are areas where any protected classes appear to be under represented, and take corrective action (such as outreach) as needed.

13. For SNAP: Provide information to FNS on complaints to review during civil rights compliance reviews.

14. Insure that state agency staff and all DFR offices understand and receive annual training on civil rights requirements.

1440.25.00 OTHER SNAP COMPLAINTS (S)

Any complaints concerning the following establishments should be referred to the SNAP Policy Unit at 402 W. Washington Street, Room W363, MS09, Indianapolis, IN 46204 or call (317)233-0826 for referral to the USDA, Food and Nutrition Service (FNS):

Retail grocery stores;
Meal delivery services;
Communal dining facilities; and
Drug or alcoholic treatment and rehabilitative centers.

1445.00.00 MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT

Indiana law requires any individual who has reason to believe that a child is a victim of child abuse or neglect to make a report. A person who knowingly fails to make

such a report commits a Class B misdemeanor. Reports are to be made by contacting the local Department of Child Services or law enforcement agency.

Each DFR office should have an established policy which addresses how staff is to report suspected child abuse and neglect. Each worker should be aware of this policy and be encouraged to make appropriate reports.

1450.00.00 CASE RECORD MAINTENANCE

The Eligibility Worker is responsible for the maintenance of a complete and accurate case record. Case records serve the following purposes:

Provides historical information to substantiate DFR action;

Provides essential information about the individual and his current situation to reflect his need for assistance;

Helps to ensure continuity of service by the DFR and/or proper referral to other needed resources;

Prevents needless repetition of fact gathering;

Provides material for research and statistical purposes;

Provides material by which agency policies, practices, and standards of performance can be substantiated and evaluated, and

Provides the basis for the state's payment to or on behalf of an AG.

1450.10.00 CONTENT OF CASE FILE

The case file must contain all signed application forms necessary to support the eligibility determination, collateral sources of verification, and correspondence.

There is no mandatory requirement as to how material is to be arranged in the eligibility case file. However, it is important that the method adopted by the DFR be consistently used.

1450.20.00 RETENTION OF DOCUMENTS WITHIN THE CASE FILE

Most case records are to be maintained for three years. The three year period starts at different times for different documents. The following is the list of documents that must be retained for the entire life of the case and three years following the date on which the eligibility or claims collection case was discontinued:

Application;

Interview guide;

Combined application form used for application actions;

Medical information;

Absent parent information;

Assignment of rights forms;

Court records;

Legal agreements;

Records establishing overpaid benefits and/or fraud;

Social security numbers;

Birth and death records;

Citizenship records

Other case file records must be retained for a three year period beginning with the effective date of the action it supports. Those records include but are not limited to:

Budget forms;

Income and expense records used to support the eligibility determination and benefit calculation;

Notices;

Hearing decisions; and

Benefit issuance records not related to overpaid or underpaid benefits.

Inactive case records may also be preserved during the life of the individual, or as long as they may be needed for repayments on existing claims.

1455.00.00 DESTRUCTION OF CASE MATERIAL

All case file materials must be maintained for review and audit purposes in accordance with the retention guidelines presented previously.

Before destroying case file records it will be important to ensure that the record has lost relevance for all the programs in which the case members participated.

When case records have been inactive for three years, a request for record destruction is submitted to the Archives Division, Commission on Public Records, with a representative sample of three cases for the year. Upon approval, the other inactive case records may be destroyed.

1460.00.00 USES FOR SNAP BENEFITS (S)

This section addresses use of SNAP benefits.

1460.05.00 GENERAL SNAP BENEFITS USE (S)

SNAP AGs must be informed, at application and eligibility review, of rules governing SNAP benefits usage.

SNAP benefits are designed for use by participants to purchase eligible foods, including seeds and plants used to produce food, for home consumption and use. SNAP benefits may not be used to purchase:

Alcoholic beverages;

Tobacco;

Hot foods and hot food products prepared for immediate consumption; or

Paper and cleaning products.

AGs are not required to have cooking facilities or access to cooking facilities to participate in the program.

1460.10.00 SPECIAL SNAP BENEFITS USE (S)

Although SNAP benefits were originally intended for use by eligible AGs to purchase foods for home consumption, certain groups have been authorized to use their SNAP benefits to obtain prepared meals, or to facilitate their obtaining food. These authorized special uses for SNAP benefits are as follow.

1460.10.05 Communal Dining Facilities (S)

Communal dining facilities are public or private nonprofit establishments authorized by FNS to prepare and serve meals for elderly persons and/or for SSI recipients, and their spouses.

Communal dining facilities include:

Senior citizens centers;

Apartment buildings occupied primarily by elderly individuals or SSI AGs;

Any public or nonprofit private school (tax exempt) which prepares meals for elderly individuals during special hours;

Certain other public or private nonprofit establishments (tax exempt) which prepare and serve meals for elderly or SSI recipients;

Private establishments under contract with a state or local agency to offer, at concession prices, meals prepared especially for elderly or SSI individuals; and

Restaurants that have a signed agreement with the Indiana Family and Social Services Administration to provide meals to homeless, elderly or SSI recipients.

AG members who are eligible to use all or any part of their SNAP benefits to purchase meals prepared at a communal dining facility include:

Individuals 60 or older and their spouse; and
Individuals receiving SSI and their spouse.

1460.10.10 Meal Delivery Services (S)

Meal delivery services are nonprofit services authorized by FNS which provide home meal delivery. These services may be political subdivisions, private nonprofit organizations, or private establishments with which the state or local agency has contracted for meal preparation and delivery.

To be eligible to use all or part of their SNAP benefits to purchase meals from a meal delivery service, AG members must be:

Individuals 60 or older and their spouse;

Housebound;

Physically handicapped;

Otherwise disabled to the extent that they are unable to adequately prepare all of their meals; or

A spouse of an individual listed above.

1460.10.15 Drug Addiction/Alcoholic Treatment Centers (S)

Residents of a Drug Addict and Alcohol Treatment and Rehabilitation Program (DAA) can be certified to receive SNAP benefits if the program is tax exempt and certified by the state agency as responsible for the treatment and rehabilitation of drug addicts or alcoholics under part B of title XIX of the Public Health Service Act to provide treatment that can lead to the rehabilitation of drug addicts or alcoholics; or is authorized as a retailer by FNS. Questions regarding whether a facility is approved under these conditions should be directed to SNAP Policy for clarification. The DAA facility can utilize the SNAP benefits of residents within the facility to provide food for the residents of the facility under certain conditions.

The DAA is required to:

Appoint an employee of the facility as an authorized representative

Submit a list monthly to Division of Family Resources that indicates all SNAP clients who are residing in the home

Utilize only half of the benefits from the card prior to the 15th day of the month (based on the client's staggered issuance date); and the other half of the benefits on or after the 16th day of the month (based on client's staggered issuance date)

Provide notice to the state that a client has left their facility within 5 days of the occurrence.

Return EBT cards to clients who choose to leave the facility. If a client leaves without taking the EBT card, the facility is responsible for returning the card to the local office within 5 days.

Residents of DAA facilities, who choose to apply for SNAP while residing in a DAA facility, are to appoint the facility designee as the authorized representative. Facility authorized representatives must verify that they are approved by the facility to be an authorized representative.

If the client is residing at the facility with their own children, the children should be included in the assistance group; otherwise, the client is treated as a single person assistance group. Eligibility is determined as per current business practice, requiring the same verifications.

Clients are exempt from work registration while residing in such a facility and this must be indicated in the eligibility system. When a client leaves a DAA facility, their work registration status must be reviewed and updated.

Clients should be advised of the following at the time of the interview:

The process of appointing and revoking an authorized representative

The DAA facility may maintain possession of the EBT card while the client resides at the facility

The importance of reporting a change of address if leaving the DAA facility (though it is not required as part of simplified reporting)

The DAA facility may take half of the benefits from the card prior to the 15th day of the month (based on the client's staggered issuance date); and the other half of the benefits on or after the 16th day of the month (based on client's staggered issuance date).

If the client chooses to leave the DAA facility to relocate, the DAA facility must return the client's EBT card as noted below.

1460.10.20 Group Living Arrangements (S)

A group living arrangement is an eligible institution if the facility is authorized by FNS to accept SNAP. Residents of such group living arrangements may be eligible to use SNAP benefits issued to them to purchase meals prepared especially for them.

1460.10.25 Shelters For Battered Persons (S)

A shelter for battered persons is an eligible institution if the facility is a public or private nonprofit residential facility that serves battered persons. If such a facility serves other individuals, a portion of the facility must be set aside on a long term basis to serve only battered persons.

Residents of such shelters for battered persons may use SNAP benefits issued to them to purchase meals prepared and served by the shelter.

1460.10.30 Homeless Meal Providers (S)

Homeless meal providers are eligible institutions if they are public or private nonprofit establishments certified by FSSA and authorized by USDA to accept SNAP in payment for prepared meals for the homeless. Homeless individuals may use SNAP benefits to purchase meals prepared and served by such providers. Meals must be provided at the same rate to SNAP recipients as to other homeless individuals.

1460.10.35 Shelters For Homeless Persons (S)

A public or private nonprofit shelter for homeless persons is considered an eligible institution. Homeless persons who reside in these shelters may be certified for SNAP.

1465.00.00 SNAP Services(S)

1465.10.00 LOCATION AND HOURS OF CERTIFICATION SERVICES (S)

The DFR Office is responsible for determining the locations and hours of operation of the certification services made available in each county.

1465.10.05 Methods to Fulfill Certification Needs (S)

The DFR Offices use full service certification offices where low income populations fulfill their certification needs. The DFR has full service locations in every county within the state. In more heavily populated areas there is more than one certification office. Certification interviews may take place in person or via telephone. Documentation required for certification may be submitted in person at a local office, via fax or via US mail.

Each DFR office must offer basic certification services including distributing and accepting applications, interviewing applicants, and accepting notices of change in AG circumstances.

1465.10.10.15 Access To SNAP (S)

DFR offices shall afford access to the program during all normal working hours. To accomplish this, there is a DFR Office in each county where applications can be picked up by applicants during all normal business hours each business day. The DFR Office shall provide the address along with the applications so that applicants can mail them in. Applications shall be accepted and considered filed on the same day they are received.

1465.10.15 Exceptions to Certification Services (S)

Applicants who are unable to obtain certification services during normal certification hours established in accordance with the requirements of this section without missing time from work shall be given appointments for such services. They should be informed that they may apply online or by fax or have a telephone interview.

1465.10.20 Drop-off Point for Applications (S)

Applications and documents are accepted 24/7 by fax. Applications may be completed and filed online 24/7.

1465.10.30 Out-Of-Office Certification (S)

Any applicant shall be eligible for the out-of-office certification procedures.

1465.10.35 Requirement to Publicize (S)

The DFR Office shall publicize the availability of these procedures for AGs which are eligible for them.

In addition, people who contact DFR Offices inquiring about certification services with mobile or satellite offices shall be informed of these certification services.

Normal certification hours are to be posted in the waiting areas and the issuance areas of the DFR Offices.

1465.15.10 Minimum Hour Requirements (S)

The minimum issuance service requirements set forth as follows shall be applied to each county. In accordance with normal processing standards, issuance services shall be planned and implemented so that all eligible AGs are given an opportunity to obtain SNAP benefits within 30 days of filing their applications.

1465.15.10.10 Expedited Service (S)

Issuance service shall be planned and implemented so that any applicant receiving expedited service and determined eligible in accordance with expedited service provisions is given an opportunity to obtain SNAP benefits by the seventh calendar day following the date of application. If the seventh day falls on a weekend or holiday, SNAP benefits must be issued by the workday prior to the weekend or holiday.

1465.15.20 Units with Elderly and Disabled Members (S)

The DFR Office shall assist these AGs by assisting them in finding authorized representatives who can act on their behalf, or by using other appropriate means.

DFR Office staff or state vendor staff may not serve as authorized representatives to certified AGs.

1465.25.00 STAGGERED ISSUANCE OF SNAP BENEFITS (S)

SNAP is on a 10 day staggered issuance schedule statewide, see IPPM 3610.05.25 for the issuance cycle.

1465.25.05 Determining the Issuance Schedule (S)

ICES issuance can only be staggered based upon the first letter of the last name of the case head. Names within a letter cannot be further divided over a period of time as ICES only recognizes the first letter.

SNAP benefit availability shall not elapse more than 40 days between any two issuances provided to any AG **participating** for at least two months. AGs must be able to access SNAP benefits **on or after** their scheduled date.

AGs certified under expedited procedures are exempt from the staggered issuance system.

Staggered issuance schedules may not be implemented until the second full month of an AG's certification period.

1465.25.10 Requirement to Publicize (S)

The written notice for a staggered issuance schedule must be given to all AGs at least 30 days prior to implementation and must include, at minimum, the following information:

An explanation of the staggered issuance system;
the county's schedule of issuance; and
hours of issuance

1465.25.15 Posting Of the Schedule (S)

The staggered issuance schedule must be posted in the local office.

1465.25.20 Publicizing the System (S)

In addition, the DFR Office must publicize the new system. Some suggested methods are as follows:

Contact local civic and community action groups;
place articles in area newspapers; and
make announcements on local radio and television.

1470.00.00 DISASTERS (S)

A disaster is defined as a natural event such as flood, tornado, or fire. It may affect one or many families. In the event FNS declares a disaster in an affected area, AGs in that area will be approved under special disaster procedures.

During a disaster declared by FNS:

FSSA will determine eligibility for affected AGs in accordance with FNS instructions instead of the eligibility determination procedures detailed in this manual;

The designated local office will perform emergency eligibility determinations with authorization from the DFR;

AGs eligible for emergency SNAP benefits will **not** receive both the emergency allotment and the replacement allotment. Replacement policies are described in Chapter 3600 (Benefit Issuance); and

The designated local office will keep records of emergency participation separate from the regular issuance documents.

1499.00.00 FOOTNOTES FOR CHAPTER 1400

Following are the footnotes for Chapter 1400:

(f1) 470 IAC 2.1-1-2

(f2)
(f3)
(f4) IC 12-14-22-8
(f5) 470 IAC 2.1-3-1
(f6)
(f7) 470 IAC 2.1-3-1
(f8) 470 IAC 2.1-3-1
(f9) Social Security Act, Section 402(a)(9)
(f9a) Section 11(e) (8) of the Food Stamp Act of 1977 as amended by Section 837 of P.L. 104-193 (PRWORA)
(f10)
(f11) 470 IAC 2.1-3-1

(f12)

1600.00.00 CATEGORIES OF ASSISTANCE

1605.00.00 CASH ASSISTANCE (C)

1605.05.00 REGULAR TANF (C)

1605.10.00 TWO-PARENT TANF (C)

1605.20.00 REFUGEE CASH ASSISTANCE (C)

1630.00.00 SNAP (S)

1630.05.00 CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (S)

1630.10.00 NON-CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (S)

1650.00.00 CATEGORICALLY INELIGIBLE FOR CASH

1699.00.00 Reserved

1600.00.00 CATEGORIES OF ASSISTANCE

This chapter of the manual provides information regarding the SNAP and TANF programs. It also defines each specific TANF category under which a person/family can qualify. Additionally, it explains the scope of coverage offered under each program and/or category.

With the exception of SNAP, the assistance programs have categorical eligibility requirements which must be met in order to receive assistance. These requirements are discussed in detail in Chapter 2400 - Non-Financial Eligibility Requirements.

The main sections in this chapter are:

Categories of Assistance (Section 1600);

Cash Assistance (Section 1605);

SNAP (Section 1630);

Categorically Ineligible for Cash (Section 1650);

1605.00.00 CASH ASSISTANCE (C)

Two programs provide Cash Assistance in Indiana: Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA). The specific categories and the eligibility system assistance group codes are discussed in the following sections.

1605.05.00 REGULAR TANF (C)

This category is identified in the eligibility system as ADCR.

To be eligible in this category one or both of the child’s parents will be absent from the home.

1605.10.00 TWO-PARENT TANF (C)

This category is identified in the eligibility system as ADCU.

To be eligible in this category the assistance group will include both parents. (f1)

1605.20.00 REFUGEE CASH ASSISTANCE (C)

Assistance groups under the Refugee Cash Assistance (RCA) Program are identified in the eligibility system as ADCQ.

RCA is limited to those individuals who meet immigration status and identification requirements as a refugee and who are not eligible for cash assistance under the TANF programs. (f2)

Refugees who are 65 years of age or older, or who are disabled or blind, must be referred to the Social Security Administration (SSA) to apply for Supplemental Security Income (SSI). Cash Assistance may be provided until SSI is approved. Assistance under this category is limited to the first eight months the refugee is in the United States.

1630.00.00 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (S)

Supplemental Nutrition Assistance Program (SNAP) assistance groups are known as either Non-Assistance (NA) or Public Assistance (PA). The definition of a PA AG is identical to that of categorically eligible AGs. (Reference Section 1630.05.00.) All other AGs are non-categorically eligible. ICES will determine if an AG is categorically eligible and the only indication of this will be reason code 022, all members receive TANF or SSI, on the authorization screen AEWAA.

Caseworkers need to recognize which AGs are categorically eligible to correctly apply the different verification standards that apply to PA households.

1630.05.00 CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (S)

AGs in which all members are receiving public assistance (PA) in the form of TANF (ADCU and ADCR categories) or SSI are categorically eligible. These PA AGs are eligible for SNAP without verification of resources, income, SSN, residency or sponsored alien status because the verifications obtained when TANF and SSI were approved are below the SNAP guidelines.

The following persons will not be included in AGs that are otherwise categorically eligible:

Ineligible aliens;
Ineligible students;

Institutionalized members;
Disqualified AG members.

1630.10.00 NON-CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (S)

AGs will not be considered categorically eligible if:

A member is disqualified for IPV, or

A TANF member is disqualified for IMPACT, work registration non-compliance or IV-D non-compliance.

1650.00.00 CATEGORICALLY INELIGIBLE FOR CASH

If an applicant does not qualify for any category of assistance, the eligibility system will configure an assistance group and sequence number with only the program designation: ADC 01 ("ADC blank"). The AG will fail - individual does not qualify under any of the categories of assistance.

1699.00.00 Reserved

(f1) Family Support Act of 1988
(f2) 45 CFR 400.60

1800.00.00 APPLICATION REGISTRATION

1805.00.00 REQUEST FOR AN APPLICATION

1805.05.00 RIGHT TO A COMBINED TANF AND SNAP INTERVIEW

1810.00.00 Reserved

1815.00.00 INFORMED CHOICE

1820.00.00 INITIAL CONTACT PERSON

1821.00.00 REFERRAL FROM DCS FOR INDIVIDUALS FORMERLY IN FOSTER CARE

1825.00.00 APPLICATION REGISTRATION PROCESS

1825.05.00 COMPLETION OF THE APPLICATION

1825.05.05 Receipt Of an Application

1825.05.10 Joint SSI/FS Application (S)

1825.05.15 Individual Clearance

1825.10.00 PERSON WHO SIGNS THE APPLICATION

1825.10.05 Alias

1825.15.00 DATE OF THE APPLICATION

1825.20.00 COUNTY IN WHICH THE APPLICATION IS FILED

1825.25.00 SCREENING FOR FS EXPEDITED SERVICE (S)

1825.25.05 Expedited Service (S)

1825.25.10 Expedited Joint SSI/FS Application (S)

1825.25.15 Migrant or Seasonal Farm Worker (S)

1825.30.00 TRACKING THE APPLICATION

1826.00.00 INITIAL EVALUATION AND REFERRAL

1835.00.00 SCHEDULING THE INTERVIEW

1835.05.00 EXCEPTIONS TO IN-OFFICE INTERVIEW

1835.10.00 INTERVIEW NOTICE

1835.15.00 DENYING AN APPLICATION

1800.00.00 APPLICATION REGISTRATION

This chapter contains the application registration processes. It includes:

Request for an Application (Section 1805);

Informed Choice (Section 1815);

Initial Contact Person (Section 1820);

Application Registration Process (Section 1825);

Initial Evaluation and Referral (Section 1826);

Scheduling the Interview (Section 1830);

Denying an Application (Section 1830.15.00);

Application Transfer (Section 1830.20.00); and

1805.00.00 REQUEST FOR AN APPLICATION

The Indiana Application for Assistance must be accessible to clients at all times during which the office is open. All reception staff, caseworkers and those answering telephone calls must inform clients that an application will be accepted for all 3 programs (SNAP, TANF, Health Coverage) when the name and address is completed and the form is signed. No other requirements or limitations can be placed on the client's right to file an application

Individuals may request assistance in person, by mail, or by telephone. If requested, the individual will be referred to our application portal on the FSSA website or may be given or mailed an Application for Assistance. When an application form is provided, assistance in completing the application is to be offered.

The individual requesting assistance should be encouraged to file an application the same day the Local Office is contacted. The individual is to be informed that prompt filing is important as the date of entitlement for all programs is affected by the date the signed application is received in the Local Office.

An individual has the right to apply and the right to have the determination of eligibility made without discrimination because of race, color, sex, age, handicap, religion, national origin, marital status, or political belief. An application must be provided without question or delay to any individual requesting assistance without regard to apparent ineligibility.

1805.05.00 RIGHT TO A COMBINED TANF AND SNAP INTERVIEW

When an individual applies for TANF and SNAP concurrently, there is a federal requirement that he is entitled to a single application interview for the purpose of determining eligibility under both programs. In the eligibility system, one interview is conducted for all programs for which an application is made.

1810.00.00 Reserved

1815.00.00 INFORMED CHOICE

The Eligibility System is designed around the outreach concept of "informed choice" which provides clients the option to apply for any or all programs of assistance in one interview. The first option on ICES screen ARCP allows the applicant to choose to have eligibility explored for all assistance programs within ICES for all individuals in the household. The individual has the alternate choice of applying for specific programs. The household should be informed that each program has specific eligibility requirements that do not apply to the other programs, and that loss of benefits under one program does not always mean that other program benefits will also be lost. Specifically the TANF time limits do not apply to SNAP. The household should also be informed that the receipt of has no bearing on the TANF program's time limits. It is the obligation of the Local Office to provide the individual with sufficient objective information to allow the individual to make an informed choice. Additional programs may be selected by the client during the subsequent interview with the caseworker or at any time the client desires but will require an application to be completed.

1820.00.00 INITIAL CONTACT PERSON

The individual who makes the initial request for assistance is referred to as the Initial Contact Person (ICP) for the application. The ICP completes the application registration process and signs the Application for Assistance. The ICP may or may not be seeking assistance for him and may or may not be the interviewee during the application interview.

Refer to Section 2005.05.10 which explains who may be interviewed.

The screener must inform the ICP that information about Rights and Responsibilities are included as an attachment to the Application. Rights and Responsibilities will be discussed in detail during the interactive interview with the caseworker.

1821.00.00 REFERRAL FROM DCS FOR INDIVIDUALS FORMERLY IN FOSTER CARE

Both DCS (Department of Child Services) case managers and DFR (Division of Family Resources) caseworkers should bear in mind that, for recipients who are wards, reaching the 18th birthday may require a change in category. In the situations explained below in this section, the Hoosier Healthwise application will be used; however, this is simply for informational purposes as a standard method to collect current information about the individual, including the assignment of medical rights if an assignment is not already in the case record. Wards already covered under a MED category, other than IV-E FC (MA 4) will continue in the current category if eligible. Refer to Section 2035.30.20 regarding the determination of the Foster Care Independence category (MA 14).

For individuals enrolled as IV-E Foster Care recipients in MA 4, a category change must be processed when the individual is no longer entitled to IV-E maintenance payments. If a DCS case manager has been responsible for the medical coverage, a referral to the DFR will be necessary. A smooth transition will require cooperation between the local DCS and DFR offices, who will establish their own procedures for the exchange of information.

The DCS case manager will:

- Assist the ward in completing a Hoosier Healthwise (purple) application one month prior to the 18th birthday;

- Detach the page of the application, entitled Important Information about Hoosier Healthwise, and give it to the ward as it contains a list of Rights and Responsibilities for Hoosier Healthwise members;

- Fill out a Foster Care Independence Referral, attach it to the application and forward (in the manner established locally) to the DFR office;

- Maintain the ward’s coverage until notified by the DFR worker that the new category is ready to be authorized.

Upon receiving the referral, the DFR caseworker will:

- Review the referral form and application and request income verification from the recipient, if necessary;

- Proceed with the eligibility determination;

- When case processing is complete except for authorization of the benefit, the DFR caseworker will contact the DCS case manager (whose contact information is shown on the referral form) and request closure of current coverage;

- Authorize the new category.

In many instances, medical support rights will have been assigned for the former foster child. However, if an Assignment of Rights to Medical Support is not found in the case record, the individual will need to sign an FI-0750 Assignment of Rights to Medical Support and Payment for Medical Care.

The DFR will encounter former wards between the ages of 18 and 21 who have not been referred by DCS. An applicant may state, at the eligibility interview, that she/he has been in foster care. The caseworker must verify whether the individual was in foster care on his or her 18th birthday with the Indiana Department of Child Services. When possible, the caseworker will verify the wardship status, type, and placement locally. However if this information cannot be obtained from the local DCS office, the supervisor may contact Central Office, specifically the Help Desk or the Policy Answer Line. When provided the name, SSN and date of birth, Central Office staff will obtain the necessary information from DCS and relay it to the DFR supervisor.

1825.00.00 APPLICATION REGISTRATION PROCESS

Application registration begins the application process for individuals requesting assistance. This process is completed by a screener who interacts with the ICP. The purpose of application registration is to:

Gather basic demographic information on the individual(s) for application completion;

Perform individual clearance, statewide clearance, prior contact checks and address inquiries through ICES;

Identify expedited Food Stamp AGs; and

Initiate tracking of applications through ICES.

1825.05.00 COMPLETION OF THE APPLICATION

The online application may be completed online from any

location. A client may also complete an online application in any local office and may receive assistance in completing the application from a local office staff member if requested. Clients may also call the Division of Family Resources central contact number and have an application mailed to them, which they may then fax, mail or deliver to a local office. Clients may also request a paper application (available in English or Spanish) at a local office which they can fill out at their convenience and return by mail, fax or in person. In the case of systems failure, any client visiting the local office for the purpose of completing an application will be provided with a paper application and may request staff assistance in completing the application.

An individual with no fixed home address may provide another mailing address at the time of application. If no other address is available to the client, the local office address may be used.

An application is considered valid when, at a minimum, a name, address, and signature are provided. Once the application has been signed, the recorded information supplied by the ICP is not to be changed nor is information to be added. The date of application is the date on which a signed application is received by the Division. Any application received after 4:30 pm Eastern time of on a non-business day, should be dated as received on the next business day.

1825.05.05 Receipt Of an Application

When a valid Application is received electronically, through the mail, by fax, or is hand delivered, the application will be stamped with the date of receipt. Any application received after 4:30 pm Eastern time or on a non-business day, should be dated as received on the next business day. Inquiry into the Eligibility System will be performed to determine the active, inactive, pending, or unknown status of the individual. Refer to Section 1825.05.15 for information regarding individual clearance.

When an invalid application (missing name, address and/or signature) is received through the mail, the screener does not record its receipt. The form is returned to sender with instructions for proper completion.

1825.05.10 Joint SSI/FS Application (S)

A household where all members are receiving or applying for SSI benefits has the right to apply for SNAP benefits at the Social Security Office. An application is to be completed at the Social Security Office and forwarded to DFR for processing. The SSA office must prescreen the application

for entitlement to expedited service the day the application is received at the SSA office, and enter "Expedited Processing" on the application, if appropriate. Also, the SSA office is to advise the household that expedited benefits may be provided sooner if they apply directly at the Local DFR Office. The date of application will be the date SSA date stamps the application, unless the application qualifies as expedited. The date of application for an expedited application is the date the application is received by DFR

Upon receipt of an application and supporting documents from SSA, DFR is responsible for determining eligibility based upon the information received and the following guidelines:

If an SSI AG is currently receiving Food Stamps, has applied within the 30 days preceding application at SSA, or have an application pending, the caseworker records on the application the reason the application is not accepted, and signs and dates the application. The form and supporting documents are then scanned into the existing case record.

In addition, the household is notified by letter of the reason the application from SSA is not accepted.

If the AG was eligible to apply through SSA, the AG is not required to see a caseworker or participate in an additional interview with DFR. SSA or the AG can complete the application and the SSA interview may be conducted in person or by phone. In addition, the caseworker may not contact the AG further in order to obtain information unless:

- The application is completed improperly;
- Mandatory verification is missing; and/or
- The caseworker determines that certain information on the application is questionable.

1825.05.15 Individual Clearance

Once the assistance is requested, the screener is to ask the ICP if anyone in the household has already applied for or is receiving assistance. It is imperative that the inquiry screens be accessed to identify all individuals who have any previous history in the system. Inquiry must be completed prior to the clearance process for each and every individual residing at the household address using both name and SSN. The screener must resolve any clearance problems before application registration processing continues. Failure to match someone correctly may lead to multiple records and duplicate benefits.

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1825.10.00 PERSON WHO SIGNS THE APPLICATION

Anyone can sign the Application for Assistance. The person signing the application is required to swear or affirm that the information he provides on the application is true and correct to the best of his knowledge or belief. Once the application is signed, the recorded information supplied by the ICP is not to be changed, nor is information to be added.

1825.10.05 Alias

The individual's legal name is to be used on the application in most cases. If the individual has an alias or has used other names in the past, it is important to establish which name the individual uses most frequently when doing business. The individual's most commonly used name is the name under which the case is to be established.

All other names by which the individual is known are to be documented in Comments.

1825.15.00 DATE OF THE APPLICATION

The date of application is the date a signed application is received by DFR. Any application received after 4:30 pm Eastern time or on a non-business day, should be dated as received on the next business day.

For SNAP redeterminations, the date of the application is the date of the interview. When an active case requests to add SNAP, there must be an application signed and submitted which is the date of the application.

If a signed application is received by a Local Office designee at an outreach or itinerate location, the date of application is the date the application is received by the designee. In the event the client elects to add program choices after the Application Registration process, DFR staff must provide the applicant/recipient with an application. If the request is made in person, the application should be provided the day of the request. If the request is made by phone or by mail, the application must be mailed to the applicant/recipient on the same day the request is received. The date of the add-a-program application will be the date the application is received by DFR with the minimum required information (name, address and signature). Any application received after 4:30 pm Eastern time or on a non-business day, should be dated as received on the next business day.

1825.20.00 COUNTY IN WHICH THE APPLICATION IS FILED

An application for assistance may be filed in any Local DFR Office regardless of where the applicant resides. Under no circumstances is an individual to be denied the right to apply for assistance.

Wardship and spousal impoverishment cases require special consideration if the ward resides in a county other than the one in which the individual responsible for him resides, or if the community spouse resides in a county other than the one in which his spouse is institutionalized. For these cases, the application should be processed in the Local DFR Office which is most advantageous for the individual.

1825.25.00 SCREENING FOR FS EXPEDITED SERVICE (S)

During the application registration process, each Food Stamp application must be screened for potential eligibility for SNAP expedited service. This includes each application received through the mail or from SSA. The Eligibility System will identify those AGs which are potentially eligible for expedited service based solely on the answers to the questions No other prescreening questions or activities are permissible to determine entitlement to expedited processing. These AGs should be scheduled for an interactive interview on the same day they file an application, if possible, or the following day. This is to ensure that SNAP benefits are available to the AG no later than seven calendar days following the date the application was filed.

If an application requires expedited service and has not been processed within prescribed time frames, the eligibility system generates a reminder alert to the eligibility worker. If the application is not authorized within seven days, an alert is sent to the supervisor notifying the supervisor that the case is overdue.

1825.25.05 Expedited Service (S)

Each household filing an application must be screened to determine eligibility for a SNAP expedited interview. Expedited service must also be determined when adding the SNAP program. All applicant households which contain a member not certified in the month of application are entitled to expedited service when one of the following criterions is met:

Households with less than $150 monthly gross income and liquid resources do not exceed $100 in the month of application;

Migrant or seasonal farm worker households that can be classified as "destitute" as defined in Section 1825.25.15 with liquid resources that do not exceed $100; or

Households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage and utilities, including entitlement to a SUA in the month of application. The appropriate SUA is used to calculate the total shelter.

An AG previously certified with postponed verification(s), is entitled to expedite processing again only if:

The postponed verifications were subsequently provided after the previous expedited certification; or

The proposed verifications are currently provided; or

The AG has been certified under normal processing standards since the previous expedited certification.

1825.25.10 Expedited Joint SSI/FS Application (S)

DFR must prescreen a SNAP application received from SSA on the day the application is received to determine entitlement to expedited service. If the expedited service requirements are met, the seven day expedited processing standard for an AG in which all members receive SSI begins on the date the application is received by DFR.

1825.25.15 Migrant or Seasonal Farm Worker (S)

Migrant AGs are considered destitute and are eligible for expedited service when the only household income for the month of application:

Is received from a terminated source prior to the date of application; and/or

Is from a new source and no more than $25 will be received by the 10th calendar day after the date of application. (f5b)

1825.30.00 TRACKING THE APPLICATION

Another part of the application registration process is the tracking of applications through the eligibility system. Tracking begins with the date of application. If an application is not processed within 30 days, a reminder alert is generated by ICES to the eligibility Worker. If the application is not processed within 35 days, an alert is

sent to the supervisor advising the supervisor that the application is overdue.

1826.00.00 INITIAL EVALUATION AND REFERRAL

Once an applicant has made contact with the Division of Family Resources, the needs of the individual and family are to be evaluated to determine the type and range of service needed. The Eligibility Worker is to accomplish this by asking the applicant to describe the circumstances which led the applicant to seek assistance. This evaluation is to be accomplished through a structured interview, prior to the initiation of an eligibility interview.

The structured interview is used to determine the extent of:

- Unpaid rent or utilities;
- Employment experience;
- Unmet medical needs;
- Child care issues;
- Unpaid child support;
- Child or spousal abuse;
- Mental health concerns;
- Unmet food or nutritional needs; and
- Paternity establishment

After discussing the family's circumstances, the worker and applicant are to collaborate in identifying necessary services and determining which may be provided by the Division of Family Resources and which will require referral to other service providers. If the family has financial or medical needs, DFR may be the most appropriate agency to provide support, and the caseworker is to take immediate action to determine eligibility. The Eligibility Worker’s knowledge of Family and Social Services Administration programs and the available community resources is essential to the process of matching the family's needs to the services best suited to addressing them. This process requires the worker to be accepting of the applicant and supportive of his or her decisions. The Eligibility Worker is not to impose personal judgments upon the applicant and always is to be aware of the applicant's circumstances.

When the family is in need of financial assistance, the applicant's past/current employment and potential for future employment are to be discussed. Individuals who are unemployed or marginally employed are to be provided with the names, addresses, and telephone numbers of employers who are currently hiring and encouraged to contact the employers as soon as possible. The employment information is to be viewed by both interviewer and interviewee as a helpful resource. Since many applicants will require IMPACT services to be successful, the initial services for most

applicants will be TANF or SNAP benefits in combination with IMPACT services.

Needs evaluation and referral also are essential for aged and disabled clients regardless of the fact that assistance for those individuals is often expected to be long-term rather than temporary. The Division's goal for all applicants is to achieve the highest degree of self-sufficiency possible.

The evaluation process is intended to assist families in making the choices which will best serve their needs. To be successful, the choices must be based on complete and accurate information regarding the options available to the family.

Needs evaluation must not be used as a means of coercing applicants to terminate the application process. The applicant is to be provided the opportunity to file an application at the point of initial contact whether or not the needs evaluation can be performed at that time.

Once the type and scope of services needed by the family have been identified, staff will take all actions necessary to initiate the services which will be provided by the Division of Family Resources and/or refer the individual or members of the individual's family to external service providers. **Emphasis is placed on services which promote short-term dependence and self-sufficiency such as employment or child support services.**

Each Local Office is to establish a referral network with community providers. The referral process within this network is to be as simple as possible to facilitate the delivery of service to the people for whom referrals are initiated.

Agencies to which referrals are routinely made include, but are not limited to:

- Township Trustees
- Indiana Federation of Older Hoosiers
- Social Security Administration
- WIC (Women, Infants and Children) nutritional program
- Violent Crimes Compensation
- Prosecutor's Office (Child Support or Domestic Violence Sections)
- Legal Services
- Indiana Society to Prevent Blindness
- Central Indiana Council on Aging
- Vocational Rehabilitation
- Worker's Compensation
- Workforce Development

Unemployment Compensation
Veteran's Affairs
Community Action Programs

Services are also provided by local counseling and family service organizations, food pantries, immunization clinics, family shelters, community centers, religious organizations, and service clubs such as Lions, Kiwanis and Rotary.

The initial evaluation is an interactive process by which the caseworker and the applicant determine the employability of the applicant. The exact content of the interview questions and the order in which they are asked cannot be dictated. However, the following are some key questions which could be included as applicable in the assessment interview:

What brought you to our agency today?
When and where you were last employed?

If the applicant has previously worked:

What type of work have you done?
What did you like about the jobs you have held?

If the applicant is not currently employed:

What is keeping you from working now?
What can you do to begin looking (or planning, depending on the client's situation) for a job?
What can the Division of Family Resources do to help you in this process?

If the client is currently employed:

What is keeping you from getting a job where you could make more money (work more hours or receive better pay)?

The answers to these questions should assist the caseworker and the applicant in developing a preliminary plan of action for achieving financial independence.

1835.00.00 SCHEDULING THE INTERVIEW

After the inquiry and Application Registration processes have been completed, an interactive interview must be scheduled for the applicant. If the interview is not held on the same day that the application is received, an appointment must be scheduled. The system will generate an appointment notice to the client if an appointment is scheduled at least seven business days in advance for initial applications, five business days for general appointments, six business days for redeterminations, and

ten days for IMPACT appointments. If an appointment is scheduled sooner, a manual notice must be prepared and given to applicant. This can be accomplished by screen printing CSAS.

All SNAP applications must be screened for expedited service. AGs that are potentially entitled to expedited service are given a same day or next day interview. These interviews must be scheduled as a priority, so that an eligibility determination is completed and food stamp benefits made available within seven calendar days following the date the application was filed. Refer to Sections 1825.25.00 and 1825.25.05.

For all other AGs, the initial interview may be held on the same day that the application is received or as soon as possible. The initial interview should be scheduled to give sufficient time to determine eligibility and provide benefits within the timeliness standards.

All individuals must be informed of the conditions under which an out of office interview may be conducted. SNAP assistance groups must be informed of the options for the type of interview that may be conducted. Refer to Section 1835.05.00. The interview method is to be entered on the CSAS screen.

1835.05.00 EXCEPTIONS TO IN-OFFICE INTERVIEW

In-office interviews are not required for SNAP or TANF. Telephone interviews are acceptable in all circumstances. However, for SNAP assistance groups, an in-office interview must be granted upon the request of the household or authorized representative.

A waiver of the face to face interview does not exempt the AG from any verification requirements, although special procedures may be used to permit the AG to provide verification and obtain its benefits in a timely manner. A waiver of the face to face interview also does not affect the length of the AG's certification period.

1835.10.00 INTERVIEW NOTICE

A notice regarding the first interview appointment is generated by the Eligibility System and sent to the ICP if the appointment is more than five business days from the date of application. If the appointment is less than five days from the date of application, a manual appointment notice must be given to the ICP or mailed to an individual who did not request assistance in person. When a client has an application on file for SNAP and misses the appointment, a notice must be sent to the client informing him of the missed appointment. If the individual does not keep an

appointment within 30 days of the application date, the Eligibility System generates an alert to the Eligibility System.

1835.15.00 DENYING AN APPLICATION

If an individual does not keep an appointment within 30 days of the application date, the eligibility System generates an alert to the eligibility Worker. The Eligibility System must then take action to deny the application on the 30th day. The application should not be closed until the 30th day for failure to keep an appointment. If the 30th day falls on a non-business day, the denial action must be taken on the next business day in order to be timely. An entry should be made to explain the denial situation. An applicant may voluntarily withdraw the application at any time.

2000.00.00 APPLICATION PROCESSING

2005.00.00 THE INTERVIEW

2005.05.00 COOPERATION WITH THE ELIGIBILITY INTERVIEW

2005.05.10 Who Can Be Interviewed

2005.05.15 Rescheduling the Interview

2015.00.00 RESPONSIBILITIES OF THE APPLICANT/RECIPIENT

2015.05.00 PROVIDE PROOF OF INFORMATION

2015.20.00 REPORT CHANGES IN CIRCUMSTANCES (C)

2015.20.05 Changes That Must Be Reported (S)

2020.00.00 APPLICATION TIME STANDARDS

2020.05.00 APPLICATION TIME STANDARDS (S)

2020.05.05 Time Standards for Expedited Service (S)

2020.05.10 Time Standards for Residents of Institutions (S)

2020.05.15 Combined Month Issuance Time Standard (S)

2020.05.20 Notice Of Missed Interview (S)

2020.10.00 APPLICATION TIME STANDARDS (C)

2020.10.05 Time Standards For Paroled, Transitioned or Released Prisoners (C)

2020.20.00 APPLICATION PROCESSING DELAY

2020.20.05 Application Processing Delay (S)

2020.20.05.05 Assistance Group Delay (S)

2020.20.05.10 Expedited Service/Assistance Group Delay (S)

2020.20.05.15 Agency Delay (S)

2020.20.10 Exceptions to Application Time Standard (C)

2025.00.00 VERIFICATION

2025.05.00 VERIFICATION REQUIREMENTS

2025.05.05 Verification of Questionable Information (S, C)

2025.05.10 Collateral Contacts

2025.10.00 RESPONSIBILITY FOR OBTAINING VERIFICATION

2025.15.00 REQUESTS FOR INFORMATION

2025.20.00 TIME STANDARDS FOR PROVIDING INFORMATION

2030.00.00 PROVIDING INFORMATION TO THE ASSISTANCE GROUP

2030.05.00 PROVIDING INFORMATION TO THE ASSISTANCE GROUP (S)

2035.00.00 DETERMINATION OF INITIAL ELIGIBILITY

2035.05.00 EXPEDITED SERVICE (S)

2035.25.00 DETERMINATION OF CASH ASSISTANCE CATEGORY (C)

2035.35.00 DETERMINATION OF INELIGIBILITY

2035.40.00 AUTHORIZATION

2035.45.00 AUTHORIZING COMBINED MONTHS' BENEFITS (S)

2035.50.00 EFFECTIVE DATE (S)

2035.55.00 EFFECTIVE DATE (C)

2040.00.00 REAPPLICATIONS

2099.00.00 FOOTNOTES FOR CHAPTER 2000

2000.00.00 APPLICATION PROCESSING

At the end of the application registration process, client scheduling takes place in order to schedule an interactive interview.

The policies in this chapter pertain to the processing of new applications after the application registration and interview scheduling processes have occurred.

The following sections are contained in this chapter:

The Interview (Section 2005);

Responsibilities of the Applicant/Recipient (Section 2015);

Application Time Standards (Section 2020);

Verification (Section 2025);

Concluding the Interview/Providing Information (Section 2030);

Determination of Initial Eligibility (Section 2035);

Reapplications (Section 2040); and

2005.00.00 THE INTERVIEW

An interactive interview is required for all individuals who submit an application with the exception of SNAP only applicants who applied for SNAP in conjunction with SSI at the Social Security Administration. The interviewee may select additional programs of assistance during the interview.

2005.05.00 COOPERATION WITH THE ELIGIBILITY INTERVIEW

An application is to be denied if an individual does not cooperate with the interview requirement. Refusal is determined when the AG is able to cooperate, but clearly demonstrates a refusal to be interviewed. For SNAP, applications are to be denied on the 30th day (or next business day when the 30th day is a non-business day) when the applicant has failed to keep scheduled appointments or to reschedule an appointment by the 30th day.

If there is any question as to whether the household has merely failed to cooperate, as opposed to refused to cooperate, the household should not be denied, and the agency should provide assistance. (f1)

2005.05.10 Who Can Be Interviewed

An applicant or authorized representative may be the interviewee and can conduct all business related to the application process. An Authorized Representative Form must be used to authorize someone to apply on behalf of an AG and must be filed in the case record. However, the requirements as to who can apply without written consent on behalf of an AG vary slightly, depending on the program, as explained below.

> For SNAP and Cash Assistance, a participating AG member can be the interviewee without a written authorization. A non-AG member must be authorized in writing by an AG member. (f2)

In spite of the availability of an authorized representative, the DFR may require personal contact with the applicant if such contact is necessary in order to determine eligibility under any program. Legal guardians and powers of attorney may apply for assistance on behalf of the applicant and must present the appropriate documents verifying their status. A power of attorney document must be general enough to encompass applying for assistance.

The most common usage of this procedure will occur with state institutions under the supervision of the Division of Mental Health. (f4) While the social worker at the facility can be interviewed, the authorized representative must be familiar with the AG situation to represent them properly.

The eligibility worker will determine if the authorized representative is representing the AG appropriately.

Generally, the eligibility worker will not know until the end of the interactive interview whether or not written authorization is required. Once the AGs are formed, the eligibility worker must determine if there are any AGs for which authorization is required.

Authorized representatives assume responsibility for the accuracy of the information provided. AGs who utilize an authorized representative are subject to the same disqualification penalties and possible prosecution as AGs representing themselves.

For SNAP, AGs will be held liable for any over issuance that results from erroneous information provided by the authorized representative. An exception exists when a drug and alcohol treatment center or a group living arrangement acts as an authorized representation.

2005.05.15 Rescheduling the Interview

If the interviewee fails to appear for the first eligibility interview, the application is pended, and the client will be mailed a Notice of Missed Interview (see section 2020.05.20). The individual may schedule another appointment.

For SNAP, if the individual does not keep an appointment within 30 days of the application date, the eligibility worker must then take action to deny the application. An entry in eligibility system should be made to explain the denial.

If the individual contacts the DFR to reschedule the missed appointment, the interview should be rescheduled as soon as possible in an attempt to stay within processing time frames. A copy of written notices to reschedule should be kept. Appointments scheduled by phone should be documented in the eligibility system.

2015.00.00 RESPONSIBILITIES OF THE APPLICANT/RECIPIENT

The DFR must advise each applicant/recipient of his rights and responsibilities as indicated in the following sections.

2015.05.00 PROVIDE PROOF OF INFORMATION

The applicant/recipient must consent to the release of any information necessary to determine the individual's initial and continuing eligibility for assistance. The individual must supply required documents and records and must assist the DFR in obtaining verifications, (f6) including proof of incapacity. Failure or refusal by an applicant to provide the Local Office with information or verification of information required to determine eligibility will render the AG ineligible for assistance. (f7)

If the individual is doing all that he can to cooperate in verifying the information, but is unable to do so, the DFR should assist the AG in verifying the information.

In cases where the individual is a victim of domestic violence, it is important to understand the barriers that can exist in the process of obtaining verifications. This is especially important where the abusing party is in possession of the needed documentation and any attempt to obtain said documentation would pose a threat to the individual applicant/recipient.

When neither the worker nor the individual is able to secure the necessary documentation, the individual's statement is to be accepted as sufficient documentation upon the approval of a supervisor. However, it is important that the worker clearly and completely document the reason for the use of client statement.

2015.20.00 REPORT CHANGES IN CIRCUMSTANCES (C)

The applicant/recipient must report any changes in circumstances affecting TANF eligibility to the DFR within 10 days of the date on which the change occurred or became known to the recipient. (f13) Eligibility workers should encourage applicants/ recipients to report all changes. Applicants/recipients should be advised at the time of the initial interview and at each subsequent interview of their responsibility to report changes. This provision is applicable at any time after the interview, regardless of whether the application has been approved.

2015.20.05 Changes That Must Be Reported (S)

SNAP AGs are subject to simplified reporting requirements and must only report whenever the AGs monthly income exceeds the gross monthly income limit for the AG size. Other changes may be reported by the AG and if reported, must be acted upon.

A change which results in the AG exceeding the gross income limit for their AG size must be reported by the 10th day of the month following the change to be considered timely.

2020.00.00 APPLICATION TIME STANDARDS

Due to federal requirements, applications must be processed within specific time standards. The time allowed varies depending on the program. The time standard is counted beginning with the day following the date of application, and ending with the date on which the eligibility notice is mailed.

Time standards for application processing as required by the individual programs are explained in the following sections.

2020.05.00 APPLICATION TIME STANDARDS (S)

The application time standard discussed in this section applies to initial applications and any AG whose entitlement period has expired.

If all required verification is provided and the AG is eligible, the eligibility worker must provide assistance no later than 30 calendar days after the date of application. (f14) If the 30th day falls on a non-business day, approvals must be completed no later than the last business day prior to the 30th day. Denials can be completed on the next business day. **Exception:** If all verifications have been received except those for deductions, the application should be processed no later than the 30th day without the deductions included. The AG may verify the deductions later and they may be included in a future month according to change processing rules.

When additional verification is needed to complete the application, the AG is allowed 13 days from the date of request unless there is a client delay in being interviewed. When a client has caused a delay in the interview process, the due date for verifications is 2 business days prior to the 30th day. If an interview is

delayed (client caused) to one of the 2 business days prior to the 30th day, or on the 30th day, the due date for verifications is the same day as the request.

If the AG is found to be ineligible, written notice will be provided no later than 30 days following the date of application.

Client and agency delay for the purpose of determining the verification due date is defined as follows:

Client delay: When the client refuses to accept an initial appointment within 12 calendar days from application file date or requests to reschedule the appointment after 12 calendar days from application file date and the appointment is scheduled within 30 days from the application file date.

Agency delay: When the agency, due to no appointment slots being available, schedules the initial appointment after the 12th calendar day from application file date or appointment is rescheduled to a date after 30 days from the application file date.

If the verification is provided within 30 days from application file date, the AG is entitled to assistance from the date of application, if determined eligible.

For applications which have been denied for not providing all requested verification(s): If all requested verifications are submitted after denial but before the 60th day from the application file date, the denial is to be rescinded. If determined eligible as part of the rescind action and verifications are provided after the 30th day from application file date, benefits are to be prorated from the date verifications were provided. If all requested verifications were provided and result in an ineligible case (such as over income), the rescind action should be taken to deny with the new reason and the applicant would be provided with a new denial notice.

Even though denied for the month of application, the AG does not have to reapply in the subsequent month. The same application will be used for the determination of eligibility for subsequent months.

EXCEPTION: For residents of institutions who apply for SNAP prior to their release from the institution, an

opportunity to participate must be no later than 30 calendar days from the date of release from the institution.

For instructions regarding SNAP timely reapplications, refer to Section 2210.05.00. For untimely filed applications (a recertification filed after the 15th calendar day of the last month of the certification period), refer to Section 2210.05.05.

2020.05.05 Time Standards for Expedited Service (S)

The DFR will make SNAP benefits available to AGs entitled to expedited service no later than the close of business on the seventh calendar day following the date of application. There are no exceptions to the seven calendar day processing standard to allow for holidays or weekends. If the seventh day falls on a holiday or weekend, SNAP benefits must be issued on the work day prior to the holiday or weekend. (f15)

The first calendar day following the date of application is the first day of the time frame. If the seventh calendar day falls on a non-business day, the AG must have their SNAP benefits available the last business day before the deadline.

EXAMPLE: AG submits an application on December 22 they must receive their SNAP benefits by December 29, to meet the expedited time frame.

Expedited service is not allowed for AGs that file recertification applications during the redetermination month. If the prescreening during application registration fails to identify an AG as being entitled to expedited service, the DFR will provide expedited service upon discovery of the error, and the processing standard will be calculated from the date the error is discovered. If, at anytime, it is discovered that the AG is not entitled to expedited service, the case reverts to 30 day processing.

2020.05.10 Time Standards for Residents of Institutions (S)

For residents of public institutions who are determined eligible for SNAP prior to their release, the DFR must provide assistance no later than 30 calendar days from the date of release of the applicant from the institution.

2020.05.15 Combined Month Issuance Time Standard (S)

AGs which apply after the 15th calendar day for initial month's assistance and fulfills all eligibility requirements, are eligible for the month of application and the subsequent month and must be issued the initial month's prorated allotment and the second month's allotment simultaneously. All expedited AGs which apply after the 15th calendar day and receive a prorated allotment for the month of application will also receive the second month's allotment within the expedited time standard.

2020.05.20 Notice Of Missed Interview (S)

When a client has an application on file for SNAP and misses the appointment, a notice must be sent to the client informing him of the missed appointment. This applies to initial applications, reapplications and redeterminations.

The eligibility system will automatically send this notice if both requirements are met.

1. The SNAP appointment has been scheduled using the Client Scheduler in the eligibility system.

2. The application is taken through Application Registration.

All other situations will require a manual notice to be sent to the client if a SNAP application is on file and the client misses the SNAP interview. Examples of these are if the worker adds SNAP as a program in an already existing case or if client scheduling was not used to schedule the appointment.

2020.10.00 APPLICATION TIME STANDARDS (C)

The DFR must determine eligibility within a prescribed time standard and must so inform each applicant of this processing standard at the time of application, both verbally and in writing.

For Assistance Groups (AGs) meeting all conditions of

eligibility:

If not required to participate in Applicant Job Search (AJS), assistance shall begin no later than 30 days from the date of application.

For AG's that are required to participate in AJS, it shall be no later than 60 days from the date of the application. (f18)

For AGs not meeting all conditions of eligibility:

If not participating in AJS, the authorization to deny the application should occur no later than 31 days from the date of application. If the 31st day falls on a non-work day, the denial should be authorized on the next available work day. The eligibility system will generate the notice.

For AG's participating in AJS, the authorization to deny the application should occur no later than 61 days from the date of application. If the 61st day falls on a non-work day, the denial should be authorized on the next available work day. The eligibility system will generate the notice.

2020.10.05 Time Standards For Paroled, Transitioned or Released Prisoners (C)

All efforts will be made to ensure that the normal time processing standards will allow for assistance to be available when the prisoner, if eligible, is released, transitioned or paroled. (f18a)

2020.20.00 APPLICATION PROCESSING DELAY

Delay exists when an application is not processed within the federally prescribed time standards. The eligibility worker is to determine the reason for delay and whether the delay was caused by the AG or the DFR by using the information in the following sections.

2020.20.05 Application Processing Delay (S)

The eligibility worker should determine the cause of delay in processing an application or in the return of information/verification. Delay is defined as any period of time exceeding the time standard required to determine

eligibility. Delay may be either AG or DFR delay, as discussed in the following sections. (f22)

2020.20.05.05 Assistance Group Delay (S)

The delay is considered the responsibility of the applicant and the AG is not entitled to assistance for the month of application if the AG:

Has not met the application time standards with available information despite an offer of assistance from the eligibility worker; or

Has failed to register for work after the eligibility worker has informed them of the requirement to register by the deadline; or

Has not provided the necessary verification by the deadline given on the eligibility worker's initial written request listing necessary items to be verified, after the eligibility worker has offered to assist them; or

Failed to appear for an interview and was notified of the initial missed interview as required in Section 2020.05.20.

If the AG has missed scheduled interviews and requests another interview, any delay will be the fault of the AG. If by the 30th day the AG has failed to appear for any scheduled interview the case will be denied as of the 30th day.

If the AG was denied for failing to provide the requested verifications and provides all of the required verifications within 60 days following the date of application, the case denial is to be rescinded without requiring a new application. If the AG was at fault for the delay in the initial 30 day period, was denied and later provided the requested verifications during the second 30 day period, benefits are to be prorated from the date requested verifications are provided.

2020.20.05.10 Expedited Service/Assistance Group Delay (S)

If an AG which is entitled to expedited services ELIGIBILITY SYSTEM misses a scheduled appointment and contacts the office to reschedule after the missed appointment but before the end of the 30th day after the application date, the AG must be given the next available expedited appointment time. The local office will determine a new expedited time frame following applicant delays as follows:

> The AG must have eligibility established by the 7th calendar day following the rescheduled appointment as long as the AG completes the rescheduled interview.

> **EXAMPLE:**
>
> Applicant submits an application on Monday, April 16 and is scheduled for an appointment on Wednesday, April 18. The applicant misses the scheduled appointment, but contacts the agency on April 26th and reschedules an appointment for Friday, April 27th. Saturday the 28th is day one of the seven day processing standard. The AG is entitled to have benefits authorized by May 4th.

These procedures apply if the applicant still meets expedited criteria. If he does, then the AG is allowed expedited verification procedures.

2020.20.05.15 Agency Delay (S)

The delay is considered the responsibility of the agency when the eligibility worker fails to complete a task which causes the application process to extend beyond the application time standard. This delay may occur when the eligibility worker delays in requesting verification, completing the eligibility determination or processing documents that the AG submitted timely, or when the eligibility system is down or incorrectly configuring benefits.

When a delay in the initial 30 day application time standard is the fault of the agency, the AG is entitled to assistance retroactive to the date of application. The worker must complete a manual notice to the AG on the 30th day with information that the application is still pending, state the reason and the action the AG must take to complete the application process. The eligibility worker will provide assistance if needed.

2020.20.10 Exceptions to Application Time Standard (C)

Every effort must be made by the DFR to process all applications within the time standards. If an application pends beyond the time standard, the reason must be clearly documented in the eligibility system. Reasons are as follows:

Awaiting documentation of life insurance cash value from a life insurance company;

Other extenuating circumstances;

Receipt of hearing decision (the eligibility system will require a delay code to be entered if a denial was overturned by the Administrative Law Judge (ALJ).

2025.00.00 VERIFICATION

In order to determine eligibility for assistance, the DFR is required to verify information to support the eligibility determination process such as:

Non-financial factors of eligibility;
Resources;
Income; and
Claimed expenses

These factors will vary by program.

The use of client statement should be used only as a last resort.

2025.05.00 VERIFICATION REQUIREMENTS

The DFR must have adequate factual information on which to base case eligibility decisions. Therefore, at least one source of verification must be obtained for each eligibility factor. Verification is the use of third party information or documentation to establish the accuracy of statements on the application as well as statements obtained during the interactive interview. Verifications must be reasonable and limited to those that are necessary to ensure an accurate eligibility determination. For example, financial and demographic information is required only for those individuals living in the home who are members of the AG (as participants or non-participants). Therefore, when dealing with a household made up of AG

members and excluded persons, the eligibility worker may **not** require the AG, as a condition of eligibility, to provide information and verify the circumstances of the non-AG members. (See Chapter 3200 for information concerning AG membership as a participant or non-participant and exclusion from AG membership).

Verifications may be secured by one of the following methods:

- Telephone contact;
- Personal contact (including home visits); or
- Written (hard copy) documentary evidence; including verifications received by fax or other electronic devices where the authenticity of the source of the verification along with the verification itself can be validated.

The eligibility system must contain all telephone or personal contacts and documentary evidence used as verification. At a minimum, the following must be recorded:

- The eligibility factors verified;
- The name of the contact person;
- The date of the contact; and
- The information obtained from the contact.

This entry in the eligibility system should be in sufficient detail to support the determination of eligibility or ineligibility.

2025.05.05 Verification of Questionable Information (S, C)

All eligibility factors that are questionable must be verified prior to the approval of the AG. To be considered questionable, the information on the application must be inconsistent with:

- Statements made by the applicant;
- Information on previous applications; or
- Information available to the eligibility worker

When determining if the information is questionable, the eligibility worker will base the decision on the circumstances of the AG. Further verifications may be necessary if the following situations occur:

A report of expenses that exceed income;

The AG reports no income and/or no assets, yet is managing financial affairs; or

Information has been received that individuals not included on the application reside with the applicant/recipient and, therefore, the composition of the AG is questionable.

Questionable information alone does not serve as a basis for a denial or termination of the case.

When unclear information is received from a third party or from the AG, clarification and verification of the AGs circumstances must be pursued. A written request, which clearly advises the AG of the verification needed and actions needed to clarify the circumstances must be sent. The notice must advise the AG it has 13 days to respond and clarify its circumstances and that failure to respond will result in denial/closure.

If the AG does not respond to the written notice or does respond but refuses to provide sufficient information to clarify the circumstances, adverse action is taken to terminate the case. A new application is required if the AG wishes to continue to receive benefits.

If the AG responds and provides sufficient information, the reported information must be acted upon.

Benefits for one program cannot be terminated solely because benefits under another program are terminated.

2025.05.10 Collateral Contacts

There are some institutions such as banks, insurance companies, and medical institutions which will not release information without the written consent of the individual. If information from such sources is essential to the determination of eligibility, and the individual does not or cannot provide the necessary information and refuses to sign a release form, eligibility cannot be established and consequently, the application must be denied.

When contacting collateral contacts, disclosure of information should be limited to that which is absolutely necessary to obtain the information being sought.

Disclosure that the AG has applied for or is receiving SNAP or Cash Assistance should not occur.

2025.10.00 RESPONSIBILITY FOR OBTAINING VERIFICATION

The applicant or authorized representative has the responsibility for providing adequate data to substantiate his request for assistance insofar as it is possible. The applicant or authorized representative is not required to present evidence in person at the DFR. The evidence may be supplied in person, through the mail, by facsimile or other electronic devices as listed in IPPM 2025.05.00.

Good judgment is required on the part of eligibility workers when determining what, if any, verifications can be furnished by the applicant or authorized representative. The eligibility worker will accept any reasonable evidence and will be primarily concerned with how adequately the evidence proves the statements on the application.

If it is difficult or impossible for the individual or authorized representative to obtain the evidence in a timely manner or the AG has presented insufficient documentation, the eligibility worker will offer assistance.

In cases where the applicant/recipient is a victim of domestic violence, it is important to understand the barriers that can exist in the process of obtaining verifications where the abusing party may be in possession of the needed documentation and any attempt to obtain said documentation would pose a threat to the applicant/recipient.

When neither the worker nor the applicant/recipient is able to secure the necessary documentation, the applicant/recipient's statement is to be acceptable information.

2025.15.00 REQUESTS FOR INFORMATION

If the eligibility worker requires information or verification from the individual, he must provide the individual with:

A written list of specific information required in order to complete the application process;

The date the information is due; and

The consequences of not returning the additional information by the due date. (f24)

When asked to release information necessary to process an application, the date and the name of the person or organization from which information is being requested must be listed on the release form prior to requesting the client's signature. This policy applies to the Authorization for Release of Information Form, or any of the other forms such as the FI-0014 and FI-0065 used to document the client's authorization for the release of confidential information. All of these forms must show the date signed by the client and may not be honored if more than 90 days old. The client may also revoke this authorization at any time prior to the expiration of the release.

The eligibility worker must provide the verification checklist for all AGs within the household.

The individual is responsible for providing as much of the required information as possible and must be informed that time extensions can be requested for TANF. However, any delay may affect potential benefits. The eligibility worker will assist the individual when the individual is unable to act wholly on his own or when the individual requests assistance obtaining information.

When additional information or verifications are required, the individual must be informed of the above specifications. The eligibility system will not automatically generate this notice.

2025.20.00 TIME STANDARDS FOR PROVIDING INFORMATION

If it is determined at the interview or at any time during the application process that additional information or verification is required or that an AG member is required to register for employment, the AG must be notified and given 13 calendar days to comply with the request.

For all programs, the verification due date is 13 calendar days from the date the pending verification checklist is

provided. If the verification due date falls on a holiday or weekend, the deadline for the requested information is the next working day.

2030.00.00 PROVIDING INFORMATION TO THE ASSISTANCE GROUP

The eligibility worker must verbally explain the following information to each interviewee:

That the AG will receive written notice stating the actions that must be taken to stay eligible. (If the AG cannot comply, the payee should call before the deadline to explain the reason.);

All eligibility factors pertaining to the categories of assistance which have been chosen;

That pamphlets regarding SNAP, TANF Cash Assistance programs and the Appeals and Hearings process are available;

The applicant's rights and responsibilities that are outlined in Sections 1425.00.00 through 1435.00.00, and Sections 2015.00.00 through 2015.20.05;

The fact that the application will be processed for the most assistance available;

The latest date by which the DFR must deliver the AG's assistance (if they are eligible);

That if the AG disagrees with any action taken by the DFR, it may request a fair hearing;

That the AG's SSNs will be matched against the records of other agencies to detect unreported income and resources and that failure to provide either an SSN or proof of application for one will mean that the person cannot be on SNAP or TANF, with the exception of the first month for expedited SNAP;

The next steps to be taken by both the applicant and the DFR; and

An individual may withdraw his application at any time during the application process or request that his assistance be discontinued.

2030.05.00 PROVIDING INFORMATION TO THE ASSISTANCE GROUP (S)

The following should be explained verbally:

That all persons required to participate in the Employment and Training program must comply with the program requirements or the AG may lose SNAP;

Those AG members are expected to keep any suitable job they might have. (Quitting without good cause might make the individual ineligible.);

Those AGs under simplified reporting are only required to report when their total calendar month income exceeds the gross income limit for their AG size.

That the AG has the right to request a telephone interview (See IPPM 1835.05.00);

That there are rules regarding the use of SNAP:

- SNAP may be used to purchase food items and garden seeds at retailers approved by USDA. They may not be issued for hot, ready-to-eat foods or food marketed to be heated in the store. They also may not be used to purchase paper products, cleaning supplies, cigarettes, alcoholic beverages, firearms, ammunition, explosives and other non-food items.

- Sales tax may not be charged on any item purchased with SNAP.

- SNAP benefits on an EBT account may not be bought or sold.

Those SNAP applications may not be denied solely on the basis that an application to participate in another program has been denied. Ongoing SNAP benefits may not be terminated solely because benefits under another program have been terminated.

2035.00.00 DETERMINATION OF INITIAL ELIGIBILITY

This section discusses policy for:

Disposition:

- The initial determination of eligibility or ineligibility; and

Date of entitlement:

- The initial date of eligibility for assistance.

Refer to Chapter 2200.00.00 for determination of on-going eligibility, redeterminations and certification periods.

2035.05.00 EXPEDITED SERVICE (S)

The circumstances that qualify destitute AGs for expedited processing may not qualify them for assistance. For example, non-cash resources are not considered in determining expedited status but are considered in determining eligibility; therefore, an AG might be ineligible based on resources. AGs which qualify for expedited processing but are determined ineligible for benefits must receive a denial notice by the seventh calendar day from the day the application is filed.

The eligibility worker will accept any readily available verification in order to determine eligibility of an assistance group under expedited services criteria. Identity is the only factor that must be verified prior to receiving expedited benefits. The eligibility worker cannot delay the authorization of expedited benefits pending the receipt of other verification. If other verification is pending the AG would be given a 13 day period to return the pending verification. Once the 13 day period has expired, the case can be closed for not returning all the pending verifications (unless deduction related—if no verifications provided for deductions such as shelter expenses, process in processing without these deductions). Cases closed for not providing expedited verifications will not be rescinded. Clients should be informed they must reapply for benefits.

When an AG moves to Indiana from another State the eligibility worker will question the applicant to determine if benefits were issued in the other State for the month of the current application. If benefits were issued from the other State the AG is not entitled to benefits in Indiana for the month of application unless the applicant signs a

statement that the benefits were returned to the other State.

Pending verification of the applicant's statement of non-receipt by the other State agency must be postponed if not completed during the expedited time-frame.

The eligibility worker must accept any readily available verification of an AG's income, including a statement of no income, within the expedited processing time frame and record the results of such attempts. The eligibility worker must be aware that verification of a "no income" statement is as important as verification of reported income.

An applicant AG is not currently eligible for expedited processing unless previously postponed verifications have been provided or the AG has been certified under normal processing standards since a previous expedited certification.

2035.25.00 DETERMINATION OF CASH ASSISTANCE CATEGORY (C)

When Cash Assistance is indicated as a program choice, the eligibility system automatically determines (through a process called failure logic) the category under which the Assistance Group (AG) may receive benefits, according to the hierarchy listed below. The Cash Assistance categories are discussed in Section 1600. If the AG fails for a particular category, the system will explore eligibility under other Cash Assistance categories. If the AG fails to meet the eligibility requirements of all Cash Assistance categories, assistance is to be denied.

Cash Assistance Hierarchy:

ADCR: TANF based upon absence of a parent;

ADCQ: Refugee Cash Assistance when categorical TANF eligibility does not exist for an AG with refugee status.

ADCU: TANF based on a two-parent AG;

2035.35.00 DETERMINATION OF INELIGIBILITY

An AG is to be denied if just one eligibility requirement fails to be met causing the entire AG to be ineligible. However, if, in the course of the eligibility study the eligibility worker verifies that other requirements are not met; all reasons for denial must be entered.

2035.40.00 AUTHORIZATION

An AG must be authorized when all required eligibility information is documented and the determination of eligibility is complete. AGs are to be authorized whenever the eligibility determination is complete. Authorization of an AG is not to be delayed while awaiting completion of the eligibility determination for other AGs in the case.

Before authorizing an AG, the eligibility worker should carefully review all data in the eligibility system for accuracy. .

2035.45.00 AUTHORIZING COMBINED MONTHS' BENEFITS (S)

AGs which apply after the 15th of the month and are determined eligible (for the month of application and the following month) in the month of application are to receive benefits for the initial month and the following month at the same time. This includes expedited AGs which apply after the 15th of the month and are determined eligible for initial month's benefits and the following month.

When the first month’s benefit of less than $10 is pro-rated to a zero benefit, the AG will not receive combined benefits. Benefits for the second month will be available on the first working day of the second month.

AGs which have postponed verifications cannot receive the third month's benefits until all required verifications are provided.

2035.50.00 EFFECTIVE DATE (S)

The effective date for SNAP assistance is the date of application unless the initial month(s) is denied or an AG delay has occurred which revises the effective date. Refer

to Section 2020.20.05.05. Assistance is prorated from the date of application for first month benefits. If the AG causes a delay and provides verification after the 30th day, benefits are to be prorated from the day verifications are provided.

Since the eligibility system prorates from the date the verifications are entered into the eligibility system, the entry should be completed the same day the verifications are provided. If verifications are not entered on the day of receipt, an auxiliary must be done to provide benefits from the day of receipt.

If any Migrant/Seasonal Farm Worker AG was certified for the month prior to the application month in any state or county, benefits will not be prorated from the application date. Instead, the AG will receive a full month's benefits. All other AG's benefits will be prorated from the date of application if there has been a break in certification.

All SNAP assistance groups are given a 12 month certification period. If a SNAP assistance group is added to an existing case the added SNAP AG is given a 12 month certification regardless of when the certification period ends for the other program(s).

2035.55.00 EFFECTIVE DATE (C)

The effective date of assistance is the first of the month following the date of application except when an application is filed on the first day of a month containing 31 days. In this instance, the effective date is the 31st day of the month. Benefits for this day are prorated by the eligibility system. This means that if an application is filed on January, March, May, July, August, October, or December first, a benefit is calculated for the 31st day only.

A person applying for Cash Assistance in Indiana after living in another state will not be eligible for Cash Assistance from Indiana until the state of former residence is contacted to determine if the individual is receiving Cash Assistance from that state. If so, the effective date of the Cash payment from Indiana can be no earlier than the date of discontinuance in the other state.

2040.00.00 REAPPLICATIONS

A reapplication may be made at any time by an individual whose application for assistance was denied or whose assistance was discontinued. If a recipient comes into compliance prior to the effective date of the discontinuance, it is appropriate to rescind the adverse action rather than to require a reapplication.

An individual who appeals a denial or discontinuance which had become effective may file a reapplication at any time. The individual is not to be denied the right to reapply pending the decision of the Administrative Law Judge (ALJ). If the hearing decision is in the individual's favor, the DFR is to take adjusting action as directed in the decision. If the DFR action is sustained, the reapplication is to be processed in the usual manner. The DFR is not to delay the processing of a reapplication taken under these circumstances until the hearing decision is issued as this is not considered an extenuating circumstance for pending a case beyond the time standard.

2099.00.00 FOOTNOTES FOR CHAPTER 2000

Following are the footnotes for Chapter 2000:

(f1)	7 CFR 273.2(d); 405 IAC 2-1-2
(f2)	7 CFR 273.1(f) - FS 470 IAC 10.3-2-2 - TANF
(f4)	IC 29-3-3-5
(f5)	470 IAC 2.1-1-2
(f6)	470 IAC 2.1-1-2
(f7)	470 IAC 2.1-1-2
(f8)	470 IAC 2.1-1-2
(f9)	470 IAC 2.1-1-2
(f10)	470 IAC 2.1-1-2
(f11)	470 IAC 2.1-1-2
(f12)	470 IAC 2.1-1-2
(f13)	470 IAC 2.1-1-2
(f14)	7 CFR 273.10(g)
(f15)	7 CFR 273.2(i)
(f18)	470 IAC10.3-2-3
(F18a)	IC 11-10-12-5
(f22)	7 CFR 273.2(h)
(f24)	470 IAC 2.1-1-2

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2238.00.00 DISCONTINUANCE

2238.10.00 CLOSED CASE FILES

2240.00.00 AG CHANGES ADDRESS

2250.00.00 VOLUNTARY WITHDRAWAL FROM ASSISTANCE

2200.00.00 CONTINUING CASE PROCESSING

This chapter contains policy regarding continuing case processing, including:

Continuing Case Processing (Section 2200)

Redeterminations (Section 2205)

Interim Reporting (Section 2212)

Changes (Section 2215)

Processing Changes (Section 2220)

Adding an Individual to the AG (Section 2225)

Acting on Changes between Redeterminations (Section 2230)

Timely Notice of Adverse Action (Section 2232)

AG Changes Address (Section 2240)

Footnotes for Chapter 2200 (Section 2299)

2205.00.00 REDETERMINATIONS

Periodic reviews of eligibility must be made on assistance cases to ensure that benefits are computed correctly. The requirements for redeterminations are discussed in this section.

A redetermination is the process in which the eligibility worker gathers information on the circumstances of the case members and verifies all changeable elements to establish continuing eligibility.

In general, during a redetermination the following must occur:

The individual or authorized representative participates in an interview;

A new redetermination summary containing current information is printed and signed by the individual or authorized representative;
and

All changeable eligibility factors for the AG are verified.

2205.05.00 ESTABLISHING THE REDETERMINATION MONTH

The redetermination month is the month during which eligibility for all assistance groups in a case is reinvestigated. Federal regulations define the maximum time frames for completion of redeterminations for each program. If there are multiple AGs in the case, the redetermination month is established at the earliest required interval based on the following requirements:

For both TANF and SNAP, a redetermination must be completed at least once every twelve (12) months.

When a SNAP assistance group is added to an existing case, the new SNAP AG will be set for a 12 month certification regardless of the certification dates that exist for other programs.

2205.10.00 SCHEDULING REDETERMINATION INTERVIEWS

SNAP AGs are notified via a notice of expiration of its certification period 45 days prior to the expiration date or the Friday before if the 45th day falls on a weekend. The AG is expected to complete an interview or file a new application prior to the 15th of the last month of the certification period. This would be considered a timely redetermination. AG interviews or applications made after the 15th of the last month of the certification period are an untimely application for benefits.

A redetermination appointment notice is sent to inform the AG payee or authorized representative that a redetermination is due and the date and time of the redetermination interview appointment, if the appointment is scheduled at least 10 days in advance. If the appointment is not scheduled 10 days in advance, a manual

appointment notice must be sent. A copy needs to be retained by the worker.

When the eligibility system schedules redeterminations, all the unique payees in a case receive a notice with the same appointment time.

(See IPPM 1835.05.00 regarding the method of interview.)

2210.05.00 TIMELY SUBMISSION OF THE APPLICATION (S)

To be considered timely, the interview must be completed or an application must be submitted by the 15th of the last month of the certification period.

The recertification process in these cases is as follows:

The interview is scheduled by the 17th of the month (30 day month) or 18th of the month (31 day month) in order to ensure uninterrupted benefits;

13 days are allowed following the interview date for verification to be returned; and

The recertification is authorized by the end of the month.

In the event this time frame is not met, the eligibility worker will determine who caused the delay. If the applicant did not miss a scheduled interview and provided the information requested within 13 days, any delay must be considered agency delay. The timely interview or resubmitting of the application and required verification would entitle the recipient to benefits for the following month on the regularly scheduled issuance date. Refer to Section 1825.45.00 for interview criteria for expedited AGs.

If the timely filed application results in a denial, action can be taken on the first day following expiration of the 13 day period but should be taken at least by the end of the last month of the certification period.

2210.05.05 Untimely Submission of the Application (S)

If the interview is completed or application for recertification is received after the 15th of the last

month of the certification period, it is considered an untimely submission. Processing time standards are altered for untimely applications.

The following application standards apply for untimely applications:

The application is to be processed by the 30th day after filing; and

The eligibility worker will allow 13 days from the date the verifications are requested for the AG to provide verifications and assure uninterrupted benefits and entitlement. If all verifications are not provided, the recertification is denied after the 13 days have expired. If the client provides all requested verifications within 30 days from the end of the certification period, the denial is to be rescinded.

2210.05.10 Determining Eligibility and Benefit Level (S)

If an application is filed following any break in assistance of more than one day, benefits will be prorated from the date of the application. Migrant/seasonal farm worker AGs are not prorated unless there is a 30-day break in assistance. That is, if a migrant/seasonal farm worker Ag received benefits anywhere in the last 30 days, the benefits will not be prorated at application point.

2212.00.00 INTERIM REPORTING (S)

Non-elderly/disabled and elderly/disabled with earned income SNAP Assistance Groups required to recertify every 12 months will be required to complete an Interim Contact Form (ICF) at the 6th month of the SNAP certification period.(Households containing all elderly/disabled members with no earned income are not required to complete interim reports). The system will send applicable AGs the Interim Contact Form at 6 calendar days prior to recur date in the 5th month of the certification period. The Interim Contact Form is sent with a cover letter to explain the form and provide instructions and inform of which verifications may be needed. A notice will be sent to Authorized Representatives designated to apply and/or as on-going informing that an Interim Contact Form was sent to the client. (The Authorized Representative does not actually

receive the Interim Contact Form.)

Each SNAP AG will receive an interim contact form. The AG may receive their report at different times depending on their first eligible month after the initial certification is established (example: add-a-program).

If a client turns age 60 during the certification period, there is still a requirement to submit an interim contact form. This AG would not be considered elderly/disabled AG. At the next certification the AG will no longer be required to submit an ICF.

The due date for the interim contact form is the 1st calendar day (or the next business day if the 1st falls on a weekend or holiday) of the 6th month of certification period.

2212.05.00 Complete Interim Contact Forms (S)

To be considered complete, the form must be signed, have all questions answered and provide acceptable verification for each item that has been answered as “yes” on the form. Acceptable verification includes, but is not limited to, the following:

For jobs: pay stubs for the last 30 days
For unearned income: award letter with current amount
For new Vehicles: vehicle registration
For resources: most recent bank statement

2212.10.00 Returned Interim Contact Forms (S)

If all the conditions in 2212.05.00 are not met, a new ICF will be sent to the client along with a pending verification checklist. The deadline for return is 13 days. If the AG does not comply in providing information and/or verification necessary for processing within the deadline date, the SNAP AG must be closed.

If the ICF is not received by the due date, the AG is sent a system generated reminder notice at the close of business on the 2nd business day after the due date. A reminder will also be sent to the Authorized Representative.

If the ICF is not received by the adverse action date of the interim report month (6th month of certification period), the system auto-closes and sends a closure notice

to the SNAP AG.

If the ICF is submitted prior to the end of the month the closure is to be rescinded and processing is continued. If the client sends in the ICF after the last day of the interim month and the case has been auto-closed, the client must reapply for SNAP and complete an application interview.

Clients who move and contact the Call Center reporting a new address after the first of the interim month, will have a contact form mailed to them with a due date of 13 days.

2215.00.00 CHANGES

The individual may report a change in circumstances or the DFR may learn of a change which could affect eligibility or the benefit amount. The eligibility worker is responsible for promptly evaluating the change and taking any indicated action to adjust the benefit.

Changes in circumstances include, but are not limited to:

- Changes in income or child care expenses;
- Change in composition of the AG;
- Change in living arrangement;
- Change in a child care provider's situation;
- Change in resources;
- An unanticipated change in IMPACT or work registration status; or
- Changes in the legal obligation to pay child support.

2215.05.00 CHANGES THAT ARE REQUIRED TO BE REPORTED (S)

SNAP AGs are subject to simplified reporting requirements and must only report whenever the AG’s monthly income exceeds the gross monthly income limit for the AG size. Other changes may be reported by the AG and if reported, must be acted upon. There is no penalty for the AG failing to report other changes.

A change which results in the AG exceeding the gross income limit must be reported by the 10th day of the month following the month exceeding the gross income limit in order to be considered as timely reported.

2215.10.00 DATE CHANGE REPORTED

The date a change is reported is the date on which an individual reports the change in person, by phone, by fax, or in writing to the DFR or Document Center. This includes speaking directly to the eligibility worker or other staff member and leaving messages for the eligibility worker. All reports of changes are to be accurately documented and should be entered in the eligibility system the same day the change is reported. The eligibility system establishes the date that the information is entered in the system as the date it was reported. The "occur date" is the date on which the change actually occurred.

2215.15.00 ELIGIBILITY WORKER RESPONSIBILITIES REGARDING CHANGES

Prompt action must be taken on all changes to determine if they affect eligibility. The case record must include the date the reported change was received, whether the change was reported by mail, telephone, or personal visit, the nature of change and any other appropriate information. The eligibility worker must take appropriate action on all reports of changed information promptly but no later than 10 days from the date of the receipt of the change.

The individual must be notified of any change in eligibility or benefit. In addition, if the change was reported by the AG, the AG will be notified even if there is no change in eligibility or benefit amount.

If the eligibility worker is made aware of discrepant information or information that could affect eligibility or level of benefits, but lacks enough information to determine the effect, the eligibility worker will issue a request for verification. This request should be issued on the date of receipt of the change if at all possible, outlining the needed information or verification, and allowing 13 days from the date the notice is issued to provide the requested information.

If the AG provides the requested information or verification within the designated 13 day period, the

eligibility worker will take appropriate action. If the AG refuses to provide the requested information or verification within the designated 13 day period, the eligibility worker will, on the first day following expiration of the 13 day period, take action to recalculate eligibility and authorize the appropriate action for each AG.

SNAP AGs are subject to simplified reporting requirements and must only report whenever their income changes in an amount to exceed 130% of poverty (the maximum gross amount income limit) for the AG size. This must be reported within 10 days from the end of the month in which the change occurs. No other changes are required to be reported by these AGs. However, the AG may report any changes and if reported, the changes must be verified and acted upon by the worker.

For SNAP, an exception exists regarding changes in medical expenses. A SNAP AG cannot be required to report a change in medical expenses or provide verification of medical expenses during the certification period. If a new or different expense is reported but not verified, only those expenses which were verified previously must be left in the SNAP budget until the AG is recertified.

2220.00.00 PROCESSING CHANGES

Individuals are given 10 days to report the change, 13 days to verify the change, and if the action is negative, 10 days (plus three days for mail delivery) timely notice of adverse action. If the individual is doing all that he can to cooperate in verifying the information but is unable to do so, an extension may be granted or the eligibility worker may assist in verifying the information. Document the reason for any extension. In either instance, if the individual and the eligibility worker are unable to adequately verify the information within a reasonable time, the best available information is used to process the change and is documented.

When it becomes necessary to take adverse action (that is, close the case or reduce the benefit level) on an AG, there must be time to give advance notice of the adverse action. This is referred to as timely notice. The time period is 13 calendar days for all programs.

2220.05.00 CHANGES REPORTED AND VERIFIED TIMELY

When a change is reported within 10 days of the date the change occurred and is also verified within 13 days of the report date, action is taken as indicated below:

When a change results in a positive action or increases the level of benefit, including the addition of a mandatory AG member, the effective date of the change is the month following the month the change was reported.

EXAMPLE:

An individual reports on 7/25 that his last day of work was 7/16 and his last paycheck will be 7/26. He did not voluntarily quit his job. He provides a statement from his employer on 7/30 (within 13 day guideline). The earnings are removed from the budget effective 8/1.

If the AG's benefit level decreases or the AG becomes ineligible as a result of the change, the decrease in the benefit level is effective the month following the expiration of the timely notice period.

2220.10.00 CHANGES REPORTED UNTIMELY YET VERIFIED TIMELY

If a change is not reported within 10 days yet is verified within 13 days following the report date, action is taken as indicated below:

When the change results in an increase in benefits or other positive action, the change is effective the month following the date reported.

EXAMPLE:

An individual is fired from his job on 6/3 and received his last paycheck on 6/23. He calls to report the change on 6/28. On 7/3 he faxes in his last paycheck stub. The eligibility worker verifies by phone that his last day was 6/3 and his last pay was 6/23. The loss of earnings are reflected 7/1 with a supplemental benefit being issued for 7/1.

When the change results in a decrease in benefits or the AG becomes ineligible, the change is effective the month following the expiration of timely notice.

EXAMPLE 1:

A TANF child moves to Texas to live with his father on 6/3. His mother calls on 6/28 to report the change and provides the new address on 6/30. Since this child is the only eligible child, the case is discontinued effective 8/1. Benefit recovery is pursued for July.

EXAMPLE 2:

An individual begins a job on 5/26 which he reports on 7/19. His earnings reduce his benefit effective 9/1. Benefit recovery is pursued for July and August. Refer to Chapter 4600.00.00.

2220.10.05 Changes Resulting In an Increase Not Verified Timely (S)

When an AG reports a change that increases SNAP benefits, a written notice should be sent to the AG requesting verification and allowing 13 days to provide the verification. If the verification is not provided by the 13th day, the benefits should continue at the current amount until after the untimely verifications are provided or the end of the current certification period. When the untimely verifications are provided, the increase shall be implemented from the date the verification is provided rather than from the date the change is reported.

This section only applies to reported change(s) that will increase benefits such as:

Adding a member with zero income, or
Decreases in countable income or allowable expenses from previously verified sources.

Example: The AG reports on 5/25 that a member has lost his earned income. The AG is given until 6/7 to provide the verification. If the AG provides the verification by the deadline, the benefits are increased to reflect the change for June benefits since the change resulted in an increase in benefits. (A supplemental will be required.) If the same AG failed to provide the verification by the deadline, the benefits would continue at the same amount for June and subsequent months. If the AG provided the verification on 6/10 the increase benefits should be reflected in the July budget. No restoration is given for June benefits.

This section does not apply when non-financial or resource changes that may make an individual or the entire AG ineligible are reported. When these types of changes occur alone or with a change that would increase benefits, all changes must be verified. Failure to verify all reported changes will result in termination for failure to cooperate in establishing eligibility.

EXAMPLE: The AG reports that Aunt Betty has moved into the home, verifies her presence but fails to verify her income within 13 days as requested. The eligibility worker will propose closure for failure to provide necessary information
EXAMPLE: Same situation as above but Aunt Betty has no income. She has other non-financial verifications (citizenship, Cooperation with Work Programs, etc.) pending beyond 13 days. Although adding her appears to be a positive change resulting in an increase because her non-financial eligibility has not been determined, she cannot be added until she has complied. In this case, closure for non-compliance would not be proposed.

2220.15.00 FAILURE OF ASSISTANCE GROUP TO REPORT CHANGES

If it is discovered that the AG failed to report a change as required above and as a result received benefits to

which it was not entitled, a referral is made to Benefit Recovery to initiate a claim determination and benefit recovery.

For SNAP, the AG will not be referred to BV because of a change in circumstances that it is not required to report (i.e. not required to be reported under simplified reporting).

2220.20.00 AGS WHICH SPLIT UP DURING AN ENTITLEMENT PERIOD (S)

In the month when the original AG separates, no additional benefits are due to any departing member if the individual participated as a member of the original AG during that month. The exception to this policy is the battered spouse. Refer to Sections 3210.15.30 and 3210.15.30.05.

If the original payee remains, the payee does not change when the AG separates unless the AG requests a payee change.

The eligibility worker must act on a reported change within the specified time period. A notice of decision reducing its allotment will be sent to the original AG. If the adverse action period expires after the beginning of the following month, its allotment cannot be reduced until the subsequent month.

2225.00.00 ADDING AN INDIVIDUAL TO THE AG

When a request to add an individual to the AG is received or a mandatory AG member enters the home, all eligibility factors must be reviewed.

Neither an application nor an interview is necessary, but all of the required information and verification regarding the new member must be obtained in order to make an eligibility determination and add him to the AG.

When an individual must be added for the next month and the cut-off date has passed, auxiliary benefits (if appropriate) must be issued.

2225.05.00 EFFECTIVE DATE FOR ADDED INDIVIDUALS

The effective date for added individuals is the first of the month following the date of request when verification is provided timely and the result is an increase in benefits. If there is a decrease in benefits, normal adverse action timeframes apply. For cash assistance only, the effective date is usually the first of the month following the application date. However, if the application is filed on January 1, March 1, May 1, July 1, August 1, October 1, or December 1, benefits are effective the 31st day of the application month.

2225.15.00 THE TANF FAMILY BENEFIT CAP (C)

The policy in this section affects the ADCU and ADCR categories of cash assistance.

The TANF grant amount will not be increased to add a child who was born more than ten (10) calendar months after the initial date of assignment to Treatment status of the child’s parent(s).

The provision also prohibits an increase of the TANF grant for any additional individuals who, because of a parental or sibling relationship to the baby, would have been mandatory additions to the participating assistance group under TANF cash assistance rules.

This policy pertains solely to the TANF payment calculation and the resulting benefit amount. The baby and his parent and siblings in the home (if eligible under TANF cash assistance rules) are:

TANF recipients;

Subject to all program requirements such as IV-D assignment and cooperation (except for the cap affected children), signing the Personal Responsibility Agreement, and cooperating with all program requirements.

Once correctly applied, the family cap exclusion would continue if the assistance group was to lose and then regain TANF eligibility.

The benefit cap provision does not apply:

When the baby was conceived as a result of incest or rape as verified by a physician's statement and police records;

When the baby (or babies in the case of a multiple birth) is the first born child of an assistance group member who is a minor;

When the baby resides with a non-parent caretaker and his parents are not in the home;

When the baby was conceived in a month in which the parent was not a member of the TANF assistance group. If both of the child's parents are in the assistance group, both must have been non-recipients when the child was conceived. (NOTE: A baby which was conceived in a month in which the parent was excluded from the benefit because of the expiration of the parent's 24-month benefit period will not receive the exemption.); or

When the baby has a substantial physical or mental disability at birth (as verified in writing by a licensed physician).

With the exception of the factor involving the month of conception, the circumstances can be verified by accessing pertinent information in the eligibility system and obtaining written statements from objective third party sources that have knowledge of the situation. If it is possible that the caretaker relative was not a recipient when the baby was conceived, an approximate date of conception must be established. This is calculated by subtracting nine (9) months from the date of birth.

All statements, evidence and arithmetic calculations pertaining to the benefit cap determination must be fully documented in the eligibility system.

When an AG reports the birth of a child, it is first necessary to establish:

Whether the baby would be a mandatory participant in the cash assistance group under TANF cash assistance rules (that is, whether the baby is full or half-sibling to at least one (1) child in the cash assistance group; and

Whether the baby is subject to the benefit cap provision.

If the child is found to be a mandatory assistance group member who is subject to the benefit cap provision, the next step is to consider the income and needs of all individuals who would be mandatory assistance group members under TANF cash assistance rules, including the baby and the baby’s siblings and parents in the home. Assistance will continue only if the assistance group remains eligible when all mandatory members' income and needs are included in the eligibility determination. If the assistance group is ineligible, action will be taken to discontinue the TANF benefit for the entire family.

When including the baby and the additional family members the baby draws in results in continuing TANF eligibility, the payment calculation for the original assistance group members is performed as if the baby had not been born. (The baby’s income and needs and those of the relatives who would have been drawn into the assistance group under traditional standard filing unit rules are totally excluded.)

The functions of determining eligibility and then calculating the payment amount are performed by the eligibility system according to the information coded onto the system by the eligibility worker. The child's demographic information must be coded accurately to ensure that the eligibility system uses the correct date of birth in determining whether the family benefit cap should be applied. It is also vital that the exact relationship of the baby to each household member is captured

Based on the data entered, the eligibility system will show whether the family benefit cap applies to the child in question. If the "Family Cap?" field shows "Y" for the child and no exception reason code is entered, the baby and any individuals the baby draws in will be excluded from the TANF payment. It is important to remember that the eligibility system cannot recognize a circumstance of the child's conception or birth which would constitute an exception to the benefit cap rule if there is no data pertaining to it on the system. Therefore, situations which are not addressed in the eligibility system driver flow (conception in a month in which the parent was not a TANF recipient; child of a first-time parent who is a minor) must be coded as exemption reasons by the

eligibility worker after an off-line determination has been made.

If a baby is not subject to the benefit cap provision because of being conceived as a result of incest or rape, the caseworker is likely to discover it indirectly when adding the baby. (The mother, when informed of the requirement to name the absent father and cooperate in obtaining child support, would explain her hesitation to do so by discussing the circumstances of the child's conception.) Verification of this circumstance would serve the dual purpose of allowing an exception to the benefit cap for the baby and identifying potential good cause for the mother's failure to cooperate with IV-D requirements. (See IPPM, Section 2436.10.10.05 for information regarding child support good cause circumstances.)

Prior to authorizing the exclusion of a newborn from the payment, the eligibility worker should subtract nine (9) months from the date of birth, so an estimated date of conception can be determined. **(Note: Medical documentation of a gestational period longer or shorter than nine (9) months would supersede this method of determining the month of conception.)** If the eligibility system does not indicate parental participation in TANF during the month of conception, the exception to the family benefit cap applies. When pregnancy information has been deleted and the eligibility system indicates the possibility that the benefit cap exception applies, medical documentation must be requested if it is not available in the case file.

In the case of a minor recipient who gives birth, it cannot be assumed that because the minor has no other child in the home, that the newborn is the minor's first-born child. Therefore, it is the eligibility worker's responsibility to determine whether or not the newborn should be included in the TANF payment by asking the minor if she has given birth to or he has fathered other children. (Note: If the assistance group includes two minor parents, both must be asked the question.) Written statements may be requested and should be maintained in the case file. However, refusal or failure of the minor parent to provide a statement does not affect the minor's or the assistance group's TANF eligibility other than to preclude making an exception to the benefit cap provision for the newborn.

As indicated previously, individuals who are excluded from the TANF payment due to the family benefit cap are, nevertheless, TANF recipients and are expected to meet all TANF program requirements. The AG in which they are members would be subject to fiscal penalties and sanctions due to their non-cooperation, and the penalties would end when the benefit cap-excluded individual comes into compliance.

A mutual child born to parents living in the same home and heading separate TANF assistance groups (ADCR/01 and ADCR/02) requires the assistance groups to combine into a single TANF assistance group. **This is also true when the mutual child is subject to the family benefit cap.**

2230.00.00 ENTITLEMENT WITHOUT VERIFICATION OF DEDUCTIBLE EXPENSES (S)

If a deductible expense must be verified and the verification is not provided by the 30th day, the AG must be advised that its eligibility and benefit level will be determined without providing a deduction for the claimed, but unverified, expense.

If, after entitlement, the AG provides the missing verification, the eligibility worker will predetermine the AG's benefits and provide increased benefits, if any, in accordance with timeliness standards for changes within an entitlement period.

If an expense is disallowed, the AG will be entitled to restoration of any benefits lost only if:

> The caseworker eligibility worker failed to allow the AG the full 13 days from the date of the request for verification.

2232.00.00 TIMELY NOTICE OF ADVERSE ACTION

Recipients must be given timely, advance written notice of any adverse action. In most circumstances, "timely" is 10 days (plus 3 for mailing) before the date the action is effective. The 3-day mailing period starts the day after the notice is mailed. All programs have provisions which allow for exceptions to the 10 day (plus 3 for mailing) timely notice period.

2232.05.00 EXCEPTIONS TO TIMELY NOTICE (S)

The following are the only reasons a case may be exempted from advance (13-day) notice of adverse action:

Mass changes; instructions for providing notice will always originate from the State level.

Reliable information received that:

- All members of the AG died;

- The AG has moved out of the state; or

- The AG will move out of the state prior to their next scheduled issuance date. Notice of cancellation must be sent prior to the AG's next scheduled issuance date.

The AG chose to receive its restoration over several months, and the restoration is completed, IF the AG was notified in writing of when the restoration would be completed.

The AG's allotment varies within the certification period AND the AG was notified of the changes at the time of certification.

The PA AG's TANF grant is added to the budget AND the AG was notified at the time of certification that its benefits would decrease when TANF was received.

An AG member is disqualified for IPV and benefits of the remaining members are reduced.

Postponed verifications are not provided or are provided and required reduction/cancellation of benefits IF the AG was notified at the time of certification that benefits would not be received after the month of application if verifications were not provided and that benefits would be reduced if verifications required such.

The AG's allotment is reduced to make a claim repayment because the AG did not make the agreed upon repayment.

The AG voluntarily withdraws from the SNAP program in writing or verbally to the worker. The AG must be notified to confirm a verbal request to the worker.

2232.15.00 EXCEPTIONS TO TIMELY NOTICE (C)

If the client wishes to waive the right to timely notice for a closure action taken after adverse, but prior to the recur date so that the discontinuance will be effective the first of the following month (often in cases where they wish to receive child support in the next month), the Voluntary Withdrawal Form (SF 50699/FI 0039) should be provided to the client to waive the 13-day notice. Upon receipt of the signed form by the agency, as long as it is prior to recur 4/cut-off, adverse action timely notice is not required.

2234.00.00 CHANGES IN CATEGORY OF ASSISTANCE (C)

When a change in circumstances causes an AG to lose eligibility under one category, the eligibility system (through failure logic) will fail the AG for that category and explore eligibility under other assistance categories. A new application is not needed to establish eligibility under a new category. With this process, assistance should not be discontinued unless:

The eligibility system determines that the recipients no longer meet any assistance category's eligibility requirements; or

The AG fails to provide verification required to establish eligibility under the new category.

Circumstances likely to generate a change from one cash assistance category to another include:

A change in household composition;

EXAMPLE 1:

Mrs. Bell has been receiving benefits for herself and her three children from a previous relationship under the ADCR category. Mr. Bell is receiving SNAP only. Upon the birth of a mutual child, the entire family becomes categorically eligible under the ADCU category.

2238.00.00 DISCONTINUANCE

When an AG fails to meet the eligibility requirements of any category within a program, assistance is discontinued for that program. Discontinuance is effective the first day of the month following the expiration of the required timely notice.

2238.10.00 CLOSED CASE FILES

When all the AGs in a case are closed, the system will automatically transfer the case to closed files on the effective date of the discontinuance.

However, there are several exceptions involving SNAP cases:

> If at application point and case is denied for not providing requested verifications, the case will not go to closed files until after the 63rd day from the application file date; OR
>
> If at redetermination and case is denied for not providing requested verifications, the case will not go to closed files until 2 months after the SNAP certification month ends

2240.00.00 AG CHANGES ADDRESS

When processing an address change, essential policy must be followed:

> The SNAP certification period cannot be lengthened or shortened.
>
> Moving to a new address in Indiana, in and of itself, does not cause ineligibility. A new living situation may trigger new elements to be verified; however eligibility must not lapse while the systematic process of changing cases is completed.

2250.00.00 VOLUNTARY WITHDRAWAL FROM ASSISTANCE

A recipient may voluntarily withdraw from assistance at any time. For SNAP only; if the withdrawal is reported to a vendor, a state merit worker will contact client, confirm that he/she wants to withdraw and advise them of their right to re-apply at any time.

The withdrawal may be made in writing or verbally; however, if made verbally to a non-merit employee, a Pending Verifications for Applicants/Recipients and a Voluntary Withdrawal form must be mailed to the client. The case notes should be updated with the reason for the voluntary withdrawal.

For TANF clients who wish to waive timely adverse notice, reference sections 2232.05.00 thru 2232.15.00.

2299.00.00 FOOTNOTES FOR CHAPTER 2200

Following are the footnotes for Chapter 2200:

(f3) 7 CFR 273.12(a)

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2400.00.00 NON-FINANCIAL REQUIREMENTS

This chapter contains the various non-financial eligibility requirements which must be considered depending upon the types of assistance for which an individual is applying. The major sections in this chapter are:

Citizenship/Immigration Status (Section 2402)

Requirement to Provide a Social Security Number (Section 2404)

Residency (Section 2406)

Identity (Section 2408)

Age (Section 2410)

SSI Status (Section 2414)

Residence in the Home of a Specified Relative (Section 2420)

Institutional Status (Section 2422)

Child Support Participation (Section 2436)

Work Registration (Section 2438)

Cooperation with Quality Control (Section 2440)

Intentional Program Violation (Section 2442)

Strike Participation (Section 2446)

Reserved (Section 2448)

Personal Responsibility Agreement (Section 2450)

TANF Benefit Time Limits (Section 2452)

Self-Sufficiency Plan (Section 2454), and

Footnotes for Chapter 2400 (Section 2499).

2402.00.00 CITIZENSHIP/IMMIGRATION STATUS

In order to be eligible for assistance, an individual must be:

A citizen of the United States; or

a U.S. non-citizen national (a person born in an outlying possession of the United States, American Samoa or Swain's Island);

an immigrant who is in a qualified immigration status as defined in Section 2402.20, and who meets the specific requirements of each program; or

an individual who meets other specific requirements for a specific program as defined in the following sections.

2402.05.00 DECLARATION OF CITIZENSHIP/IMMIGRATION STATUS

During the eligibility interview, the interviewee is questioned about various personal characteristics of each individual in the assistance group, including whether the person under consideration is a citizen of the United States

When an AG indicates inability or unwillingness to provide documentation of immigration status for any AG member, that individual without documentation must be considered as an undocumented immigrant for SNAP and Cash Assistance.

DFR staff will not report any information about an immigrant applying for SNAP and/or Cash Assistance to the United States Citizenship and Immigration Service (USCIS) unless the USCIS has established that the immigrant is unlawfully present in the United States through a formal review process conducted by USCIS.

A Systematic Alien Verification Entitlements request and response of inaccurate documentation does not serve this purpose. An applicant's statement or any other third party

information does not constitute a determination of unlawful status. An eligibility worker should not seek to obtain an immigrant's status unless the immigrant requests help in obtaining this verification.

A refusal to sign the declaration will result in the ineligibility of the entire AG.

2402.10.00 DEFINITION OF U.S. CITIZENSHIP

To be considered a U.S. citizen, an individual must meet one of the following conditions:

be born in the U.S. or a U.S. territory (2402.10.05);

be a naturalized citizen (2402.10.10); or

be born abroad to a U.S. citizen and meet specified criteria (2402.10.15).

2402.10.05 Born In the U.S. Or A U.S. Territory

An individual is considered born in the U.S. or a U.S. territory if either of the following conditions is met:

The individual is born in one of the United States or the District of Columbia (D.C.); or

The individual is born in one of the following current territories:

- Puerto Rico;
- Northern Marianas;
- American Samoa;
- Harcon Tract;
- Swain's Island;
- Guam; or
- The U. S. Virgin Islands.

2402.10.10 Naturalized Citizens

An individual is considered a naturalized citizen when U.S. citizenship is gained after his birth either:

Through individual naturalization; or

Derived from a naturalized parent

Women who could have been lawfully naturalized and, prior to September 22, 1922, were married to citizens, or were married to aliens who became citizens before that date, automatically become citizens. An alien married to a U.S. citizen on and after September 22, 1922, must apply for naturalization to become a U.S. citizen.

2402.10.15 Children Born Abroad To U.S. Citizens

In most instances, citizenship is acquired at birth if at least one of the natural parents is a U.S. citizen. It should not be presumed, however, that the child was a citizen at birth unless at least one citizen parent was a previous U.S. resident or lived in a U.S. territory. (Refer to Section 2402.10.05)

For children born before May 24, 1934, U.S. citizenship may only be established in this way for legitimate children through their citizen father who would have had to meet the above-mentioned residency requirement. For children born after May 24, 1934, both parent’s U.S. citizenship and residency may serve as the basis for the foreign-born child's own U.S. citizenship.

2402.10.20 Citizenship after Birth

Children become U.S. citizens after birth when all of the following requirements are met:

At least one parent is a U.S. citizen either by birth or naturalization;

The child is under 18 years of age; and

The child is residing in the United States in the legal and physical custody of the United States citizen parent, pursuant to a lawful admission for permanent resident. (If adopted, the child must meet all of the requirements above, as well as satisfy the requirements applicable to adopted children under Section 101(b) (1) of the Social Security Act. (f2)

2402.15.00 VERIFICATION REQUIREMENTS FOR U.S. CITIZENS

Verification of citizenship is required for TANF Cash Assistance.

For the SNAP program, a declaration of U.S. citizenship (whether by birth or naturalization) is accepted, unless the information is questionable. Questionable information should always be verified.

2402.15.05 Verification Sources For U. S. Citizens (S, C)

Acceptable sources of verification for U.S. citizens include, but are not limited to, the following:

Physician's record of birth;

Birth or hospital certificates showing U.S. birth;

Form FS-545 (Certification of Birth);

Form I-197 (U.S. Citizen I.D. card);

Religious documents, such as a baptismal record, showing birth in the U.S.;

SSA records;

County Department of Health birth records;

A census indicating age and citizenship;

U.S. passport;

Certificate of Citizenship or Naturalization;

Resident Citizen Cards;

Form FS-240 (Report of Birth Abroad of a Citizen of the United States);

Form I-97 (Consulate Report of Birth or Certification of Birth);

Form 179 (U.S. Citizen I.D. Card); or

INS correspondence

A signed statement from another person who is a citizen, stating that the member in question is a U.S. citizen, is

also an acceptable verification source if other verification is not available.

2402.20.00 IMMIGRANTS

Individuals who are not citizens of the United States may qualify for assistance based on their status granted by the U.S. Citizenship and Immigration Service (USCIS). Listed below are "qualified" immigrants as defined in Federal law. However, the eligibility of these immigrants varies among the programs and is based on certain factors as explained in the following sections. Do not authorize or deny assistance based solely on this list. Read the following sections to understand the distinctions in program eligibility and benefits. Immigrants in any other INS classification are not eligible for SNAP and TANF.

1. Lawful Permanent Resident under the Immigration and Naturalization Act (INA).
2. Asylees under Section 208 of the INA.
3. Refugees under Section 207 of the INA.
4. Parolees under Section 212(d) (2) of the INA if paroled for at least one year.
5. Persons whose deportation is withheld under Section 243(h) of the INA.
6. Conditional Entrant Refugee under Section 203(a) (7) of the INA in effect prior to April 1, 1980.
7. Cuban and Haitian entrants.
8. Amerasians admitted pursuant to Section 584 of P.L. 100-202 and amended by P.L. 100-461.
9. Iraqi/Afghan Special Immigrants per section 1244(g) of Div. A of Pub. L. 110-181, as amended (8 U.S.C. § 1157 note) and section 602(b) (8) of Div. F of Pub. L. 118-8, as amended (8 U.S.C. § 1101 note)
10. Victims of Human Trafficking per the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386, as amended, 22 U.S.C. § 7105(b) (1) (A) and (C)

NOTE: For SNAP, aliens who are otherwise ineligible for SNAP are not made eligible for SNAP because they receive SSI. That is, the ineligibility status of an alien takes precedence over categorical eligibility.

2402.20.05 Lawfully Admitted for Permanent Residence

Under the Immigration and Nationality Act (INA), a Lawfully Admitted Permanent Resident (LPR) is one who has been lawfully accorded the privilege of permanently residing in the U.S. as an immigrant in accordance with Section 101(a) 15 and 101 (a) 20 of the INA, with such status not having changed since admission.

Lawful Permanent Residents should present INS Form I-551 as documentation of their immigration status.

NOTE: Eligibility workers should check the coding on the I-551 for code, RE-6, RE-7, RE-8, or RE-9. This denotes entry as an individual with refugee assistance eligibility with subsequent adjustment to LPR status. Refer to Section 2402.20.15 concerning eligibility of refugees.

A lawful permanent resident is eligible for SNAP if one or more of the following conditions exist:

The individual has 40 Qualifying Quarters of employment or could be credited with such Qualifying Quarters of employment (See Sections 2402.20.05.10 through 2402.20.05.20 for instructions about how to calculate Qualifying Quarters;

The individual has legally resided in the U.S. for 5 years (Policy Effective 4/1/03);

The individual who is a veteran with an honorable discharge for reasons other than his/her alienage;

The individual is the spouse or dependent of a person whom has 40 qualifying quarters or is a veteran with an honorable discharge and lives with that person;

The individual is a child under age 18 legally residing in the U.S. (Policy Effective 10/1/03);

On or after 11/1/98, the individual had LPR status on 8/22/96 and was age 65 or older at that time; or

The individual is now blind or disabled based upon criteria in IPPM 3210.10.25.05.

Lawful Permanent Residents who were in the country prior to 8/22/96 may receive benefits if they have 40 qualifying quarters of employment or can be credited with such qualifying quarters of employment. (Refer to Sections

2020.20.05.05 through 2402.20.05.15 regarding determining 40 quarters). LPRs who were receiving SNAP as of 8/22/96 did not have to meet the 40 quarter requirement until their first redetermination or verification of quarters worked subsequent to April 1, 1997 but no later than January 31, 1998.

A qualifying quarter may include time worked by a parent of an alien while the alien was under 18 and a quarter worked by a spouse during their marriage if the alien remains married to the spouse or the spouse is deceased.

A qualifying quarter belonging to a parent(s) may be credited to the parent, the parent's spouse **and** to one or more children.

In addition, a lawful permanent alien of any age can be credited with qualifying quarters earned by a parent through the quarter the alien attains age 18, whether or not the parent(s) is currently living.

> Example:
>
> A lawful permanent resident couple and their two children, who are also lawful permanent residents, (one age 12 and the other age 23) all apply for SNAP. Each member of the couple has earned 20 qualifying quarters for work done more than 5 years earlier, before the older child turned age 18. All four applicants meet the 40 qualifying quarter’s eligibility requirement based on the couple's combined 40 qualifying quarters.

Spouses cannot get credit for quarters of a spouse when the couple divorces prior to a determination of SNAP eligibility. However, if eligibility is determined based on the quarters of coverage of the spouse and then the couple divorces, the non-citizen's eligibility determination must then be made without crediting the non-citizen with the former spouse’s quarters of coverage.

Beginning January 1, 1997 any quarter in which the LPR received TANF cash assistance, SNAP, SSI or Medicaid (except emergency coverage) is not counted as a qualifying quarter.

Lawful Permanent Residents who were residing in the U.S. prior to 8/22/96 are eligible for TANF cash assistance.

However, LPRs who enter the U.S. on and after 8/22/96 are not eligible for TANF cash assistance unless they are veterans or in active military. (Refer to Section 2402.20.45).

2402.20.05.05 LPRs Who Have Adjusted From another Refugee Assistance Eligible Status

Legal Permanent Residents whose I-551 contains code RE-6, RE-7, RE-8, or RE-9 indicates the individual had previously entered the U.S. with a classification that afforded them potential eligibility for TANF or Refugee Assistance. They retain this eligibility even though they have adjusted to LPR status.

2402.20.05.10 American Indians Born in Canada

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

A North American Indian born in Canada may freely enter and reside in the U.S. and is considered to be lawfully admitted for permanent residence if he is of at least 50% American Indian blood. This does not include the spouse or child of such an Indian nor a non-citizen whose membership in an Indian tribe or family is created by adoption, unless such person is of at least 50% American Indian blood.

Sources of verification are:

Birth or baptismal record issued on a reservation;

Tribal records;

Letter from the Canadian Department of Indian Affairs; or

School records

2402.20.05.15 Obtaining 40 Qualifying Quarter Verification (S)

During the interview the worker must obtain information to determine whether the applicant/recipient of immigrant status has worked or obtained credit for 40 quarters of employment. Since the applicant's work and work by his/her parents and/or spouse can be combined to attain the 40 quarters, it is necessary to obtain information to

determine the proper relationships, the date of birth of the applicant and certain identifying information.

The quarters of the following individuals may count in the 40 quarter determination.

- the applicant
- the applicants natural/adoptive or step parents (while the applicant was under age 18, including quarters worked before the child was born). If a step parent relationship ends based on marital status the quarters of the step parent are no longer applicable.
- the current spouse
- former spouse (only if deceased).

The eligibility worker must also determine if it is possible for the applicant to meet the 40 quarter requirement by asking how many years each relevant individual (persons who quarters may count) and the applicant have lived in this country, then add the years together. If the total is less than 10, the applicant cannot meet the 40 quarter requirement and will be determined to be ineligible.

Then, determine how many years in total the applicant and relevant individuals have worked in the U.S. Four quarters in each year can be credited to the applicant and each relevant individual. Quarters of work not covered by Title II of the Social Security Act may be counted in the determination.

The 40 quarter verification will be completed via interface with the Social Security Administration.

Aliens are also deemed eligible when the DFR or applicant has requested verification/information from a Federal agency, and verification is pending from the agency.

2402.20.05.20 40 Quarter Match (S)

If an applicant is coded in the eligibility system as a legal permanent resident, the eligibility system will automatically request the qualifying quarter verification from SSA for the applicant and the spouse, and parent(s) listed in the eligibility system via an interface.

If there are relevant individuals (spouse, deceased spouse, or parents) not in the home for whom data must be obtained, update the eligibility system with the following information for the spouse/parents:

- full name of individual (non-AG member spouse/parent)
- date of birth
- social security number
- sex of individual
- relationship to applicant

On Friday of each week, the eligibility system sends SSA a file containing all the individuals that have been entered in the last week requesting the 40 quarter information. SSA sends the file back with the information the next week and ICES processes it on Fridays. The schedule may vary if problems result. The following Monday the eligibility worker will be notified when the information is available.

The process will also compare current wage information for the most recent two years with Workforce Development wage information for the recipient.

All quarters verified as a qualifying quarter during the most recent two years will be added.

The eligibility worker must compare the quarters with other information obtained during the interview regarding receipt of other public assistance benefits (Medicaid, SNAP, TANF or SSI) received in a month of a qualifying quarter. Those months must not be included in the 40 quarter count. Documentation should be entered in the eligibility system regarding any quarter not considered.

Any quarter for a parent or spouse of the applicant/ recipient must be reviewed to determine if it is a countable quarter; that is, the quarter was in a time when the child was under 18 if the parent has the quarter, or the applicant was married if the spouse has the quarter.

After the 40 quarter determination is complete, the worker is to enter the lawful permanent resident alien's status in the eligibility system.

If the client requests review by Social Security that should be entered in the eligibility system and the client

will be able to participate up to 6 months pending the completion of the review.

AGs which contain lawful permanent residents who do not have 40 qualifying quarters of income and are determined ineligible should have their qualifying quarters re-evaluated at each redetermination. This will be an off-line determination made by adding the quarters of employment obtained since the last determination to the number previously recorded. The total should be documented in the eligibility system and updated with each re-determination.

If all members of an AG are determined to be ineligible because the individuals do not have 40 qualifying quarters and later re-apply, another interface will automatically occur if the eligibility system is coded with the alien status of PR.

2402.20.05.25 Reconciling 40 Qualifying Quarter Verification (S)

If DEQE shows QUESTION MAXIMUM NBR QC's 1937-1950, and the amount is needed to meet the 40 quarter determination, the individual must request a review by SSA.

If DEQE displays one of the 3 following messages the client must also request a review by SSA:

- CASEWORKER TO DETERMINE
- EARNINGS RECORD NOT FOUND
- RECORD NOT PROCESSABLE

If the individual believes that the work he/she performed was covered and is not counted for a past year, SSA is responsible for investigating the discrepancy and correcting the record.

Refer the individual to the local Social Security office to resolve the issue.

A copy of screen DEQE should be given to the individual along with the SSA contact form.

SSA will give the individual a form to verify that a request for a review has been made.

If the information from a rematch is not obtained within 60 days, call the local SSA office.

If the information is obtained and shows that the individual is not eligible based on the 40 quarters a claim will be needed for the months during which benefits were received pending the verification.

When an applicant cannot meet the 40 qualifying quarter exemption using covered earnings or Medicare only Federal, State, or local wages but alleges that he/she had additional work that is not shown on the data match, determine if qualifying quarters are missing from the record.

If qualifying quarters are missing, obtain the following information:

a. Name and address or employer
b. Dates of employment
c. Amount of earnings
d. Type of business or self-employment
e. Rate of pay
f. Work performed

Request the AG obtain evidence to credit the qualifying quarters. Evidence may include, but not be limited to: Form W-2 and W-2c, employer prepared statements, IRS copy of tax returns, union records, pay envelopes, vouchers and individual personal records.

When verification is obtained and submitted by the AG, contact the Help Desk with the information for assistance in determining the number of qualifying quarters that can be credited.

Since 97 percent of all employment is now covered under the Social Security Act, these instances of non-covered employment should be rare.

2402.20.10 Conditional Entrant Refugee

Section 203(a) (7) of the Immigration and Nationality Act (INA) in effect before April 1, 1980 provides conditional entrant refugee status for persons who, because of persecution or fear of persecution on account of race, religion, or political opinion, have fled from a Communist or Communist-dominated country or from the area of the

Middle East or who are refugees from natural catastrophes. (Section 203(a) (7) of the INA was replaced by Section 207 effective April 1, 1980.)

Conditional entrant refugees are eligible for SNAP as would be qualified aliens whom have had 5 years in qualified status.

Individuals with this status can be eligible for TANF or Refugee Cash Assistance (RCA). (Note a person entering the U.S. on and after 8/22/96 will not be given this INS status, since it is no longer in effect.)

Verification is established by viewing INS Form I-94, Arrival-Departure Record, bearing the stamped legend "Refugee - CONDITIONAL ENTRY" and citing the section of the INA under which they were admitted.

2402.20.15 Refugees under Section 207

Individuals admitted as refugees under Section 207 of the INA are eligible for SNAP, TANF or Refugee Cash Assistance (RCA) once they obtain this status. Refugees usually adjust to Lawful Permanent Resident status after 12 months in the U.S., but retain eligibility based on their original refugee status.

Refugees will have INS Form I-94 annotated with a stamp showing entry as refugee under Section 207 and date of entry, or I-766 annotated "A3". INS Form I-571 also indicates status as a refugee, but does not reflect the date of admission. If Form I-94 is not available, verification must be obtained from the USCIS.

2402.20.20 Parolees under Section 212(d) (5)

Individuals granted parole into the country under Section 212(d) (5) of the INA would be eligible for SNAP if lawfully residing in the U.S. and;

In receipt of disability benefits; or

Has 40 qualifying quarters; or

Has 5 years of qualified status; or

Is under age 18; or

Is a veteran or in active military duty, including spouses and dependent children; or

Was born on or before 8/22/31.

Individuals who were granted parole under Section 212(d)(5) for at least one year, and who entered the U.S. prior to 8/22/96 can be eligible for TANF. Those who enter the U.S. on and after 8/22/96 are not eligible for TANF unless they are veterans or in active military duty. Veterans and military personnel can be eligible for TANF or Refugee Cash Assistance (RCA). (Refer to Section 2402.20.45 concerning veterans and active duty military.)

Verification is established by viewing INS Form I-94 annotated with a stamp showing granting of parole under Section 212(d)(5) of the INA and a date showing granting of parole for at least 1 year or Form I-766 annotated “C11” or “A4”.

2402.20.25 Asylees under Section 208

Individuals granted asylum under Section 208 of the INA are eligible for SNAP for 7 years after they obtain this status.

Asylees can be eligible for TANF or Refugee Cash Assistance (RCA).

Verification of the asylee status includes INS Form I-94 annotated with a stamp showing granting of asylum under Section 208 of the INA or a grant letter from the Asylum Office of the INS. Form I-766 annotated "A5" indicates status as an asylee. The date of the form does not reflect when the status was granted. Request Form I-94, the grant letter, or the person's copy of a court order. Verify with USCIS if none of these are available.

2402.20.30 Deportation Withheld under Section 243(h)

Individuals who have had deportation withheld by an Immigration Judge under Section 243(h) of the INA are eligible for SNAP for 7 years after they obtain this status. However, if these individuals meet one of the conditions that make qualified immigrants eligible (such as qualified status for 5 years), they would be eligible indefinitely.

Individuals with a deportation withheld order are eligible for TANF. An immigrant who has had deportation withheld under this status will have an Order of an Immigration Judge showing deportation withheld under Section 243(h) of the INA and date of the grant. Form I-766 annotated "A10" indicates deportation was withheld under Section 243(h) or removal withheld under Section 241(b) (3), but normally do not reflect the date of withholding. Request the person's copy of the court order. If not available, verification must be obtained from the USCIS.

2402.20.35 Amerasian Immigrants

Certain Amerasians from Vietnam, with their close family members, have been allowed entry into the U.S. in immigrant status through the Orderly Departure Program beginning March 20, 1988.

They can be eligible for SNAP, TANF or Refugee Cash Assistance (RCA).

Acceptable documentation of this status is:

- I-94 indicating codes AM1, AM2, or AM3;
- I-551 indicating codes AM6, AM7, AM8;
- Vietnamese Exit Visa, Vietnamese Passport, or U.S. passport if stamped by the USCIS with the codes AM1, AM2, or AM3;
- Temporary I-551 stamp in foreign passport; or
- I-571 Refugee Travel Document

2402.20.40 Cuban and Haitian Entrants

Cuban and Haitian entrants, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980, can be eligible for SNAP, TANF or Refugee Cash Assistance (RCA).

2402.20.43 Hmong/Lao Immigrants (S)

Effective 11/1/98, any individual lawfully residing in the United States who was a member of the Hmong or Highland Laotian tribe at the time that the tribe assisted the United States personnel during the Vietnam era is eligible for SNAP.

The spouse and un-remarried dependent child(ren) of this immigrant are also eligible. The un-remarried surviving spouse of a deceased individual with this status is

eligible as well.

2402.20.44 Cross Border Native Americans (S)

Native Americans with treaty rights to cross the U.S. borders with Canada and Mexico, regardless of whether they were born on the Canadian or Mexican side of the border are eligible for SNAP effective 11/1/98.

2402.20.45 Veteran or Active Duty Member of the Armed Forces

As explained in the previous sections, immigrants with certain USCIS classifications who would otherwise be subject to assistance limitations can be eligible if they are: veterans, are on active duty in the military, or have served minimum active duty service requirements, or are spouses or dependent children of veterans or military personnel who die during active military duty. The exemption for veterans also applies to individuals who served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

An eligible veteran is a person who served in the active U.S. military, naval, or air service, and was released with a discharge characterized as honorable and not on account of alienage. Veterans should have received a full copy of DD Form 214 (Certificate of Release of Discharge from Active Duty) that contains the necessary information. An honorable discharge is denoted by the entry of "Honorable" in the "Character of Service" block of DD Form 214. If the evidence characterizes the discharge as anything other than "Honorable", such as "Under Honorable Conditions", the individual and family members cannot be determined eligible based on the veteran exception. Eligibility based on veteran status cannot be established if the reason for discharge was based on alien status, lack of U.S. citizenship or other "alienage" reasons, or if the "Separation Code" block contains an entry JCP, KCP, SCP, or YCP. Those codes establish discharge based on alienage. If the individual states that he or she meets the veteran requirements but is unable to present the appropriate discharge papers as documentation, the caseworker should contact the Veterans Affairs Regional Office.

The eligibility exception for veterans also applies to the Hmong and other Highland Lao tribal people who fought on

behalf of the U.S. Armed Forces during the Vietnam conflict.

Persons who fulfill the minimum active duty service requirements or their un-remarried surviving spouse and dependent children are also exempt from other alien requirements. Minimum active duty served by a person who initially enters service after 9/7/80 is 24 months of continuous active duty or the full period for which the person was called or ordered to active duty.

A person who is on active duty in the U.S. Armed Forces (other than active duty for training) is also not subject to the assistance limitations placed on immigrants in his particular classification. Documentation of active duty status is the individual's service identity card (U.S. Form DD-02) which should be a green service identity card marked "Active" after the form number. A red service identity card marked "Reserved" is not evidence of active duty unless supported by a copy of the individual's current orders showing active duty, and not active duty for training. A blue (retiree) or beige (dependent) card is not evidence of active duty.

2402.20.47 Battered Alien Spouse/Child (S)

Certain aliens who have been subjected to battery or extreme cruelty in the United States by a family member with whom they resided are considered qualified aliens. Battered aliens who are not eligible under any other qualified status may be eligible for SNAP if they are lawfully residing in the U.S. and meet one of the following conditions:

Are in receipt of disability benefits, OR

Have 40 qualifying quarters, OR

Have 5 years in qualified status, OR

Are under age 18, OR

Were born on or before 8/22/31, OR

Are a veteran with an honorable discharge or who are on active duty. Applies to spouse and dependent children of veterans and active duty personnel.

A battered alien with a connection to one of the preceding conditions also must meet four requirements as listed below.

Following are the four requirements which must be met to make a battered alien/child or parent a qualified alien:

(1) The USCIS (United States Citizenship and Immigration Service) or the EOIR (Executive Office for Immigration Review) has granted a petition or application filed by or on behalf of the alien, the alien's child or the alien child's parents. To prove this, the applicant needs to present documentation of an INS-130 or an INA-360. After this is provided, INS must be contacted to verify there is an approved petition or application pending under 204(a)(1)(A)(B) or 244(a)(3) of the Immigration and Nationality Act; (contact the Help Desk for assistance in this requirement);

(2) The individual must have been battered or subjected to extreme cruelty in the United States by a spouse or a parent, or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent consented to, or acquiesced in, the battery or cruelty;

> The phrase "battered or subjected to extreme cruelty" includes, but is not limited to being victim of any act or threatened act of violence, including any forceful detention, which results or threatens to result in physical or mental injury. Psychological or sexual abuse or exploitation, including rape, molestation, incest (if victim is a minor), or forced prostitution are considered acts of violence.
>
> "Member of the spouse or parent's family" includes any person related by blood, marriage, or adoption to the spouse or parent of the alien, or any person having a relationship to the spouse or parent that is covered by the civil or criminal domestic violence status of the state.

(3) There is a substantial connection between the battery or extreme cruelty and the need for SNAP; and

In determining whether or not there is a substantial connection between the battery or cruelty and the need for benefits the worker should look at some of the following questions as guidance:

Will the benefits enable the applicant/child or parent to become self-sufficient? Will the benefits enable the abused individual(s) to escape the abuser?

Are the benefits needed due to a loss of financial support resulting from the applicant's, his or her child and/or his or her parent's separation from the abuser?

Are the benefits needed for medical attention or mental health counseling as a result of the battery/abuse or cruelty?

Are the benefits needed to alleviate nutritional risk or need resulting from the abuse or following separation from the abuser?

(4) The battered/abused alien, child or parent no longer resides in the same household as the abuser.

An applicant is not technically considered a qualified alien eligible for benefits until the battered/abused applicant or child, or parent ceases residing with the batterer/abuser. However, applicants will generally need the assurance of the availability of benefits in order to be able to leave their batterer/abuser and survive independently. Therefore, any relevant credible evidence supporting the claim of non-residency with the batterer/abuser should be accepted. Such examples would include, but not be limited to, a civil protection order requiring the battered/abuser to stay away from the applicant or the applicant's children or parent, employment records, utility or school records, an affidavit from a staff member at a shelter, family member's friends or other third parties with personal knowledge, or the battered applicant himself or herself if no other sources are available.

If the battered/abused alien meets all four criteria requirements, they are considered to be a qualified alien and eligible for benefits assuming all other eligibility criteria is met.

Qualified battered aliens who are sponsored are exempt from having the income and resources of their spouse deemed in their eligibility determination for a period of twelve months. After expiration of the one year period, alien applicants continue to be exempt from the deeming requirements with regard to the income and resources of the batterer only if the applicant can show that the battery or cruelty has been recognized in an order of a judge or administrative law judge. In addition, a substantial connection between the abuse or battery suffered by the applicant/child or parent and the need for the benefits being applied for must be shown as continuing to exist.

2402.20.48 Victims of Severe Trafficking in Persons

Victims of trafficking who are non-U.S. citizens are eligible for SNAP under the Trafficking Victims Protection Act of 2000 (Public Law 106-386). Severe forms of trafficking in persons is defined as Sex Trafficking which is the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act induced by force, fraud or coercion, or in which the person is forced to perform such act is under the age of 18 years; or Labor Trafficking which is the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. In addition, minor children, spouses and in some cases the parents and siblings of victims of severe trafficking may also be eligible for benefits.

Victims of trafficking are issued T Visas by U.S. Citizenship and Immigration Service (USCIS). Eligible relatives of trafficking are entitled to visas designated as T-2, T-3, T-4 or T-5 (Derivative T Visas). In the case of an immigrant who is awarded a T Visa and who is under 21 years of age on the date the T Visa was filed, Derivative T Visas are available to the alien’s spouse, children, unmarried siblings under 18 years of age on the date on which the alien’s Visa application was filed as well as the parents of the alien victim. In the case of an alien who is awarded a T Visa and was 21 years of age or older on the

date the T Visa application was filed, the Derivative T Visas are available to the alien’s spouse and children.

Eligibility for SNAP may be verified through the HHS Trafficking Victim’s toll-free number (1-866-401-5510). Since the law also confers potential eligibility for TANF or Refugee Cash Assistance (RCA), individuals with these Visas are also categorically eligible for SNAP.

2402.20.49 Iraqi and Afghani Special Immigrants

Certain Iraqi and Afghan nationals have special immigrant status under section 101(a) (27) of the Immigration and Nationality Act (INA) and may be eligible for SNAP, TANF or Refugee Cash Assistance (RCA). Iraqi and Afghani Special immigrants are eligible for all benefits available to the same extent and for the same period of time as refugees pursuant to Section 207 of the Immigrations and Nationality Act.

Both Iraqi and Afghani special immigrants will either enter the U.S. as Lawful Permanent Residents (LPRs) with the special immigrant visa or will adjust to special immigrant status after entering the U.S. under another immigration status (such as an asylee or parolee). Therefore, unless the immigrant is a qualified alien and is eligible under current program rules, the date of eligibility may or may not coincide with the special immigrant’s date of entry.

This policy is based on the Department of Defense Appropriations Act of 2010 (Section 8120, P.L. 111-118) enacted on December 19, 2009.

2402.20.50 Other Immigrants, Visitors, and Non-Immigrants

Any other immigrants, including those who are undocumented, who are not specified in the previous sections, are not eligible for SNAP or TANF. It is important to remember that the eligibility restrictions and prohibitions apply only to the applicant's immigration status, not other family members. For example, a child who is a U.S. citizen may have parents who are undocumented

If an immigrant alleges to be in a qualified immigrant status as defined in the previous sections, but is unable to present documentation, the Local Office is to advise him in writing of his obligation to contact the INS to obtain

the documentation if not obtainable through using SAVE. They must meet all eligibility requirements except the factor of citizenship/immigration status and Social Security numbers. Note, that these individuals may not meet the State residency requirement and would not be eligible for health coverage.

Visitors, tourists, foreign students, temporary workers, crewmen on shore leave, diplomats, members of foreign information media, exchange visitors, and so forth, who are lawfully admitted for specific periods of time and with no intention of establishing a permanent residence in the U.S.

These non-citizens would have the following types of documentation:

- I-94, Arrival - Departure Record;
- I-185, Canadian Border Crossing Card;
- SW-434, Mexican Border Visitor's Permit;
- I-186, Non-Resident Alien Mexican Border Crossing Card;
- I-95A, Crewman's Landing Permit; or
- I-184, Crewman's Landing Permit and Identification Card.

2402.20.55 Systematic Alien Verification for Entitlements (SAVE)

In addition to obtaining documentation from the AG (as discussed in Section 2402.20.05), the Local Office is required to verify each alien's immigration status with Systematic Alien Verification for Entitlements (SAVE). SAVE was established by the Immigration and Naturalization Service (INS) to implement a provision of the Immigration Reform and Control Act of 1986 which mandated direct verification of alien immigration status with INS. INS has undergone a name change to Citizenship and Immigration Services (CIS) under the Department of Homeland Security.

NOTE: SAVE procedures are not to be initiated for individuals who declare that they are U.S. citizens by

birth or naturalization. Verification requirements for citizens are discussed in Sections 2402.15.00 and 2402.15.05.

2404.00.00 REQUIREMENT TO PROVIDE SOCIAL SECURITY NUMBER

Each applicant must, as a condition of eligibility, furnish his Social Security Number (SSN). A verbal statement from the individual or his authorized representative is sufficient to meet this requirement. If the SSN is unknown or has never been obtained, the individual must apply for a SSN through the local Social Security Administration (SSA) office. The procedure to apply for a number is outlined in Section 2404.10.00.

The applicant should be informed that when applying for SNAP providing the Social Security Number (SSN) of each household member is voluntary, however, failure to provide the SSN will result in the denial of SNAP to each individual that does not provide this information.

The eligibility worker must request that AG members whose income or resources are included in the budget, but who are not participating members of the AG, provide their SSN for purposes of data exchange. These individuals are not required to comply with this request. Refer to Section 3205.00.

If any applicant/recipient shows multiple cards for himself to the DFR, it is to be reported to the local SSA District Office for investigation. The same procedure applies if it is suspected that multiple SSNs exist.

2404.10.00 COMPLETION OF SOCIAL SECURITY NUMBER REFERRAL

An applicant/recipient who does not have an SSN or who cannot remember the SSN must contact the SSA and apply for a number. An eligibility system generated Social Security Number Referral must be given to the individual at the time of the initial interview. The eligibility worker enters a "?" in the verification field in the eligibility system. The eligibility worker then enters the print request in the eligibility system. The eligibility worker and applicant/recipient are to sign the form. The original and

one copy are given to the applicant/recipient, and the third copy is retained in the case file. When the SSN application has been submitted, the SSA will complete the bottom portion of the Social Security Number Referral and send the original to the Local Office and the copy to the applicant/recipient. The form must be retained in the case file as documentation that the individual has complied with the eligibility requirements, and the appropriate verification code is to be entered on the eligibility system.

2404.10.05 Social Security Number Referral Follow-Up (C)

If the Social Security Number Referral form is not received by the DFR within 10 days of the date it was given to the individual, the eligibility worker must send a follow-up letter to the applicant/recipient, advising him of the responsibility to apply for a SSN. The eligibility worker must track the initial 10 day period. The letter must advise the individual to immediately contact the eligibility worker if he is having difficulty complying with the SSA's request for documentation, or if the individual has received his copy of the Social Security Number Referral form. If the individual does not respond, a final follow-up letter must be sent, allowing him adequate time to comply before the application is denied.

If an individual has fully complied with the SSA's requirements for an SSN application and is otherwise eligible, the DFR is not to deny assistance, delay granting assistance, or discontinue assistance pending issuance of the SSN.

2404.15.00 HOSPITAL ENUMERATION

The notice provided by hospitals indicating that an individual applied for a SSN is sufficient verification of compliance with eligibility requirements **only** if the notice (SSA-2853) contains the applicant's name and is signed and dated by a hospital representative and includes the title of the representative.

2404.20.00 EXCEPTION TO PROVIDING/APPLYING FOR A SSN (S)

The SSN requirement may be waived for the month of application for individuals in expedited households. These

individuals must apply for or provide a SSN prior to the first full month of eligibility unless good cause exists. Refer to Section 2404.20.05)

EXCEPTION: AGs who receive combined benefits will have until the 30th day to provide verification.

Individuals who have good cause as determined by the caseworker for failure to apply for a SSN are eligible for one month in addition to the month of application. For example, if the AG applies on January 15, and is eligible for January, the re-evaluation of good cause begins March 1. Good cause must be evaluated each month in order for the individual to continue to be eligible.

If the AG is unable to provide proof of application for an SSN for a newborn, the SSN requirement will be waived until the next recertification or six months from the month the baby was born, whichever is later. The AG should be informed of this requirement when the baby is added to the case. If the AG is unable to provide the newborn's SSN or proof of application by the end of the waiver period, the worker must determine if good cause exists. Refer to Section 2404.20.05.

Categorically eligible AGs are assumed to have fulfilled this requirement. No further verification is required.

2404.20.05 Social Security Number Good Cause Determination (S)

To determine if good cause exists for failure to comply with the requirement to apply for or provide an SSN, the eligibility worker shall consider information provided by the AG or SSA. Documentary evidence or collateral information indicating that the AG member has applied for a SSN or made every effort to supply information to complete the application is considered good cause for not complying timely with the requirement. Good cause must be determined monthly for the member to participate as a member of the AG.

Good cause does not include delays due to illness, lack of transportation, or temporary absences, because SSA makes provisions for mailing applications in lieu of applying in person. If the AG member can show good cause why an application for a SSN has not been completed in a timely manner (for example, obtaining an out-of-state birth

certificate), that person shall be allowed to participate for one month in addition to the month of application.

2404.25.00 REFUSAL TO COMPLY WITH SOCIAL SECURITY NUMBER REQUIREMENT

Penalties may be assessed when an individual does not apply for, or provide, a SSN. These penalties are discussed in the following sections.

2404.25.05 Penalties for Social Security Number Non-Compliance (S)

The individual who does not comply with the SSN requirement is an ineligible AG member. He is not counted in the AG size, but a portion of his income and expenses is counted. His resources count in their entirety. This sanction will continue until the person who has failed to comply comes into compliance with the SSN requirement.

2404.25.10 Penalties for SSN Non-Compliance (C)

The refusal of an applicant to provide or apply for an SSN results in his ineligibility. This ineligibility will continue until the person who has failed to comply comes into compliance with the SSN requirement.

When the ineligible individual is a parent or sibling required to be included in the AG, his income and resources must be considered when determining the financial eligibility of the remaining AG members.

When the ineligible person is the only participating person or dependent child in the AG, the entire AG is ineligible for TANF as there is no eligible child.

2404.30.00 VERIFICATION OF SOCIAL SECURITY NUMBER

The eligibility system will complete an interface with the SSA for the purpose of verifying SSNs.

2404.30.05 Social Security Numbers Not Verified Through Data Exchange

If verification does not occur through interface, the eligibility system will generate alert number 708, SSA Numident Match DISCRP-DENB. The eligibility worker must obtain verification of the individual's SSN to ensure the correct number is being submitted for verification. The following documentation is acceptable:

SS card;

correspondence from SSA containing the individual's name and account number (if the number has an A, J, M, or T suffix, this is the SSN);

a Social Security check issued on the individual's own account number;

a Medicare card issued on the individual's own account number (if the number has an A, J, M, or T suffix, this is the SSN); or

a SSA certificate of award which will contain a claim number (if the number has an A, J, M, or T suffix, this is the SSN).

The eligibility worker must establish that Social Security coverage is provided under the individual's own account number and not someone else's with the individual as a beneficiary.

Once verification is obtained, the eligibility worker enters a verification code in the eligibility system.

2406.00.00 RESIDENCY

In order to receive assistance, all individuals must be residents of Indiana. Specific program requirements are explained in the following sections.

2406.05.00 RESIDENCY OF HOMELESS INDIVIDUALS

Homeless individuals and residents of public or private nonprofit shelters for the homeless and/or Domestic Violence victims located in Indiana meet Indiana residency requirements. An otherwise eligible individual must not be required to reside in a permanent dwelling or have a fixed mailing address. (10)

2406.10.00 RESIDENCY REQUIREMENTS (S)

Residency requires the intent to reside either permanently or temporarily in the state; however, individuals in the state solely for vacation purposes are not considered residents. (13)

Residency requirements do not have to be assessed for categorically eligible AGs.

2406.15.00 RESIDENCY REQUIREMENTS (C)

A resident of Indiana is one who is living in Indiana voluntarily with the intention of making a home here and **not** for a temporary purpose. Residence does not depend upon the reason for which the individual entered Indiana, except insofar as it may bear upon whether he is here voluntarily or for a temporary purpose. Under this definition, the child is a resident of the state in which the caretaker relative is a resident.

Individuals who are receiving assistance from another state while in Indiana are presumed to be residents of that state. Verification of the termination of assistance from that state is needed in order to establish eligibility in Indiana.

An individual visiting relatives in Indiana would not be considered to be an Indiana resident. However, migrants and itinerant workers moving from state to state for employment purposes, and homeless individuals, meet the residency requirement and may receive assistance if they are otherwise eligible.

Additionally, residents of Indiana who leave the state for shelter from Domestic Violence are to be considered Indiana residents unless they specifically state that they have no intention of returning to Indiana.

2406.25.00 TEMPORARY ABSENCE FROM INDIANA

Residence is retained until abandoned. Temporary absence from Indiana, with subsequent returns to the state or intent to return when the purpose of the absence has been accomplished, does not interrupt continuity of residence. See also Temporary Absence for TANF and SNAP households in Section 3205.05.10. Assistance cannot be discontinued when an individual leaves the state temporarily and no other state recognizes him as a resident for assistance purposes during the absence.

2406.30.00 PERMANENT ABSENCE FROM INDIANA

If the recipient leaves Indiana with the intent of establishing residence in another state, assistance is to be discontinued.

2406.35.00 RESIDENCY VERIFICATION (S)

For SNAP, residency documentation is only required if the client’s current state of residence is questionable. If the address of a client is questionable, please see 2407.00.00. Documentation that provides a name and address, such as the following, may be used to verify residency:

driver's license;

school records;

other forms of I.D;

employment records;

church records;

rent/mortgage receipts and/or utility bills;

local postal record; or

written statement from a third party

In the event no written documentation is available, a collateral contact such as the following may be used:

landlord;
neighbor;
utility company;
school;
shelter manager; or
employer

2406.40.00 RESIDENCY VERIFICATION (C)

For TANF residency must be verified and documented. Documentation that provides a name and address, such

as the following, may be used to verify residency:

driver's license;

school records;

other forms of I.D;

employment records;

church records;

rent/mortgage receipts and/or utility bills;

local postal record; or

written statement from a third party

In the event no written documentation is available, a collateral contact such as the following may be used:

landlord;
neighbor;
utility company;
school;
shelter manager; or
employer

2407.00.00 QUESTIONABLE ADDRESS (S)

When the eligibility worker becomes aware that the address most recently reported by the AG may not be its residence, resolution of this discrepancy is required. The eligibility worker may become aware of these discrepancies through such circumstances as:

His own observations; or

The AG's mail is returned to the DFR with notations indicating that the addressee does not reside at that location.

The fact that the AG is not residing at the last reported address does **not** render the AG ineligible for assistance, but it is an indication that further investigation is required.

The steps required to resolve this discrepancy are described below:

Send the AG a pending checklist asking for proof of current address of residence and household composition. Send this notice to the last known address within 10 days of the date the discrepancy.

If there is no response and the pending checklist is not returned to the DFR, send a notice of eligibility to the last known address, notifying the AG that benefits will be cancelled due to "failure to verify information necessary to determine eligibility such as identity, assistance group composition, resources and/or income". The termination is effective the first of the month after the date advance (13-day) notice is sent.

If the pending checklist is returned by the Post Office, the eligibility worker should check the case file to ensure that the form was sent to the correct address. If the form was sent to the correct address ,and the pending checklist is returned by the Post Office indicating no known forwarding address, send a notice of adverse action to the last known address. If the address was incorrect, and the eligibility worker still has reason to believe the AG does not live at the reported address, repeat the procedures in the paragraph above.

2408.00.00 IDENTITY (S)

The identity of the individual making application must be established. If an authorized representative applies on behalf of a household, the identity of both the authorized representative and the individual making application must be established.

2408.05.00 VERIFICATION OF IDENTITY (S)

Identity may be verified by using any type of readily available documentation or, if this is unavailable, through

a collateral contact. Examples of acceptable documentation include, but are not limited to, the following:

Driver’s license;
Work or school I.D.;
Voter registration card;
Wage stubs;
Birth certificate; and
I.D. for health benefits or for any assistance or social services program

2410.00.00 AGE

All assistance programs have age related requirements. Age may be either a requirement for eligibility, a requirement for special budget considerations, or a requirement for an exemption from employment and training activities.

2410.05.00 DEFINITION OF A CHILD (C)

To be considered a child for program eligibility purposes, an individual must be under the age of 18 and unmarried, divorced or separated. A married minor is, therefore, not treated as a child in the TANF eligibility determination. He is excluded from the TANF AG unless he is the parent/caretaker relative of a dependent child.

2410.05.25 Verification of Age (C)

Acceptable sources of verification of age include, but are not limited to, the following:

Birth certificate or health department records; or other credible sources, including:

- hospital records;

- physician's records;

- Bureau of Vital Statistics;

- baptismal, confirmation, or other church records;

- passport;

- naturalization papers;

- immigration papers;

- alien registration card;

- court records, including adoption records, in which the child's age has been noted;

- records of social agencies (including the Local Office);

- insurance company records; and

- school records

2410.10.00 AGE OF ELDERLY INDIVIDUALS (S)

Individuals who are or will be 60 in the month of application are considered "elderly". These individuals may have medical expenses deducted and are eligible for special budget considerations (uncapped shelter, not subject to gross income limits).

2410.10.05 Verification of Age for the Elderly (S)

Verification of age is not required for SNAP unless it is questionable.

2414.00.00 SSI STATUS

In some situations, an individual's benefit status with the Supplemental Security Income (SSI) program has an effect on his non-financial eligibility. The following sections discuss these situations.

2414.05.00 SSI RELATED INELIGIBILITY FOR CASH ASSISTANCE (C)

An individual is ineligible for Cash Assistance for any month in which he receives an SSI benefit. (f36)

When the only dependent child would be eligible for TANF if he were not an SSI recipient, the parent or other caretaker relative may be eligible for TANF as a one person AG.

2414.10.00 SSI 1619 STATUS

Section 1619 of the Social Security Act provides an incentive to the blind or disabled SSI recipient to

continue work when his earned income reaches levels that would otherwise jeopardize eligibility. Individuals in 1619(a) status receive reduced SSI benefits, while individuals in 1619(b) status receive no SSI benefits.

A recipient's 1619-SSI status is verified through an interface with the SSA. An individual's SSI status is automatically updated on the eligibility system and the eligibility worker is notified of the update through an alert.

2414.10.05 Categorical Eligibility (S)

Any AG in which all AG members are certified as eligible for SSI, TANF or a combination of both are categorically eligible for SNAP. Individuals are considered certified for TANF if they are considered part of the AG. Members not receiving a benefit because of the 24-month limit, members with a voluntary quit penalty, and family cap children are considered part of the AG. Members who have a TANF sanction for IMPACT or IV-D non-compliance are not considered part of the AG or part of the TANF AG.

Categorical eligibility still exists for SSI individuals in 1619 status regardless of receipt or non-receipt of SSI payments. However, individuals who are suspended from receiving SSI benefits because of noncompliance with Drug Addiction and/or Alcoholism (DAA) treatment requirements cannot be considered categorically eligible for SNAP. Eligibility for suspended cases would be determined without including an SSI amount until the suspension period ended and benefits are resumed.

2414.10.15 1619 Status of Cash Assistance Recipients (C)

An individual who has 1619(a) status continues to receive an SSI benefit. This individual is ineligible to receive Cash Assistance due to the receipt of SSI.

An individual who has 1619(b) status no longer receives an SSI benefit and is not automatically excluded from membership in the Cash Assistance AG determination.

2420.00.00 **RESIDENCE IN THE HOME OF A SPECIFIED RELATIVE (C)**

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

An otherwise eligible child must be **living with** a person having a specified degree of relationship, in a place of **r**esidence maintained by one or more of such relatives as hi**s o**wn home. (f65) Once this relationship is established, the specified relative will be denoted as the parent or other caretaker relative.

2420.05.00 RELATIONSHIP OF RELATIVE TO CHILD (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

The individual with whom the child resides must be related to the child as specified in the following groups:

1. Mother;

2. Father, legal or biological;

3. Any blood relative within the fifth degree of relationship, including, but not limited to, those of half blood, including first cousins, first cousins once removed, nephews, nieces, and individuals of preceding generations as denoted by prefixes of grand, great, great-great, or great-great-great (this group includes the sister, brother, aunt, and uncle of the child);

4. Stepfather, stepmother, stepbrother, and stepsister; (The parent of the stepparent does not meet this degree of relationship. There is no blood relationship, nor can this relationship be established through marriage);

5. An individual who legally adopts a child or the child's parent, as well as the natural and other legally adopted children and other relatives of the adoptive parents; and

6. Legal spouses of any individuals named in the five (5) above groups, even though the marriage was terminated by death or divorce. (f66)

When the parental rights of a parent are terminated, that parent cannot be a specified relative unless he has another specified relationship to the child. For example, a child could be adopted by his grandparents. The child and his birth parent would become siblings which is another specified relationship.

A guardian may receive assistance only when such person is a relative listed above and the child lives with that person.

2420.05.05 Verification of Relationship (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

It is the responsibility of the applicant/recipient to assist the eligibility worker to verify the degree of relationship between a child and a specified relative.

The relationship of a child to a relative listed in the previous section, except for an alleged father, is verified when the eligibility worker either:

Sees the child's birth certificate; or

Obtains verification from two of the sources listed below, when the birth certificate is not seen:

- Hospital records established at the time of birth (including a hospital issued birth certificate);
- Physician's records;
- Marriage records;
- Court records, including adoption records;
- Social Security Administration records;
- Church documents, such as baptismal certificates;
- Passport;
- Immigration records;
- Naturalization records;

- School records;

- Records of social agencies (including the Local Office); or

- Signed statement from an unrelated reliable person having specific knowledge about the relationship of the child to the specified relative

2420.05.05.05 Definition of Presumed Biological Father (C)

Within the C category, the policy stated in this section applies to both ADCU and ADCR.

Verification of the relationship of a child to an alleged father is contingent upon Indiana law used for establishing paternity.

IC 31-14-7-1 states that a man is presumed to be a child's biological father if:

He and the child's biological mother are or have been married to each other and the child is born during the marriage or within 300 days after the marriage is terminated by death, annulment, or dissolution;

He and the child's biological mother attempted to marry each other by a marriage solemnized in apparent compliance with the law, even though the marriage is void under IC 31-11-8-2, IC 31-11-8-3, IC 31-11-8-4, or IC 31 11-8-6 or voidable under IC 31-11-9, and the child is born during the attempted marriage or within 300 days after the attempted marriage is terminated by death, annulment, or dissolution; or

The man undergoes a genetic test that indicates with at least a ninety-nine percent (99%) probability that the man is the child’s biological father.

2420.05.05.10 Paternity Acknowledgment (C)

Within the C category, the policy stated in this section applies to both ADCU and ADCR.

If there is not a presumed biological father, there is a rebuttable presumption that a man is the child’s biological father if, with the consent of the child’s mother, the man:

(1) Receives the child into the man’s home; and

(2) Openly holds the child out as the man’s biological child.

The circumstances under this section do not establish the man’s paternity. (A man’s paternity may only be established as described in IC 31-14-2-1.) (f66a)

When a child is living with a paternal relative, the Local Office must verify the child's relationship to the father in order to establish the specified relationship of the relative.

2420.05.05.15 Paternity by Affidavit

A man is a child’s legal father if the man executed a paternity affidavit in accordance with IC 16-37-2-2.1 and the paternity affidavit has not been rescinded or set aside under IC 16-37-2-2.1.

2420.10.00 THE "LIVING WITH" DEFINITION (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

The child must be living with a specified relative (as defined in Section 2420.05.00) in a place of residence maintained as their own home. A home is the family setting maintained or in the process of being established by the parent or relative, as evidenced by assumption and continuation of responsibility for day to day care of the child by the relative with whom the child is living. (f67) A home exists so long as the relative exercises responsibility for the care and control of the child, even though either the child or the relative is temporarily absent from the customary family setting. (f68)

Within this interpretation, the child is considered to be living with his relative even though:

1. He is under the jurisdiction of the court (for example, receiving probation services or protective supervision); or

2. Legal custody is held by an agency that does not have physical possession of the child.

Placement may be made by either state or out-of-state courts or agencies.

The primary responsibility of the DFR is to establish that the applicant is, in fact, exercising primary responsibility for the care and control of the child.

2420.10.05 Verification of Living With (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

The "living with" requirement may be satisfied by the applicant's/recipient's statement, unless discrepant information exists.

If there is a question whether the child is living with his relative, verification may be obtained from other sources based on the individual situation. Such sources include, but are not limited to:

Seeing the child in the home;

School records;

Child care provider's records;

Landlord's statement;

Hospital, clinic, or physician's records;

Social Security or other benefit records;

Church records;

Court support order;

Child welfare records; and

Signed statement from a reliable individual having personal knowledge of the child living with the specified relative.

2420.15.00 TEMPORARY ABSENCE FROM THE HOME (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Absence of the recipient child or parent/caretaker relative from the home for limited periods of time (f69) does not affect eligibility, provided that:

1. The absent member intends to return to the home by the end of the payment month; and

2. The parent/caretaker relative continues to exercise responsibility for the care and control of the child.

2420.20.00 CHILDREN WHO REMAIN HOSPITALIZED AFTER BIRTH (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Children who remain hospitalized following birth in order to receive medical care are not eligible for assistance in the above categories.

2420.25.00 UNSUITABLE HOME (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

An otherwise eligible child may not have assistance denied or discontinued because the home in which he resides is considered unsuitable due to the neglect, abuse, or exploitation of the child. The home shall be considered suitable until such time as the court has ruled it unsuitable and, as a result of such action, the child is removed from the home.

2420.30.00 OBTAINING PHYSICAL CUSTODY TO ESTABLISH TANF ELIGIBILITY (C)

The policy stated in this section affects only the ADCU and ADCR categories of cash assistance. It applies to all assistance groups whose eligibility is determined under those categories.

When a person applies for TANF cash assistance, and at the proposed addition of a child to an existing assistance group, the child's current living arrangement (and the

reason for it) must be reviewed to determine whether the child is living with the adult for the sole purpose of qualifying for TANF cash assistance, which is prohibited. (f70)

This eligibility criterion is considered to be met without further investigation when the child is in the physical custody of a parent or other specified relative who also has sole legal custody or when there is sufficient documentation to establish that:

- The child resides with a parent and no other parent is known;

- The child resides with a non-parent caretaker relative and the only known parent is deceased or cannot be located;

- The child resides with a non-parent caretaker relative and both parents are deceased or cannot be located;

- The child resides with a non-parent caretaker relative and one parent is deceased and the other parent's whereabouts are unknown; or

- The child resides with a non-parent caretaker relative after placement in the relative's home as a result of parental neglect or abuse.

Note: A "known" parent, in this context, is defined as the child's undisputed mother or father as established legally, biologically or informally. When two men claim paternity or have been named as the child's father, there is no "known" father.

If one of the above situations exists, the caseworker is to indicate on ICES that the physical custody criterion is met by coding "N" in the "Attain Custody for TANF" field on the eligibility system.

Further inquiry will be necessary if none of the circumstances listed above apply. The first step involves asking the current caretaker relative why the child is living with her/him and when the living arrangement began. At this point, the eligibility system will be coded "Y" for physical custody <u>only</u> if the caretaker states that the child did, in fact, begin living with him or her to obtain or increase TANF cash assistance.

If the current living arrangement has been in place for three months or more prior to the application for assistance, a presumption can be made that physical custody was not obtained for the purpose of establishing eligibility for TANF cash assistance. Verification in these circumstances may be limited to documenting the length of time the caretaker relative and the dependent child have been together. Verification can be obtained from another relative, a friend or neighbor having knowledge of the family history, school, medical or religious records or other legitimate sources.

When the child and the specified relative have been living together less than three months the person with whom the child previously lived should be located for corroboration. Once there is sufficient verification that the child does not currently live with the parent or caretaker to acquire benefits, the eligibility system can be coded "N" for physical custody. The reason for the change in physical custody as well as other pertinent information (dates, individuals contacted, etc.) should be entered on the eligibility system and all correspondence and collateral documents filed in the case file.

If a non-parent caretaker relative has physical custody of the dependent child and the living arrangement is not long-term, the situations of both absent parents must be addressed as indicated above.

The provision of the TANF benefit is not to be delayed or denied because the child's previous caretaker failed to provide verification or could not be reached. Verification that physical custody was or was not obtained for the purpose of qualifying for TANF cash assistance also may include (but is not limited to):

A court order addressing physical custody of the child;
Documentation from Child Protective Services indicating that the child has been placed with the current caretaker relative;

A statement from a professional person having knowledge of the family's situation; or

A statement from a friend, neighbor or family member verifying or refuting the current caretaker relative's stated reason for acquiring physical custody.

The physical custody field on the eligibility system is coded "Y" only when there is documented evidence that the child lives with the caretaker relative for the purpose of qualifying for TANF cash assistance. TANF cash assistance will fail for the child. The caretaker relative will also be ineligible for benefits unless there is another dependent child in the caretaker's assistance group who meets the physical custody requirement and is otherwise TANF cash assistance eligible.

2422.00.00 INSTITUTIONAL STATUS

An institution, as defined by federal regulation, is an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.

2422.05.00 RESIDENTS OF INSTITUTIONS (S)

Residents of institutions, with certain exceptions, are not eligible to participate in the SNAP program. Individuals are considered residents of institutions when the institution provides them with the majority of their meals (50% of three meals or at least two meals a day) as a part of its normal services.

Students who purchase a majority of their meals at one of a school's facilities are considered residents of an institution regardless of whether obtaining meals at a school facility is mandatory or optional. (Refer to Section 3210.15.35 for definition of eligible student.)

Individuals who do not receive their meals from an authorized institution and prepare their own food, or are participating in a delivered meals program or a communal dining program, are eligible for SNAP on the factor of residency.

2422.05.05 Exemptions from Institution Provisions (S)

The following individuals residing in group facilities are residing in eligible institutions and are eligible for SNAP consideration:

Any narcotics addict or alcoholic who resides at a public or private non-profit facility or treatment center under the supervision of a drug alcohol treatment and rehabilitation program;

residents of federally subsidized housing for the elderly under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act;

certain blind and disabled individuals as defined in Section 3210.10.25 who live in authorized small group living arrangements;

Persons temporarily residing in a shelter for battered persons(such individuals shall be considered individual household AGs for purposes of applying for and participating in the program); and

residents of public or private nonprofit shelters for homeless individuals.

2432.05.00 REQUIREMENTS FOR REFUGEES (C)

The policy stated in this section only applies to the ADCQ category of assistance.

Eligibility under the TANF program must be determined for a refugee who applies for Cash Assistance. If the refugee is not eligible for TANF cash assistance, eligibility is then determined for the Refugee Cash Assistance Program.

[Likewise, a refugee's eligibility for MA is first considered for all categories of assistance other than Refugee Medical Assistance. The eligibility system automatically determines a refugee's eligibility in this manner to comply with federal regulations. (Refer to Section 1605.20.00)]

In addition, the eligibility worker must refer refugees who are 65 years of age or older, or who are blind or disabled, to the SSA to apply for assistance under the SSI program. Cash Assistance is to be furnished to eligible refugees until eligibility under the SSI program is determined.

2436.00.00 CHILD SUPPORT PARTICIPATION (C)

Within the C category, the policy stated in this chapter only applies to ADCR and ADCU.

Certain individuals must cooperate with child support enforcement as a condition of eligibility.

The purpose of the Child Support Program is to identify and locate absent parents, establish paternity, and obtain child support. In effect, the Child Support program:

Promotes greater financial responsibility of parents toward their children; and

Provides a support collection service to reduce dependency upon public funds.

The eligibility worker must thoroughly explain to applicants, recipients and non-recipient parents/caretaker relatives the IV-D requirements as they relate to eligibility, and the consequences involved if they do not cooperate. The Rights and Responsibilities are incorporated in the application, which contains an explanation of cooperation, assignment and penalties for non-cooperation. Refer to Section 2436.20.05.

2436.05.00 CHILD SUPPORT ENFORCEMENT REQUIREMENTS (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Child support enforcement activities include the assignment of rights to support and cooperation in obtaining support. These requirements are discussed in the following sections.

2436.05.05 Assignment of Rights to Support (C)

The policy stated in this section applies only to the ADCR and ADCU categories of assistance.

All applicants/recipients must assign their rights to child and spousal support to the Child Support Bureau (f92) regardless of whether support is currently being paid or whether paternity has been established.

The applicant's signature on the application serves to assign all current and pending support payments due him or any participating member of his AG, and any arrearage that accrues while receiving TANF. The assignment date is the date of application. The child support collection date becomes effective the first of the month following the month in which the eligibility worker takes action on the

case. For example, if application is made 8/29/94, and the case was acted upon by the eligibility worker in September, the collection date would be 10/1/94. TANF benefits would be effective 9/1/94. The only individual who may legally assign support rights is the parent/caretaker relative. If an individual other than the parent/caretaker signs the application, a separate assignment of support rights must be obtained from the parent/caretaker.

One of the results of this assignment is that the payment of all child and spousal support to which the AG is entitled, is made to the Division of Family Resources rather than to the TANF recipient. All support payments must be reported and paid to the Child Support Bureau. The DFR is responsible for the conversion of child support payments to the Child Support Bureau as soon as possible after eligibility is established.

2436.05.10 Cooperation in Obtaining Support (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Each applicant for or recipient of assistance or non-recipient parent/caretaker relative, unless exempt as described in Section 2436.10.05, is required to cooperate in:

Identifying and locating the parent of a child for whom assistance is requested;

Establishing the paternity of a child born out of wedlock for which assistance is requested;

Providing complete information required to obtain support;

Obtaining support payments for the applicant/recipient and for a child for whom assistance is requested; and

Obtaining any other payments or property due the applicant/recipient or the child for whom assistance is requested.

Cooperation includes the following:

Appearing at the offices of the child support agency as necessary, to provide verbal or written information or documentary evidence known to be possessed (or reasonably obtainable) that is essential to obtaining support;

Appearing as a party to or witness at court or other hearings or proceedings;

Providing information, or attesting to the lack of information, under penalty of perjury; and

Forwarding any support payments received after the assignment has been executed to the designated child support agency.

2436.05.10.05 Child Support Cooperation Requirements (C)

Information is to be provided about each absent parent named as a parent of the child. This includes any alleged, acknowledged, or legal parent.

When a minor parent is included as the eligible caretaker in the TANF AG, cooperation is required in providing information about the parent of the minor's child as well as the parent(s) of the minor parent who do not reside with him.

2436.10.00 CHILD SUPPORT COOPERATION EXEMPTIONS (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

A recipient parent/caretaker or non-recipient parent/caretaker may be exempt from cooperation requirements if certain conditions exist, or if there is good cause for failing to cooperate. These exemptions are discussed in the following sections.

2436.10.05 Automatic Child Support Exemptions (C)

Cases which fall under any of the following categories are automatically exempt from cooperation requirements:

Documentation exists of the verified death of the absent parent.

The parent is living in the home.

The absent parent's parental rights have been involuntarily terminated by court order.

The parent/caretaker relative receives TANF based solely upon the only child's receipt of SSI benefits.

The child was adopted by a single parent and is living with that parent.

The child is excluded from receiving cash assistance due to the Family Cap policy. (Exemption from cooperation applies only to the capped child’s situation.)

The parent of the minor TANF parent resides with the AG. This exemption exists only during the period of shared residence.

For ADCR and ADCU only, other than in cases of capped children as indicated in the above exemptions, there is no exemption from assignment or collection of child support paid in behalf of recipient children or adults. An exemption granted from pursuit of support against one absent parent does not automatically exempt the entire case. In the event the case involves more than one absent parent, all absent parents must qualify for an exemption in order to exempt the entire case. If one absent parent in the case and his child qualify for an exemption, while other absent parents in the case and their children do not, the normal procedures for completing and processing information regarding the nonexempt absent parent are to be followed.

2436.10.10 Child Support Good Cause Exemptions (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

A recipient parent/caretaker relative or non-recipient parent/caretaker relative may have good cause for refusing to cooperate in child support enforcement activities, and thus be exempt from the cooperation requirement. Good cause

exists when cooperation would be against the best interests of the child.

Each recipient parent/caretaker relative or non-recipient parent/caretaker relative subject to the cooperation requirement is to be informed of his right to claim good cause **prior** to the requiring of cooperation. If the recipient parent/caretaker relative or non-recipient parent/caretaker relative wishes to make a claim, he must provide corroborative evidence to establish the existence of the good cause circumstance and, if requested, provide sufficient information to permit the DFR to conduct an investigation.

Assistance is not to be denied, delayed, or discontinued depending upon a good cause claim determination on cooperation, if all other eligibility requirements are met.

The Child Support Bureau will not undertake activities to establish paternity or to secure support when notified that an individual has claimed good cause.

The determination of whether or not good cause exists is to be made by the DFR within 45 days of the date on which the good cause claim is made.

2436.10.10.05 Child Support Good Cause Circumstances (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Good cause may be established if cooperation by the recipient parent/caretaker relative or non-recipient parent/caretaker relative would be against the best interests of the child only if:

The recipient parent/caretaker relative's or non-recipient parent/caretaker relative’s cooperation in establishing paternity or securing support can reasonably be anticipated to result in:

- Physical harm to the child for who support is to be sought;

- Emotional harm to the child for who support is to be sought;

- Physical harm to the parent/caretaker relative with whom the child is living, which reduces the parent/caretaker relative's capacity to adequately care for the child; or

- Emotional harm to the parent/caretaker relative with whom the child is living, of such nature or degree that it reduces the parent/caretaker relative's capacity to adequately care for the child.

- Physical or emotional harm to either of the child’s biological parents.

Proceeding to establish paternity or to secure support would be detrimental to the child due to the existence of **at least one of the following circumstances**:

- The child for whom support is sought was conceived as a result of incest or forcible rape;

- Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction; or

- The parent is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or to relinquish him for adoption **and** the discussions have not gone on for more than three months.

2436.10.10.10 Child Support Good Cause Considerations (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Physical and emotional harm must be of a serious nature in order to justify a finding of good cause.

Emotional harm is based upon demonstration of an emotional impairment that substantially affects the individual's functioning. The following factors are to be considered when emotional harm to the child, recipient parent/caretaker relative, non-recipient parent/caretaker relative or child’s parent(s) not in the household is claimed:

The present emotional state of the person subject to emotional harm;

The emotional health history of that person;

The intensity and probable duration of the emotional upset;

The degree of cooperation required by the recipient parent/caretaker relative or non-recipient parent/caretaker relative; and

The extent of involvement of the child in paternity establishment or support enforcement activities.

2436.10.10.15 Child Support Good Cause Corroborative Evidence (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

The SF 4149 Notice of Right to Claim Good Cause should be provided to any recipient parent/caretaker relative or non-recipient parent/caretaker relative claiming or inquiring about good cause. (The information contained on the form is also included in the Application for Assistance in Section 3 of the Rights and Responsibilities.) The recipient parent/caretaker relative or non-recipient parent/caretaker relative is to provide a signed statement regarding the reasons good cause is claimed and also provide corroborative evidence to establish the claim. Evidence is to be submitted no more than 20 days from the date on which the good cause claim was made. A good cause claim may be corroborated with the following types of evidence:

Birth certificate or medical or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape;

Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;

Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the absent parent might inflict physical or emotional harm on the child or caretaker;
Medical records or records of a mental health professional which indicate emotional health history or the present emotional state of the caretaker or child subject to emotional harm;

A written statement from a public or licensed private social agency that the applicant/recipient is being assisted by the agency to resolve the issue of whether to keep the child or relinquish him for adoption; or

Sworn statements from individuals other than the caretaker with knowledge of the circumstances which provide the basis for the good cause claim.

In addition, if the evidence submitted is insufficient to establish good cause, the Division of Family Resources is to:

Promptly notify the recipient parent/caretaker relative or non-recipient parent/caretaker relative that additional evidence is required;

Advise him of the type of documents needed and how to obtain the necessary documents; and

Make a reasonable effort to obtain any specific documents which he cannot reasonably obtain without assistance.

Further, the Division of Family Resources **may** conduct its own investigation by contacting the absent parent or alleged father, if such contact is necessary to establish the good cause claim.

Prior to making contact, the recipient parent/caretaker relative or non-recipient parent/caretaker relative is to be notified so that he may:

Present additional corroborative evidence or information so that contact with the parent or alleged father will be unnecessary;

Withdraw the application for assistance or have the case closed; or

Have the good cause claim denied.

2436.10.10.20 Evaluation of Child Support Good Cause Claim (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

All good cause claims are reviewed by the DFR Policy Section (refer to Section 2436.10.10) to determine whether good cause exists. The good cause claim is to be approved if the statements and evidence substantiate potential harm to the child, recipient parent/caretaker relative, non-recipient parent/caretaker relative or the child's parent(s) not in the household if child support is pursued.

2436.10.10.25 Child Support Good Cause Determination (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Once the good cause decision has been received from Central Office the decision is entered into the eligibility system by the eligibility worker and a written notice must be sent to the recipient parent/caretaker relative or non-recipient parent/caretaker relative.

If good cause is not approved, the notice must include the following:

The decision that good cause does not exist and the basis for the findings;

The right to appeal this decision;

The individual must cooperate with the child support collection effort if his/her needs are to be included in the grant; and

The right to withdraw the application or have the case closed.

If the claim is approved, cooperation is not required. If the claim is denied, the recipient parent/caretaker

relative or non-recipient parent/caretaker relative is required to cooperate. (See Section 2436.20.00)

2436.10.10.30 Review Of Child Support Good Cause Determination (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Any time the circumstance upon which good cause was based appears to have changed, the eligibility worker should submit their findings to Central Office for review. If Central Office determines that there is not sufficient evidence to revoke the good cause exemption, it is to continue.

If Central Office determines that good cause no longer exists based on the original circumstance, the recipient parent/caretaker relative or non-recipient parent/caretaker relative is to be given the opportunity to claim good cause based on their current situation and to provide evidence to support a new good cause claim (IPPM 2436.10.10.15). The good cause claim should then be submitted to Central Office for a new determination to be completed; or, if no new good cause claim is made, cooperation with IV-D requirements will be enforced.

2436.15.00 CHILD SUPPORT NON-COOPERATION (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Non-cooperation is determined by the prosecutor’s office and they will notify the DFR of any non-cooperation through the agreed upon procedures.

2436.15.05 Blood Test Results (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

When the prosecutor determines that a child's alleged father is excluded by blood tests, they will notify the recipient parent/caretaker relative or non-recipient parent/caretaker relative of the paternity exclusion and the requirement to name all men who could have fathered the

child in question. Ten (10) days is given to provide this additional information. Information regarding the penalty for failure to cooperate is also included on the notice.

2436.20.00 PENALTIES FOR CHILD SUPPORT NON-COOPERATION (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

Penalties for non-cooperation are applied only when the caseworker receives notification from the prosecutor's office that the action is required. These penalties are discussed in the following sections.

2436.20.05 TANF Penalties for Child Support Non-Cooperation (C)

When the prosecutor's office determines that the recipient parent/caretaker relative or non-recipient parent/caretaker relative with whom the TANF child is living refuses without good cause to cooperate in obtaining support, they will notify the eligibility worker that a sanction should be initiated. As of 11-01-07, sanctions are Full Family, resulting in the AG's ineligibility for TANF cash assistance. (f106)

2436.25.00 ENDING CHILD SUPPORT SANCTIONS (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

A sanction must be applied and removed only as directed by the prosecutor's office.

2438.00.00 WORK REGISTRATION (S)

Work Registration is completed when an Assistance Group (AG) member signs the application. All mandatory work registrants are exempt from IMPACT participation unless they choose to volunteer.

2438.05.00 IMPACT (S, C, I)

Within the TANF category (C) the policy stated in this section only applies to TANF ADCR and ADCU Assistant Groups (*not ADCQ*).

IMPACT is defined as “Indiana Manpower Placement and Comprehensive Training” and represents the State’s Employment and Training Program. IMPACT is the cooperative effort of the Family and Social Services Administration (FSSA), the Department of Workforce Development (DWD), the Department of Education (DOE), and various other service agencies that offer employment and training services for TANF and SNAP individuals.

Services are designed to assist individuals in overcoming employment barriers due to poor education, absence of marketable skills, or lack of support services including child care and transportation.

For IMPACT policy not covered in this chapter, refer to Section 2500.00.

2438.05.05 Referral to IMPACT (C, I)

During the eligibility interview, the eligibility worker reviews the applicant’s circumstances and determines whether the person is IMPACT mandatory or exempt. (Refer to Section 2438.15.10.05 for TANF exemption criteria).

Effective July 1, 2011, all IMPACT mandatory TANF applicants are referred to Applicant Job Search (AJS).

TANF individuals determined mandatory for IMPACT participation, and exempt individuals who wish to voluntarily participate, are referred to IMPACT when the eligibility worker enters the appropriate information in the eligibility system.

TANF recipients determined to be **exempt due to age** who wish to participate are referred as voluntary participants. The eligibility worker will enter the correct TANF exemption code and ‘V’ for voluntary under TANF status in the eligibility system. These individuals will not be subject to the TANF sanction penalties for non-compliance.

Other exempt TANF recipients who wish to participate are demonstrating that they have overcome their prior barrier(s) to participation; they are to be treated as mandatory and indicated as such in the eligibility system. They should be informed that they will be subject to the TANF sanction penalties for non-compliance.

When individuals receive both TANF and SNAP benefits, they

are subject only to the TANF IMPACT Program requirements and may be sanctioned for non-compliance.

When the eligibility worker authorizes a TANF referral, the individual will be advised of his/her Rights and Responsibilities at the Initial Interview and Assessment. See Sections 2520.00.00 and 2520.05.00.

TANF IMPACT referral process: IMPACT case managers are notified of the referral of a new TANF IMPACT participant and should schedule the individual for an Assessment interview according to the time frames in Section 2525.05.00.

2438.05.05.05 Referral to IMPACT (S, I)

Upon determination of an individual's eligibility for SNAP benefits, recipients who wish to participate in the IMPACT program will contact their eligibility worker and request a referral to IMPACT. **SNAP IMPACT referral process**: When the SNAP case is authorized and the individual is referred to IMPACT as a voluntary participant, the automated referral process will schedule the client to attend an IMPACT orientation interview. Volunteer SNAP IMPACT participants who fail to cooperate will be removed from the program without loss of benefits, and will not be sanctioned.

2438.05.10 IMPACT Service Priorities (S, C, I)

Indiana has established service priorities for IMPACT based on federal requirements for county DFR and IMPACT Offices that may lack sufficient staff and/or monetary resources to serve all mandatory TANF individuals and TANF and SNAP recipients who volunteer to participate in IMPACT activities.

> **TANF recipients** who are mandatory or volunteer for IMPACT participation are to be given service priority over SNAP volunteers.

2438.05.15 Work Registrant Responsibilities (S)

Each work registrant has certain Rights and Responsibilities which are included on the approval notice when the AG is authorized. This notice also contains the names of the AG members who are work registered.

Each work registrant must:

Respond to requests for more information about employment status or availability for work, and

Provide sufficient information to allow determination of employment status or job availability.

Each work registrant must not:

Voluntarily quit a job without good cause, or

Voluntarily reduce work hours below 30 hours per week without good cause.

2438.05.20.05 SNAP IMPACT Case Manager Responsibilities (S, I)

The IMPACT case manager must explain to the volunteer SNAP participant, both orally and in writing:

The benefits of participation;

The right to withdraw from participation without loss of benefits;

that failure to comply with any assigned or scheduled IMPACT activities, or the requirements of their Self-Sufficiency Plan, may result in their removal from the IMPACT program without loss of benefits, or the imposition of a sanction, and

That they may request a re-referral to the IMPACT program at any time.

2438.05.25 IMPACT Rights and Responsibilities (C, I)

Each IMPACT participant, whether voluntary or mandatory, has certain Rights and Responsibilities. The Assistance Group (AG) is informed of these at the Initial Interview.

Each IMPACT participant has the **right** to:

fair and equal treatment in the assignment of employment and training activities;

file a written complaint if the individual thinks discrimination has occurred, and

request a hearing if the AG's TANF and/or Medicaid benefits were reduced, denied, or discontinued.

Each IMPACT participant has the **responsibility** to:

Keep scheduled appointments with the IMPACT case manager;

keep scheduled appointments with other community resources, agencies, or potential employers to which the individual is referred by the IMPACT case manager;

participate in all employment and training activities outlined in the Self-Sufficiency Plan, and

accept suitable child care, transportation and other supportive services that will enable the individual to fully participate in employment and training activities.

2438.10.00 DETERMINATION OF PARTICIPATION STATUS (S, C, I)

The eligibility worker must determine IMPACT participation and Work Registration status for applicable individuals. Participation requirements vary by program and are described in the following sections.

2438.10.05 Determination of Work Registration Status (S)

Work Registration is completed when a member of the SNAP AG signs the Work Registration statement on the application.

The eligibility worker must determine which individuals are required to register for work and which are exempt. Each individual in the AG who is not exempt must be work registered at:

initial application,

each re-determination or re-certification, and

upon receipt of information that a change in participation status may have occurred.

The worker must act timely on agency anticipated changes and on any reported change by changing the status in the eligibility system. If the exemption is no longer relevant and the individual becomes an ABAWD, that must also be indicated.

If a change could not be anticipated by the agency and not required to be reported, then the change is made at the next recertification. (Example: The only child leaves the AG after the IR is submitted and mother is no longer exempt. This does not have to be reported so it would be changed at recertification.)

If a change IS anticipated by the agency, the worker must work the change in a timely manner and adjust work registration as necessary. (Example: At recertification in June, the worker determines the child in the home is turning 18 years of age in September. Because this is known information, the worker must initiate the change in a timely manner and adjust work registration for the AG members as necessary.

2438.10.05.05 Postponed Determination of Work Registration Status (S)

For AGs entitled to expedited services, registration of all required individuals may be postponed if registration cannot be accomplished within the expedited service time frames.

If an individual claims an exemption due to a disability that is not apparent or may be questionable, the eligibility worker must postpone verification of the disability if verification cannot be obtained within the expedited service time frames.

2438.10.10 Determination of IMPACT Participation Status (S, C, I)

IMPACT status must be determined in the following circumstances:

at initial application,

at each re-determination or re-certification, and

upon receipt of information that a change in participation status may have occurred.

During application entry, the eligibility worker must determine the appropriate IMPACT referral status for each individual in the AG.

Exempt individuals are not required to participate.

*All SNAP individuals are exempt from IMPACT participation unless they indicate a willingness to volunteer. The eligibility worker will change their referral status from exempt to voluntary.

TANF individuals, who are **exempt due to age**, but wish to participate, are referred as voluntary participants in the eligibility system. They are not subject to the TANF sanction penalties; however, they would lose supportive services.

All other exempt TANF individuals who wish to participate in IMPACT are referred as mandatory (M) participants because the eligibility worker has determined that the reason for the exemption is not a barrier. These individuals are subject to the TANF sanction penalties. (Refer to Section 2545.15.05.)

All non-exempt TANF applicants and recipients will be referred to an IMPACT case manager who is responsible for assessing the individual and developing the Self-Sufficiency Plan.

Individuals may **not** be referred in both TANF and SNAP IMPACT concurrently

2438.15.00 EXEMPTIONS FROM WORK REQUIREMENTS (S, I)

This section discusses exemptions from participation in the IMPACT program.

Note: Effective **May 1, 2010**, all mandatory SNAP work registrants are exempt from participation in the IMPACT program, but may volunteer to participate.

2438.15.05 Exemptions from Work Registration (S)

Any AG member who meets one or more of the following conditions is exempt from Work Registration:

Under age 16;

Age 60 or over;

Age 16 or 17, attending school, or enrolled in an employment and training program at least half-time (see Section 3210.15.35);

Age 16 or 17 and not the AG head;

Physically or mentally unfit;

Responsible for an incapacitated individual;

Responsible for care of a dependent child under six;

Enrolled student, at least half-time (see Section 3210.15.35);

Participating in a drug/alcohol treatment program;

Complying with TANF IMPACT requirements;

Receiving unemployment compensation;

Employees under contract during the non-work season (school employees, migrants) if they meet certain conditions (see Section 2438.15.05.55);

Working a minimum of 30 hours a week or equivalent; or

Earning the federal minimum wage, times 30 hours.

2438.15.05.05 Individuals under Sixteen Years of Age (S)

Individuals under 16 are exempt from Work Registration. Individuals whose 16th birthday occurs during the entitlement period will be required to register as part of the next scheduled re-certification process, unless qualified for another exemption. The individual's statement of age is accepted, unless questionable. This policy is for all AG members who turn 16 during a certification period because this is a change the AG is not required to report.

2438.15.05.10 Individuals Age Sixty or Over (S)

Individuals age 60 or over are exempt from Work Registration. The individual's statement of age is accepted, unless questionable

2438.15.05.15 Individuals Age Sixteen or Seventeen and Attending School (S)

Individuals age 16 or 17 are exempt if they are:

1. Not the head of the AG; or

2. Are attending any recognized (secondary) school or enrolled in an employment and training program on at least a half-time basis.

The individual's statement is acceptable verification unless questionable.

2438.15.05.20 Individuals Physically or Mentally Unfit For Employment (S)

If an individual is considered disabled by the Veterans Administration at any percentage, they are exempt from work registration.

An individual who has a physical or mental impairment resulting from (but not limited to) illness, addiction, injury, or domestic violence which prevents entry into employment or training is exempt from Work Registration. Verification is required if a mental or physical impairment is not evident. If necessary, the eligibility worker should provide information to help the individual obtain the appropriate verification.

Verification may consist of a signed statement from a:

Physician, physician’s assistant, nurse, nurse practitioner, or a designated representative of the physician’s office;

A licensed or certified psychologist, social worker or clinician, or other medical professional.

The signed statement must confirm that the individual is:

Unable to work due to the specific illness;

The length of time the individual is expected to be unable to work, or

Proof of temporary or permanent disability benefits issued by government or private sources.

Disability determined by the VA would qualify a SNAP recipient for the exemption as mentally/physically unfit, regardless of percentage.

2438.15.05.25 Care Of an Incapacitated Individual (S)

Recipients responsible for the care of an incapacitated individual are exempt. The incapacitated individual

May or may not be an AG member;

Need not reside with the AG, and

No documentation of the incapacity is required unless it is questionable. If questionable, a physician's statement or other appropriate documentation should be obtained.

2438.15.05.30 Individuals Responsible For Care of A Dependent Child (S)

An individual responsible for the care of a dependent child under age six is exempt from Work Registration. If the AG consists of a married couple with a common child, only one parent may be exempt from Work Registration requirements.

In an AG in which there are two families functioning as one, and each parent is responsible for his own child, both parents may qualify for this exemption. If the child's sixth birthday occurs during the entitlement period, Work Registration is required as part of the next re-certification process unless another exemption is met.

2438.15.05.35 Students (S)

Students enrolled on at least a half-time basis (as defined by the institution) in any recognized school, training program, or institution of higher education, are exempt.

Verification of enrollment and number of hours of participation are required.

Self-initiated training is not an allowable activity for a SNAP recipient. Therefore, participating in on-line independent study, or correspondence courses, does not qualify an individual for this exemption.

Students remain exempt during normal periods of class attendance, vacation, and recess, unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term.

2438.15.05.40 Participants in Drug Addiction/Alcoholic Treatment (S)

Individuals enrolled and participating in a drug addiction or alcoholic treatment and rehabilitation program are exempt.

The individual does not have to be a resident of the center.

The exemption also applies to persons participating in an outpatient program.

2438.15.05.50 Individuals Receiving Unemployment Compensation (S)

Individuals receiving unemployment compensation, or eligible to receive these benefits, are exempt.

Individuals who fail to cooperate with unemployment compensation rules will result in a dual sanction provided the registrant does not meet another SNAP registration exemption.

2438.15.05.55 School Employees Under Contract (S)

Employees under contract are exempt during the non-work season if they meet one of the following conditions:

1. Total annual wages equal the federal minimum wage multiplied by 1560 (52 weeks times 30 hours);

2. Total number of hours worked equals or exceeds 1560 (52 weeks times 30 hours); or

3. Seasonal farm workers (migrants) under contract, or similar agreement, with an employer to begin work within 30 days.

2438.15.05.60 Individuals Working Minimum of Thirty Hours Weekly (S)

Individuals are exempt if employed or self-employed and meet one of the following criteria:

1. Working a minimum of 30 hours per week;

2. Receiving earnings equal to or greater than the federal minimum wage multiplied by 30 hours, or the training wage multiplied by 30 hours if the employment situation warrants the payment of a training wage; or

3. Are migrant or seasonal farm workers under contract, or a similar agreement, with an employer to begin work within 30 days?

When determining whether a self-employed individual is exempt under these criteria, the eligibility worker may use the following information:

1. Income alone may be sufficient (unsubsidized employment 30 hours per week);

2. If the self-employment income does not equal the federal minimum wage multiplied by 30 (i.e., babysitting), but the individual claims he works 30 hours per week, the individual must cooperate with the eligibility worker to establish that the volume of work equals 30 hours per week;

3. Individuals engaged in hobbies or volunteer work (except VISTA or AmeriCorp), or any other activity which does not generate sufficient income, cannot be considered gainfully employed and may not be exempt from Work Registration regardless of the number of hours spent in the activity; or

4. When the self-employed individual hires or contracts with another individual or firm to handle daily activities of the enterprise, the

individual may not be considered self-employed unless the individual works at least 30 hours per week in the activity.

2438.15.10.05 Exemptions from IMPACT (C, I)

The policy in this section affects the **TANF ADCU** and **ADCR** categories.

TANF recipients are exempt from participating in IMPACT activities if they meet one or more of the following criteria:

Under age 16;

Full-time student (as defined by the school) at an elementary or secondary school who is age 16 or 17 and not a minor parent TANF case head;

Age 60 or older;

Eligible for Medicaid for the disabled or blind; (f107e)

Individuals receiving Social Security Disability Insurance (SSDI) or other assistance due to disability;

A Refugee (or other alien with refugee equivalent status as indicated in Table TCTZ) for six (6) months from their date of arrival;

Needed in the home to provide care for a child who is less than 12 weeks of age;

Needed in the home to provide care for an incapacitated household member. Verification of the need for his/her presence is required;

A doctor's statement, or State Form 54717 (4-13), STATEMENT OF MEDICAL CONDITION FOR DETERMINATION OF PARTICIPATION IN THE IMPACT PROGRAM, would be acceptable as medical documentation to verify being needed in the home to provide care to an incapacitated household member.

NOTE: With the exception of the exemption for persons age 60 and over, the circumstances which cause the exemptions may be subject to change. Therefore, it is necessary to review the exemption circumstances at each eligibility re-determination to assess whether the recipient's exempt status should be revoked or maintained.

When an individual has been exempted due the care of a young child or the care of an incapacitated family member, and the individual begins working or indicates that she/he is able to participate in an employment activity, the exemption is revoked because the individual's prior barrier to participation has been removed.

Per the Personal Responsibility and Work Opportunity and Reconciliation Act of 1996, all individuals are subject to the 60-month federal time limit regardless of their IMPACT status. Individuals who are determined to be exempt from IMPACT participation should be provided services that will assist them in overcoming barriers to economic self-sufficiency.

2438.15.10.10 Exemptions from Employment and Training Participation (C)

The policy in this section affects the **ADCQ** category for **Refugee Cash Assistance (RCA)**.

Recipients of Refugee Cash Assistance **(ADCQ)** are exempt from participation in employment and training activities for refugees if they meet one or more of the following criteria:

Under age 16;

Full-time student (as defined by the school) age 16 or 17 at an elementary or secondary school;

Age 65 or older;

Completely unable to work;

The condition can be the result of many things including illness, addiction or injury, or domestic violence. Documentation of the physical and/or mental condition is needed as well as an explanation of how and why the condition prevents

employment. Receipt of SSI, Social Security Disability Insurance (SSDI), or other assistance due to disability is sufficient documentation of the client's inability to work.

Required presence in the home on a continuous basis to care for an ill or incapacitated household member, <u>if there is no appropriate caregiver in the home</u>.

The need for the recipient's presence as caregiver must be verified by a physician or qualified psychologist;

Working 30 or more hours per week;

An RCA recipient who is determined to be mandatory and who subsequently starts employment of 30 or more hours per week, either through E&T or on his own, does not become exempt as a result of becoming employed. The individual remains mandatory and employment becomes their E&T activity. They should be encouraged to increase hours, seek promotions or raises, etc., to bring their family to self-sufficiency.

Pregnancy in second or third trimester verified <u>in writing</u> by a licensed medical professional;

Caretaker of a child under age six for RCA;

This exemption is not available if the parent is under age 20 and does not have a high school diploma, GED or HSE diploma.

NOTE: With the exception of the exemption for persons age 65 and over, the circumstances which cause the exemptions to be allowed are subject to change. Therefore, it is necessary to periodically review the exemption circumstances but no later than six (6) months after application to determine whether the recipient's exempt status should be revoked or maintained.

RCA recipients who are exempt from the requirement to participate, but wish to do so, are to be referred to E&T as volunteers. It is important for the Refugee Cash Assistance contract case manager to inform an exempt person

wishing to volunteer that, once referred for employment and/or training, failure to participate in assigned activities without good cause could result in a sanction. See 2438.45.30.

2438.17.00 ABLE BODIED ADULTS WITHOUT DEPENDENTS (S)

An ABAWD is defined as an Able Bodied Adult without Dependents and is subject to time limited benefits. ABAWDs are limited to 3 months of SNAP benefits within a fixed 36 month period unless they meet one of the following requirements:

Working an average of 20 hours per week for a total of 80 hours per month; includes those who are self employed

1. Participating in an approved SNAP employment and training activity through the Indiana Manpower and Comprehensive Training (IMPACT) program, Workforce Innovation and Opportunity Act (WIOA) or a program under Section 236 of the Trade Act of 1974 (TAA), or any other approved employment and training activity for a minimum of 20 hours per week (may not be averaged);

2. Participating in a combination of work and an approved SNAP employment and training activity as identified in #2 above for a minimum of 20 hours per week, or
3. Participating in a Workfare (Community Work Experience Program-CWEP) activity for the required hours. The number of hours required to fulfill the requirement with a CWEP activity is calculated by dividing the individual’s allotment by the federal minimum wage (rounded down) for example: ABAWD with $194 allotment divided by federal minimum wage of $7.25 would meet the monthly requirement by having 26 hours in a CWEP activity. (108)

The initial 36 month time period begins July 1, 2015 and ends June 30, 2018. Another 36 month period will begin on July 1, 2018.

Prorated SNAP benefits are not counted toward the 3 month limit. Additionally, if the individual does not receive SNAP benefits in a given month, that month is not counted in the 3 month compliance determination. This includes months where the individual was sanctioned but continues to

be a household member. This also includes an ABAWD who did not participate in a given month.

SNAP benefits erroneously received by an ABAWD shall be counted unless or until the ABAWD repays the benefit in full.

2438.17.05 ABAWD Status Determination (S, I)

ABAWD status is determined at initial application, redetermination or when an individual is added to the case. Coding an individual as an ABAWD in the eligibility system will trigger an interface between the eligibility system and the Employment and Training (E & T) Vendor. The client will then receive an appointment notice from the eligibility system for an orientation with vendor for E & T services.

An individual between the ages of 18-49 is not subject to time limited benefits if he/she is:

Exempt from work registration requirement (refer to 2438.15.05); or

Physically or mentally unfit for employment: if the client is receiving temporary or permanent disability benefits issued by a governmental or private source or if the individual is obviously mentally or physically unfit for employment as determined by the eligibility worker. If the client’s level of fitness for work is not obvious, the client must provide documentation from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, a licensed or certified psychologist, a social worker, or any other medical personnel the State agency determines appropriate, that he or she is physically or mentally unfit for employment.

Note: An individual who is in the initial joint application process for SSI and SNAP is not considered an ABAWD. A client who has not applied for SSI on a joint application with SNAP benefits, or whose SSI is currently undergoing an appeal, is still considered an ABAWD. It should be noted that DFR does not currently receive joint applications for SSI and SNAP. Applications for any other type of disability does not affect work registration status. An individual who is not receiving a disability benefit would have to be determined unfit for work by another method. If

the client states that they are unable to work and the impairment is not obvious to the state eligibility worker, then documentation from a medical professional would be required to verify the impairment.

Also, if an individual is considered disabled by the Veterans Administration at any percentage, they are exempt from work registration and exempt from ABAWD requirements.

A member of a SNAP assistance group that contains a child age 17 or younger; or

Pregnant (any trimester). Verification must be obtained before changing the ABAWD status.

Individuals who are not classified as an ABAWD for one of the above reasons should be evaluated for the proper work registration classification.

Individuals considered as ABAWDs would not be subject to time limited benefits if they live in a county or city which has been approved as a waivered labor surplus area by Food and Nutrition Service (FNS). There are currently no such designations. This designation is only to be coded if directed by SNAP policy.

If an individual is not considered an ABAWD for any portion of a given month, that month is not considered towards time limited benefits. For example, if an ABAWD turns age 50 in the month of September; he/she would no longer be an ABAWD from September forward, this includes any prorated months.

2438.17.10 Compliance with ABAWD/IMPACT (S, I)

An individual is in compliance with ABAWD requirements when:

Working an average of 20 hours per week for a total of 80 hours per month;

Participating in an approved SNAP employment and training activity through the Indiana Manpower and Comprehensive Training (IMPACT) program, program or any other approved employment and training activity for a minimum of 20 hours per week (may not be averaged);

Participating in a combination of work and an approved SNAP employment and training activity through the IMPACT

program for a minimum of 20 hours per week, or

Participating in a Workfare (CWEP) activity for the required hours

The individual remains in compliance while meeting the above provisions or becomes exempt from work registration/ABAWD requirements.

An Individual may remain in compliance when participating in an approved activity or working less than the required hours due to illness or injury.

When an individual has received 3 months of benefits without complying, the individual will be determined ineligible for SNAP benefits. If the individual is the only member of the AG, benefits will be closed. The individual's income, resources and expenses will continue to be included in the SNAP budget if others are in the AG.

NOTE: If an individual applies in Indiana and had received benefits in another State, verification should be obtained regarding the number of ABAWD months used in the other state and the time period. Those months will be used to determine eligibility in Indiana. If the ABAWD months from another State are within the 3-year eligibility period, they will count in Indiana.

The eligibility system captures a status for each ABAWD during each month that the ABAWD is receiving benefits during the 36 month period. Manual overrides of the status are possible by authorized users (managers).

2438.17.15 Regaining Eligibility (S)

After an individual loses eligibility for failure to comply with the ABAWD work requirement, eligibility can be regained by meeting one of the requirements below. The individual must still meet the other eligibility requirements for SNAP. There is no limit on how many times an individual may regain eligibility and subsequently maintain eligibility by meeting the work requirements.

Eligibility can be regained by meeting one of the following requirements:

Working at least 80 hours in a 30 day period;

Participating in approved employment and training activities for 20 hours per week (may not be averaged) for a total of 80 hours in a 30 day period;

Become exempt from Work Registration; or

The 36-month period expires and a new 36-month period begins. (f109)

Participating in a combination of work and an approved SNAP employment and training activity program for 20 hours per week for a total of 80 hours in a 30 day period.

If an individual becomes exempt from work registration they are exempt from ABAWD work requirements.

An individual must verify that they have met at least one of the above noted conditions prior to becoming eligible for SNAP benefits.

2438.17.20 ABAWD One Time, 3 Month Extension (S)

If an individual has used 3 months of ABAWD eligibility in a noncompliant status and regains eligibility by meeting employment requirements, and then loses the employment, the individual may be entitled to a one time, 3 consecutive month extension.

The individual must be evaluated under the voluntary quit policy (2438.50.00), and all other eligibility criteria must be met in order to receive SNAP benefits during the extension. This 3 month extension will run consecutively once it has begun and is allowed only one time in the 36 month period.

The onetime 3 month extension requires a mandatory override within the eligibility system by a State Eligibility Manager.

An individual may avoid using the 1 time, 3 month consecutive month extension by withdrawing from the program before the effective date of the extension. If the individual is a mandatory member of an AG, the entire AG must withdraw.

2438.17.30 Reporting Requirements for ABAWD Individuals (S)

SNAP AGs with ABAWDs are subject to simplified reporting as outlined in 2015.20.05 with one exception:

If changes in work hours decrease below 20 hours per week, (averaging monthly hours) the ABAWD must report the change.

2438.17.35 SNAP IMPACT Compliance (S, I)

SNAP recipients who volunteer for the IMPACT program, are considered to be in compliance with IMPACT E&T requirements unless they fail to:

Attend a scheduled orientation;

Participate in the Assessment and Self-Sufficiency Plan (SSP) development interview;

Attend 100% of the scheduled hours for any component(s) included on their SSP;

Cooperate with any employment and training agency whose services are included on the SSP, and

Accept any credible or suitable offer of employment.

The IMPACT case manager is responsible for identifying and documenting the above non-compliances and, if appropriate, requesting the individual’s removal from the IMPACT program without loss of benefits, or the imposition of a sanction. When a volunteer SNAP recipient is removed from the IMPACT Program, the case manager is to notify the eligibility worker to change the SNAP referral code from volunteer to exempt.

2438.20.00 NON-COMPLIANCE WITH WORK REGISTRATION (S)

If an AG member fails to meet Work Registration requirements, penalties described in Section 2438.45.15 are imposed. Work Registration requires the individual to:

Work register when required;

Provide sufficient information to allow determination of employment status or job availability;

Respond to a request for more information about employment status or availability for work;

Not voluntarily quit a job without good cause, and

Not voluntarily reduce work hours to less than 30 per week without good cause.

2438.20.05 Cure For Work Registration Non-Compliance (S)

Penalties for non-compliance with Work Registration are only imposed on individuals who are mandatory for Work Registration. An individual who has been disqualified for non-compliance with a Work Registration requirement may cure the non-compliance and regain eligibility by either becoming exempt from Work Registration or by serving the minimum sanction period and complying with the following requirements:

NON-COMPLIANT BEHAVIOR	COMPLIANT BEHAVIOR
Refusal to respond to a request from an eligibility worker for supplemental information regarding employment status or availability for work.	Complies with the request from a worker for supplemental information regarding employment status or availability for work.
Voluntary Quit or Reduction	Obtains employment comparable in salary or hours to the job that was quit/reduced and serves the minimum sanction period, or becomes exempt from Work Registration.

Acts of non-compliance with Work Registration will be shown as a SNAP sanction. When the non-compliant behavior is cured, the eligibility worker must enter an end date. It is appropriate to enter the date which is one day prior to the effective date of the cure, or the minimum sanction period, whichever is later. See Section 2438.45.15.05.

Note: If the individual finds employment of at least 30 hours per week with weekly earnings equal to the federal minimum wage multiplied by 30 hours, the individual will be exempt from the Work Registration requirement and the sanction will be removed.

SNAP, ADCR, and ADCU applicants/recipients who are exempt from participation in the IMPACT Program may be given the opportunity to do so on a voluntary basis.

TANF recipients, who are exempt due to **age**, but wish to participate, are referred as voluntary participants. To volunteer an exempt TANF individual, the eligibility worker will enter the correct TANF exemption code and (V) under TANF status.

All other exempt **TANF** individuals who wish to participate in IMPACT are referred as mandatory (M) participants because the individual has determined that the reason for the exemption is no longer a barrier.

Effective July 1, 2011, all exempt TANF applicants who volunteer to participate in the IMPACT Program will be referred to Applicant Job Search (AJS) as mandatory (M) participants. (See IPPM 2510.00.00 for AJS requirements.)

A volunteer who is eligible for both the TANF and SNAP Programs must be assigned to the TANF Program.

2438.30.00 LOSS OF EXEMPTION WHILE CERTIFIED (S)

Individuals who lose Work Registration exemption status due to a change in circumstance(s) that has been, or must be, reported will be required to work register when such a change occurs. Examples of changes are:

Loss of employment, or

An exemption was granted to an AG member to care for a child and the child leaves the home.

If a change occurs which is not required to be reported, and not known by the agency, the registration will occur at the next re-certification.

2438.35.00 IMPACT PARTICIPATION STATUS RE-EVALUATION (C, I)

Reported changes which affect an individual's IMPACT participation status are entered into the eligibility system by the eligibility worker. Examples of changes that must be reported are:

A gain or loss of employment;

Address change, or
Birth of a child.

The eligibility system generates an alert or task to the eligibility worker when changes affecting participation status are reported. At each re-determination, the eligibility worker should also re-evaluate any exemptions which are not considered to be permanent in nature.

A review in less than six months is indicated when there is reason to believe that the condition or circumstance which made the exemption necessary has been eliminated. (f110) (Refer to Section 2215.15.00.)

2438.40.05 IMPACT Case Manager Responsibilities for SNAP Volunteers (S, I)

The IMPACT case manager is responsible for the Initial Assessment and development of the Self-Sufficiency Plan with each volunteer SNAP participant.

The IMPACT case manager is also responsible for determining whether a volunteer SNAP participant is complying with his/her IMPACT Program requirements.

2438.45.00 NON-COMPLIANCE DEFINITION (C)

The following actions constitute failure to cooperate with Employment and Training (E&T) services for Refugee Cash Assistance, and will require a *good cause* determination:

Failing to attend a scheduled Orientation Workshop;
Failing to complete an Assessment and Self-Sufficiency Plan development interview;
Failing to attend a job interview;
Terminating employment;
Refusing to accept employment;
Voluntarily reducing employment hours, or
Refusing to cooperate with any other agency to which the client was referred through E&T services.

2438.45.05 Non-Compliance with IMPACT (S)

Non-compliance applies to the individual’s failure to participate in activities scheduled by, or with, the IMPACT

case manager and/or in the activities listed on the individual's Self-Sufficiency Plan.

When voluntary IMPACT SNAP recipients fail to comply with their IMPACT requirements, they will be removed from the IMPACT program without loss of benefits, or the imposition of a sanction. Their IMPACT referral code will be changed and their referral status to exempt. They may request a re-referral to IMPACT at any time.

2438.45.10 Work Registration Good Cause Determination (S)

The guidelines for determining good cause for failure to meet Work Registration requirements are listed below:

Work Registering: the AG shall be considered to have good cause if the AG member was:

Not notified of the requirement to do so;

Did not receive the written notice, or

A subsequent occurrence rendered the AG member exempt from Work Registration.

Provide sufficient information to allow determination of employment status or job availability, or to respond to a request for more information about employment status or availability for work. The AG member shall be considered to have good cause if the individual:

Did not receive the written request, or

A subsequent occurrence rendered the AG member exempt from Work Registration.

2438.45.10.10 Voluntary Quit Good Cause Determination (S)

The guidelines for determining good cause for mandatory work registrants who voluntarily quit a job or reduce their hours are listed below:

Failure to report to a potential employer to who referred. The AG member shall be considered to have good cause if any of the following criteria are met:

Personal illness, illness of another AG member requiring the registrant's presence in the home, or the death of an immediate family member. A physician's statement may be required if personal illness is given as the reason for failure to report;

A household emergency which threatens injury to a person or damage to property such as a natural gas or water leak or fire;

Lack of transportation, either because none is available or available transportation is nonfunctioning;

Lack of safe and adequate child care;

Inclement weather conditions which could threaten the health and safety of the individual, or

A subsequent occurrence which rendered the AG member exempt from Work Registration.

Declining a job: The AG member shall be considered to have good cause if any of the following criteria are met:

Job was less than minimum wage or, if receiving training wage;

Job was further than walking distance (one mile) and no public or private transportation was available;

Job involved a health risk for that person;

Job required illegal activity;

Job required that the AG member join, resign from, or refrain from joining any legitimate labor organization to keep the job;

Job hours or responsibilities interfere with religious beliefs;

The AG member was physically or mentally unfit to perform the responsibilities specific to this job;

The AG member lived a distance that required more than one hour's travel (one way) to the job, excluding transporting a child to and from a child care facility;
The job was offered within the first 30 days of registration and was not in the AG member's major field of experience, or

A subsequent occurrence rendered the AG member exempt from Work Registration.

See Section 2438.45.10.15 and all sub-sections of 2438.50 for good cause for Voluntary Quit and Voluntary Reduction of Hours.

2438.45.10.15 Suitable Employment (S)

Employment will be considered unsuitable if the following applies:

The wage offered is less than the highest of the applicable federal minimum wage, or 80 percent of the federal minimum wage if the federal minimum wage is not applicable.

The employment offered is on a piece-rate basis, and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages specified above.

The AG member, as a condition of employment or continuing employment, is required to join, resign from, or refrain from joining any legitimate labor organization.

The work offered is at a site subject to a strike or lockout at the time of offer, unless the strike has been declared unlawful.

All other employment will be considered suitable unless the registrant can demonstrate that:

The degree of risk to health and safety is unreasonable;

The individual is physically or mentally unfit to perform the employment, as documented by a physician's statement, medical evidence, or by reliable information from other sources such as employer statement regarding the medical verification he has received;

The employment offered within the first 30 days of registration is not in the individual's major field of experience;

Cost of commuting from individual's home to place of employment is unreasonable, considering the expected wage and the time and cost of commuting;

Daily commuting time exceeds two hours per day, including the time required for transporting a child to a child care facility;

The distance to the employment site prohibits walking, and public or private transportation is not available to transport the individual to the job site, or

Working hours or the nature of the employment interfere with the member's religious observances, convictions, or beliefs.

2438.45.15 Work Registration Penalties (S)

Penalties for non-compliance with Work Registration are only imposed on individuals who are mandatory for Work Registration. (Persons who are exempt from Work Registration due to employment of more than 30 hours per week are subject to disqualification for voluntarily quitting or reducing hours worked to less than 30.) The penalty is disqualification of the individual only. No penalty is imposed on persons exempt from Work Registration.

Individuals between the ages of 16 and 60, unless otherwise exempt, who fail to comply with Work Registration or voluntarily quit or reduce employment hours, will be disqualified as follows:

First Violation:

The later of the date they comply, or 2 months.

Second Violation:
The later of the date they comply, or 6 months.

Third or Subsequent Violations:
The later of the date they comply, or 36 months.

The mandatory minimum disqualification/sanction periods (2, 6, or 36 months) are based on whether the violation is the first, second, or third violation. If a sanctioned participant becomes exempt from Work Registration, the sanction is terminated immediately. The minimum sanction or disqualification period will not be served in this situation.

When the individual complies and the sanction is end dated, the person is added back into the AG the month following compliance.

A one member AG may reapply following his/her compliance with Work Registration requirements, or when the individual obtains employment of 30 hours per week, whichever applies.

2438.45.15.05 Failure to Comply With Work Registration by an AG Member (S)

A nonexempt AG member who refuses or fails without good cause to comply with Work Registration requirements will be ineligible to receive SNAP. The period of ineligibility will be for a minimum of two months or until the member complies with the requirement, whichever is later, or becomes exempt from Work Registration. The minimum penalty period depends on whether the non-compliance is the first, second or third violation (see Section 2438.45.15). If any of the criteria for ending the sanction are met while the case is closed, the sanction will be terminated when the client reapplies.

2438.45.15.15 Failure to Comply By Volunteers (S, I)

A volunteer who does not comply with assigned or scheduled E&T activities, or any component requirement on the SSP, shall be removed from the IMPACT program without loss of benefits, or the imposition of a sanction. The individual may request a re-referral to IMPACT at any time.

2438.45.30 Employment and Training Good Cause Determination (C)

For the **RCA** category, a good cause exemption shall be granted only in the following circumstances: (f112)

The individual is incapable of performing the task on a regular basis due to a verified physical or mental impairment;

The total daily commuting time to the service or employment site exceeds two hours, excluding transportation to a child care facility, unless the generally accepted community standard exceeds two hours;

Child care is necessary for an E&T activity and is not available;

The conditions of the E&T site violate federal, state, or local health and safety standards;

Assignments are discriminatory in terms of age, sex, race, creed, color, or national origin;

Wages offered to the individual do not meet applicable federal minimum wage requirements or, if greater than the federal minimum wage rate, are less than the customary wages paid for that activity in the community;

The daily or weekly hours of work exceed those normally associated with the occupation;

The position offered is vacant due to a strike, lockout, or other labor dispute;

The individual would be required to work for an employer contrary to his union membership;

The quality of training does not meet local employers' requirements, or

The employment offered interrupts an in-progress On-The-Job training program or professional re-certification program, which was previously approved in a Self-Sufficiency Plan.

For **RCA**, the E&T contractor is responsible for determining if good cause exists. If it does not, the E&T contractor

for Refugee Cash Assistance is to provide the eligibility worker with the non-compliance information. The eligibility worker will initiate the sanction in the eligibility system.

2438.45.35 Non-Compliance with Employment and Training (E&T) (C)

The policy stated in this section applies only to (RCA) Assistance Groups.

Non-Compliance with Employment and Training (E&T) applies to the individual's failure to participate without good cause in activities scheduled by, or with, the Refugee Cash Assistance (RCA) E&T contractor.

For **RCA**, the eligibility worker acts on non-compliance reported by the Employment and Training (E&T) RCA contractor by entering the information on the eligibility system. Sanctioning is discussed in Sections 2438.45.35.05 and 2438.45.35.15.

2438.45.35.05 Sanction For E&T Non-Compliance (C)

For **RCA**, the E&T RCA contractor contacts an eligibility worker with non-compliance information.

The eligibility worker must enter this information on the eligibility system.

An exempt RCA volunteer in E&T may leave E&T at any time without a financial penalty.

2438.45.35.15 Length of Employment and Training Sanction Periods (C)

For **RCA**, the following penalties apply:

For the first non-cooperation incident, the sanction will remain in effect for **three payment months**.

For any subsequent non-cooperation incidences, the sanction will remain in effect for six payment months. (f115)

2438.50.00 VOLUNTARY QUIT (S, C)

Certain individuals, who have voluntarily quit a job, or refused to accept an offer of employment without good cause, may be disqualified. An individual who voluntarily reduces his earnings without good cause is considered to have voluntarily quit a job. The specific program guidelines are discussed in the following sections.

For SNAP, Voluntary Quit or Reduction of Hours is treated as a Work Registration requirement. The disqualification periods for Voluntary Quit/Reduction of Hours are outlined in Section 2438.50.2.

2438.50.05 Situations Not Considered Voluntary Quit (S)

An AG member who quits a suitable job voluntarily is subject to the Voluntary Quit rules. This includes an AG member who is not going to work, but who has not actually been terminated by the employer, or has been terminated for absenteeism. Quitting a job as a result of the following situations is not considered a Voluntary Quit if:

The client would have been exempt from Work Registration at the time of the quit for a reason other than the employment.

The quit occurred 60 or more days prior to the application date.

The client was terminated (fired) by the employer for a reason other than non-attendance.

The quit was initiated by the employer. For instance, the individual was told he had a choice to quit or be fired.

The individual is under age 60, but the resignation is considered retirement by the employer.

The client obtained other employment subsequent to the Voluntary Quit of at least 30 hours a week, or the equivalent of the federal minimum wage times 30, or the training wage times 30 (if the situation warrants the payment of a training wage).

The client had a change occur which did not need to be reported, but caused the individual to lose exemption status. For example, child turned six years old, but individual remains exempt until recertification.

When any of the following criteria apply to the job the AG member quit, the worker does not need to make a Voluntary Quit determination:

Job was **less than minimum wage** or **less than the training wage** if the employment situation warranted the payment of a training wage.

Job was less than **30 hours per week**.

Job was further than walking distance (one mile), and no public or private transportation was available.

Job involved a health risk for that person.

Job required illegal activity.

Job required that the AG member join, resign from or refrain from joining any legitimate labor organization to keep the job.

Job site was the location of a strike or lockout.

Job hours or responsibilities interfere with religious beliefs.

Job was self-employment.

Job was accepted at more than 30 hours per week or the equivalent of the federal minimum wage multiplied by 30, and either did not materialize, or resulted in employment of less than 30 hours a week, or less than the federal minimum wage multiplied by 30.

2438.50.10 Good Cause For Voluntary Quit (S)

Good cause for leaving employment includes the good cause provisions for declining employment found in Section 2438.45.10.10, and resigning from a job that does not meet the suitability criteria in Section 2438.45.10.15, regardless of whether the job was unsuitable at the time of employment or became unsuitable at a later date.

Other good cause criteria include:

Discrimination by any employer based on age, race, sex, color, handicap, religious beliefs, national origin, political beliefs, or marital status;

Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;
Acceptance by any AG member of employment or enrollment at least half-time in any recognized school, training program, or institution of higher education that requires an AG member to leave employment; or

Leaving a job in connection with patterns of employment in which employees frequently move from one employer to another, such as migrant farm labor or construction work. (This is considered to be good cause even if there is a time lapse between the end and begin date of employment.)

2438.50.15 Requirements for Voluntary Quit Disqualification (S)

The AG member will be disqualified for Voluntary Quit if all of the following conditions are met:

The individual quit employment within 60 days of the date of application, or any time thereafter.

The individual did not meet one of the exemptions for Work Registration.

The employment involved work of at least 30 hours per week, or produced earnings in an amount at least equivalent to the federal minimum wage multiplied by 30 hours.

The individual is currently unemployed (that is, employed less than 30 hours per week, or receiving less than weekly earnings equivalent to the federal minimum wage multiplied by 30), including employees of federal, state, and local government who have been dismissed from employment because of participation in a strike against such government, and

The quit was without good cause.

2438.50.20 How to Make A Voluntary Quit Determination (S)

The eligibility worker will obtain a statement from the individual who voluntarily quit a job, or from the authorized representative, as to the reason for the quit.

The eligibility worker must get enough information/verification from the AG to determine:

If a quit occurred, and
The reason for the quit.

This should be accomplished during the application process if the AG is currently being certified, providing the processing time frames can be met. Otherwise, within two working days of receipt of a report of loss of employment, send the AG a notice requesting necessary information to determine whether good cause exists. Give the AG a deadline of 13 days to provide the information.

The eligibility worker will help obtain verification of the Voluntary Quit if the information is difficult for the AG to obtain.

Acceptable sources of verification include, but are not limited to:

The previous employer;
Employee associations;
Union representatives; or
Grievance committees or organizations.

The eligibility worker is responsible for obtaining verification from collateral contacts provided by the AG.

If the Voluntary Quit resulted from circumstances that, with good reason, cannot be verified such as:

Resignation from employment due to discrimination,
Unreasonable demands by any employer, or
Because the employer cannot be located.

The AG will **not** be disqualified for Voluntary Quit.

2438.50.25 Disqualification for Voluntary Quit (S)

If a determination is made that **the AG member quit employment without good cause**, the eligibility worker enters the information in the system. When the eligibility system runs, the disqualification will be shown. The disqualification period will be applied as follows:

For **applicant AGs**, if the quit occurred during the 60 days prior to the application date, the member is disqualified for a minimum of 2 months beginning with the day after the quit or until the AG member complies, whichever is later (for the first violation);

Note: There is no penalty for a Voluntary Quit that occurred more than 60 days <u>before</u> the application date;

For **applicant AGs**, if the quit occurred after the application date, but prior to authorization, the AG member is disqualified for a minimum of 2 months beginning with the application date, or until the member complies, whichever is later (for the first offense);

For **recipient AGs**, the AG member is disqualified for a minimum of 2 months, beginning with the first of the month after normal procedures for adverse action have been followed or until the member complies, whichever is later (for the first offense); and

If the quit occurred in the last month of a certification period, the AG member is disqualified beginning with the first day of the month following the end of the certification period. The disqualification will last for a minimum of 2 months or until the member complies, whichever is later (for the first offense).

When the individual cures the sanction, he will be added back into the AG the month following the cure or the end of minimum sanction period, whichever is later.

A one member AG must reapply following compliance.

If an appeal is filed and continued benefits are provided pending a hearing, the disqualification cannot be imposed until the month after the hearing decision sustaining the

original action is released. **No claim is necessary for the benefits received pending the hearing.**

When the sanction is imposed, the AG must be given a notice of denial for applicant AG members and a notice of termination for recipient AG members. The AG will be informed of its hearing rights on the notice. The notice will contain the period of disqualification and explain what the AG member may do to avoid or end the disqualification.

The penalties for subsequent offenses are the later of 6 months for the second violation and 36 months disqualification for the third violation or until the individual complies. Refer to Section 2438.45.15.

If a disqualified client becomes exempt from Work Registration, the Voluntary Quit sanction is terminated immediately. The minimum disqualification period may not be served in this situation.

2438.50.25.05 Disqualification for Reducing Hours (S)

Mandatory individuals who voluntarily reduce their employment to less than 30 hours a week without good cause will be disqualified according to the penalties listed in Section 2438.45.15.

Good cause will be the same good cause applicable to Voluntary Quit which is included in Sections 2438.45.10.10, 2438.45.10.15 and 2438.50.10. Follow the steps in Section 2438.50.20 for Voluntary Quit, when determining if a voluntary reduction has occurred.

2438.50.25.10 Ending a Voluntary Quit/Reduction Disqualification (S)

Individuals who have been disqualified for Voluntary Quit/Reduction in Hours may be recertified for SNAP when the AG member who was disqualified:

Obtains employment comparable in salary or hours to the job that was quit/reduced, and

Serves the minimum sanction period, or

Becomes exempt from Work Registration.

If any of the criteria for ending the Voluntary Quit/Reduction of Hours are met while the case is closed, the sanction will be terminated when the client reapplies.

2438.50.30 Voluntary Quit and Refusal of Employment (C)

The eligibility worker ensures that the Voluntary Quit is identified and dealt with appropriately by the use of effective interviewing techniques and collateral information from employers. A Voluntary Quit determination may often be generated by the individual's response to an open-ended question: "How and why did your last job end?" The response to this question may prompt a collateral contact with the employer for clarification and/or verification.

The rules, penalties, and categories of assistance involved are discussed in the following sections.

2438.50.30.15 Refugee Voluntary Quit and Employment Refusal (C)

For **RCA** only, an applicant may not voluntarily quit employment or have refused to accept an appropriate offer of employment without good cause within **30 days** prior to the date of application.

The good cause determination is discussed in Section 2438.45.30.

If the applicant or recipient voluntarily quits or refuses employment, he is sanctioned in accordance with Section 2438.45.35.05.

2438.50.30.20 Voluntary Quit or Reduction of Hours (C)

The policy stated in this section applies only to members of **ADCR and ADCU** assistance groups (*not RCA*).

An applicant or recipient who voluntarily quits a job or reduces hours of employment of twenty (20) or more per week, *without good cause,* during the **six (6) month period** immediately preceding the date of application, or at any

time thereafter during which they are not IMPACT mandatory, shall be subject to the following fiscal penalty:

The TANF benefit will be re-calculated without consideration of the needs of that individual, but the individual's income, if any, will be considered in the grant calculation for a period of six (6) months from the date of the quit (or reduction in hours). (f118a)

Note: If an individual loses employment for reasons over which the individual has no control, such as documented illness or consistent threat of violence or harassment from a spouse or significant other, it would not be considered a Voluntary Quit.

As used in this section, good cause means any of the following:

1. A substantiated incident of discrimination by any employer based on age, race, sex, color, handicap, religious beliefs, national origin, political beliefs, or marital status.

2. Work demands or conditions that render continued employment financially unacceptable, such as working without being paid on schedule.

3. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm labor or construction work.

4. The individual quit, with the approval of the IMPACT case manager, to accept a bona fide job offer that resulted in increased earnings and/or benefits.

5. The individual was unable to obtain or maintain necessary care for a dependent minor child, or an incapacitated adult residing in the home.

6. The employment site violates applicable state or federal health and safety standards.

2438.60.00 REGISTRATION WITH WORKFORCE DEVELOPMENT (C)

At the time of application and at all subsequent redeterminations, an electronic interface between the

Department of Workforce Development (DWD) and the eligibility system will accomplish Work Registration for all able-bodied individuals aged 18 and over who are applying for, or receiving, TANF benefits for themselves and their dependent children.

The registration is automatic and requires no initial action on the part of the registrant. The eligibility worker must, however, inform the applicant/recipient during the eligibility interview that the registration will occur.

> Note: If an AG includes more than one participating adult, there will be more than one registrant.
>
> Non-parent caretaker relatives who are not requesting or receiving TANF benefits for themselves will not be included in the interface.

2439.00.00 COOPERATION WITH PUBLIC SERVICE REQUIREMENTS (C)

The policy in this section affects the ADCU, and ADCR categories.

An individual, who is 18 years of age, or less than 18 and the parent of a dependent child, may be required to engage in public service in exchange for assistance under these programs. (f118c)

2439.05.00 PENALTIES FOR REFUSAL TO PARTICIPATE IN PUBLIC SERVICE (C)

The policy in this section affects the ADCU and ADCR categories.

> If the individual is an applicant, then benefits are to be denied.
>
> If the individual is a recipient, then benefits are to be discontinued. (f118d)

2440.00.00 COOPERATION WITH QUALITY CONTROL (S)

Any individual who refuses to cooperate with Quality Control's (QC) investigation may be assessed a penalty by QC. The individual cannot be certified for SNAP within the QC non-cooperation penalty period indicated on the QC referral, unless the AG cooperates before the end of the QC

review period. If the individual cooperates, the DFR will be notified by QC. QC non-cooperation results in the ineligibility of the entire AG. The DFR will be notified by QC of this non-cooperation.

2442.00.00 INTENTIONAL PROGRAM VIOLATION (S)

Any person, whom a court or Administrative Law Judge has officially determined to have committed an Intentional Program Violation (IPV), cannot be certified for SNAP within the penalty period of disqualification. If a person is still within the penalty period, he is not counted in the AG size, but all of his income and expenses count.

For claim calculation and recovery information, see Section 4600.

2446.00.00 STRIKE PARTICIPATION (C)

Within the C category, the policy stated in this section only applies to ADCU and ADCR.

A strike is defined as a concerted failure to report for duty, willful absence from one's position, stoppage of work, or abstinence in whole or in part from the full, faithful, and proper performance of the duties of employment, without the lawful approval of the employer, or in any concerted manner interfering with the operation of an employer.

Participating in a strike is engaging in any activity or lack of activity included in the above definition of "strike".

An employee who terminates employment with a striking company, or is fired, is not considered to be participating in a strike.

2446.05.00 INELIGIBILITY DUE TO STRIKE PARTICIPATION (C)

Within the C category, the policy in this section only applies to ADCU and ADCR.

An AG is ineligible for TANF cash assistance for any payment month in which the natural or adoptive parent residing in the home (regardless of whether the parent is included in the award), the caretaker relative or the only eligible child, is participating in a strike on the last day of the month. (f140) If any other participating member of the AG is on strike on the last day of the month, he is ineligible for TANF cash assistance and his needs are not to be included when determining eligibility for the remainder of the AG. (f141) The term "month", as used above, means "payment month".

EXAMPLE:
AG receives TANF check on 9/1. Parent/caretaker goes on strike 9/15 and continues on strike through the end of the month. The AG is not eligible for the September check and recoupment should be pursued.

2450.00.00 PERSONAL RESPONSIBILITY AGREEMENT (C)

The policy in this section affects both the ADCU and ADCR categories of cash assistance.

The Personal Responsibility Agreement (PRA) represents a partnership between the DFR and the parent or caretaker committed to the goal of economic independence for the client. The PRA is a vehicle for recipients to declare their understanding of the program expectations and consequences for non-compliance as well as affirm their willingness to comply with the requirements. (f144) By signing the PRA, parents/caretaker relatives specifically agree, that as recipients of cash benefits, they will:

Ensure that the children under their care and control receive all age-appropriate immunizations as recommended by the American Academy of Pediatrics;

Ensure that the school-aged children under their care and control are in compliance with the school district's attendance standards;

Ensure that children under their care and control are raised in a safe, secure home;

If they are minor parents, live in the home of a qualifying relative;

Ensure that they do not use illegal drugs or abuse other substances that would interfere with their ability to be self-sufficient;

Cooperate with the IMPACT worker in developing a self-sufficiency plan.

The clients' signature on the PRA also indicates that they have been informed of the following penalties and are aware of the actions likely to cause the penalties to be imposed:

Temporary Assistance for Needy Families (TANF) cash benefits will not increase for the addition of a child born more than ten calendar months after the initial effective date of Treatment status;

The imposition of a program fiscal penalty against recipients who voluntarily terminate employment while receiving TANF or during the six (6) month period immediately preceding the date of application for TANF;

The disqualification from TANF of individuals found to have committed intentional violations of the TANF Program (IPV's);

The imposition of program sanctions against individuals who refuse or fail to cooperate in developing a self-sufficiency plan or to comply with the requirements of an already established plan;

The 24-month time-limitation placed on the receipt of cash benefits by individuals who are mandatory employment and training participants; and

The reduction of TANF benefits to the assistance groups of recipients who fail or refuse (without good cause) to sign the Personal Responsibility Agreement.

All TANF recipient parents and TANF recipient non-parent caretakers are required to sign the PRA. This includes minor parents as well as adults. When the participating assistance group includes two parents, both parents must sign an agreement.

The following individuals may be asked to sign the PRA but suffer no penalties for failure to sign the agreement or comply with program requirements:

- Non-recipient non-parent caretakers of TANF recipient children;
- Non-recipient qualifying relatives with whom minor parents are living;
- Parents and other caretaker relatives who are SSI recipients;
- Parents who are TANF-ineligible aliens, and
- Parents who are TANF-ineligible drug felons.

At the authorization of TANF eligibility (whether as a result of a new application or a reapplication for benefits which were previously discontinued) the PRA is to be discussed and signed in the presence of a caseworker, who also signs it. The adult recipient's signature should be obtained as soon as the individual's eligibility status is determined. If an individual who is required to sign a PRA is not present at authorization, their signature must be obtained within thirty days of authorization.

The parents and/or other recipient caretakers are to be contacted to:

- Inform them of the requirement to sign the Personal Responsibility Agreement;
- Provide instructions for contacting the caseworker to sign the PRA;
- Establish a deadline date for contacting the caseworker to schedule an appointment; (This due date should be no fewer than ten days from the mailing date of the notice.)
- Discuss the penalty for failing, without good cause, to sign the PRA by the deadline date.

A recipient parent/caretaker who joins an active assistance group would be required to sign the PRA at the interview, or within 30 days.

NOTE: If the PRA requirement is presented during the redetermination process, it is not actually a part of the redetermination and would not (if unmet) result in the discontinuance of TANF benefits. The penalty for failure, without good cause, to sign the PRA is a $90 fiscal penalty (per non-compliant individual) whether the requirement is presented at initial eligibility, at redetermination point, or because of a change in the family's circumstances.

Changes which would necessitate presenting the PRA requirement prior to a redetermination include:

- The addition of a recipient parent or other caretaker relative to an assistance group;

- The inclusion of a former SSI-recipient parent/caretaker relative as a participating member in an AG following the loss of SSI eligibility; and

- The birth of a child to a minor who is receiving assistance.

The notification requirements for these situations are identical to those outlined for imposing the PRA requirement after initial authorization.

Refusal or failure (without good cause) to sign the PRA within the designated time period results in a reduction of the TANF grant in the amount of $90 per non-compliant recipient adult. The non-compliant parent/caretaker relative continues to be an eligible TANF recipient and is:

- Subject to TANF IMPACT requirements;

- Entitled to receive supportive services if participating in employment and training activities; and

- Entitled to be referred for child care assistance, if otherwise eligible;

The penalty will be invoked throughout the length of the non-compliance and is lifted when the recipient:

- Signs the PRA;

- Has shown good cause for failure to sign; or

Timely appeals the Personal PRA fiscal penalty. The fiscal penalty is removed until the issue is resolved through the fair hearing process.

If the recipient comes into compliance before the effective date of the fiscal penalty, the penalty is not to be imposed. When compliance occurs after cut-off, the following month's reduced benefits must be augmented with an auxiliary payment to remove the penalty.

A recipient caretaker relative will be considered to have "good cause" for refusing or failing to sign the PRA only if determined to be mentally incompetent and incapable of understanding the requirements of the PRA by a licensed physician or a licensed mental health professional. If verification of mental incompetence has been obtained, the caseworker enters the good cause reason in the eligibility system to prevent a fiscal penalty.

Since there is only one condition of good cause, every attempt should be made to assist clients who are willing, but unable (due to circumstances beyond their control) to sign the PRA in a timely manner. This is particularly important given the necessity of signing in the presence of an eligibility worker. In certain circumstances, such as illness, incapacity, and unavailable transportation, it will be necessary to visit the home or hospital to obtain the recipient's signature.

2450.05.00 THE REQUIREMENT TO COMPLY WITH SCHOOL ATTENDANCE POLICY (C)

The policy stated in this section affects only the ADCR and ADCU categories of cash assistance.

If a TANF recipient child aged seven through seventeen has more than three (3) unexcused absences as defined by the school district during a semester or grading period, his/her recipient caretaker relative is required to comply with a written improvement plan, developed by the school or by the DFR in conjunction with the caretaker relative. (f142)

The provision applies to all school-aged children except those who are:

Not part of the TANF assistance group due to their receipt of SSI;

Excluded from the assistance group because they are ineligible for TANF;

Children in the care of relatives who are not included in the TANF award;

Children whose parents are excluded from the TANF assistance group due to the receipt of SSI (Note: This would not apply if both of the child's parents were in the home and one of the parents did not receive SSI.);

Note: Children who are excluded from the TANF payment calculation because of the family benefit cap provision are nevertheless considered to have TANF eligible status. Therefore, their recipient caretaker relatives are required to cooperate with an improvement plan should their attendance be at an unacceptable level.

The procedure used to verify the number of unexcused absences will depend upon the arrangement established between the DFR and each school system to provide notification of all children whose attendance is unacceptable. The DFR is to investigate only when the school reports that there is a problem.

When a child has been identified as having more than three (3) unexcused absences, the circumstances must be evaluated to determine the reasons for the unexcused absences. The caseworker should accomplish this by discussing the attendance problem with:

School personnel;
The parent; and/or
The child

Once causative factors have been identified, they should be documented on the eligibility system. Any hard copy material pertaining to the reasons for the child's absenteeism should be maintained in the case file.

After the reasons for excessive absenteeism have been determined and documented, a written plan of action will be developed with the parent. If the school has a plan in place, the DFR need not devise another. The plan should explain specific barriers to school attendance and specific measures to be taken by the parent to remove them. It is necessary that the plan be developed as a collaborative

effort between the eligibility worker and the recipient caretaker. By working with the eligibility worker, the recipient caretaker is more likely to gain a clear understanding of what is expected and the consequences of failure to fulfill his/her part of the agreement.

A parent or other recipient caretaker is considered to be in compliance with the school attendance requirement unless he/she refuses or fails (without good cause) to:

Cooperate in developing a written plan, or

Perform the specific activities included in the written plan, or

Consent to release the school attendance information when such consent is required to obtain school attendance information.

A parent or caretaker relative may be penalized (the $90 fiscal penalty) immediately after failing or refusing to cooperate with the treatment plan after the child has three (3) unexcused absences. Refusal or failure to comply with a treatment plan can occur at any time and as early as at the time of plan development. The child may only be penalized (the $59 fiscal penalty) if he/she has three or more unexcused absences in a subsequent grading period or semester. Therefore, if, his attendance is acceptable in a subsequent semester or grading period, there is no parental non-compliance, even if the adult ceases or fails to follow the improvement plan. Conversely, the caretaker relative is considered to be in compliance as long as he is following the improvement plan, <u>whether the child's attendance improves or not</u>.

The monitoring of the adult recipient's cooperation with the improvement plan will involve obtaining verification (no less frequently than at each subsequent redetermination of TANF eligibility) that each specific required action in the plan is being taken.

A penalty for non-compliance is not to be imposed without verification that the recipient caretaker relative failed or refused (without good cause) to perform the specified, mutually agreed-upon activities included in the school attendance improvement plan.

If the parent or caretaker relative is in compliance but the child continues to have unexcused absences in any subsequent grading period, the grant will be reduced by an amount equal to removing the child's needs from the grant determination. The earliest a penalty against a child can occur is a subsequent grading period. Penalties against a child last until the end of the grading period and start again with the fourth unexcused absence in the following grading period.

If the parent or caretaker relative fails or refuses to cooperate in the attendance improvement plan and the child does not meet the attendance standard in a subsequent semester or grading period, the TANF benefit amount will be reduced by an amount equal to removing the needs of the parent or caretaker relative and the child. In a two-parent TANF cash assistance group, both parents must assist in developing and complying with the plan. If one parent is non-compliant without good cause, the TANF benefit is reduced by an amount equal to removing his/her and the child's needs. If both parents are out of compliance without good cause, the grant is reduced by an amount equal to removing both parents and the child's needs from the grant determination. Penalties against parent/caretaker relatives last until compliance or the child's attendance is satisfactory which ever is earliest. Penalties against a child last until the end of the grading period.

The non-compliance penalty is a fiscal penalty assessed against the TANF payment of the assistance group and is not to be confused with an ineligibility sanction (IV-D or IMPACT) which is applied to individuals. In an assistance group under the fiscal penalty, all assistance group members (including the non-compliant adult) continue to be TANF cash recipients and are:

Subject to TANF IMPACT requirements; and

Eligible to receive supportive services if participating in employment and training activities;

Because school systems vary so much when their grading periods or semesters start and stop, the eligibility system will not be able to track when the non-compliance penalties end. It is up to the DFR to contact the school systems for this information.

The eligibility system uses the information entered in determining whether to apply the fiscal penalty. It is, therefore, essential to review the screen prior to imposing a penalty to ensure that the individual is actually subject to the requirement. Non-recipient caretaker relatives such as parents who are ineligible aliens and non-parent caretaker relatives who have opted not to receive TANF are not subject to the school attendance requirement. Therefore, no penalty can be assessed on their assistance groups for their failure to comply with a plan to improve attendance.

If the caretaker relative comes into compliance prior to the effective date of the fiscal penalty, it is not to be imposed.

A recipient caretaker relative is considered to have good cause for non-compliance with the written plan of the school or the DFR if:

> The child is suspended or expelled for behavior problems and the school has verified that no alternative educational situation exists. For good cause to exist, the recipient caretaker relative would have to be in compliance with a plan established by a treatment professional that is monitoring the situation;
>
> The child has a mental or physical condition as determined by a licensed health care professional, that prohibits the child from integrating into the normal school environment and there is no alternative educational situation;
>
> The actions required in the improvement plan were beyond the capability of the recipient caretaker relative; or
>
> The division did not provide the services needed by the recipient caretaker relative to perform the required actions.

Compliance exists and no penalty is imposed on the parent or caretaker relative if he/she cooperates with the written improvement plan.

Minor parents are not subject to the school attendance provision unless they must (according to traditional TANF

rules) assume the role of a dependent child in an assistance group which includes the minor's applicant or recipient sibling(s) and their parent or caretaker relative. If minor parents head their own assistance groups, the school attendance provision does not apply. Minor parents living in the home of a supervisory adult (see IPPM 3215.05.25.05) for the TANF benefit are still considered to be the head of their assistance group.

2450.10.00 THE IMMUNIZATION REQUIREMENT (C)

The policy stated in this section affects only the ADCR and ADCU categories of cash assistance.

TANF recipient parent/caretakers must provide verification that all children for whom they receive TANF benefits have received all standard childhood immunizations appropriate to their age level. (Note: Although recommended by the Indiana State Department of Health, Hepatitis B vaccine has not been readily available and is, therefore, not required for TANF recipient children.) Documentation that the immunization requirement is met must be provided as follows: (f143)

At the next scheduled redetermination following initial eligibility; and

At each subsequent redetermination of eligibility.

Immunizations are required for school attendance. Therefore, a school-aged child who is currently enrolled may be presumed to be immunized or to have been excused from the requirement (by the school system) for good cause. In either case, the child would meet the TANF immunization requirement. Verification would be limited to information confirming the child's enrollment.

Medical documentation is necessary if the child is under school-age or receives "alternative" schooling.

If the recipient parent/caretaker provides clear medical documentation that the child has received all age-appropriate immunizations, the requirement is met. The eligibility worker completes the Indiana Immunization

Certificate from the information at hand and maintains it in the case file. Recipient parents and recipient caretaker relatives who do not submit their own medical documentation are to be given the Indiana Immunization Certificate and the Indiana State Department of Health (ISDH) Immunization Record. The recipient takes these forms to the child's physician, the local health department or another immunization provider for review and signature. The signed certificate is then to be returned to the eligibility worker by the recipient within 10 calendar days. Upon receipt, it is to be filed and maintained in the case file. The recipient should be instructed to retain the immunization record for future use.

Children are not subject to the immunization requirement if they are:

- Not part of the TANF cash assistance group due to their receipt of SSI;

- Excluded from the assistance group because they are categorically ineligible for TANF cash assistance;

- Not mandatory members of the assistance group and the caretaker relative did not wish to include them in the TANF award;

- Children in the care of relatives who are not included in the TANF award;

- Children whose parents are excluded from the TANF cash assistance group due to the receipt of SSI (NOTE: This does not apply if both of the child's parents are in the home and one of the parents does not receive SSI.);

NOTE: Children who are excluded from the TANF payment calculation because of the family benefit cap provision are, nevertheless, considered to have TANF eligible status. Therefore, their recipient caretaker relatives are required to have them immunized.

If the recipient caretaker relative of a child who is subject to the immunization requirement fails or refuses to comply, without good cause, the AG's TANF benefits are to be reduced by $90 per month until the requirement is met.

The good cause reasons for non-compliance include:

That the recipient refuses to have the child immunized because of religious beliefs;

That the recipient has documented medical evidence from a licensed health care professional that an immunization is not appropriate for the child.

2450.15.00 THE REQUIREMENT TO RAISE CHILDREN IN A SAFE, SECURE HOME (C)

The policy stated in this section affects only the ADCR and ADCU categories of cash assistance.

Parents/caretaker relatives are required to raise the children under their care and control in a safe, secure home. As defined for this provision, a safe, secure home is one that is free of substantiated domestic violence or substantiated incidents of child abuse or neglect. (f143a)

Individuals are not subject to this provision if they are:

Not part of the TANF assistance group due to their receipt of SSI;

Excluded from the assistance group because they are categorically ineligible for TANF cash assistance;

Not mandatory members of the assistance group and the caretaker relative did not wish to include them in the TANF award;

Caretaker relatives who are not mandatory members of the assistance group, and have elected not to be included in the cash award;

Non-compliance with this provision occurs when:

There is a substantiated incident of child abuse or neglect or domestic violence involving an AG member;

It has been determined that the parent/caretaker relative is in need of counseling or other actions to prevent further incidences; and

The parent/caretaker relative fails or refuses, without good cause, to comply with the counseling or other actions determined to be appropriate.

Good cause is considered to exist when:

The required actions were beyond the capability of the individual to perform; and

The agency did not provide the services needed by the individual to perform the required actions.

The non-compliance penalty is a $90 fiscal penalty assessed against the TANF payment of the assistance group and is not to be confused with an ineligibility sanction (IV-D or IMPACT). A $90 per month fiscal penalty will be assessed for each member who is out of compliance. For example, in a two parent TANF cash assistance group, if both parents are out of compliance, the penalty will be $180. In an assistance group under the $90 fiscal penalty, all assistance group members (including the non-compliant member) continue to be TANF recipients and are:

Subject to TANF IMPACT requirements; and

Eligible to receive supportive services if participating in employment and training activities;

If compliance occurs prior to the effective date of the fiscal penalty, it is not to be imposed.

In cases of substantiated child abuse or neglect, the child welfare staff maintains responsibility for monitoring the family situation and compliance with a service plan. Consequently, the DFR will need to establish procedures to notify the eligibility worker when a TANF parent/caretaker does not comply with the Child Welfare Service Plan.

In cases of domestic violence, monitoring will depend on the worker's interviewing ability and the recipient's willingness to share information. At the point where the worker has been notified of domestic violence, it will be necessarily to obtain verification that an actual substantiated case exists. The individual should be given notice that verification is required (i.e., a police report or statement from a certified counselor) and the regular change reporting/verification procedures should be followed. If no verification is obtained, no penalties will be applied.

If verification is obtained that a substantiated case of domestic violence does exist, the individual will need to provide documentation as to the recommended treatment plan. The monitoring of the individual's cooperation with the recommended plan will involve obtaining verification (no less frequently than at each subsequent redetermination of eligibility, or until that time that the service provider indicates service is no longer required) that each specific required action in the plan is being taken. The individual is considered to be in compliance as long as he/she is following the treatment plan, whether there are further incidence of domestic violence or not.

2450.20.00 THE REQUIREMENT TO ABSTAIN FROM DRUG OR SUBSTANCE ABUSE (C)

The policy stated in this section affects only the ADCR and ADCU categories of cash assistance.

Recipient parent/caretaker relatives are prohibited from using illegal drugs or abusing other substances that would interfere with their ability to be self-sufficient. (f143b)

Individuals are not subject to this provision if they are:

- Not part of the TANF cash assistance group due to their receipt of SSI;
- Not an adult required to sign a Personal Responsibility Agreement (PRA);
- Excluded from the assistance group because they are categorically ineligible for TANF cash assistance;
- Not mandatory members of the assistance group and the caretaker relative did not wish to include them in the TANF award; and
- Caretaker relatives who are not mandatory members of the assistance group, and have elected not to be included in the cash award;

Once an individual has been found out of compliance with this provision, the individual is to be referred to a state approved alcohol and drug addiction service provider for assessment and treatment recommendation. If the individual

fails or refuses, without good cause, to comply with the assessment or recommended treatment, it will result in the imposition of a $90 fiscal penalty per month for each individual assessed against the assistance group. For example, in a two-parent TANF cash assistance group, if both parents are out of compliance, the penalty will be $180. In an assistance group under the $90 fiscal penalty, all assistance group members (including the non-compliant member) continue to be TANF recipients and are:

- Subject to TANF IMPACT requirements; and
- Eligible to receive supportive services if participating in employment and training activities.

Good cause for purposes of this requirement is defined as:

- The required actions were beyond the capability of the individual to perform; and
- The agency or addiction service provider did not provide the services needed by the individual to perform the required actions.

If compliance occurs prior to the effective date of the fiscal penalty, the penalty is not to be imposed.

Individuals should not be referred to a service provider for treatment unless there is substantiated or documented evidence that they are using illegal drugs or abusing other substances that would interfere with their ability to be self-sufficient, for example:

- The recipient admits to using illegal drugs or abusing other substances or has a drug related conviction; and
- The recipient is referred for a job and fails the drug screening or is fired from a job for failing a drug screening.

When a questionable situation arises, keep in mind that you would not make a referral unless the evidence would be such that it could be used in a legal action. We do not act on suspicions.

The individual who has been determined to be out of compliance with this provision should be referred to a state approved alcohol and drug addiction service provider.

For purposes of this provision, a state approved provider is defined as:

> A provider who offers a broad range of planned and continuing care, treatment, and rehabilitation, including, but not limited to, counseling, psychological, medical, and social service care designed to influence the behavior of individual alcohol abusers, or drug abusers based on an individual treatment plan; and has regular certification or outpatient certification.

Individuals should be instructed to provide verification from the provider that they are receiving services. Any hard copy verification should be maintained in the case file. Accompanying documentation should be made in the eligibility system. Monitoring of compliance with the treatment plan should occur no less frequently than at each subsequent redetermination of eligibility, or until that time when the service provider indicates service is no longer required. Individuals are considered to be in compliance as long as they have submitted for an assessment and are following the treatment plan, whether there are further abuses of the substances or not.

2452.00.00 TANF 60-MONTH BENEFIT LIMIT (C)

The policy, stated in this sub-section, affects both the ADCR and ADCU categories of cash assistance, as well as the former ADCI category.

Effective 04/01/02 (10/01/06 for ADCU), TANF cash assistance groups that include a parent or caretaker relative, are subject to a 60-month lifetime limit on cash assistance. (f146)

The 60-month limit is separate and distinct from the 24-month limit discussed in section 2453.00.00.

Only months where a parent or caretaker relative is receiving TANF cash assistance in the assistance group will count in the 60-month limit. Once an individual has reached the 60-month limit, the assistance group in which that individual is a participating member whose income and resources are/were used to determine eligibility and benefit level is prohibited from receiving TANF cash assistance for the lifetime of the individual while remaining the specified relative of the assistance group.

This means that non-parent caretakers, who have exhausted the 60-month limit, may serve as non-particpating caretakers and receive benefits for any qualifying children in their case other than their own natural or adoptive children.

> EXAMPLE: A mother has received TANF for herself and her children and she has exhausted her 60-month limit, so her case was closed. She now has applied for her nephew. She may serve as the nephew's non-parent caretaker and as a non-participating member of the AG receive a child only benefit for him.

The 60-month clock does not apply to children independently; children are only affected by the limit based on the parent or caretaker relative, as specified above, in their assistance group who is subject to the limit.

Only months starting with April 1, 2002 will count toward the 60 months. For ADCU, only months starting with October 1, 2006 would be included in the count, unless they had previously been in ADCI or ADCR.

The 60-month lifetime limit is a Federal mandate. See IPPM 2452.05.00 to determine how these months are to be considered.

Effective October 1, 2011 months where the assistance group receives the $10 minimum grant due to earned income putting them over the adjusted need standard will not count toward the 60-month clock; however, they will count toward the 24-month clock (see IPPM 2453.00.00).

The 60-month limit results in ineligibility for the parent/caretaker as well as the children included in the assistance group while the 24-month period affects only the parent or caretaker.

2452.05.00 OUT OF STATE TANF AND THE 60-MONTH LIMIT (C)

The policy in this section affects ADCU and ADCR categories.

When an individual applies for TANF cash assistance, they should be asked for all addresses/states where they or any other member of their immediate family have lived since October 1, 1996, and the eligibility worker should then contact any other states provided to determine whether they received assistance that would count against their 60 month benefit level. (f151)

* When updating the system with out of state months of assistance received, it is only necessary to enter the months for adults.

2452.10.00 OUT OF STATE 60-MONTH LIMIT PENALTIES (C)

The policy in this section affects both the ADCU and ADCR categories.

If an individual refuses or fails to provide the department with the information required, the TANF benefit is to be denied. (f152)

2453.00.00 24-MONTH BENEFIT LIMIT (C, I)

The receipt of cash assistance is limited to twenty-four (24) months for adults in the ADCR and ADCU categories of assistance who are mandatory for IMPACT. Any assistance months an adult was subject to the time limit prior to 6/1/97 (Placement Track) are counted towards the 24-month time limit. **Effective 6/1/97**, only months that the adult received assistance are counted.

At application, the 24-month clock will start with the effective date of the first month's TANF benefits for IMPACT mandatory adults. For on-going cases when an exempt adult becomes IMPACT mandatory, the 24-month clock starts with the next possible month allowed by adverse action. When adding an IMPACT mandatory adult to an on-going case, the 24-month clock starts with the first month in which the adult’s needs are considered in the grant.

> **Note: When an IMPACT mandatory minor parent caretaker turns 18, both the IMPACT and eligibility worker will receive alerts. The eligibility worker initiates the 24-month clock by running AEABC and authorizing the TANF Assistance Group (AG). The clock will start with the next possible month allowed by adverse action.**

Upon expiration of the 24-month period, an individual who has cooperated with the IMPACT program requirements and their Self-Sufficiency Plan (See IPPM 2454.00.00) may receive an extension under the following circumstances:

The DFR substantially failed to provide the services specified in the individual's Self-Sufficiency Plan.

Both during and after the 24-month time limit (in spite of continuous efforts), the individual was unable to find employment, or lost employment without cause, that would have provided the assistance group with income at least equal to the TANF grant plus the ninety dollar ($90) work expense allowance if combined with other income.

There were other unique circumstances beyond the control of the individual like the adverse effects of a natural disaster, or other catastrophic events such as the individual’s exposure to domestic violence, that resulted in the individual’s inability to obtain or retain employment.

In addition, recipients may earn one (1) month of TANF benefits for every six (6) consecutive months during which they were employed full time.

(a) For employed individuals, “full time” is defined by the employer.

(b) For self-employed individuals, full time is defined as 35 hours per week at minimum wage, which is calculated by dividing the self employment income by the federal minimum wage. (f146b)

Credit cannot be earned for periods of employment prior to 6/1/97, or for employment prior to the recipient's first application for TANF. A month during which an individual was ineligible for TANF due to a IV-D or IMPACT sanction is **not** considered a consecutive month of full time employment for purposes of calculating entitlement to additional months. An individual may not retain credit for more than 24 months at any one time. The individual is automatically entitled to an extension for a period equal to the number of accrued months, but only if the individual requests an extension.

Sixty (60) days prior to the end of the 24 months, the recipient will be notified of the date his/her 24 months ends. The notice will explain how to request an extension, who qualifies and on what grounds, and where to return the request.

Upon receiving the recommendations in the extension request package from the appropriate IMPACT staff, the Division Director will make the final determination as to whether an extension, or earned time, will be granted.

Recipients may request an extension at any time before or after their 24-month period has ended. However, individuals who receive a sixty (60) day advance notice are asked to return the extension request portion of the notice within thirteen (13) days of the mailing date of the notice to expedite the process. [No penalty is imposed if the recipient does not request an extension within the thirteen (13) day period.] The request must include an explanation of why the recipient feels he/she is eligible for the extension, and any verification he/she can provide to substantiate this claim.

An extension should be for a period sufficient to allow IMPACT staff and the recipient to determine and remove the barriers that continue to prevent the individual from achieving self-sufficiency. Extensions may be granted for up to twelve (12) months, are renewable, and go into effect in the month following approval to allow for system processing time frames.

The IMPACT case manager will have five (5) days from the receipt of the individual’s extension request to review and draft a response which will ultimately be submitted to the DFR Director for a final decision. The response should contain all documentation necessary to explain the individual’s situation with regard to attaining financial independence within 24 months. The response package for the Director is to include, at a minimum:

A copy of the Self-Sufficiency Plan with all updates;

A detailed explanation of any barriers facing the recipient and all services provided by the Local IMPACT Office to address these barriers;

A detailed explanation of the actions taken by the IMPACT case manager to help the individual overcome the barriers which were identified within the last two years, and why these efforts were unsuccessful;

A direct response for the justification provided by the recipient to support the request if different from the barriers listed above, and

A recommendation to approve or deny the request. If approval is proposed, the IMPACT case manager is also to recommend the length of time [not to exceed twelve (12) months] the recipient's benefits should be extended and provide a rationale for the recommendation.

Processing an Extension Request:

A hard copy package containing

(a) the recipient’s request,
(b) the IMPACT case manager’s response package, and
(c) recommendations from other appropriate personnel to approve or deny the request

is forwarded to the Regional IMPACT Consultant.

The IMPACT Consultant will have ten (10) days to review the package and, if necessary, return it to the IMPACT case manager for additional documentation and/or corrections. The IMPACT case manager will have five (5) days to provide the required documentation and/or corrected information and return the completed package to the IMPACT Consultant. The IMPACT Consultant will forward the completed package to the TANF consultants in Central Office for their recommendation.

TANF consultants will have ten (10) days to review and include their recommendation in the package and forward the complete hard copy package to the DFR Director who is responsible for the official and final decision to either approve or deny the request. The Director's approval or denial response is returned to the appropriate Local IMPACT Office for implementation.

Central Office IMPACT will send a letter to the individual notifying him/her of the DFR Director’s decision. The State Regional Manager (or designee), the State Eligibility

Manager (SEM), and the appropriate IMPACT Regional Manager (or designee) also receive copies of the decision.

The decision information will be updated in the eligibility system by the SEM (who will also complete any authorizations that may be needed). If approved, the length of the extension must be entered. If denied, the reason for the denial must be coded on the eligibility system. The Local IMPACT Office will update the IMPACT case file notes which will be reflected on the eligibility system.

Anyone may "bank" time so that months may be used at a later date, if needed, by withdrawing their AG from TANF or, if the individual in the time clock is an optional AG member, by having the optional person withdraw from TANF.

If the individual in the 24-month clock loses eligibility for cash benefits solely because the 24-month benefit period has expired, the rest of the assistance group will remain eligible for a cash payment as long as the AG continues to meet all other eligibility criteria. Because the individual subject to the 24-month limit is still considered a recipient, he/she must continue to cooperate with IMPACT and IV-D.

2454.00.00 SELF-SUFFICIENCY PLAN (C, I)

The policy stated in this sub-section affects only the ADCR and ADCU categories of cash assistance.

The Self-Sufficiency Plan (SSP) is developed jointly by the recipient and the IMPACT case manager and specifies, in writing, the activities required of the client and the services required of the agency during the 24-month period. The IMPACT case manager is required to initiate the development of a Self-Sufficiency Plan within 30 days of the individual’s referral to IMPACT. The client’s participation in the IMPACT activities outlined in the SSP is to begin immediately. The Self-Sufficiency Plan must be reviewed with the recipient and updated appropriately when circumstances change and, at a minimum, every 90 days.

2499.00.00 FOOTNOTES FOR CHAPTER 2400

Following are the footnotes for Chapter 2400:

(f1) Social Security Act, Section 1137(d)
(f2) 8 CFR 320.2

(f4) Social Security Act, Section 1903(v)
(f4a) HCFA Letter to State Officials, 10/6/99: Provisions On Access and Cost Sharing for American Indian/Alaska Native Children).
(f6) Social Security Act, Section 1137(a)(1)
(f9) Social Security Act, Section 402 (a)(7)
(f10) 7 CFR 273.3
(f13) 7 CFR 273.3
(f15a) 1902(a) (10) (A) (ii) (XV) and 1902(a) (10) (A) (ii) (XVI) of the Social Security Act
(f23) 470 IAC 2.1-2-1
(f24) 470 IAC 2.1-2-1
(f26) 470 IAC 2.1-1-2
(f27) 470 IAC 2.1-1-2
(f27a) IC 12-14-15-1 as amended by P.L. 67-2000 and P.L. 218-2003
(f28) IC 12-14-15-1
(f29) 470 IAC 2.1-1-2
(f34) 470 IAC 2.1-1-2
(f35) 470 IAC 2.1-1-2
(f36) Social Security Act, Section 402(a)(24); 45 CFR 233.20
(f37) Social Security Act, Section 1619(b)(3);
(f38) Social Security Act), Section 1902(a)(10)(E)
(f39) Social Security Act, Section 1905(p) (1) As amended by the Technical and Miscellaneous Revenue Act of 1988
(f40) Social Security Act, Section 1902(a) (10) (E)
(f41) Social Security Act, Section 1905(s) (4) as added by P.L. 101-239)
(f42) Section 1902(a) (10) (E) (iii)
(f42a) Social Security Act, Section 1902(A) (10) (E)
(f42b) Social Security Act, Section 1902(A) (10) (E)
(f65) Social Security Act, Section 406(a) (c)
(f66a) IC 31-14-7-2
(f77) Social Security Act, Section 1905(i)
(f79) Social Security Act, Section 1905(n) (1)
(f80) Social Security Act, Section 1902(e) (4)
(f84a) Section 2110(b) (2) of the Social Security Act
(f88) 470 IAC 2.1-4-5
(f89) 470 IAC 2.1-4-6
(f92) IC 12-14-2-24; IC 12-14-7-1
(f93) IC 12-1-7-5.1
(f94) Social Security Act, Section 402(a) (26);
(f96) Social Security Act, Section 402(a) (26); 470 IAC 10.3-8-1
(f106) Social Security Act, Section 402(a) (26); IC12-14-2-24; 470IAC10.3-8-1

(f107a) 470IAC10.3-10-1
(f107b) 470IAC10.3-10-1
(f107c) 470IAC10.3-10-1
(f107d) 470IAC10.3-10-1
(f107e) 470IAC10.3-10-1
(f108) Section 6(o) of the Food Stamp Act of 1977 as amended by Section 824 of P.L. 104 -193 (PRWORA)
(f109) Section 6(o) of the Food Stamp Act of 1977 as amended by Section 824 of P.L. 104 -193 (PRWORA)
(f112) 45 CFR 400.81
(f115) 45 CFR 400.82(b) (3) (ii)
(f115b) 470 IAC 10.3-8-3
(f117) Social Security Act, Section 402(a) (8); 45 CFR 233.20
(f118a) 470 IAC 10.3-8-2
(f118c) IC 12-14-5.5-1
(f118d) IC 12-14-5.5-1
(f140) Social Security Act, Section 402(a) (21);
(f141) Social Security Act, Section 402(a) (21); 45 CFR 233.106
(f142) 470 IAC 10.3-9-4
(f143a) 470 IAC 10.3-9-5
(F143b) 470 IAC 10.3-9-6
(f144) 470 IAC 10.3-9-1
(f146) PROWRA of 1996 Section 103
(f146a) 470 IAC 10.3-5-10
(f146b) 470 IAC 10.3-5-10
(f151) IC 12-14-2-25
(f152) IC 12-14-2-25

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2550.45.15 Reporting Changes to the Intake Agent (C, I)

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2599.00.00 FOOTNOTES FOR CHAPTER 2500

2500.00.00 IMPACT PROCESSING (S, C, I)

This chapter contains policy regarding IMPACT policy including:

Participation Rates (Section 2505.00.00)

Applicant Services (Section 2510.00.00)

Case Management (Section 2515.00.00)

IMPACT Assessment (Section 2525.00.00)

Self-Sufficiency Plans (Section 2530.00.00)

IMPACT Activities (Section 2540.00.00)

IMPACT Compliance (Section 2545.00.00)

IMPACT Supportive Services (Section 2550.00.00)

2505.00.00 PARTICIPATION RATE (C, I)

The TANF IMPACT Program must meet a specific federally mandated “Participation Rate” in order to receive all possible federal funds. The participation *rate* is defined as the percentage of ADCR and ADCU AGs with case heads or participating adults who are meeting all of their required participation hours. Participation *hours* are defined as the number of hours in which each TANF adult or case head is participating in an approved IMPACT activity. All TANF families, not just those with IMPACT mandatory individuals, are counted in the participation rate calculation.

2505.05.00 TANF WORK PARTICIPATION RATES FOR ALL-FAMILIES (C, I)

The all-family work participation rate is calculated by dividing the number of ADCR and ADCU AGs which meet the minimum number of hours of employment and/or work activities by the total number of ADCR and ADCU AGs.

If a Full Family Sanction* is imposed, the TANF case is closed and will not be considered in the calculation of the participation rate after the effective date of closure which could be either the end of the current month or the next month.

***As of 11/01/07, TANF sanctions are Full Family Sanctions (FFS)resulting in the entire AG's loss of eligibility for TANF Cash Assistance.**

Certain families are not included in this calculation:

1. AGs headed by single parents with a child under twelve (12) months of age;

2. AGs receiving a $0 grant due to income, and

3. Child only AGs.

The participation rate for all families is 50%, so 50% of all TANF families must meet the work requirements.

Individuals meet the work requirement if one of the following is true:

The case head is an adult who is participating a minimum of 30 hours per week in work-related activities of which at least 20 hours are in one or more of the "core" activities listed below. **In a two parent family, at least one parent is meeting the preceding work participation requirement.**

The case head is age 20 or older and the only parent/caretaker relative of a child under age six (6), and is participating a minimum of 20 hours per week in "core" activities.

The case head is a teen parent age 19 or under who is either maintaining satisfactory school attendance or involved in education directly related to employment for an average of at least 20 hours per week.

The "core" activities are:

Unsubsidized Employment;

Subsidized Private and Public Sector Employment;

Work Experience (Community Work Experience Program - CWEP);

Community Service;

Vocational Educational Training;

On-the-Job Training, and/or

Job Search/Job Readiness: The federal government has mandated a combined limit of six weeks in Job Search and Job Readiness activities for TANF participants; however, because Indiana has been designated a “needy” state, the Indiana combined limit is currently 12 weeks. Only four weeks of participation in any combination of these activities may be consecutive in a rolling 12 month period.

In addition to the specific “core” work activities, recipients may also participate in Job Skills Training or Educational (Academic) Training once they have met the 20 “core” hours per week work requirement. [Educational (Academic) Training is considered a “core” activity for teen heads of household age 19 and under.]

NOTE: As of 10/01/96, Vocational Educational Training may not be counted in the rate if the individual has been in this activity as an IMPACT participant for more than 12 months.

However**, as of 10/01/08**, a change allowing Vocational Educational Training to count toward a bachelor’s or other advanced degree (if it has not already been used) eliminates the requirement that the 12 month lifetime limit for Vocational Educational Training be completed within the 24-month limit for Cash Assistance (CA).

Individuals who have used their 12 month lifetime limit for Vocational Educational Training may continue their studies by participating in Job Skills Training which can be counted in the rate **if they are concurrently employed (including Work Study), or seeking employment for at least 20 hours per week**. (See *Sections 2540.10.45 and 2540.10.50* for further clarification.)

IMPACT case managers should continue to assign Vocational Educational Training as an activity if it is appropriate regardless of the reporting limit.

Non-graduate teen parent caretakers:

A non-graduate teen parent/caretaker age 19 and under is considered to be meeting the participation rate requirement when the teen is satisfactorily attending high school or High School Equivalency (HSE)classes (no hourly participation requirement). Satisfactory attendance is defined by the school or institution that the client is attending.

A non-graduate teen parent/caretaker age 19 and under is considered to be meeting the participation rate requirements when the teen participates 20 hours per week in education directly related to employment (Adult Basic Education – ABE, or English as a Second Language – ESL).

Other individuals with children under age six (6) are considered to be meeting the federal participation rate requirement when they participate 20 hours per week in one or more of the above specified work activities.

Unless the individual falls into one of the above mentioned groups, an adult or minor parent caretaker (except teens in school age 19 and under) must participate in work-related activities for an average of 30 hours per week each week of the month. At least 20 hours must be in one or more of the core work activities listed above. The other hours may be in any other activity allowable for TANF participants.

2505.10.00 IMPACT REQUIREMENTS FOR THE TWO-PARENT ADCU AG (C, I)

In a two-parent ADCU AG in which both parents are IMPACT mandatory, each must work or participate in an allowable work related activity for a combined total of 55 hours per week. The 55 hours must come from one or more of the “core” activities listed below. However, five (5) of these 55 weekly hours may come from Job Skills Training, FSSA Funded Job Skills Training, or an academic program, but are countable ONLY after completing 50 hours of “core” activities.

If one parent is exempt from IMPACT to care for a disabled child in the home, as defined in *Section 2438.15.10.05*, the work requirement for the mandatory parent is 35 hours per week in one or more of the “core” activities. However, 5 of the 35 weekly hours may come from Job Skills Training,

FSSA Funded Job Skills Training, or an academic program, but are countable ONLY after the parent has completed 30 hours in one or more of the following “core” activities:

Unsubsidized Employment

Subsidized Private and Public Sector Employment

Community Work Experience Program (CWEP)

Community Service

Vocational Educational Training

On-the-Job Training (OJT)

Job Search/Job Readiness: The federal government has mandated a combined limit of six weeks in Job Search and Job Readiness activities for TANF recipients; however, because Indiana has been designated a “needy” state, the Indiana combined limit is currently 12 weeks. Only four weeks of participation in any combination of these activities may be consecutive in a 12 month period.

2505.10.05 IMPACT Requirements for the ADCU AG with One Mandatory Parent (C, I)

In a two-parent ADCU AG in which one parent is IMPACT mandatory and the other is exempt or ineligible, the work requirement for the mandatory parent is 35 hours per week. However, five (5) of the weekly hours may come from a “non-core” activity, but are countable ONLY after the parent has completed 30 hours in one or more of the “core” activities listed above.

2510.00.00 APPLICANT SERVICES (C, I)

Effective **November 1, 2011,** as a condition of eligibility for TANF Cash Assistance, **TANF applicants** deemed **IMPACT** mandatory during the data gathering process, who would not be excluded members of the TANF AG as defined in *Section 3215.05.15,* are required to:

Complete Applicant Job Search (AJS) Orientation which includes completing the Applicant Job Search Self-Sufficiency Plan Assessment (SF 54685/English and SF 54865/Spanish), and

Participate a minimum of twenty (20) days for a minimum of four (4) hours each day within a sixty (60) day application time frame* which may include any day(s) Sunday through Saturday. The twenty (20) days do **not** have to be consecutive.

*AJS is to be completed within the standard processing time of sixty (60) days for TANF applications. (See *Section 2020.10.00* for Application Time Standards.)

Applicants must participate in the IMPACT activities specified below and on their Self-Sufficiency Plan (SSP) **until their eligibility case is authorized** (TANF application approved).

An applicant is not required or allowed to participate if the individual:

Is being added to an existing TANF case, or

Has an active TANF IMPACT case.

Effective **October 1, 2012,** applicants for TANF are required to complete AJS Orientation where they will be assigned to Job Search, Job Search Training and Job Readiness activities *only* as follows:

Job Search (actively seeking employment) for a **minimum** of sixty (60) hours during the twenty (20) days. Job Search is to be the principle activity for applicants and has priority over Job Readiness activities.

Job Search Training and Job Readiness activities are only to be utilized, if needed, to complement Job Search, and are not to exceed a **maximum** of twenty (20) hours of the required twenty (20) days.

NOTE: **Job Search** activities are to be recorded on the Job Search Worksheet, SF 54180 (English) and SF 54458 (Spanish). **Job Readiness and Job Search Training** activities are to be documented on SF 54682 (English) and SF 54782 (Spanish).

Counting AJS participation hours: Days in which an applicant participates less than four (4) hours may not count toward the required twenty (20) days in the sixty (60) day period. Similarly, hours that exceed the four (4)

hours daily requirement may not be carried over to the next day, or any other day with less than four (4) hours of participation.

Orientation may not count as one of the twenty (20) days unless applicants participate an additional four (4) hours in other AJS activities after completing the session.

If an applicant obtains **employment** while participating in AJS, up to four (4) employment hours may count toward the daily participation requirement. However, employment hours exceeding four (4) per day may not carry over to the next day. Employment hours are **NOT** countable toward the participation requirement for applicants who are employed when they begin AJS participation.

The hours a teen parent/caretaker **age 19 and under** attends high school or High School Equivalency (HSE) classes will satisfy the AJS minimum hourly participation requirement of four (4) hours each day in IMPACT activities. While there is no daily hourly participation requirement for a teen parent/caretaker **age 19 and under** who is satisfactorily attending high school or HSE classes, verification by school officials of twenty (20) days of attendance is required.

Excused absences and holiday hours are countable toward the required four (4) hours per day with the monthly maximum of 16 hours.

Each applicant will receive a written notice containing the date, time and place of his/her initial appointment, and a copy of AJS Rights and Responsibilities.

IMPACT supportive services are to be limited to **child care** and **transportation assistance**.

CCDF Services: AJS participants will have the same priority as TANF IMPACT participants regarding child care assistance through CCDF; however, applicants are limited to a maximum of six (6) weeks of child care services in which to complete their AJS requirements.

The completed DFR/CCDF REFERRAL Form [SF 53132(R2/10-09)/BCC 0310] is to be sent **from FSSA Outlook E-mail to the**

Intake Agent's State E-mail address. In instances in which a vendor no longer has a State E-mail address, IMPACT staff must type "$ecure" (replace the S with the dollar symbol) in the subject line of the message to encrypt the message.

Before sending the completed REFERRAL Form, it should be reviewed to ensure that the:

1. Client IMPACT status **is attached,**
2. **Job Search is checked** in Section A, the
3. Begin and End dates of the Job Search activity are specified in Section A, and
4. AJS is entered in the General Comments Section.

Incomplete referrals will result in the denial of services.

The Intake Agent will treat the e-mailed name of the IMPACT case manager and address as the IMPACT staff's signature. Upon authorization completion, or expiration of a referral, the Intake Agent should complete Section B of the REFERRAL Form and FAX it to the Service Center at 800-403-0864 to be attached to the case.

Failure to comply with AJS requirements by completing AJS Orientation including the AJS Assessment, and a minimum of twenty (20) days in the assigned employment and training activities listed on the applicant's SSP for a minimum of four (4) hours each day may result in the denial of the TANF application.

If an applicant fails to attend a scheduled Orientation/Assessment Interview and participate in the activities specified on the individual's SSP for a minimum of twenty (20) days for four (4) hours each day within the sixty (60) day period, the System will generate a Notice of Non-Compliance with TANF IMPACT Applicant Job Search (Employment and Training) Requirements to the applicant.

Failure to reply to the Notice of Non-Compliance may lead to the denial of the TANF application.

If the applicant responds and good cause is established ***in writing***, eligibility determination will continue.

If good cause is not established, the TANF application will be denied and the individual will need to re-apply for TANF benefits (Reason Code 876).

Good cause is limited to the following:

The required actions were beyond the capability of the participant to perform, or the circumstances were beyond the individual's ability to control. **A supervisory determination is required to change the AJS pending status (P) to AJS completed (Y) in the Eligibility System when the individual has participated less than the required twenty (20) days.**

NOTE: TANF applicants residing in domestic violence shelters are to be granted good cause from participating in AJS.

2515.00.00 CASE MANAGEMENT (S, C, I)

Case management is the process of coordinating and brokering the multiple services needed by participants to achieve economic self-sufficiency. Successful case management is the result of policy and program support from Central Office, competent IMPACT staff, and the utilization of community resources.

IMPACT case managers (CM) serve as both the point of contact for IMPACT participants and the point of accountability for program administrators. They may refer individuals to other community service agencies to meet their particular needs and should encourage them to strive toward self-sufficiency.

IMPACT case managers are expected to make **at least** monthly contacts with participants.

The case management process is designed to provide a structured and standardized approach to the delivery of services that will achieve specific objectives and perform the following functions:

Individual Self-Sufficiency Plan Assessment;

Development of the Self-Sufficiency Plan (SSP) **with the participant** that will include both short and long-term goals for attaining self-sufficiency;

Communicate the options and opportunities the IMPACT program offers;

Provide referrals to appropriate community resources or services;

Monitor participation hours;

Provide supportive services;

Evaluate outcomes, and

Maintain confidentiality.

Throughout the case management process, attention must focus on the strengths and limitations of the participant and the individual's ability to successfully achieve these short and long-term goals. Establishing these goals may be more difficult when substance abuse, mental health and/or domestic violence issues are present which may require more intensive monitoring of the individual's progress and/or frequent updating of the SSP.

2520.00.00 INITIAL IMPACT APPOINTMENT (S, C, I)

The purpose of the initial IMPACT appointment is to introduce the participant to the primary goal and requirements of the IMPACT Program, the activities offered and the supportive services available. This initial appointment should take place according to the time frames outlined in *Section 2525.05.00.*

During the initial appointment, the IMPACT case manager should address the following depending on the program under which the participant will be served:

The **DFR Mission** "To strengthen families through services that focus on prevention, early intervention, self-sufficiency, family support, and preservation." The Case Manager is to explain how both the DFR mission and the IMPACT Program philosophy of "Work First" are integrated into the participant's goal of self-sufficiency, and the Case Manager's responsibility to facilitate the process.

The **purpose of the IMPACT Program** to move the assistance group towards self-sufficiency as quickly as possible because public assistance is meant to be temporary (24-month limit);

The **benefits of employment** and the effect upon the children not only financially, but also socially and emotionally;

The **activities** available to help the participant move towards self-sufficiency including the requirements and the limitation of each; i.e., Job Search with a 12 week limitation, or Vocational Educational Training with a 12 month lifetime limitation;

Supportive services available to help the individual comply with IMPACT requirements and obtain and maintain employment;

Transitional supportive services and Medicaid, and Hoosier Healthwise and the Healthy Indiana Plan (HIP) available after employment is obtained;

Exemption criteria;

The **requirements of the program;** i.e., mandatory and voluntary referrals, development of a Self-Sufficiency Plan, cooperation with the Self-Sufficiency Plan, and

The **Rights and Responsibilities of the participant** and the **consequences of non-compliance**.

The initial appointment should include a discussion of the effect employment can have on the TANF grant and/or SNAP* allotment. Before leaving the initial appointment, each participant should be given clear instructions regarding his/her next appointment and any actions required by the participant such as arranging childcare and bringing detailed information regarding work history.

***SNAP is the acronym for the Supplemental Nutrition Assistance Program, formerly referred to as the Food Stamp Program.**

The initial appointment, whether in a group or individual setting, should be a positive experience for the participant. Clients should leave the office confident

that IMPACT services will assist them in becoming self-sufficient.

2520.05.00 TANF IMPACT Case Manager Responsibilities (C, I)

During the initial IMPACT appointment, the IMPACT case manager (CM) must explain to the payee/caretaker relative of the Assistance Group (AG), or the individual required to participate, both orally and in writing, the following information:

The participation requirements;

Each allowable exemption;

The right to a fair hearing to contest the decision requiring the individual to participate;

The right to a fair hearing for a **TANF** AG member's refusal to comply with IMPACT requirements which would result in a Full Family Sanction;

The requirement that changes which would affect IMPACT status (for example, child age 16 or 17 no longer in school, or recovery from illness or incapacity) be reported to the IMPACT Office within 10 days of the change, and

The penalties for refusing to participate.

The payee of the AG is responsible for sharing this information with all other AG members required to participate. Any AG member may contact the IMPACT case manager for clarification of the information.

2525.00.00 IMPACT ASSESSMENT PROCESS (S, C, I)

The purpose of the four-page IMPACT Self-Sufficiency Plan Assessment (SF 54191/English and SF 54465/Spanish) is to identify the following through an interactive process between the client and the IMPACT case manager:

Individual and family strengths upon which to build;

Barriers to employment and/or self-sufficiency;

Supportive services necessary to help the participant comply with IMPACT Program requirements, and/or

The need for other services available within the community.

2525.05.00 ASSESSMENT TIME FRAMES (S, C, I)

TANF IMPACT mandatory recipients are automatically referred to the IMPACT Program and should have the four-page IMPACT Self-Sufficiency Plan Assessment (SF 54191/English and SF 54456/Spanish) and Self-Sufficiency Plan (SSP) completed within 30 days of the referral. (See *Section 2525.00.00.)*

Effective July 1, 2015, SNAP ABAWDs (Able-Bodied Adults Without Dependents between the ages of 18 and 49 **who are required to participate in IMPACT and subject to time limited benefits)** are automatically referred to the IMPACT Program. The IMPACT Self-Sufficiency Plan Assessment (SF 54191/English and SF 54456/Spanish) and the Self-Sufficiency Plan (SSP) should be completed at the initial IMPACT Orientation session. Failure to keep their Orientation appointment will result in a Notice of Missed Appointment – ABAWD.

SNAP recipients* who volunteer for IMPACT are automatically referred to the IMPACT Program when the eligibility worker changes their referral code from 00 to 25 in the Eligibility System. The IMPACT Self-Sufficiency Plan Assessment and Self-Sufficiency Plan should be completed at the initial IMPACT Orientation session.

*SNAP recipients, other than ABAWDs, who are exempt from Work Registration or otherwise exempt. (See *Section 2438.17.05* for ABAWD Status Determination.)

2525.10.00 ASSESSING STRENGTHS AND BARRIERS TO SELF-SUFFICIENCY (S, C, I)

The purpose of the IMPACT Self-Sufficiency Plan Assessment is to determine which factors may be strengths upon which to build and which may be barriers to self-sufficiency that need to be eliminated or diminished using the participant’s strengths and community resources to bring the Assistance Group (AG) to self-sufficiency.

The following areas should be addressed, if appropriate:

Work Experience: Information about the individual's employment history which might affect the success of their job search efforts and employment retention such as their portable skills, work experience, likes and dislikes, accomplishments, duration of prior employment, and reason for leaving.

Education and Training: Current levels of education and training should be assessed and should include the participant's own evaluation of the individual's educational experiences, accomplishments, and problems experienced.

Career/Occupational Interests: The participant's career/occupational interests should be evaluated and the need for further research and/or testing should be determined keeping in mind the 24-month time limit for the case head to receive TANF Cash Assistance.

Child Support: Discuss whether child support payments are being received and, if not, any new information available. The eligibility worker should update the absent parent screens in the Eligibility System, if appropriate, because receipt of child support payments coupled with employment income may lead to self-sufficiency.

Personal and Family Health: Discuss the physical and mental health status of the participant and the individual's immediate family members and how they may affect the participant's employment. Determine whether a referral to an appropriate medical or mental health professional might be necessary.

Parenting: Observe and/or explore parenting issues and how they may affect the participant's employability. Determine if there are community resources available to help parent(s) improve their parenting skills.

Family Violence and/or Neglect: When a family has an open case with DCS Child Protective Services (CPS), this information should be shared with the IMPACT case manager's supervisor to determine what affect the CPS Treatment Plan could have on the individual's ability to participate in IMPACT activities. Because there is court involvement, the CPS Treatment Plan takes precedence over IMPACT activities. Therefore, the individual may not be able to participate in some of the assigned IMPACT activities.

If the IMPACT case manager or the participant identifies domestic violence or child abuse or neglect, the incident(s) must be reported timely to CPS because State law requires timely reporting of child abuse to local authorities. When domestic violence issues require special services to ensure the safety of the individual and family and/or removal of this barrier, these activities may be considered IMPACT activities if they relate to self-sufficiency and employability.

Access to Transportation: Explore the availability of reliable public or private transportation for the participant and how it will affect employability. Supportive services for transportation or minor vehicle repair may be discussed at this time.

Child Care Needs: Determine the need for reliable child care and the presence of any special needs that must be addressed in the development of the Child Care Plan(s).

Children and Youth: Discuss each child's health, school adjustment, attendance, grades, interests, etc., to identify issues that may affect employability and require special planning or referrals to other community services.

Housing: Determine if the individual or family lives in a stable, affordable, and safe environment and whether housing assistance is available, if needed.

Support Network: Identify those persons who provide emotional, social, or inspirational support to the individual and family, or who cause further hardship on the family's fragile resources. Support or hardship may come from the extended family, neighbors, friends, churches, counselors, community centers or other social service agencies.

Wage Gain: If the participant is employed, explore the possibility of wage gain through increased hours, promotions, new and better employment, and the importance of job retention.

Upon completion of the IMPACT Self-Sufficiency Plan Assessment, the Self-Sufficiency Plan should be developed around the individual's strengths as well as any barriers that may be eliminated or diminished in order to bring the Assistance Group (AG) to self-sufficiency.

2530.00.00 SELF-SUFFICIENCY PLANS (S, C, I)

The Self-Sufficiency Plan (SSP) is a signed agreement between a TANF or SNAP IMPACT participant and the IMPACT case manager that is developed with the participant, not for the participant.

Following the Self-Sufficiency Plan Assessment, a Self-Sufficiency Plan should be developed jointly with the participant under the direction of the IMPACT case manager to assist the individual in the most efficient manner.

Participants should report difficulties in completing activities or changes in circumstances which may make an activity inappropriate and require a new SSP.

2530.05.00 SELF-SUFFICIENCY PLAN TIME FRAMES (S, C, I)

The Self-Sufficiency Plan (SSP) must be completed according to the following time frames:

(a) **TANF IMPACT mandatory participants** within 30 days of referral to the IMPACT Program.

(b) **ABAWDs** at the initial IMPACT Orientation session.

(c) **SNAP IMPACT volunteers** at the initial IMPACT Orientation.

Participation in allowable work activities must begin as soon as possible for TANF mandatory IMPACT participants and ABAWDs. For SNAP volunteers, participation should begin within two (2) weeks from the completion of their IMPACT Orientation unless there are other barriers to participation that need to be addressed. (See *Section 2540.00.00* for IMPACT activities.)

Good Cause Self-Sufficiency Plan (GC SSP): Occasionally, there will be documented incidences that will require up to a three (3) months (90 day) period, or more, of good cause time before an individual can begin or resume participation in the IMPACT Program. In such cases, the IMPACT case manager (CM) will develop a Good Cause SSP to allow for the good cause period. The CM is to contact the client at least monthly (can be via phone), and meet with the client every three months to re-assess and/or verify the client's continuing good cause reason.

2530.05.05 Self-Sufficiency Plan Development (S, C, I)

The Self-Sufficiency Plan (SSP) should be a comprehensive plan for achieving economic self-sufficiency through employment. Under the direction of the IMPACT case manager (CM), the SSP should address the barriers noted in the Self-Sufficiency Plan Assessment and, when possible, utilize the participant's strengths to diminish or eliminate these barriers to participation.

The IMPACT CM should schedule participation in allowable IMPACT work activities as follows:

TANF IMPACT mandatory recipients should be scheduled for a sufficient number of hours (usually 30 per week) to meet the participation requirements in *Section 2505.05.00.*

ABAWDs are to be scheduled for a minimum of 20 hours per week in allowable work activities, except CWEP. (See *Section 2540.10.15* for Job Search limits and *2540.10.30* for CWEP requirements.)

SNAP IMPACT volunteers should be scheduled a minimum of 20 hours per week in allowable work activities to enable them to achieve self-sufficiency.

NOTE: Individuals in treatment for domestic violence, substance abuse, or mental health problems may find it difficult to participate all the hours necessary to meet IMPACT requirements. Therefore, following consultation with the participant's treatment professional and the IMPACT supervisor, the Case Manager may approve reduced participation hours, if appropriate. This must be documented in the System of Record.

In addition, there may be instances in which an individual will require up to 90 days, or more, of good cause time due to a verified medical condition before beginning or resuming IMPACT activities. The **SF 54717 – STATEMENT OF MEDICAL CONDITION FOR DETERMINATION OF PARTICIPATION IN THE IMPACT PROGRAM,** or other approved medical verification, is required to complete the Good Cause SSP. Follow-up meetings with the IMPACT case manager to re-assess the individual's condition will be every three (3) months, at a minimum.

The **Self-Sufficiency Plan** should include, but not be limited to the participant's:

Employment and career goals;

Family's strengths and/or barriers to self-sufficiency;

Work experience;

Training and education, and

Other plans in place with Vocational Rehabilitation, Child Protection Services, or Domestic Violence Programs, etc.

The IMPACT case manager should coordinate these activities when possible and appropriate, and reference them in the SSP.

When Child Protection Services (CPS) are working with the family, participation in IMPACT activities should never interfere with the family's participation in any required CPS activities.

Community services which may be available to assist the family;

Local labor market information to determine the types of employment available, and

The participant's 24-month time limit for TANF Cash Assistance.

Barriers to self-sufficiency discovered during the assessment process should be addressed both initially and in subsequent SSPs to monitor the individual's progress and case status.

Participants should report changes in circumstances which may make an activity inappropriate and require a new SSP, and eligibility staff should keep IMPACT staff informed of any changes reported to them that might affect IMPACT participation and vice versa.

2530.05.10 Contents of Self-Sufficiency Plans (S, C, I)

Self-Sufficiency Plans should be "**S**pecific, **M**easurable, **A**ttainable, **R**esults-oriented, and **T**ime-limited" **(SMART)** and should contain:

1. **A clearly defined and realistic employment goal** stating emphatically that the participant is expected to seek, accept, and maintain full-time employment at minimum wage or greater.

2. **The strengths and barriers** identified during the Assessment process.

3. **Clearly defined activities necessary to achieve the primary goal of economic self-sufficiency for the family.**

   The location of the activity, the scheduled *weekly* hours assigned for each activity, and the time frame for reporting attendance to the IMPACT Office should be clearly defined in the Self-

Sufficiency Plan (SSP).

4. **Actions or steps** that will help the individual follow through and/or fulfill the requirements of the activities. The activities must:

   Address the barriers identified in the assessment process through IMPACT services and/or referrals to other community resources, and

   Fulfill participation requirements. (See *Section 2505.00.)*

5. **Realistic time frames** for completing each activity in the SSP by specifying a realistic “Assignment Date,” a “Projected Completion Date,” and ”Weekly Participation Hours” that it is anticipated will be needed to achieve self-sufficiency.

6. **24-month clock:** A reminder of the time remaining for those individuals who are, or will be, subject to the 24-month limit to cash benefits. (NOTE: Completion of the 12 month lifetime limit for Vocational Educational Training is no longer tied to the 24-month clock.)

7. **Signature of the participant and IMPACT case manager.**

The IMPACT case manager (CM) should discuss the supportive services available to help the participant comply with the IMPACT Program requirements, if the individual has no other resources.

If a participant does not possess adequate skills to obtain and maintain full-time employment, the IMPACT CM must identify on the SSP the activities the participant must perform in order to achieve full-time employment.

A participant who requires education or training to secure a job which would make the individual self-sufficient must also work (using existing skills) or participate in work activities at least 20 hours per week when the training is provided through Job Skills Training. For example, a TANF client who continues Vocational Educational Training under Job Skills Training must be employed, participating in Work Study, and/or seeking employment concurrently for 20 hours a week.

Effective 10/01/08, TANF individuals in the process of completing their 12 month lifetime limit in Vocational Educational Training are to be assigned to an appropriate IMPACT activity for the hours remaining of their 20 or 30 per week requirement after their course credits and required hours for unsupervised study have been determined.

For example, four (4) three (3) credit courses per week would count for 12 weekly participation hours and the advised or required hours for unsupervised study time *could* count for an additional 12 hours of participation for a total of 24 weekly hours. If the required weekly participation hours are 30, the client would need to participate an additional six (6) hours to meet the 30 hour requirement. If the weekly participation requirement is 20 hours, the client would be compliant when participating in Vocational Educational Training only.

2530.05.15 Signing the Self-Sufficiency Plan (S, C, I)

Participants should understand that by signing the Self-Sufficiency Plan (SSP), they are agreeing to perform the activities listed therein. Before leaving the interview, the individual should be given a signed copy of the SSP and Rights and Responsibilities.

TANF mandatory participants who fail to comply with IMPACT requirements are subject to a sanction and loss of their TANF benefits and supportive services. (See *Section 2545.15.05* for ADCR and ADCU Sanction Periods.)

Effective July 1, 2015, ABAWDs who have exhausted their countable three (3) months of benefits and do not comply with ABAWD work requirements will lose their benefits for the remainder of the 36-month period. The first three (3) months do not have to be consecutive. (See *Section 2438.17.15* for Regaining Eligibility during the 36-month time period.)

SNAP IMPACT volunteers may be removed from the IMPACT program for non-compliance with their IMPACT requirements without loss of benefits, or the imposition of a sanction.

2540.00.00 IMPACT ACTIVITIES (S, C, I)

IMPACT activities are the employment, training, and educational activities to which participants are assigned following the initial assessment process to help them

achieve economic self-sufficiency. These activities should reflect the needs of the family and focus on removing barriers to employment identified in the Self-sufficiency Plan Assessment. Their purpose is to increase household income by assisting the participant in obtaining full time employment. These activities may be furnished by community service agencies, the Department of Workforce Development (DWD), educational institutions, and the local IMPACT Office.

Activities may differ for TANF recipients, SNAP volunteers, and ABAWDs as explained below.

2540.05.00 REPORTING IMPACT HOURS (C, I)

Scheduled weekly hours are recorded in the System of Record (SOR) for TANF IMPACT participants. Actual weekly hours of participation in the activity and excused absences are to be recorded in the SOR by the 12th of each month. If a recipient fails to complete the assigned number of weekly or monthly hours for each activity listed on the Self-Sufficiency Plan (SSP) in the time frame agreed upon, the System will generate a Notice of Non-Compliance with IMPACT Requirements. Because the TANF Work Participation Rate (WPR) is calculated in part from the information displayed in the SOR, accuracy in reporting participation in all activities is required.

Counting participation hours: The following criteria clarify the types of participation hours which can be counted.

1. **Stacking activities:** IMPACT case managers may stack more than one activity such as CWEP and Educational (Academic) Training. When activities are stacked, the hours spent in each activity are to be reported separately. (NOTE: CWEP can be stacked with part-time but not full-time employment.)

   When CWEP hours are stacked with another activity, the number of CWEP hours included in the weekly participation requirement may not be less than the hours determined by the CWEP formula, unless that number exceeds the weekly “core” requirement. (See *Section 2540.10.30.10* for the formula for determining the CWEP participation requirement.)

2. **Homework time (secondary and post-secondary educational activities such as instructional certificate programs and industry skill certification)**: Reporting “hours only” may be an appropriate method for reporting time spent on-site in supervised activities such as short term skills training and certification programs for which no course credits are assigned (Certified Nursing Assistant, High School Equivalency (HSE) classes, medical technology, etc.). The IMPACT case manager should state under “Comments” on the Attendance Form why “hours only” are being reported instead of course credits and unsupervised study hours. However, **if required**, one hour of unsupervised homework for each hour of class is countable (except for clients attending high school).

   When course credits are assigned to short term skills training and certification programs, participation should be reported as course credits plus weekly homework hours.

   To receive credit for participation in Vocational Educational Training, Educational (Academic) Training, or Job Skills Training, both the instructor and participant must verify attendance by signing and dating the weekly attendance report for each class. The total number of weekly homework hours **required** or **advised *in writing*** by the instructor or supervisor in each subject area may not exceed the scheduled weekly course credits or, if appropriate, class hours.

Vocational Educational Training and Educational (Academic) Training participation hours may not exceed the predetermined number of scheduled weekly hours reflected in the SOR. Hours may not carry over from one week to another to make up for missed hours. Also, the actual weekly participation hours recorded in the SOR may be *less* than, but *not more* than, the weekly scheduled hours.

3. **Unsupervised study time (post-secondary associate, bachelor and advanced degree programs):** The institution must verify the number of credits per

course in which the client is enrolled. In addition, the institution or instructor must verify *in writing* the required or advised number of weekly unsupervised study hours *not to exceed one hour of participation per course credit*. For participation in Vocational Educational Training to be countable, each instructor and participant must document attendance by signing and dating the weekly attendance report for each class.

When the institution documents the number of weekly "credits" per course in which the client is enrolled, the total credits, plus any allowable unsupervised study hours as verified by the instructor(s) are to be recorded as "scheduled hours" in the System of Record, *not the hours actually spent in class.*

NOTE: While the above is the preferred method for reporting participation in post-secondary and college level educational activities, there may be instances in which reporting **only** the *hours spent in class and on-site* may be more representative of the client's participation.

For example, some post-secondary institutions offer accelerated programs. Clients may enroll in one or two courses that are offered for 4 or 5 weeks and require on-site attendance for 4 or 5 hours a day for several days each week. In such cases, the IMPACT case manager should consider whether participation is best represented by reporting **only** verified in-class/on-site "hours" instead of credits and up to an equal number of verified weekly homework hours. When in-class "hours only" are reported, the IMPACT case manager is to clearly state the reason under "Comments" on the Attendance Form. (Not applicable to Distance Learning/Internet courses.)

Holidays: When regularly scheduled *unpaid* work activities fall on one of the holidays listed below, and prevent the individual from participating in an assigned activity, the individual is deemed to have participated for the assigned hours that would have been completed were it not for the holiday:

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Good Friday	Friday after Thanksgiving

Memorial Day	Christmas Eve Day
Independence Day	Christmas Day

NOTE: Participants may receive credit for either holiday hours not to exceed the scheduled number of daily hours, or actual hours of participation, but not both.

With the exception of clients age 19 and under attending high school or HSE classes, clients engaged in educational activities must participate in the assigned number of weekly hours in a countable activity during semester breaks, spring or fall break, and Christmas break. During summer break, clients must complete the scheduled number of weekly hours in a countable work activity even if they plan to return to school the following academic year. All countable participation hours are to be recorded in the SOR.

Absences: Participants are allowed 16 hours per month for excused absences and, if needed, a maximum of 80 hours in a rolling 12 month period to complete the required number of monthly participation hours.

The number of hours reported by a participant is not to include time spent commuting to or from an assignment, or to and from a child care provider.

2540.10.00 TANF AND SNAP IMPACT ACTIVITIES (S, C, I)

Except for employment, *scheduled* hours of weekly participation in other IMPACT activities are reflected in the System of Record (SOR). The number of weekly hours of participation actually *completed* in these activities is to be recorded in the SOR).

TANF IMPACT "core" activities are:

Unsubsidized Private and Public Sector Employment

Subsidized Private and Public Sector Employment

Job Search and Job Readiness

Community Work Experience Program (CWEP)

Community Service Programs

Vocational Educational Training

Educational (Academic) Activities**

On-the-Job Training (OJT)

Job Skills Training (*a non-core activity)*

FSSA Funded Job Skills Training *(a non-core activity)*

*****High School (HS) attendance and High School Equivalency (HSE) classes are *core* activities for TANF recipients age 19 and under who are heads of household, but are *non-core* activities for TANF recipients age 20 and older.

SNAP IMPACT activities: SNAP IMPACT volunteers must participate a minimum of 20 hours per week in one or more of the following IMPACT work and non-work **components/activities***:

Client Assessment

Job Search

Job Readiness

Job Placement

Community Work Experience – CWEP/Workfare (participation hours are based on the number determined by the CWEP formula and may be less than 20)

Work Experience – WE - (participation hours are based on the number determined by the CWEP formula and may be less than 20)

Job Skills Evaluation and Job Skills Training

FSSA Funded Job Skills Training

Educational (Academic) Activities

Unsubsidized employment (including self-employment)and subsidized employment are considered "goals" rather than activities for SNAP recipients. Employment of at least 30

hours per week at minimum wage, or its equivalent, is grounds for a SNAP exemption from Work Registration. (SNAP recipients mandatory for Work Registration are exempt from IMPACT participation, but may volunteer.)

Countable self-employment hours are based on the number of hours worked as verified.

ABAWD IMPACT activities: ABAWDs are required to participate at least 20 hours per week in one or more of the following IMPACT work and non-work **components/ activities*:**

Client Assessment

Job Search (See *Section 2540.10.15)*

Job Readiness

Job Placement

Community Work Experience – CWEP/Workfare participation hours are based on the number determined by the CWEP formula and may be less than 20)

Work Experience – WE – (participation hours are based on the number determined by the CWEP formula and may be less than 20)

Job Skills Evaluation and Job Skills Training

FSSA Funded Job Skills Training

Educational (Academic) Activities

Working a minimum of 20 hours per week, *averaged monthly***

*__Unsubsidized employment (including self-employment and in-kind employment)and subsidized employment are work requirements for ABAWDs.__

****Averaged monthly* is only applicable to work and means that the individual's weekly employment hours must *average* at least 80 hours per month.**

ABAWDs can meet the work requirement by working an average of 20 hours per week, participating in an approved SNAP

IMPACT activity(ies) for 20 hours per week, or with any combination of work and participation in an approved IMPACT activity for 20 hours per week, or by participating in a CWEP the required number of hours. (See *Section 2438.17.00.)*

IMPACT activities/components and their requirements are described below for TANF and SNAP participants, and ABAWDs.

2540.10.05 Unsubsidized Employment (C, I)

Unsubsidized Employment (including Self-Employment) is defined as any activity involving effort on the part of the participant for which wages, salaries, commissions, or profits are paid and this payment is not subsidized by the State or Federal programs such as IMPACT, Workforce Investment Act (WIA) and Vocational Rehabilitation, or would be paid if the participant had not chosen the option to receive goods for services for the performed activity (in-kind earnings).

Counting unsubsidized employment hours/income: The number of actual participation hours is verified through hard copy/written documentation from the employer such as pay stubs or other employer produced information substantiating the number of hours worked. Hours may be projected for six months based on one full pay period that is representative of continuing circumstances.

> **Unsubsidized employment income** should be recorded in the Eligibility System.

Counting self-employment income: Self-employed individuals must verify gross earned income and expenses. Countable monthly hours are based on gross income minus 40 percent for expenses or actual expenses, **whichever is greater**, divided by the federal minimum wage. Monthly hours are divided by 4.33 to find the countable weekly participation hours. Self-employment income is recorded in the Eligibility System.

Self-employed individuals must provide documentation from the individual or agency for whom the service was performed describing the kind or type of service provided, number of hours required to complete the service, place service occurred, and the dollar amount (income) paid for the service. If the individual wishes to deduct actual expenses from his/her income in lieu of a 40% standard

deduction, the actual expenses must be documented. Self-employment activities are to be noted in the individual's case file and in the Eligibility System. All documentation is to be retained in FACTS.

2540.10.10 Subsidized Private and Public Sector Employment (C, I)

Subsidized Private or Public Sector Employment includes paid employment for which an employer receives a subsidy from TANF or other public funds to offset the cost of some or all of the wages and costs of employing a participant.

Counting employment hours: Hours worked are verified and recorded in the same way as "unsubsidized employment" described above.

2540.10.15 Job Search (S, C, I)

Job Search activities are designed to assist a recipient to immediately apply for and find employment leading to economic self-sufficiency. It is particularly suitable for a participant who has recent work experience, or a satisfactory work history, who may be able to re-enter the work force with minimal time or assistance from the IMPACT Office.

Job Search and Job Readiness activities include how to:

(a) Search for job openings,
(b) Complete employment applications,
(c) Interview for positions, including follow-up contacts, and
(d) Write thank you notes to potential employers.

"Actual time" utilized is credited for each internet and "in-person" employer contact. The number of hours reported by the recipient is not to include travel time to the first or from the last "in-person" employer contact.

TANF recipients who submit electronic (Internet) applications for employment must print the application, or the receipt issued by the potential employer verifying that the application was received, *before it is e-mailed or submitted*, and document the potential employer on the JOB SEARCH WORKSHEET (SF 54180) just like any other "in person" contact. In order for the IMPACT case manager to calculate

the hourly credit, documentation must include the “start” and “end” times of each Job Search activity.

The JOB SEARCH WORKSHEET verifying contacts must be submitted to the IMPACT Office at least weekly unless stated otherwise on the Self-Sufficiency Plan.

Counting participation hours: For **TANF IMPACT participants,** after a combined total of twelve (12) weeks of Job Search and Job Readiness activities have been completed in a rolling 12 month period (of which only four (4) may be consecutive), Job Search and Job Readiness activities will NOT count toward the work participation rate. Also, a single reported hour of Job Search will count for one (1) week of Job Search activities in both the four(4) consecutive weeks and the remaining eight(8)weeks of the rolling 12 month period. Participants may continue in this activity along with other activities such as CWEP to enhance their employability if self-sufficiency through employment has not been obtained even though the activity hours will not be counted when calculating the TANF work participation rate (WPR).

Applicants referred to Applicant Job Search (AJS) are required to participate in Job Search activities for a minimum of twenty (20) days for a minimum of four (4) hours per day within a sixty (60) day period which may include Saturdays and Sundays and excused absences and holidays. The time in Job Search as an applicant does not count towards the time limit in Job Search as a recipient.

Volunteer SNAP IMPACT participants are to document 20 hours per week of “actual time” doing “in-person” and “on-line” Job Search on the JOB SEARCH WORKSHEET (SF 54180). The duration of this activity cannot exceed a total of eight (8) weeks in any 12 consecutive months in the Federal Fiscal Year (October through September).

For **SNAP ABAWDs,** Job Search is not a qualifying IMPACT activity. However, when offered in combination with other IMPACT activities, Job Search is acceptable as long as it comprises less than half (<50%) of the total required time spent in the other activity(ies). If appropriate, ABAWDs may also participate for a total of eight (8) weeks in Job Search in any 12 consecutive months as long as the activity counts for <50% of the total weekly required hours.

In addition, up to thirty (30) consecutive calendar days of

Job Search are allowable, but not required, as part of the CWEP requirement following the *initial certification period only,* and *prior* to placement at a CWEP work site. Hence, participants are considered to be participating in, and complying with, IMPACT requirements during this Job Search period and meeting the ABAWD work requirement if they are meeting their household's calculated CWEP participation hours.

2540.10.20 Job Readiness (S, C, I)

Job Readiness provides employment preparation for **TANF, SNAP and ABAWD** IMPACT participants who are considered to be "work ready" based upon their skills, Assessment, and work history. Activities include, but are not limited to:

Practice in completing job applications,
Resume development, and
Interviewing techniques.

The goal is to connect the participant with employment of at least 20 hours per week at minimum wage or higher.

2540.10.25 Job Readiness Activities (S, C, I)

Job Readiness activities (in addition to those listed above) are designed to prepare IMPACT participants for employment by familiarizing them with general work place expectations, behavior, and attitudes necessary to compete successfully in the labor market. Job Readiness activities are provided through workshops in:

Family Life Skills that include topics such as parenting, budgeting, personal hygiene, stress management, problem solving and coping strategies, and family management changes that may be needed due to employment.

Job Retention and Job Coping Skills including problem solving exercises based on employer expectations and situations a new employee might face, work place communication skills, understanding and improving personal responsibility, and relationship building.

Training specific to obtaining and maintaining employment such as resume writing, completing job applications, and learning interviewing skills including how to make follow-up contacts and write thank you notes to potential employers, and

Substance Abuse and Mental Health Treatment or Rehabilitation Services *(not applicable to SNAP only recipients)* to remove drug and alcohol dependency or mental health barriers that impact the client's ability to obtain and retain employment will be considered Job Search and Job Readiness activities <u>if deemed necessary by a qualified medical or mental health professional</u>. Medicaid may be accessed to cover these services. If a participant is not eligible for Medicaid, other sources of medical assistance should be explored with the IMPACT case manager.

Job Search activities can be included as a portion of **Job Readiness** for **SNAP** participants, but are limited to 25% of the weekly scheduled Job Readiness hours. Participants should be scheduled for a minimum of 20 hours per week and not more than 120 hours per month.

NOTE: The total hours an ABAWD may participate in an employment and training activity together with any hours worked for compensation in cash or in-kind (including CWEP) cannot exceed 120 hours per month. However, participants may volunteer for additional hours of training.

2540.10.25.05 Job Placement (S, I)

Job Placement activities include assisting volunteer **SNAP** participants and **ABAWDs** find employment of at least 20 hours per week at federal minimum wage or greater. Participants are required to:

Complete applications for employment,

Attend job interviews,
Initiate post interview employer contacts, and
Accept any credible or suitable offer of employment.

2540.10.30 IMPACT Community Work Experience Program - CWEP (S, C, I)

The **Community Work Experience Program (CWEP)** work activity

provides a participant an opportunity to acquire general skills, knowledge, and work habits necessary to obtain employment. The purpose of CWEP is to improve the employability of those who cannot find unsubsidized full-time employment.

For **TANF recipients,** work sites may be a public, non-profit or for-profit employer.

For **SNAP volunteers and ABAWDs,** work sites are limited to public or private non-profit employers.

Participants are placed in an unpaid position that is closely related to their employment goals and interests. CWEP activities are designed to help participants:

Gain work experience while fulfilling mandatory activity program hours;

Attain and improve key work skills and attitudes needed for transitioning into the work place;

Benefit from positive role models;

Increase self-esteem, and

Enhance their resume.

Although completing the required number of hours for CWEP participation fulfills the IMPACT requirements for **SNAP volunteers and ABAWDs,** CWEP placements may be combined with activities such as Educational (Academic) Training and Job Search to improve their employment skills and increase their employment options, and employment.

ABAWDs are also allowed up to thirty (30) consecutive days of Job Search as part of their CWEP assignment *following their initial SNAP certification*, but not at re-certification.

The CWEP work site employer:

1. Benefits from the services of an additional person at no cost to the organization;

2. Performs a community service by helping those on public assistance move toward financial independence;

3. Has the opportunity to hire the IMPACT client as a permanent trained employee;

4. Reduces client employment barriers through the provision of IMPACT supportive services, and

5. Gains an employee trained in general employer expectations.

The IMPACT Office employment and training staff:

1. Defines the CWEP requirements for each IMPACT participant, and

2. Informs the work site supervisor of the maximum number of hours each CWEP client is required to participate, and the expected length of the participant's placement.

In addition, **the IMPACT Office provides**:

1. The participant training in general employer expectations;

2. The work site staff with on-going case management services for each participant and assists in resolving any problems related to the CWEP arrangement;

3. Funds for supportive services allowed by IMPACT Program rules to enable the participants to maintain a work schedule, and

4. Required attendance and performance evaluation forms for participants.

The CWEP work site employer signs an Agreement with the IMPACT Office assuring that the employer will:

1. Provide a sanitary and non-hazardous work environment that will ensure the health and safety of participants. The same health and safety standards established under state and federal laws for employees shall also apply to CWEP participants;

2. Not use CWEP participants to fill established

vacant employment positions when (1) any other individual is on lay-off from the same or any equivalent job, or (2) the employer has terminated the employment of any regular employee, (3) or has otherwise caused an involuntary reduction of its workforce in order to fill the vacancy created with an individual receiving IMPACT services after the employer has made a demonstrated effort to fill the position. If the position is covered by a union agreement, demonstrated effort to fill the position includes compliance with past practice procedures and all negotiated processes covered by applicable union agreements for filling vacancies. If the position is not covered by a union agreement, demonstrated effort shall include advertising the vacancy in the local newspaper or listing the vacancy with the local Office of Workforce Development. An established worker's non-overtime hours, wages, promotional opportunities, transfer rights or employment benefits my not be reduced or infringed upon. Individuals placed into Community Work Experience Program may not impair existing contracts for services or collective bargaining agreements. This agreement must be shared with all applicable labor unions representing the Company's employees.

3. Not involve CWEP participants in any unethical, political or religious activities;

4. Provide the same working hours, lunch periods and break times to CWEP participants that would be afforded to paid employees, and

5. Provide CWEP participants with adequate supervision and training necessary for performing the job duties.

The **work site employer** also agrees to:

(a) Maintain the necessary IMPACT attendance forms and submit them to the local IMPACT Office for recording on a timely and designated schedule, but no less than monthly;

(b) Evaluate the client's job performance and submit a performance evaluation at least monthly, or more often if needed, and

(b) Provide a description of the specific duties the participant will be expected to perform, and indicate the frequency of the specified activities.

2540.10.30.05 Developing CWEP Work Sites (S, C, I)

IMPACT Office staff are responsible for establishing CWEP work sites. They visit potential work site employers to view work environments, discuss the referral process, complete the COMMUNITY WORK EXPERIENCE PROGRAM-JOB REQUEST form (SF-46518), review the duties of both employers and participants, and complete the COMMUNITY WORK EXPERIENCE PROGRAM AGREEMENT.

The COMMUNITY WORK EXPERIENCE PROGRAM-JOB REQUEST Form is to be completed by the employer for each proposed CWEP position and approved by the IMPACT staff. Caution is to be used when considering approval of potential work experience employers who want to utilize a participant in construction, driving, dock work, road work, electrical work, agricultural work, work involving lifting, moving, pulling, or pushing ten or more pounds, or in activities that would require the participant to climb ladders or otherwise be above or below floor or ground level two or more feet. The COMMUNITY WORK EXPERIENCE PROGRAM AGREEMENT and the COMMUNITY WORK EXPERIENCE PROGRAM-JOB REQUEST Forms are open-ended as long as the services are needed.

Unsubsidized employment will have priority over participation in any other work related activity.

2540.10.30.10 Determining CWEP Participation Hours (S, C, I)

For a TANF recipient: Child support collected by Indiana shall be included in determining the maximum number of participation hours for **TANF participants**. Therefore, to determine the maximum number of monthly participation hours in a CWEP activity, the formula below must be followed for both the initial and all subsequent calculations:

1. Determine the amount of child support received by

IV-D in the prior month even if the family was not on TANF in that month.

(a) Do not include arrearage and/or excess child support payments and collections reflected in the Eligibility System when determining the amount of child support to be included in the calculation.

(b) Do not include current child support payments received by the family which were used to calculate the AG's TANF grant when determining the amount of the prior month's child support. (Check the Eligibility System for current child support collections.)

2. Subtract this prior month's amount of child support collections from the AG's current TANF grant.

3. Add this dollar figure to the AG's monthly SNAP allotment,* and

4. Divide the result by the federal minimum wage to obtain the monthly participation requirement.

***NOTE: When an ineligible TANF individual (such as an SSI or SSDI recipient)is included in the SNAP AG, the SNAP benefits must be pro-rated to exclude both the individual and his/her SNAP benefits before adding the (new) monthly SNAP allotment to the CWEP calculation.**

5. To obtain the "weekly" hours of participation, divide the monthly amount by five (5) and round down to the nearest whole number.

TANF recipients may not volunteer for additional CWEP hours and should not be scheduled to participate in a CWEP activity for more than the number of hours determined by the above formula. For example:

1. If a TANF AG with a child under six is required to participate an average of 20 hours per week and the CWEP formula **exceeds** 20 hours, the participant will be in compliance when participating for a weekly average of 20 hours.

2. If a single parent AG is required to participate 30 hours per week and the CWEP formula **exceeds** 30 hours, the participant will be in compliance when participating for a weekly average of 30 hours.

3. These same rules apply to the ADCU AGs. If the CWEP formula **exceeds** the 30 core hours weekly requirement for a mandatory one-parent AG, or 50 core hours for a mandatory two-parent AG, the individuals will be in compliance when meeting their average weekly participation requirement.

When both parents in a two parent **ADCU AG** are required to participate, the hours determined by the formula described above are to be allocated among those AG members. **Because employment takes precedence over other work activities, if one parent in a two parent ADCU AG is employed, the CWEP hours are assigned to the other parent.**

Deeming CWEP hours: When the CWEP formula results in **less than** the required 20, 30, or 50 hours, the weekly "core" activity requirement is considered to have been met using the hours resulting from the CWEP formula (rounded down). The hours remaining up to the core weekly requirement are then deemed with the following exceptions:

1. If a single parent AG is required to participate 30 hours per week and the CWEP formula results in **less than 20 hours,** the hours remaining up to the 20 mandated core hours are deemed. The remaining 10 hours must be assigned to another core or non-core activity

2. If the CWEP formula results in **more than the 20 mandated core hours, but less than the required 30 hours,** the individual is to be scheduled for the total number of CWEP hours, and the hours remaining up to the required 30 hours per week must be completed in another core or non-core activity.

NOTE: When a CWEP placement is stacked with another activity, the CWEP hours take precedence over the weekly hourly requirement of the other activity(ies).

However, unsubsidized employment will have priority over participation in any other work related activity.

For **SNAP <u>only</u> Assistance Groups (AGs)**, monthly participation hours in voluntary Community Work Experience (CWEP) are based on the household's monthly SNAP allotment divided by the federal minimum wage rounded down to the nearest whole number. For example: Allotment ($194)/minimum wage ($7.25) = 26.75 (rounded to 26 hours of CWEP per month).

CWEP is a household responsibility, based on the AG's SNAP allotment. In households with more than one ABAWD, monthly work hours can be completed by one member or shared between members. If the household's CWEP hours are completed by one or more members, the work requirement is fulfilled for all members of the AG. If partial household hours are completed in a month, all ABAWDs would fail to fulfill the work requirement for the month.

The total hours of participation in an IMPACT component for any household member individually in a month, together with CWEP activities and time worked (paid or unpaid), must not exceed 120.

SNAP volunteers and ABAWDs may not volunteer for additional CWEP hours and should not be scheduled to participate in a CWEP activity for less than, or more than, the hours determined by this formula.

A participant may receive supportive services such as transportation or child care, if needed, in order to participate in the activity when no other resources are available. (Refer to *Section 2550.00.00*.)

Counting CWEP participation hours: Actual hours of participation in each activity must be recorded daily on SF 44720 - RECORD OF IMPACT ATTENDANCE. Documentation of client participation and performance evaluations must be submitted to the IMPACT case manager weekly, or by the due date indicated on the Self-Sufficiency Plan (SSP), and at the completion of each CWEP assignment.

Supervision must be provided daily by the CWEP employer. The supervisor, or the supervisor's designee, is to provide work-related guidance and mentoring, daily oversight of work assignments, and evaluation of work skills as part of the formal Agreement between the IMPACT Program and the employer. The supervisor is to meet regularly with the participant to discuss the participant's work.

A review of the client's SSP must be done after three (3) months of participation at the work site to determine if the employer intends to hire the participant within three (3) months or less. If the employer does not intend to hire the participant within the following 90 days, the participant is to be placed at another work experience site or in another activity within 180 days of the initial date of placement. If the employer states their intent to hire the participant within three (3) months or less, the CWEP placement may be extended to a total of no more than nine (9) months.

Questions regarding the appropriateness of the placement and/or future placements in the job slot will be discussed with the IMPACT case manager and the CWEP employer.

2540.10.35 Work Experience Program – WE (S, I)

Work Experience is a work component similar to CWEP (described above) which is designed to offer the participant an opportunity to gain experience in a work environment, develop soft skills, and potentially open the door to paid employment with the Work Experience provider, or other employers.

But unlike CWEP, **SNAP Work Experience** placements may be with private ***for-profit*** as well as public sector entities, and have a 20 hour weekly work requirement, or 80 hours per month (see "Calculating Participation Hours" below).

Work Experience sites are developed by IMPACT Office staff and approved by the Division of Family Resources (see *Section 2540.10.30.05* above). Providers must also comply with the daily supervision and attendance requirements and all other conditions outlined in the Work Experience Agreement between the IMPACT Office and the employer as described in *Section 2540.10.30* above.

Participants must be monitored weekly to identify and resolve problems. Job performance is to be evaluated at least monthly, or more often, if needed. Actual hours of participation are recorded on SF 44720-RECORD OF IMPACT ATTENDANCE. Documentation of participation hours is sent to the IMPACT case manager at least monthly and recorded in the System of Record (SOR).

A review of the participant's Self-Sufficiency Plan (SSP) must be completed after three (3) months to determine if

the employer intends to hire the individual within the next 60 days. If not, the participant is to be placed at another Work Experience site, or in another activity within 180 days of the initial date of placement. If the employer expresses an intent to hire the participant within three (3) months or less, the placement may be extended for up to nine (9) months.

Calculating participation hours: The IMPACT case manager will calculate the number of monthly hours a client may participate using the same formula described in *Section 2540.10.30.10* above for CWEP participation for *SNAP only recipients.** However, if their calculated hours total *less than 20 per week,* ABAWDs may volunteer to supplement Work Experience with additional hours either in Work Experience alone, or in combination with another countable activity, to meet the work requirement of 20 hours per week for a total of 80 hours per month.

*When more than one AG member is required to participate, the Work Experience hours may be apportioned among those AG members, and may not exceed the maximum number of hours determined by the formula.

SNAP benefits received by the participants are not considered wages, nor are participants considered to be employed.

2540.10.40 Community Service Programs (C, I)

Community Service Programs are carefully structured programs and embedded activities in which TANF recipients perform work that directly benefits the community under the auspices of public or nonprofit organizations. To the extent possible, prior training, experience, and skills of a recipient should be considered when assigning a community service activity. Currently, VISTA and AmeriCorps* State programs are acceptable community service programs in Indiana.

Self-initiated community service activities must be approved by IMPACT Office staff to determine if the activity and service site can comply with the daily supervision and attendance requirements and all other conditions outlined in the Community Service Agreement between the IMPACT Office and a Community Service provider.

Calculating participation hours: Since participation in community service activities is subject to the same hourly restrictions as CWEP, the IMPACT case manager will calculate the number of weekly hours a client may participate using the same formula described in *Section 2540.10.30.10* above for CWEP.

Actual hours of participation are recorded on attendance and/or activity logs and participants are supervised daily. Documentation of participation hours is sent to the IMPACT case manager at least monthly and is recorded in the System of Record (SOR).

TANF and SNAP benefits received by the participants are not considered wages, nor are participants considered to be employed.

2540.10.45 Job Skills Training (C, I)

Job Skills Training is training or education directed toward gaining a specific skill in order to obtain employment, or to advance or adapt to the changing demands of a participant's current employment. It may include vocational education and courses explicitly required for entry level positions.

Job Skills Training is not subject to a durational limit, but is <u>only</u> countable as a "non-core" activity when combined with 20 hours per week in a "core" activity.

Job Skills Training can include four-year bachelor or advanced degree programs at any State certified college or university as well as all services and programs described in the Vocational Educational Training activity below. This means that TANF participants who have used up their 12 month lifetime eligibility for Vocational Educational Training can continue to be counted under Job Skills Training as a "non-core" activity if they are employed or seeking employment concurrently for a minimum of 20 hours per week, or participating in a CWEP.

Job Skills Training may be offered when it is:

Determined that the local job market has employment opportunities in the area in which training is offered, and

The participant has the interests, aptitude and motivation to complete the training. The participant is expected to make “satisfactory progress” throughout the training which is defined as a “C” average or its equivalent.

IMPACT supportive services funds will not pay for supplies such as notebooks, paper, pencils, pens, briefcases, or clothing *(other than items such as uniforms, scrubs, or steel-toed boots specifically required for participation in an assigned activity, which are not part of the client’s normal wardrobe)*.

Job Skills Training Programs must be accredited and/or licensed by the appropriate State agency. Educational institutions must be approved for federal/state financial institutions. If the provider is an educational institution, the training must be in-state and public. Exceptions may be made for out-of-state or private institutions when:

The course work is not available at a public or in-state institution.

The public or in-state institutions have a waiting list that would cause a lengthy wait.

Employers are more likely to hire individuals who receive their training from a local private or out-of-state institution.

The overall cost to IMPACT (including supportive services) is less than at the public or in-state institution.

Attendance at an out-of-state institution may be approved only for a participant who lives in a county which borders Indiana.

2540.10.45.05 Job Skills Evaluation and Job Skills Training (S, I)

Job Skills Evaluation and Job Skills Training provide SNAP IMPACT volunteers, and ABAWDs with the opportunity to determine their occupational interests and aptitudes, and current job skills level. If the results of the evaluation indicate a need for additional training, the participant

may be assigned to one of several Job Skills Training classes. Classes are short term and are held in locations convenient for the participant. *(See Section 2540.05.00, #2.* on reporting IMPACT hours for instructional certificate programs and industry skill certification.)

2540.10.45.10 FSSA Funded Job Skills Training Program - JST (S, C, I)

A **Job Skills Training (JST) Program** funded by the Family and Social Services Administration (FSSA) is available to TANF recipients, SNAP IMPACT volunteers and ABAWD E&T participants who are *not* job ready and lack the skills required to gain and maintain employment at a living wage.

The type of training offered is determined by the demands of the local job market and existing employment opportunities. Training may be provided by vendors listed on the current Department of Workforce Development (DWD) approved training vendor list found at: https://solutions.dwd.in.gov/INTraining/

The training may not exceed sixteen (16) weeks, and may include post-secondary certificate programs consisting of several short term classes required for certification or licensure. Training resulting in a certification shown on the most current fiscal year WorkINdiana framework may be found at: http://www.in.gov/dwd/adulted_workin.htm

Hierarchy of Need criteria: Funding for individual participants is dependent upon the availability of funds and the following **Hierarchy of Need** in which priority is given to participants who:

- Lack ***both*** job skills and experience in areas of high demand for labor;
- Have ***limited*** job skills and ***no*** job opportunities;
- Have ***limited*** job skills and ***limited*** job opportunities;
- Have ***barriers*** to employment, but are otherwise job ready, and
- Have ***limited*** job skills and need additional training to advance to a higher level.

NOTE: Funding for an individual participating in a FSSA JST Program may be up to a maximum of $3,500 in a twelve (12) month period with a lifetime limit of $5,500.

Program eligibility prerequisites: In addition to complying with the requirements of their Self-Sufficiency Plan (SSP) **and** having been assessed as ***not*** job ready, participants must also have:

1. A high school diploma, GED certification or HSE diploma;

2. Expressed an interest and commitment in improving their employment preparedness, and

3. Completed a Career Assessment to determine their aptitude and career interests.

Approval criteria: If selected for this Job Skills Training Program, the course of study must be State of Indiana approved – DWD/WIOA - and:

1. Consistent with the interests and aptitude indicated on the Career Assessment;

2. In an area of the local job market with employment opportunities, and

3. Within an acceptable commuting distance from the participant's residence.

4. If eligible, participants must apply for Financial Aid such as Pell Grants, etc.

Upon completion of the training, the IMPACT case manager will re-assess the participant to determine whether the next assignment will be Job Search, or additional Job Readiness classes to better prepare the individual to secure employment in the area of their newly acquired skills.

Counting Job Skills Training Hours: TANF recipients, SNAP volunteers, and ABAWD E&T participants must track "actual time" spent in JST activities. Hours are to be recorded on the Client Attendance Report (SF 47826 – *check JST box only)* which is to be signed and dated by the instructor to verify attendance and submitted to the case manager weekly. Participants may report classroom hours plus homework time, if applicable, or "hours only." (See *Section 2540.05.00, #2.* on Reporting IMPACT Hours.)

When course credits are assigned to short term skills training and certification programs, the total number of weekly homework hours *required or advised in writing by the instructor/trainer in each course* may not exceed the scheduled weekly course credits or class hours; participants must maintain a “passing grade” according to the standards of the institution providing the training.

> **Participants who fail to complete their FSSA Funded Job Skills Training assignment may be subject to a case review to determine their eligibility for future training.**

2540.10.50 Vocational Educational Training (C, I)

Vocational Educational Training (*12 month lifetime limit per individual*) means organized and usually short-term educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training. The training may last from a few days or weeks up to a maximum of twelve months.* There must be reasonable expectation of new or upgraded employment resulting from the training documented in the Self-Sufficiency Plan (SSP).

*See *Section 2540.10.45* for Job Skills Training following the 12 months lifetime limit of Vocational Educational Training.

Examples of Vocational Educational Training include, but are not limited to, licensed practical nurse (LPN), data entry operator, auto mechanic, welder, certified nursing assistant (CNA) and dental assistant. Currently, education leading to a bachelor’s or other advanced degree may count for 12 months of Vocational Educational Training *(not applicable to SNAP recipients)*.

All Vocational Educational Training activities must be accredited or licensed by the appropriate State agency. Educational institutions must be approved for federal and State grants.

NOTE: Privately owned vocational and trade schools or programs that do not serve the general public (for example, tuition is paid by a sponsoring business or agency), or do not offer classes with a vocational intent, are not subject to accreditation by the Commission on Proprietary Education.

Prior to approving Vocational Educational Training, the IMPACT case manager must determine:

If there is a reasonable expectation of new or upgraded employment in current or emerging occupations requiring training and document this in the SSP.

Recipients who have used their 24-month time limit for cash benefits may participate in Vocational Educational Training as long as they have an open TANF case and are cooperating with IMPACT requirements.

Counting participation hours: If the Vocational Educational Training Program is appropriate, the total number of weekly course credits plus allowable unsupervised study time reported and verified on the Client Attendance Report, SF 47826/IMP 0009, are countable if the participant is employed (including Work Study) or participating in another activity a sufficient number of hours to meet the 20 or 30 hours per week participation requirement. Because Vocational Educational Training is a core activity, there may be instances in which the combined number of weekly course credits and unsupervised study hours will be sufficient to meet the 20 or 30 hours weekly participation requirement. **Refer to *Section 2540.05.00* on "Reporting IMPACT Hours" for educational activities.**

The participant has and must continue to make satisfactory progress in the institution, school, or course. Satisfactory progress is defined as maintaining at least a "C" average or its equivalent at the educational institution or facility.

If the training is provided in an educational institution, Vocational Educational Training must be in-state and public.

Exceptions may be made for out-of-state or private institutions when an extenuating circumstance exists. For example:

The course work is not available at a public or in-state institution;

The public or in-state institutions have a waiting list that would require more than a one semester wait;

Employers are more likely to hire individuals who receive their training from a local private institution, or

The overall cost to the IMPACT Program (including supportive services) is less than at the public or in-state institution.

Attendance at an out-of-state institution may be approved only for a participant who lives in a county which borders another state.

IMPACT staff will review and approve all extenuating circumstances.

IMPACT will not pay for supplies such as notebooks, paper, pencils, pens, briefcases, or clothing.

The institution and participant agree to provide attendance records on the appropriate State Form, and grade reports at specified intervals.

All Vocational Educational Training programs must be approved by the IMPACT case manager, or a designee, *in writing* affirming that:

The local job market offers employment opportunities in the area in which the participant is pursuing training;

The participant has the motivation and aptitude to complete the training, and

The training is likely to result in employment.

2540.10.55 Self-Initiated Vocational Educational Training (C, I)

TANF participants who are already attending an institution of higher education or a Vocational Educational Training Program when they become mandatory, or volunteer to

participate in IMPACT, are considered to be in **Self-Initiated Vocational Training.**

An Assessment and Self-Sufficiency Plan must be completed for a self-initiated participant to determine the appropriateness of the Vocational Educational Training activity and what assistance the participant may need to successfully complete the training.

Once the IMPACT case manager determines that the Vocational Educational Training is appropriate, a self-initiated participant is subject to the same criteria described above for non Self-Initiated Vocational Educational Training **including the reporting of IMPACT participation hours for educational activities described in *Section 2540.05.00.***

2540.10.60 Distance Learning (C, I)

Distance Learning means Vocational Educational Training performed off-site via the internet or correspondence. Distance Learning is subject to the same reporting requirements as on-site educational activities.

The number of weekly course credits in which the client is enrolled must be documented by the institution and pre-approved by the IMPACT Office. Once classes begin, the IMPACT Office must receive verification from each instructor by fax or e-mail on State Form 54448/IMP 0047, RECORD OF IMPACT ATTENDANCE – Distance (Internet/Correspondence) Learning, that the participant completed the necessary work required for **that week** in order for the client to receive credit for IMPACT participation. Clients may also hand deliver the completed form to the IMPACT Office by the due date indicated on their SSP.

Counting participation hours: In addition to each “online” course credit, participants may receive one hour of credit per week for unsupervised study for each course credit if advised or required *in writing* by the instructor

Weekly participation hours may not exceed the predetermined number of scheduled hours reflected in the System of Record (SOR) based on the weekly course credits and no more than one hour of study time per credit. Additional study hours accumulated in one week may not carry over to the next. Consequently, participation hours may reflect *less than*, but *never more than*, the weekly scheduled hours recorded in

the SOR. **See *Section 2540.05.00* on "Reporting IMPACT Hours".**

2540.10.65 Educational (Academic) Activities (S, C, I)

There are four **types of educational or academic activities:**

1. High School Equivalency Diploma (HSE),
2. High School (HS),*
3. Adult Basic Education (ABE), and
4. English as a Second Language (ESL).

NOTE: High School and HSE preparation are "core" activities for TANF recipients age 19 and under who are heads of household, but are "non-core" activities for TANF recipients age 20 and older. Therefore, a teen parent/caretaker age 19 and under is considered to be meeting the work participation rate requirement when the individual is satisfactorily attending high school or HSE classes (no hourly requirement).

*Not available to SNAP volunteers or ABAWDs.

For **ABAWDs,** when Job Search is combined with the above Educational (Academic) Activities, it must comprise less than *50%* of the 20 hours per week work requirement.

2540.10.65.05 High School Equivalency Diploma - (HSE) (S, C, I)

High School Equivalency (HSE) test preparation is defined as classroom instruction to assist a participant who has not graduated from high school to obtain the HSE Diploma. The test measures the individual's level of achievement relative to that of graduating high school seniors as well as readiness for college and the workforce. It is available in paper-and-pencil form and on-line, both equally rigorous.

Upon completion of HSE classes, the participant will take the HSE test. Individuals who pass the test will receive a High School Equivalency Diploma from the state (not to be confused with a High School Diploma).

To be eligible to take the test, a participant must meet all local and state requirements, be at least 16 years old, not subject to compulsory school attendance, and not a high school graduate or currently enrolled in high school.

At age 18, the participant is no longer subject to Indiana compulsory school attendance laws and, therefore, meets the eligibility requirements for taking the HSE test.

The participant must provide justification that the individual is prepared to take the test, and obtain pre-approval from IMPACT supervisory staff to pay the fee. The HSE test fee is a one-time only (lifetime) payment regardless of whether the individual passes or fails the test.

Once the test has been administered, the test center will provide the IMPACT Office with verification of the testing date and scores.

Counting participation hours: HSE preparation is considered a “core” activity for TANF recipients age 19 and under who are heads of household, and a “non-core” activity for TANF recipients age 20 and older.

For **ABAWDs**, when HSE preparation does not meet the 20 hours per week work requirement and is combined with Job Search, Job Search activities must comprise less than half (<50%) of the 20 hours.

Participants must record and instructors must verify participation on SF 44720 /IMP 2077, RECORD OF IMPACT ATTENDANCE, for every hour of class time for every day of every month. Countable hours include supervised study activities and up to one hour of unsupervised homework time for each hour of class time if advised or required *in writing* by the instructor. Attendance and excused absences must be recorded in the System of Record. **See *Section 2540.05.00* on “Reporting IMPACT Hours” for educational activities.**

2540.10.65.10 High School (C, I)

High School (or secondary school attendance) is defined as credit for classes needed by a participant to obtain a high school diploma. Instruction is provided at a secondary school. The schedule of classes and hours of participation are known to the IMPACT case manager prior to approval of the activity and are documented in the individual’s Self-Sufficiency Plan. High school attendance is considered a “core” activity for TANF recipients age 19 and under who are heads of household.

Counting participation hours: There is no hourly participation requirement for a teen parent/caretaker age 19 and under who is satisfactorily attending high school. The number of participation hours is obtained from verified school attendance records. Daily attendance must be reported at least monthly to the IMPACT case manager. For the hours to be counted, the individual must maintain at least the minimum passing grade required for receiving a high school diploma. Educational activities, hours of attendance, and excused absences are to be recorded in the System of Record.

2540.10.65.15 Adult Basic Education – ABE (S, C, I)

Adult Basic Education (ABE) is educational training directly related to employment. Instruction is designed to improve a participant's reading and math skills (at least to an 8.9 grade level) and enhance basic academic and life skills competencies. ABE classes are offered to adult participants who:

(a) Are non-high school graduates* who score in the low range on math and reading evaluations, and

(b) Need further education to enter a specific occupation, obtain employment, or accept an offer of employment.

*Occasionally, a client may already have a high school diploma, GED, or HSE diploma, but needs remedial instruction in a particular area like math or reading in order to make him/her employable.

For **ABAWDs**, when ABE classes do not meet the 20 hours per week work requirement and are combined with Job Search, Job Search activities must comprise less than half (<50%) of the 20 hours.

Counting participation hours: Participants must record and instructors must verify actual hours of participation on State Form 44720/IMP 2077, RECORD OF IMPACT ATTENDANCE, for every day of the week in each month. Countable hours include supervised homework and study activities and up to one hour of unsupervised homework time for each hour of class time if advised or required *in writing* by the instructor. Total unsupervised homework hours may not exceed the number of hours required or advised for the educational program. Client must also attain a "passing

grade," or its equivalent, according to the standards set by the educational institution. Attendance and excused absences are to be recorded in the System of Record. **See *Section 2540.05.00* on "Reporting IMPACT Hours" for educational activities.**

2540.10.65.20 English as a Second Language - ESL (S, C, I)

English as a Second Language (ESL) is defined as instruction in English for those whose native language is not English. These participants need assistance with speaking, reading, writing and comprehending the English language.

For **ABAWDs,** when ESL classes do not meet the 20 hours per week work requirement and are combined with Job Search, Job Search activities must comprise less than half (<50%) of the 20 hours.

Counting participation hours: Participants may need assistance from the instructor to record actual hours of participation on State Form 44720/IMP 2077, RECORD OF IMPACT ATTENDANCE, for every day of the week in each month. Countable hours consist of supervised homework and study activities verified by the instructor, and up to one hour of unsupervised homework for each hour of class time if advised or required *in writing* by the instructor. Total homework time cannot exceed the hours required or advised by the education program. Client must attain a "passing grade" or its equivalent according to the standards established by the educational institution. **See *Section 2540.05.00* on "Reporting IMPACT Hours" for educational activities.**

The participant must submit attendance records to the IMPACT Office or IMPACT case manager at least monthly. Attendance is verified through the participant's grade reports and by the educational institution at designated intervals. Attendance and excused absences are to be recorded in the System of Record.

Since the scheduled hours of participation are known by the IMPACT case manager prior to approval of the activity, they must be documented in the Self-Sufficiency Plan.

2540.10.70 On-the-Job Training - OJT (C, I)

On-the-Job Training (OJT) is defined as training in the

public or private sector provided to a paid employee while he or she is engaged in productive work to gain the knowledge and skills essential to the full and adequate performance of the job.

The training is:

Supervised,

Occupational specific,

Provided for a specific period of time, and

Under a contractual agreement.

OJT is distinguished from subsidized employment by the inclusion of a training plan as part of a contractual agreement. The training plan consists of a formal written program of the structured job training that provides the participant with instruction in work skills, general employment competencies, and occupation specific skills to enable the individual to work toward achieving self-sufficiency.

Upon completion of the OJT, the participant remains on the payroll of the employer.

The following criteria and procedures apply to TANF IMPACT funded OJTs:

The participant’s current skill level, work experience, interests, prior trainings, education and aptitude are assessed to determine the appropriateness of an OJT activity.

To the extent possible, an OJT activity must relate to the participant’s interests and abilities.

An OJT contract cannot be written with an employer who:

1. Employs the participant to perform political or sectarian activities; or

2. Continuously terminates or lays off participants without just cause; or

3. Has an employee affiliated with the training provider or the Division of Family Resources with

any personal or financial interest—directed or indirect—in the OJT contract; or

4. Places a participant temporarily on the employer’s payroll to perform services at another employer’s establishment.

An OJT contract may only be written with an employer who:

1. Is providing full-time, permanent, long term employment;

2. Agrees to contact the IMPACT case manager for assistance in helping alleviate any problem(s), and

3. Will provide Worker’s Compensation or the equivalent to cover medical care for on-the-job injuries and provide accident (tort claim) protection for on-site injury.

An IMPACT case manager must establish and submit an OJT marketing strategy to Central Office IMPACT containing the types of jobs that will be marketed, and the qualitative measures for making good or satisfactory progress.

An IMPACT case manager shall monitor the OJT contracts monthly and complete the ON-THE-JOB TRAINING REVIEW DOCUMENT to ensure that each client placed in an OJT is receiving training that will provide the knowledge and skills essential to the adequate performance of the job. Effective monitoring includes interviewing the participant and the employer/supervisor separately to determine if:

1. The participant is making satisfactory progress;

2. The participant is provided with the skills outlined;

3. The employer and/or the participant need help to resolve problems which affect the job;

4. The training will be completed by the designated date, and

5. The participant is obtaining the same wages and benefits as similarly situated employees or

trainees and are working the hours designated on the contract.

The IMPACT case manager or State staff should attempt to informally resolve any issues before any formal complaint procedure is initiated. If an informal solution does not lead to satisfactory resolution, the participant is to follow the grievance procedure of the employer and/or file directly with the directorate of Civil Rights at the address below within 180 days of the alleged violation.

Directorate of Civil Rights
U.S. Department of Labor
200 Constitution Avenue, NW Room N-4123
Washington, DC 20210

If the employer does not have a formal grievance procedure, the client may file a complaint with the IMPACT case manager in the IMPACT Office and/or the Directorate of Civil Rights.

When developing an ON-THE-JOB TRAINING AGREEMENT, IMPACT Central Office will secure the signatures of the applicable State agencies and the employer once the Attachment A of the contract has been submitted for approval. In addition to the Attachment A, the IMPACT RECORD OF CLIENT DATA TANF ON-THE-JOB TRAINING Form must be completed by the IMPACT case manager for each participant placed with the employer. Once completed and mailed to the IMPACT Central Office, the IMPACT RECORD OF CLIENT DATA TANF ON-THE-JOB TRAINING Form becomes part of the STATE ON-THE-JOB TRAINING AGREEMENT. Prior to the development of the OJT, the contract boiler plate must be approved by IMPACT Central Office and must include:

1. A brief job description;

2. A training plan listing the skills required to perform the job and the length of time to learn each skill;

3. The “begin” and “end” dates of the contract;

4. The total number of day/weeks required to complete the training, and

5. The following wage and benefit information:

Rate of reimbursement;

Hourly wage paid to the participant;

Total amount to be reimbursed;

Hourly wage the participant will receive at the end of 180 days beginning with the "start" date of the OJT employment, and the

Health benefits the participant will receive within 90 days from the "start" date of the OJT training program.

6. The participant's name and social security number;

7. The supervisor/trainer's name (the trainer must have the expertise determined by the employer to provide the training for the skills required in performing the job);

8. The bargaining unit's name and signature of the approving union official when a collective bargaining agreement covers the OJT position;

9. A clause stating that health care benefits will be provided during the period of the contract if similarly situated employees or trainees receive these benefits. If health benefits are not provided during the period of the contract, the employer must have a policy in place to provide health benefits within 90 days of employment;

10. The terms and conditions applicable in the contract between Indiana Family and Social Services Administration, Division of Family Resources, and any Coordinator who is involved;

11. A nepotism clause stating that no participant is allowed to participate in any On-the-Job Training activity if a member of the participant's immediate family is engaged in any administrative capacity or in a direct supervisory-subordinate relationship;

12. A statement of the employer personnel policy that

the employer will provide the participant a copy of the benefits and grievance procedures, and any specific rules and regulations by which the participant is expected to abide;

13. A clause stating that the employer will provide Worker’s Compensation or the equivalent to cover medical care for injuries sustained on the job and provide accident (tort claim) protection for on-site injury, and

14. An assurance clause stating that the employer will not displace any currently employed worker or position with an OJT participant, or use OJT participants to fill established, vacant employment positions (1) when any other individual is on lay-off from the same or any equivalent job, or (2) the employer has terminated the employment of any regular employee, or (3) has otherwise caused an involuntary reduction of its workforce in order to fill the vacancy created with an individual receiving IMPACT services after the employer has made a demonstrated effort to fill the position. If the position is covered by a union agreement, a demonstrated effort to fill the position includes compliance with past practice procedures and all negotiated processes covered by applicable union agreements for filling vacancies. If the position is not covered by a union agreement, demonstrated effort shall include advertising the vacancy in the local newspaper or listing the vacancy with local Office of Workforce Development. An established worker’s non-overtime hours, wages, promotional opportunities, transfer rights or employment benefits may not be reduced or infringed upon. Individuals placed into an OJT training program may not impair existing contracts for services or collective bargaining agreements.

The length of training may not exceed 130 day/26 weeks. Contracts can be extended due to paid holidays, scheduled plant shutdowns, and sick leave; however, actual training time cannot exceed 10 days/26 weeks.

To determine the maximum number of days/weeks of training

for a specific occupation, the following steps must be followed:

1. The employer must provide a job description in writing;

2. The Dictionary of Occupation Titles (DOT) must be used to determine the skill level of the job description by matching the description with the occupational title and nine-digit code number assigned to that title. At the end of the definition under “Term Titles and Definitions”, the skill level known as the “Specific Vocational Preparation” (SVP) is listed after the definition. This code provides guidance on the length of training required to learn the job. The skill levels range from 1-9. The Dictionary of Occupation Titles can be obtained through JIST Works, Inc. The IMPACT Section of DFR must follow the State procurement procedures.

Transfer the SVP into training maximum days/weeks by following the formula below:

SPV Level Code	**Maximum Days/Weeks**
1 – 2	30 days/ 6 weeks
3	45 days/ 9 weeks
4	90 days/18 weeks
5 – 6	130 days/26 weeks

The number of weeks of training is determine b the actual training time for the job and the specific time required for a participant to learn each specific task.

Examples include a participant who:

(a) May have difficulties learning a job and may require additional weeks beyond the normal training time, or

(b) Exhibits knowledge of several tasks outlined in the training plan and may require fewer weeks than normally required to complete the training.

The maximum number of days/weeks for training should only be allowed when the employer states that the number of training days/weeks for the job will exceed the maximum

number of days/weeks allowed for the SVP level. To determine the actual number of days/weeks the following must be taken into account:

The number of days/weeks that the employer states it will take to train a person in the job;

The TANF participant's knowledge of several tasks outlined in the training plan;

The TANF participant's capability to perform the job, and;

The maximum number of days/weeks for the SPV level.

Payments to an employer for OJT shall not exceed an average of 50% of the wages paid by the employer to the participant during the period of such training. The average maximum percentage of wages to reimburse the employer depends on the skill level of the specific occupation. The IMPACT case manager may negotiate the contract for a lower reimbursement rate. Wage reimbursement for SVP levels may not exceed the following:

SPV Level Code	Maximum Reimbursement
1 – 2	25%
3	35%
4 – 5	50%

An employer may not be reimbursed for hours that the participant did not work such as paid holidays, vacations, sick leave, etc., or for hours that exceed 40 hours a week.

The employer will submit monthly:

1. A letter on company letterhead detailing the name, social security number of the participants, the total reimbursement for the OJT, the number of hours worked, total wages, the reimbursement rate and the wages being reimbursed for each participant.

2. The payroll record for each participant;

3. The attendance record for each participant, and

4. The appropriate State claim-voucher.

The employer must provide the participant a copy of the "Benefits and Grievance Procedures," specific rules and regulations by which the client is expected to abide, and a copy of the training program.

Within 90 days from the date that the participant begins the OJT, the employer must provide the participant affordable health insurance benefits not to exceed 5% of the gross wages, unless the community norm exceeds 5%.

Within 180 days from the beginning of the contract, the participant must receive at least $6.25 an hour for SVP levels 1-2; $6.75 an hour for SVP level 3; and $7.50 an hour for SVP levels 4-6.

Wages paid to a participant in an OJT will be considered earned income.

If a participant becomes ineligible for TANF benefits, the individual will remain an IMPACT participant for the duration of the OJT contract and will be eligible for all appropriate IMPACT supportive services, if needed. The employer remains eligible for reimbursement of the training cost for the duration of the original OJT contract.

No SNAP IMPACT funding (including supportive services) can be utilized. If non-IMPACT funding is available, the service provider may locate and write a contract with an employer for a specific job. The contract must contain at a minimum the:

Job duties;

Wages to be paid, (at least federal minimum wage);

Hours to be worked;

Length of the training, and

Non-displacement language (See *Section 2540.10.00).*

The length of the contract may last from one (1) to six (6) months.

Counting OJT participation hours: The number of actual

participation hours is determined by written documentation from the employer through pay stubs or other employer-produced documents substantiating the hours worked and are to be recorded in the appropriate automated systems.

2545.00.00 NON-COMPLIANCE DEFINITION (C, I)

The following actions constitute failure to comply with Cash Assistance provisions administered through the IMPACT Program for TANF Assistance, and will require *good cause* determination:

- Failure to attend a scheduled Orientation/Assessment Interview;
- Failure to attend a scheduled Self-Sufficiency Plan development appointment;
- Failure to provide required documentation of participation in assigned IMPACT activities;
- Failure to participate 100% in any assigned IMPACT activity;
- Refusal or failure to attend a scheduled job interview;
- Refusal or failure to seek, accept, and maintain employment at 20 hours or more per week at minimum wage or higher;
- Refusal or failure to cooperate with any other service agency to which referred through the IMPACT Program.

2545.05.00 Non-Compliance with IMPACT Program Requirements (C, I)

For **ADCR and ADCU AGs,** non-compliance with IMPACT applies to the individual's failure to participate *without good cause* in activities scheduled by, or with, the IMPACT case manager, and included on the Self-Sufficiency Plan (SSP).

When TANF IMPACT mandatory individuals do not comply with IMPACT Program requirements:

1. A Notice of Non-Compliance with IMPACT Requirements is generated by the System when the failure date of the participant's non-compliance is entered in the SOR, and

2. The applicable minimum sanction period is initiated simultaneously. (See *Section 2545.15.05* for minimum sanction periods.)

The Notice of Non-Compliance gives the deadline for the participant's response which is thirteen (13) calendar days from the date the Notice is mailed. If the 13th day falls on a weekend day or holiday, the deadline is the first working day after the weekend or holiday. In addition, the Notice explains the participant's right to appeal the sanction timely, and the appeal process.

If the participant:

1. Responds *with good cause* by the deadline stated on the Notice, the sanction is to be deleted in the Eligibility System. The Case Manager should document the good cause and schedule the participant to develop a new Self-Sufficiency Plan (SSP) as soon as the circumstance(s) that resulted in the good cause no longer exists. (See *Section 2545.10.05* for the Levels of Authority for determining good cause.)

2. Responds *without good cause* by the deadline stated on the Notice and demonstrates compliance* *while serving the penalty period*, the minimum sanction period must be served. (Individuals who appeal their sanction timely and continue to receive TANF benefits remain eligible for IMPACT services.) ***See Compliance Requirements below.***

3. Fails to respond by the deadline stated on the Notice and *does not have good cause*, the individual must serve the minimum sanction period and demonstrate compliance, *whichever is later*, or

4. Fails to respond by the deadline stated on the Notice because of unusual or extraordinary circumstances, and *provides good cause* at a later date, the sanction is to be deleted in the Eligibility System.

IMPACT Compliance Requirements: Effective **November 1, 2011**, **"demonstrate compliance"** means that the sanctioned individual must:

1. **Re-apply for TANF Cash Assistance,**
2. **Be determined mandatory for IMPACT participation,**

3. **Complete Applicant Job Search (AJS) Orientation, and**
4. **Participate successfully in AJS activities for a minimum of twenty (20) days for at least four (4) hours each day within a sixty (60) day time frame.**

NOTE: **Individuals sanctioned prior to May 2011 (zero count sanction in the Eligibility System who are referred to AJS and demonstrate compliance by successfully completing AJS Orientation will have their sanction end-dated using the last day of the month of application**. However, the AJS requirement of twenty (20) days of participation must be completed before their TANF application can be approved as long as all eligibility requirements are met.

Excused absences and holiday hours may count toward the twenty (20) days of AJS participation when a sanctioned individual is demonstrating compliance.

AJS participants are *not* to be assigned to Community Service or Community Work Experience Program (CWEP) activities.

At re-application, if the sanctioned individual is determined mandatory for IMPACT participation and is serving, or has served, the minimum penalty period and completes the AJS requirements, the sanction will be end-dated using the date of the last day of the month of application, or the end of the minimum sanction period, *whichever is later.*

NOTE: Sanctioned individuals should not re-apply for TANF benefits prior to the last month of the minimum sanction period. The eligibility worker may not change sanction code 34 to code 05 in the Eligibility System until the last month of the penalty period.

2545.05.05 Case Manager Responsibilities for Non-Compliance (C, I)

In addition to the initial Assessment and the development of the Self-Sufficiency Plan (SSP) with each TANF applicant and recipient, the IMPACT case manager is responsible for:

Ensuring that the applicant’s AJS status is accurately displayed in the Eligibility System as ‘N’ for non-compliance with AJS.

Refer to *Section 2510.00.00,* Applicant Services, for policy regarding a TANF applicant's non-compliance with AJS requirements.

The IMPACT case manager must also determine Level I good cause when a TANF recipient fails to comply with an assigned IMPACT activity. (See *Section 2545.10.05* for Levels of Authority for determining good cause.)

2545.10.00 IMPACT GOOD CAUSE DETERMINATION (C, I)

The policy stated in this section applies only to ADCR and ADCU Assistance Groups (AGs).

A determination that good cause exists for non-compliance with IMPACT Program requirements shall be made in accordance with the process described in *Section 2545.10.05.*

I. For occurrences of non-compliance with the Self-Sufficiency Plan (SSP) which are not related to Voluntary Quit or Reduction of Hours/Earnings, good cause reasons are limited to the following:

   1. The required actions were beyond the capability of the participant to perform, or the circumstances were beyond the individual's ability to control. Examples of such circumstances would be:

      a. Child care for a child under age six (6) which is necessary for the individual to participate or continue to participate in the IMPACT Program, or to accept and/or maintain employment, is not available;

      b. A breakdown in transportation arrangements with no ready access to alternative transportation;

      c. Illness or hospitalization of the participant verified by a licensed medical professional;

      d. The individual was a victim of domestic violence;

e. A family crisis, or

f. Other unusual circumstances alleged by the participant.

2. The agency failed to provide the individual with the services needed to perform the required actions.

II. For occurrences of non-compliance with the requirements of the SSP related to voluntarily quitting employment (Voluntary Quit), good cause reasons include:

1. A substantiated incident of discrimination by any employer based on age, race, sex, color, handicap, religious beliefs, national origin, political beliefs, or marital status;

2. Work demands or conditions that render continued employment financially unacceptable, such as working without being paid on schedule;

3. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm labor or construction work;

4. The individual quit, with the approval of the IMPACT case manager, to accept a bona fide job offer that resulted in increased earnings and/or benefits;

5. The individual was unable to obtain or maintain necessary care for a minor child residing in the home, or

6. The employment site violated applicable state or federal health and safety standards.

III. For occurrences of non-compliance with the requirements of the SSP by voluntarily reducing earnings (Reduction of Hours/Earnings), good cause exists if:

1. The reduction was due to the inability to obtain or maintain necessary care for a dependent minor

child residing in the home.

2545.10.05 IMPACT Good Cause Determination Process - Levels of Authority (C, I)

The Levels of Authority cited below for determining good cause for non-compliance with IMPACT Program requirements have been established in order to minimize the occurrence of situations that may require a good cause determination.

A determination that good cause exists for failing to cooperate with IMPACT Program requirements is limited to the following two (2) reasons:

1. The required actions were beyond the capability of the individual to perform, or the circumstances were beyond the individual's ability to control.

2. The agency failed to provide the services needed for the individual to perform the required actions.

Actions of non-compliance requiring a good cause determination include, but are not limited to, the following:*

1. Refusal or failure to comply with any IMPACT Program requirements.
2. Refusal to accept employment.
3. Termination of employment.
4. Reduction of employment hours.

See**Section 2545.10.00* for a complete list of good cause reasons.

Levels of Authority for Determining Good Cause for Non-Compliance:

I. Case Manager (CM): IMPACT case managers have authority to grant a first request for good cause for the following reasons:

1. Lack of child care for a child under age 6,

2. A breakdown in transportation arrangements with no ready access to alternative transportation, and

3. Actions of non-compliance resulting in refusal or failure to comply with IMPACT Program requirements referenced in *Section 2545.00.00.*

The IMPACT CM must document efforts to eliminate barriers to participation, especially child care and/or transportation barriers that may have been addressed in the SSP, or may not have been a barrier prior to the first occurrence.

NOTE: The CM should seek supervisory assistance for determining good cause for non-compliance in situations involving unusual or extenuating circumstances.

II. Supervisory:

The Supervisor shall have authority to grant a second request for good cause reasons stated under the Case Manager Level I, and a first request for the following reasons:

1. Refusal to accept employment.
2. Termination of employment.
3. Reduction of employment hours.
4. Unsafe employment situations.
5. Illness or hospitalization of the participant verified by a licensed medical professional.

III. Administrative:

Authority to grant a third request for good cause for reasons listed under the Case Manager Level I, a second or third request for the reasons listed under the Supervisory Level II, and a first, second or third request for the following reasons:

1. Domestic violence.
2. Family crisis, and/or
3. Other circumstances alleged by the participant to be beyond their ability to control.

The IMPACT case manager should be informed of the good cause determination decision within two (2) working days of receipt of the request for good cause consideration.

2545.15.00 SANCTION FOR IMPACT NON-COMPLIANCE (C, I)

The policy stated in this section applies only to ADCR and ADCU Assistance Groups (AGs).

It is the responsibility of the IMPACT case manager to ensure that non-compliance information is reflected in the System of Record (SOR).

> **NOTE: In an ADCU AG, both parents are required to comply with IMPACT Program requirements. A third sanction by either individual can lead to a lifetime disqualification from the TANF Program for the entire AG, and any subsequent AG in which the sanctioned individual is either the case head or a member.**

2545.15.05 IMPACT Sanctions (C, I)

The policy stated in this sub-section affects only the IMPACT mandatory ADCR and ADCU Assistance Groups (AGs).

IMPACT participants will have their AG closed if they fail or refuse, without good cause, to:

- Attend a scheduled Orientation Workshop;
- Complete a Self-Sufficiency Plan Assessment Interview and cooperate in developing a Self-Sufficiency Plan (SSP);
- Comply with the participation requirements set forth in the SSP (f115a), or
- Comply with IMPACT requirements.

Non-cooperating individuals may also lose their individual Medicaid eligibility coverage until the non-compliant behavior ceases.

Failure to cooperate with IMPACT requirements will result in a Notice of Non-Compliance with IMPACT Requirements, and the initiation of a Full Family Sanction on the same day. The only exception would be if the participant has requested a Voluntary Withdrawal (VW) *before* the Notice of

Non-Compliance is generated.*

The Notice also gives the date of the thirteen (13) day deadline for the participant's response, and explains the individual's right to appeal the sanction timely, and the appeal process. (See *Section 2545.05.00* on Non-Compliance with IMPACT Program Requirements.)

> ***A sanction may not be initiated if a participant requests a voluntary withdrawal (VW) from TANF prior to the individual's "non-compliance." The VW takes precedence and may be verbal or written. All staff should assist the individual in the VW process and ensure that the request is recorded in the SOR. (See *Section 2250.00.00,* VOLUNTARY WITHDRAWAL FROM ASSISTANCE.)**

IMPACT Sanction Periods: As of November 1, 2011, the following new changes to the minimum sanction periods for the First and Second Occurrences will apply to non-compliant TANF IMPACT participants who do not have good cause. (See *Section 2545.10.00* for IMPACT good cause reasons):

First occurrence:

Loss of TANF Cash Assistance (CA) and eligibility for supportive services for the entire AG* for a minimum of one (1) month, or until the sanctioned individual demonstrates compliance, whichever is later. (*See *Section 2505.05.00* for Full Family Sanction and *Section 2545.05.00* for compliance requirements.)

Second occurrence:

Loss of TANF Cash Assistance and eligibility for supportive services for the entire AG for a minimum of three (3) months, or until the sanctioned individual demonstrates compliance, whichever is later. (See *Section 2545.05.00* for compliance requirements.)

Third occurrence:

Lifetime disqualification from the TANF Program for the entire Assistance Group, and any subsequent AG in which the sanctioned individual(s) is either the case head or a member.

ADCU AGs: While each parent is allowed the first two (2) sanction occurrences, the first parent to incur the third sanction will initiate a lifetime disqualification from the TANF Program for the entire Assistance Group, regardless of whether the other parent has ever been sanctioned.

IMPACT staff are reminded that individuals who demonstrate compliance while serving a sanction, and continue to receive benefits following a timely appeal, remain eligible for IMPACT services.

The Notice of Non-Compliance with IMPACT Requirements also provides the individual with the opportunity to show good cause for the non-compliance. (See *Section 2545.10.00* for Good Cause Determination.)

1. If good cause for the non-compliance exists, the sanction will be deleted in the Eligibility System. The client should be re-engaged immediately when the good cause reason is no longer applicable.

2. If good cause for the non-compliance does not exist, the minimum penalty period must be served:

   (a) If the individual re-applies and demonstrates compliance by completing Applicant Job Search (AJS) Orientation and twenty (20) days of AJS activities for a minimum of four (4) hours each day while serving the minimum penalty period, the sanction will be end-dated in the Eligibility System using the date of the last day of the minimum sanction period, or the last day of the month of re-application, whichever is later.

   (b) If the individual re-applies after serving the minimum penalty period, and demonstrates compliance by completing all AJS requirements, the sanction will be end-dated using the date of the last day of the month of re-application. If the individual does not complete all AJS requirements, his/her application will be denied.

The individual should not re-apply for TANF prior to the

last month of minimum penalty period.

Effective November 1, 2011, when a sanctioned individual re-applies for TANF and is determined mandatory for IMPACT participation, the individual will be required to attend Applicant Job Search Orientation and to participate for twenty (20) days in assigned AJS activities for a minimum of four (4) hours each day within a sixty (60)day time frame. Once the individual re-applies, serves the minimum penalty period, and successfully completes all Applicant Job Search requirements, the individual will be in compliance with IMPACT requirements. *(*See *Section 2545.05.00* for compliance requirements for individuals sanctioned prior to May 2011 with a zero sanction count.)

NOTE: Excused absences and holiday hours are countable toward the twenty (20) day AJS participation requirement to regain TANF benefits.

Exemptions during the sanction period:

1. If a sanctioned individual becomes exempt while serving the minimum sanction period, the individual must continue to serve the minimum penalty period. If the exemption still exists at the end of the penalty period and the individual re-applies for TANF, the individual will be exempt from IMPACT participation until the exemption reason no longer exists, and will not be required to demonstrate compliance with IMPACT requirements in order to regain TANF benefits. The sanction should be end-dated in the Eligibility System using the date of the last day of the minimum sanction period.

2. If a sanctioned individual becomes exempt while serving the minimum sanction period and the exemption expires before the end of the minimum sanction period, the individual must serve the minimum sanction period. If the individual re-applies and is determined exempt from IMPACT participation, the individual will not be required to demonstrate compliance with IMPACT requirements in order to receive TANF benefits. The sanction should be end-dated in the Eligibility System using the date of the last day of the month of application.

3. If a sanctioned individual becomes exempt while

serving the minimum sanction period and the exemption expires before the end of the sanction period, the individual must serve the minimum sanction period. If the individual re-applies and is determined mandatory for IMPACT participation, the individual must also demonstrate compliance with IMPACT requirements by completing Applicant Job Search Orientation and successfully participating for twenty (20) days in assigned AJS activities for a minimum of four (4) hours each day within a sixty (60) day time frame.

2545.20.00 NON-COMPLIANCE OF SNAP ONLY RECIPIENTS (S, I)

SNAP IMPACT volunteers who fail to comply with their SNAP IMPACT requirements will be removed from the IMPACT Program without loss of benefits or the imposition of a sanction. Their supportive services will also be terminated.

ABAWDs who have used their three (3) months of SNAP eligibility without fulfilling their work requirements will be determined ineligible for SNAP benefits. If the ABAWD is the only member of the Assistance Group (AG), the individual's failure to fulfill work requirements will result in the loss of SNAP benefits and supportive services, and the individual's case will be closed. If the AG is comprised of more than one member, the case will remain open and the individual's income, resources, and expenses will continue to be included in the SNAP budget. *(*Refer to *Section 2438.17.10* for ABAWD Work Requirements.)

2550.00.00 IMPACT SUPPORTIVE SERVICES (S, C, I)

Supportive services are provided to "support" the individual while participating in IMPACT activities, including employment.

The needs of participants are to be discussed with IMPACT staff and supportive services arranged when the Self-Sufficiency Plan is being developed. *(*See *Section 2510.00.00* for supportive services for applicants.) Supportive services are provided to help remove barriers that are preventing the individual from moving toward self-sufficiency.

Initial determination for supportive services is based on an Assessment of the client's need for such services in order to participate in the IMPACT Program activities.

However, because supportive services are not entitlements, they should be provided only when the participant has no other resources for obtaining them.

The Self-Sufficiency Plan (SSP) must include the type of supportive services to be provided to the participant and the dates they will be provided.

Supportive services may be provided by:

1. Giving the client “pre-paid” bus tickets or a gas card, and

2. Reimbursing vendors for the costs of services rendered (including child care).

Subsequent authorization of supportive services is to be based on satisfactory participation in approved program activities and continued need.

Supportive services should not become a support upon which the participant comes to depend, thus making self-sufficiency harder to attain. Therefore, when supportive services are being facilitated, the IMPACT case manager should discuss the requirement for the participant to begin to meet these needs independently.

Verification of attendance and program compliance is necessary at least monthly for reauthorization of supportive services. If a TANF participant finds it difficult to attend scheduled activities, a re-evaluation of the individual’s exemption status, good cause, or SSP may be warranted. It will also be necessary to re-evaluate the SSP of a SNAP IMPACT volunteer who is not attending scheduled activities prior to removing the individual from IMPACT for non-compliance.

Supportive services are to be terminated if attendance at IMPACT activities and compliance with the SSP cannot be verified.

If attendance forms are not received from TANF participants on the due date, IMPACT staff will:

Request a Notice of Non-Compliance with IMPACT Requirements within two (2) working days of receiving information that the participant is non-compliant, and

Request the initiation of the appropriate minimum sanction period on the same day.

If a non-compliant TANF participant fails to:

(a) Provide good cause, and/or
(b) Submit the required attendance form(s)

By the due date, supportive services are to be discontinued no later than the last day of the month in which the individual was eligible for TANF benefits.

TANF individuals who demonstrate compliance while serving a sanction, and continue to receive benefits following a timely appeal of the sanction, remain eligible for IMPACT supportive services.

However, TANF individuals who remain non-compliant will continue to be ineligible for supportive services.

For **SNAP IMPACT** volunteers, non-compliance will result in their removal from the IMPACT program and the simultaneous termination of supportive services without loss of benefits, or the imposition of a penalty.

ABAWDs who have exhausted their three (3) months of SNAP eligibility without fulfilling their work requirements will lose their eligibility for supportive services in addition to their SNAP benefits.

2550.05.00 ESTABLISHING VENDORS FOR IMPACT SUPPORTIVE SERVICES (S, C, I)

The IMPACT Office is responsible for establishing a relationship with vendors to provide supportive services such as interview clothing and uniforms (CA), bus passes and tokens (BU), vehicle repairs (VE), gas cards (GC), and HSE testing (HE).

2550.10.00 PROCESSING SUPPORTIVE SERVICES (S, C, I)

The IMPACT case manager will facilitate the provision of supportive services and the appropriate supervisory staff will review and approve the services to ensure compliance with supportive services guidelines.

2550.10.05 Correcting Discrepancies in Authorized

Services (S, C, I)

When there is a discrepancy between the authorized services and the services received, the situation must be brought to the attention of the IMPACT case manager and supervisory staff and resolved with the vendor and/or participant. Participants who purchase unauthorized items could be asked to return items, or arrange to purchase them with their own funds.

Payment should not be withheld from vendors who have allowed the purchase of unauthorized items or services; instead, a discussion should take place with the vendor to emphasize the importance of providing only those services and items that are allowed and approved. If a vendor persists in providing unauthorized services or allowing unauthorized items to be purchased, the relationship should be terminated.

2550.10.10 Avoiding Supportive Services Payment Errors (S, C, I)

All authorizations for supportive services for IMPACT participants must follow the guidelines and dollar limits listed in *Sections 2550.20.05, 2550.20.10, 2550.20.10.05 and 2550.20.15.* In the dollar maximum statement for each category of supportive services, “per a 12 month period” is defined as 12 months from the initial expenditure under each category. A subsequent 12 month period for a category begins when a new expenditure occurs, not immediately after the first 12 month period ends (also called a “rolling” 12 month period).

2550.20.00 TANF AND SNAP IMPACT SUPPORTIVE SERVICES LIMITS (S, C, I)

The limits designated for each category of service described below are the same for both the TANF and SNAP programs unless otherwise noted.

TANF recipients who receive TANF and SNAP benefits concurrently are not eligible for the supportive service limits in each category under both programs. For example, TANF supportive services will take precedence over SNAP unless the TANF portion of the case closes and the individual volunteers for IMPACT.

For SNAP only recipients and ABAWDs, the Federal Food and

Nutrition Service (FNS), supports the use of Federal SNAP Employment and Training (E&T) funds to provide training and educational activities to assist SNAP IMPACT participants in becoming employed.

In addition, SNAP volunteers and ABAWDs who obtain employment while participating in IMPACT may now receive clothing and transportation assistance, if needed, up to a maximum of 90 days from the begin date of their employment unless they lose eligibility for IMPACT services because of:

1. Case closure, or

2. Removal from IMPACT, whichever comes first.

Both TANF and SNAP participants are subject to a rolling 12 month period for each category of assistance.

In addition, SNAP participants are also limited to a combined monthly total of $100 for supportive services (excluding Dependent Care).

Costs exceeding the SNAP monthly $100 combined limit are not to be prorated or projected into future months.

The total dollar amounts received by the participant in each category for a rolling 12 month period are recorded in the System of Record and reflect supportive services paid under both programs.

2550.20.05 SNAP Only Recipients (S, I)

SNAP only recipients who volunteer for IMPACT, and ABAWDs, are eligible for IMPACT supportive services in the following categories and amounts up to the monthly maximum of $100 for all services combined:

1. Clothing (CA): Up to a maximum of $300 per 12 month period not to exceed $100 per month for dress clothing, uniforms, and shoes, if needed, to attend a job interview, begin and maintain employment up to a maximum of 90 days (per *Section 2550.20.00*), or participate in an assigned IMPACT activity requiring specific attire such as uniforms, scrubs, or steel-toed boots. Accessories such as belts, gloves,

undergarments, hosiery, cosmetics, jewelry and other employment related expenses are not allowable.

2. Transportation services (BU, GC) may be authorized if needed to help the client find employment or participate in an assigned IMPACT activity as long as the site is not within one mile of the client's home. Participants are expected to utilize the most cost effective mode of transportation, especially in urban areas where public transportation is readily available.

   (a) Public transportation (BU) may be provided up to the $100 maximum per month.

   (b) Private transportation (GC) services provided by the client, friends or relatives, and paid with a gas card (GC) may be authorized up to a maximum monthly amount of $100 when it is more cost effective than public transportation. Mileage must be documented per *Section 2550.20.15* below.

3. High School Equivalency (HSE) Diploma (HE) is a one-time only (lifetime) payment up to a maximum of $90 for a participant to take the HSE test regardless of whether the individual passes or fails the test. The individual must provide justification that the individual is prepared to take the test before payment can be approved.

2550.20.10 TANF IMPACT Mandatory Participants (C, I)

TANF IMPACT mandatory participants are eligible for supportive services in the following categories and amounts:

1. Clothing (CA): Up to $300 per 12 month period per participant (no monthly maximum) for dress clothing, uniforms and shoes if needed to attend a job interview or begin employment, or to participate in an assigned IMPACT activity (other than employment)requiring specific attire such as uniforms, scrubs, or steel-toed boots. Accessories such as belts, gloves, under garments, hosiery, cosmetics and jewelry and other employment related expenses are not allowable.

2. Transportation services (BU, GC) may be authorized if needed to help the client obtain and maintain

employment, or to participate in an assigned IMPACT activity when the employment or activity site is not within one mile of the client's home. Participants are expected to utilize the most cost effective mode of transportation, especially in urban areas where public transportation is readily available.

(a) Public transportation (BU) may be provided up to a $200 maximum per month.

(b) Private transportation (GC) services provided by the client, friends or relatives, and paid with a gas card (GC) may be authorized up to a $200 maximum per month when it is more cost effective than public transportation. Mileage must be documented per *Section 2550.20.15* below.

3. Vehicle Repair (VE) may be authorized up to $750 per 12 month period per participant only when the vehicle is:

(a) Owned or co-owned by the participant, participant's spouse, or participant's parent if the client is under age 21;

(b) Licensed with a current plate and registration;

(c) Insured (name of insurer, policy number and expiration date must be provided);

(d) The repair(s) is necessary to make the vehicle operable in order to have transportation to begin or maintain employment, or to participate in assigned IMPACT activities, and

(e) Public transportation is not available or accessible.

4. High School Equivalency (HSE) Test (HE) is a one-time only (lifetime) payment up to a maximum of $90 for a recipient to take the HSE test regardless of whether the individual passes or fails the test. The individual must provide justification that the individual is prepared to take the test before the payment can be approved.

2550.20.10.05 Vehicle Repair Estimates (C, I)

Two (2) free estimates are required for vehicle repair(s). The repair for which the estimate is being requested must be clearly stated. Minimal repairs are to be authorized only for the condition(s) that will make the vehicle operable. All estimates must be pre-approved. A repair cannot be approved if the cost exceeds the maximum amount “allowable” or still “available” to the client during the rolling 12 month cycle.

The vendor must also indicate on the VEHICLE REPAIR ESTIMATE Form (SF 50755) whether the vehicle is worth repairing based on its age, mileage and overall condition. Note that the vendor’s estimate of worth does NOT preclude further evaluation by IMPACT staff regarding the value of the car relative to the estimated cost of the repair and if the repair is appropriate.

Occasionally, the estimated costs of the repair(s) exceed the maximum amount available. In these instances, the client must sign a written agreement with the vendor stating how the balance due is to be paid *prior* to IMPACT pre-approval of the repair(s).

> For example, if the repair is estimated to cost $150 and $650 has already been expended during the current 12 month cycle, the IMPACT Office may agree to pay the first $100 providing the client submits a written agreement containing the arrangement with the vendor for payment of the $50 that exceeds the maximum amount available.

If the client fails to pay the balance either before or after the service is completed, the vendor may decide to hold the car until the excess cost is paid, or other payment arrangements are made.

> Do not approve $750 worth of repairs that include maintenance services unless that service is integral to the repair; for example, replacing or repairing a radiator would most likely require replacing the fluid. Do not authorize the client to pay out-of-pocket any amount above $750 for vehicle maintenance services.

All repairs require prior approval by IMPACT Office staff once verification of ownership, auto insurance, and two estimates containing a statement about the car’s worth have been received.

If the car needs to be towed in order to make the necessary repair(s) or to obtain a second estimate, the second estimate may be waived,* but this must be noted in the System of Record (SOR). The original estimate, the IMPACT approval notice authorizing the service signed and dated by the vendor, and the invoice are recorded in the appropriate automated system once the service has been completed.

***In some of the more remote or rural areas where there may be only one vendor available, the second estimate may be waived as long as the reason is documented in the SOR.**

If parts are purchased separately for installation by someone other than an authorized vehicle repair vendor, the person making the repair must document that the parts were installed in the approved vehicle. However, the practice of allowing an individual to make vehicle repairs is not recommended.

SERVICES COVERED:

Minimal vehicle repairs only (battery replacement, tire replacement including balancing, mufflers, brakes, etc.) at a cost of less than $750. Repairs must be necessary (not desirable) and limited to that service which will make the vehicle operable.

SERVICES NOT COVERED:

- Preventive maintenance services scheduled or otherwise (any fluid changes - oil, transmission, anti-freeze, brake, windshield wiper, etc.)
- Tune ups
- Alignments (even when new tires are purchased)
- Shocks, struts, motor mounts, catalytic converters, tie rods
- Body work, unless it is absolutely necessary for the safe operation of the vehicle and not covered by insurance
- Diagnostic fees
- Major transmission/engine repairs or replacements
- Insurance premiums
- License plates or driver’s licenses
- Vehicle down payments/purchases
- Car payments

2550.20.15 Private Transportation Expenses (S, C, I)

TANF and SNAP recipients who are provided with a gas card (GC) to cover travel expenses incurred in order to participate in assigned IMPACT activities must accurately document round trip mileage multiplied by the number of trips as soon as possible.

Round trip mileage calculations must be documented in CLSC and in the appropriate automated system at least once and must include the following addresses, if applicable:

(a) Client's home,
(b) Child care site,
(c) Location of the IMPACT activity, and the
(d) Employment site.

Odometer readings may be required as needed.

Fines for illegal acts such as parking and traffic violations, and driver's license suspension penalties are not to be paid under any category or circumstance.

2550.25.00 TANF IMPACT TRANSITIONAL SUPPORTIVE SERVICES (C, I)

A TANF IMPACT participant whose assistance group (AG) loses eligibility for TANF benefits due to the participant's employment are eligible to receive the following supportive services, if needed:

1. Transportation assistance for the initial 90 days after the AG loses eligibility for TANF with a maximum payment of $200 per month, not to exceed $600. See *Section 2550.20.00* for additional information.

2. Vehicle Repair if vehicle becomes in-operable during the initial 90 days after the AG loses eligibility for TANF benefits. Authorized repairs, regardless of client's eligibility, cannot exceed $750 per service year. See *Sections 2550.20.00 and 2550.20.10.05* for additional information.

2550.30.00 SUPPORTIVE SERVICES FOR INELIGIBLE PARTICIPANTS (S, C, I)

No payment for program activities or supportive services may be made for a month in which the participant is/was ineligible for TANF or SNAP benefits <u>except</u> for the

following:

> Participants whose 24-months of eligibility have expired, but the individual's TANF AG remains open, or
>
> Participant's TANF AG closes due to employment, but the individual is eligible for TANF IMPACT transitional supportive services as stated in *Section 2550.25.00.*

Clients who participated in Applicant Job Search (AJS) may be paid for the period in which they participated (per *Section 2500.10.00*), and former TANF IMPACT participants may be paid for the duration of their OJT contract.

2550.40.00 SNAP IMPACT DEPENDENT CARE (S, I)

Due to limited funding, SNAP Dependent Care (FSDC) is currently provided and paid for through the Child Care and Development Fund (CCDF) when child care is necessary for a SNAP only recipient to participate in the IMPACT Employment and Training (E&T) Program, or to begin and maintain employment *up to 90 days.*

When child care is provided through CCDF, payments to providers are based on the age of the child and market rates set for each county based on the type of care (licensed center, licensed home, ministry, and legally licensed exempt status).

SNAP recipients do not require a referral from their IMPACT case manager (CM) to apply for CCDF services; they self-report their SNAP benefits when they complete their application for child care. However, since service priority is given to TANF IMPACT mandatory individuals, SNAP only recipients may be placed on a waiting list and will be notified when slots/funds become available.

> NOTE: SNAP recipients who obtain employment prior to volunteering for the IMPACT Program are not eligible for any supportive services to assist them in maintaining employment, including FSDC or CCDF. They may be eligible for services to assist them to participate in an assigned IMPACT activity if no other resources are available.

2550.40.05 Choosing a Dependent Care Provider (S, I)

IMPACT staff should discuss the participant's dependent care needs and provide the individual with information on the available resources and what to look for in selecting a provider. The IMPACT case manager will ensure that the necessary child care is in place prior to requiring the individual to participate fully in the IMPACT Program.

Participants should be referred to the Child Care Bureau website http://www.in.gov/fssa/carefinder/3900.htm.

Participants are responsible for choosing a dependent care provider and should be made aware that the list of licensed child care centers and homes given to them is not an endorsement of the quality of the child care provided.

2550.45.00 CCDF CHILD CARE FOR TANF ELIGIBLE RECIPIENTS (C, I)

Priority child care assistance is available through the Child Care and Development Fund (CCDF) to support approved IMPACT activities of a parent or caretaker who receives TANF assistance. Child care assistance is provided through subcontractors or "Intake Agents" in different regions throughout the state. Payments are based on the age of the child and market rates set for each county based on type of care (licensed center, licensed home, ministry, and legally licensed exempt).

CCDF services are based on a hierarchy of service need applicable statewide.

Priority is given to families in which the parent or caretaker is TANF IMPACT mandatory.

If a family does not qualify for a priority category, they may be placed on a waiting list and will be notified when funds become available.

Parents who are TANF eligible and exempt from IMPACT participation, but in need of child care assistance, may volunteer for IMPACT. These parents must be made aware that once they volunteer for IMPACT and their child care barrier is removed, their status will not change back to "exempt" unless a new barrier or exemption reason applies.

Minor parents who wish to attend high school and whose TANF grant is in their parent's name, may also volunteer for IMPACT. Changing their status to 02 in the Eligibility

System will make them mandatory and eligible for CCDF services. They also need to know how this status change will affect their 24-month clock. For CCDF purposes, the TANF/IMPACT case must be in the minor parent's name, not her mother or father's.

Parents or caretaker relatives who do not qualify for a priority category should still be encouraged to apply and add their names to the waiting list. The number of slots available may vary from year to year.

A non-TANF family seeking CCDF assistance must provide its own verification of service need and household income instead of the IMPACT staff.

A TANF IMPACT mandatory recipient who is in an approved IMPACT activity or employed, must be in an active (not pending) status in the Eligibility System. They must also meet the CCDF "initial" income eligibility standard of 127% (or below) of the Federal Poverty Level (FPL).

Priority child care services may also be available for a TANF applicant participating in AJS. (See *Section 2510.00.00.)* If child care is needed, the IMPACT case manager will make a referral to the CCDF Intake Agent.

Once child care is authorized, the family may continue to receive child care services until their next re-certification period [which may not be greater than fifteen (15) weeks for TANF recipients] with the CCDF Intake Agent.

The maximum income limit for a family already receiving CCDF vouchers is 170% of the FPL. If the family's income increases during the CCDF certification period, they may continue to receive vouchers until the Intake Agent recertifies them. (Do not confuse child care recertification with DFR's public assistance re-determination process.)

2550.45.05 Priority Child Care Referrals (C, I)

The IMPACT staff is responsible for completing the DFR/CCDF REFERRAL Form [SF 53132(R2/10-09)/BCC 0310] and sending it along with the required screens listed below from FSSA Outlook E-mail to the Intake Agent's State E-mail address. In instances in which a vendor no longer has a State E-mail address, IMPACT staff must type "$ecure" (replace the S with the dollar symbol) in the subject line of the message

to encrypt the message. (Due to security requirements, the REFERRAL Form is not to be FAXED or mailed to the Intake Agent.) The Intake Agent will treat the e-mailed name of the IMPACT case manager and address as the IMPACT staff's signature.

At least one (1) income screen and three (3) eligibility screens must be attached to the REFERRAL Form to help the CCDF Intake Agent verify the following:

- Earned income,
- Self-employment income,
- Unearned income,
- Eligibility period of Assistance Group (AG,)
- Household members, and the
- Client's IMPACT status

If one or more income screens are "not applicable," check the appropriate "N/A" box.

Referrals must be complete: If all boxes on the REFERRAL Form are not filled in, or checked with all applicable screens attached, the referral will be considered incomplete and the client will be denied services.

A CCDF subsidy for TANF recipients may be authorized for fifteen (15) weeks only. Upon authorization completion, or expiration of a referral, the Intake Agent should complete Section B of the REFERRAL Form and FAX it to the Service Center at 800-403-0864 to be attached to the case.

NOTE: See APPLICANT SERVICES, *Section 2510.00.00,* for CCDF policy regarding Applicant Job Search (AJS) referrals.

2550.45.10 General Comments Section of REFERRAL Form (C, I)

The "general comments" section should indicate whether the client requires more than the customary thirty (30) hours per week of child care.

2550.45.15 Reporting Changes to the Intake Agent (C, I)

After the initial referral, IMPACT staff is to notify the

Intake Agent of changes in activities, employment starts and stops, breaks in participation, and loss of TANF eligibility or Assistance Group (AG) closures via FSSA Outlook E-mail to the Intake Agent's State E-mail address. In instances in which a vendor no longer has a State E-mail address, IMPACT staff must type "$ecure" (replace the S with the dollar symbol) in the subject line of the message to encrypt the message.

However, changes such as an increase or decrease in income are NOT to be reported prior to the recertification appointment with the Intake Agent.

2550.50.00 TRANSITIONAL CHILD CARE (C, I)

TANF participants who are employed and "transitioning off TANF" may receive child care vouchers but, depending on the availability of funds, they may be placed on a waiting list.

For CCDF purposes, "transitioning off TANF" means that the client's TANF AG is active in the current month, but will be closed at the beginning of the upcoming month.

2599.00.00 FOOTNOTES FOR CHAPTER 2500

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2630.05.00 BENEFITS UNDER FEDERAL NUTRITION PROGRAM

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2630.05.25 SNAP BENEFITS/Commodities

2630.10.00 HUD ASSISTANCE

2630.15.00 RELOCATION ASSISTANCE ACT PAYMENTS

2630.20.00 HOME ENERGY ASSISTANCE PAYMENTS

2630.25.00 ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES

2630.30.00 COMPENSATION TO JAPANESE/ALEUTS

2630.35.00 GERMAN REPARATION PAYMENTS (S)

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2635.00.00 RESOURCE ELIGIBILITY DETERMINATION

2635.05.00 RESOURCES OF AG MEMBERS (S)

2635.05.05 Resource Eligibility Determination for Aliens

2635.05.10 Resource Deemed From Alien's Sponsor/Spouse

2635.05.15 Individual Sponsor Liability (C)

2635.05.20 Amount Deemed From Sponsor to Alien

2640.00.00 TRANSFERS OF PROPERTY (S)

2640.05.00 PROPERTY TRANSFERS AFFECTING ELIGIBILITY (S)

2640.05.05 Determining the Period for Disqualification (S)

2640.05.10 Transfers Not Affecting Eligibility (S)

2699.00.00 FOOTNOTES FOR CHAPTER 2600

2600.00.00 RESOURCES

This chapter presents requirements for determining eligibility based on resources. The chapter contains the following main sections:

Principles of Resources (Section 2605);

Resource Limits (Section 2610);

Types and Value of Personal Property Resources (Section 2615);

Types and Value of Real Property Resources (Section 2620);

Plan for Achieving Self-Support (Section 2625);

Resources Exempted Under Federal Law (Section 2630);

Resource Eligibility Determination (Section 2635);

Transfer of Property (Section 2640); and

Footnotes for Chapter 2600 (Section 2699)

2605.00.00 PRINCIPLES OF RESOURCES

The resources owned by specific individuals must be identified and evaluated according to the requirements of each program. A distinction between resources and income must always be made so that proper consideration is given to each. Section 2605 outlines principles which apply to the consideration of resources in the determination of eligibility for assistance.

All property not specifically exempted in the following sections are countable as a resource or, in the case of real property, may be required to be offered for sale or

rent, according to the requirements of the particular program.

2605.05.00 DEFINITION OF RESOURCES

Resources are real or personal property that is owned solely or jointly by an individual.

Real property is land, including buildings or immovable objects attached permanently to the land. Real property also includes life estates, remainder interests, and mineral rights. (Refer to Sections 2605.25.10 and 2620.00.00)

Personal property includes all property that is not real property. The eligibility system resource screens identify the following types of personal property as liquid resources:

- cash on hand (including balances on a pay card);
- checking accounts;
- savings accounts, including Christmas Club;
- savings certificates;
- trust funds;
- individual retirement accounts;
- Keogh plans;
- credit union accounts;
- prepaid funeral agreements;
- stocks;
- bonds;
- nursing home accounts.

2605.10.00 OWNERSHIP OF RESOURCES

The owner of a resource is any individual who has the ability to liquidate or dispose of the resource. A resource can be solely or jointly owned.

2605.10.05 Joint Ownership of Resources

Joint ownership of resources, consisting of real or personal property, exists when the right to liquidate or dispose of the property is shared by more than one individual. When the resource is jointly owned by a married couple, one half (1/2) of the resource is to be attributed to each spouse; otherwise, the percentage of ownership is to be assigned as described below.

When any type of account held in a financial institution is jointly owned, the caseworker is to presume that all of the funds belong to each owner. The individuals are to be advised of this presumption and given the opportunity to rebut it. If an applicant/recipient rebuts, he is responsible for providing proof of ownership of the funds, which includes a record of deposits and withdrawals from the account. Following a successful rebuttal, the funds must be separated and placed in separate accounts. Only the funds actually belonging to the applicant/recipient will then be counted as a resource to him. This procedure applies whether or not the joint owners are all applying for or receiving assistance. If the funds are not separated, the balance is counted in its entirety by each joint owner.

In addition to bank accounts, other real and personal property may be jointly owned. If an applicant/recipient owns real property or non-liquid personal property with another applicant/recipient of any assistance program the eligibility system ERRP is to be completed for each owner. Then proportionate shares of the property are to be assigned to the joint owners in the eligibility system. The percentage amount of the share owned by each individual is counted as a resource. Refer to Section 2605.10.10 regarding the availability determination for jointly-owned vehicles.

When a non-recipient is one of the joint owners of real or personal property, the availability of the applicant's/recipient's proportionate share must be determined. If the individual has the unrestricted right, authority or legal ability to liquidate or dispose of the property or his share of it, his proportionate share is available to him. If the joint owners do not have unrestricted rights to sell their interest in real property according to the title or other legal document, statements must be obtained from all joint owners to determine if they are all willing to sell the property. If all joint owners are willing to sell, then the property will be considered available.

2605.10.10 Joint Ownership of Vehicles

This section addresses the determination of "availability" of jointly owned vehicles. A jointly owned vehicle is considered an available resource to the Assistance Group (AG) when:

It is jointly owned with another, (one or more) applicant/recipient who may or may not be in the same AG, or living at the same address;

It is jointly owned with a non-recipient who lives with the AG and either owner has physical possession and/or use of the vehicle and the non-recipient owner agrees to sell the vehicle;

It is jointly owned with a non-recipient who does not reside with the AG but the AG has physical possession or use of the vehicle and the non-recipient owner agrees to sell the vehicle;

It is jointly owned with a non-recipient who does not live with the AG and the AG does not have physical possession or use of the vehicle but, the joint-owner is willing to sell the vehicle, thus enabling the client to obtain his share of the vehicle's value.

If the client cannot legally sell the vehicle or take action to remove his name from the title (for example a pending lawsuit prohibits this action) the vehicle will not be considered to be available even in the situations listed above. The client must provide proof that the vehicle is not legally available by presenting court or BMV documents.

Therefore, when a vehicle is found to be jointly owned with a non-recipient, the AG must be asked if the non-recipient is willing to sell the vehicle. If the non-recipient is not willing to sell, verification of the non-recipient's statement must be obtained. The recipient must cooperate in locating and obtaining verification from the non-recipient.

2605.15.00 AVAILABILITY OF RESOURCES

Resources are available if the owner has the unrestricted right, authority, or legal ability to liquidate or dispose of the property or his share of the property. Resources must be available in order to be counted in the eligibility determination. Refer to Section 2605.10.10 regarding the availability determination of jointly-owned vehicles.

2605.15.05 Insignificant Resources (S)

Resources are exempt if the AG is unable to sell the resources for any significant return because the AG's interest is relatively slight or because the cost of selling the AG's interest would be relatively great. This exclusion applies only to non-liquid resources such as; vehicles and real or personal property. It does not apply to liquid resources such as; stocks and bonds. An example of this exemption is real property which is worth little on the market or which would be very difficult to sell because of the location or condition of the property.

The insignificant return determination for real and personal property must be calculated off-line and the result entered in the 'INSIG RTN?' field on AERRP. If the sale of the real or personal property would result in an insignificant return the property will be exempt and its value will not be counted as a resource.

The insignificant return determination for vehicles is completed by the eligibility system based on the information entered. If the sale of a vehicle would result in an insignificant return, the vehicle will be exempt and its value will not be included. There is no limit to the number of vehicles that a household can have determined as insignificant resources. Therefore, all vehicles should be checked to determine if they meet the standards for insignificant resources. A jointly owned vehicle is determined to be an insignificant resource using the entire value of the vehicle instead of the proportionate value.

Significant return for real and personal property is considered to be a profit realized from the sale of at least $1500.

Significant return for vehicles is a profit from the sale after expenses are deducted, of at least $1,500.

Verification of a significant return is required to determine if a resource is exempt or countable. Verification of the Fair Market Value (FMV) and all expenses necessary to complete the sale must be obtained to calculate if a significant return is likely.

2605.20.00 RESOURCE ELIGIBILITY DATES

The specific time when a resource is evaluated for the eligibility determination depends on the program to which the determination applies and whether an application is being processed or a redetermination is being conducted, as explained in the following sections.

2605.20.05 Resource Eligibility Date (S)

For applicants, the resource eligibility determination is based on the available countable resources as of the date of the interview. ICES does not support this policy and uses the first day of the month to determine resource eligibility. Since it is rare for the resources to differ enough to cause the AG to be ineligible for the month of application due to this variance, a fiat must be done under this circumstance.

For open AGs, the projected value of resources for the first day of the recurring month is counted in determining resource eligibility. The projected value is based on the current value plus any new amounts which can reasonably be anticipated to be received and any subtractions that can reasonably be anticipated to occur, by the first of the month.

If the AG reports a resource change during the certification period which exceeds the allowable resource limit, the AG should be given an opportunity to update its entire resource statement. If it declines to do so or the resource value still exceeds the limit, the AG will be closed.

2605.20.10 Resource Eligibility Date (C)

The resource eligibility determination is based on resources owned as of the first day of a month. The first day of the month means the first moment of the first day. Therefore, a financial transaction occurring on the first day does not affect the first of the month resource amount.

For retroactive months, resources must be verified as of the first day of each retroactive month and the month of application. For the budget month, verification of the most current value of resources must be obtained. The value is then used to project resource eligibility for the following month.

2605.25.00 DETERMINING RESOURCE VALUE

The value of a resource must be determined in order to establish the amount that must be counted toward the resource limit. With a few exceptions, the amount of any resource to be counted is the equity value. Equity value is the current fair market value minus the total amount of liens against the property. [f4] The exceptions to this procedure are vehicles (Section 2605.25.05) and, in certain instances, real property (Section 2605.25.10).

2605.25.05 Vehicle Valuations

The fair market value of a vehicle is the lowest "wholesale" value as listed in publications written for the purpose of providing guidance to automobile dealers and loan companies. The National Automobile Dealers Association's (NADA) used car guide book or the Red Book published by National Market Reports, Inc. may be used. If these publications are not available, any publication which provides guidance to automobile dealers and loan companies may be used provided they have been updated within the last six months. If the applicant/recipient disputes the "book value" a written statement must be obtained from a licensed automobile dealer.

The AG should be asked to acquire verification of the value of antique, custom made, or classic vehicles, if the eligibility worker is unable to make an accurate appraisal.

If a vehicle is especially equipped with apparatus for the handicapped, the book value is to be assigned as if the vehicle were not so equipped.

If a vehicle is no longer listed in a book due to the age of the vehicle, the AG's estimate of the value of vehicle is to be accepted, unless there is reason to believe that the estimate is incorrect. A written statement must be obtained from a licensed automobile dealer.

Vehicle verification must include verification of the following:

ownership;
License status;
fair market value and
amount owed.

Eligibility workers must keep in mind that equity value will increase with each monthly loan payment. Also, the fair market value may decrease whenever the publication used to establish the value is published. For those recipients who are very close to the resource limit, the value of nonexempt vehicles may have to be verified monthly to ensure that the recipient does not have excess resources as of the first day of a month.

2605.25.10 Real Property Value

Fair market value is the reasonable price that real property can be expected to sell for on the open market in the particular geographic area involved. (Refer to 2605.05.00 for definition of real property and to 2620.00.00)

The fair market (FMV) value of real property can be obtained through tax records or from an estimate by a knowledgeable source. When tax records are used, the most recent property tax assessment must be obtained. The fair market value is the assessed value divided by the assessment ratio. The tax assessment cannot be used if:

- It is more than one year old;
- It is under appeal;
- It is based on a fixed rate per acre method; or
- The taxing authority does not provide an assessment ratio, or only provides a range, for example, between 50% and 75%.

If the eligibility worker questions an estimate from a knowledgeable source, one or more additional estimates are to be obtained and averaged in order to establish the fair market value.

If the lesser value is accepted, it must be entered on screen AERRP in the EQUITY field. Since ICES calculates the equity based on the worker entered FMV of property, the equity override (EO) field must be answered "Y" to enable the lesser equity to be entered and used by the system in the eligibility determination.

2605.25.10.05 Life Estate/Remainder Value

<u>Life Estate:</u> A life estate conveys to an individual certain rights in property for his lifetime. The owner of a life estate generally has the right of possession and use

of the property, as well as the right to obtain profits from the property and to sell his life estate interest.

Remainder Interest: When an individual conveys property to one person for life (life estate holder) and to a second person (the remainderman) upon the death of the life estate holder, both a life estate interest and a remainder interest are created in the property. A remainderman cannot sell his interest in the property while the life estate holder is alive unless otherwise specified in the deed. At the death of the life estate holder, the remainderman will hold full title.

The fair market value of a life estate or remainder interest is determined as follows:

Determine the fair market value of the property (Section 2605.25.10) in the usual manner;

Refer to the Life Estate and Remainder Interest Tables in Section 2605.25.10.10; and

using the individual's age as of his last birthday, multiply the figure in the Life Estate or Remainder Interest column for that age by the fair market value of the property to obtain the value of the life estate or remainder interest.

Advise the individual or person acting on his behalf of the presumed value of the life estate obtained from the table and provide that individual the opportunity to submit documentation of a lesser value. Such documentation will be acceptable only if it is provided by a knowledgeable source based on an evaluation of the specific life estate in question.

If the lesser value is accepted, it must be entered on screen AERRP in the EQUITY field. Since ICES calculates the equity based on the worker entered FMV of property, the equity override (EO) field must be answered "Y" to enable the lesser equity to be entered and used by the system in the eligibility determination.

2605.25.10.10 Life Estate/Remainder Tables

AGE	LIFE ESTATE	REMAINDER
0	.97188	.02812

1	.98988	.01012
2	.99017	.00983
3	.99008	.00992
4	.98981	.0l019
5	.98938	.0l062
6	.98884	.01116
7	.98822	.01178
8	.98748	.01252
9	.98663	.01337
10	.98565	.01435
11	.98453	.01547
12	.98329	.01671
13	.98198	.01802
14	.98066	.01934
15	.97937	.02063
16	.97815	.02185
17	.97700	.02300
18	.97590	.02410
19	.97480	.02520
20	.97365	.02635
21	.97245	.02755
22	.97120	.02880
23	.96986	.03014
24	.96841	.03159
25	.96678	.03322
26	.96495	.03505
27	.96290	.03710
28	.96062	.03938
29	.95813	.04187
30	.95543	.04457
31	.95254	.04746
32	.94942	.05058
33	.94608	.05392
34	.94250	.05750
35	.93868	.06132
36	.93460	.06540
37	.93026	.06974
38	.92567	.07433
39	.92083	.07917

40	.91571	.08429
41	.91030	.08970
42	.90457	.09543
43	.89855	.10145
44	.89221	.10779
45	.88558	.11442
46	.87863	.12137
47	.87137	.12863
48	.86374	.13626
49	.85578	.14422
50	.84743	.15257
51	.83674	.16126
52	.82969	.17031
53	.82028	.17972
54	.81054	.18946
55	.80046	.19954
56	.79006	.20994
57	.77931	.22069
58	.76822	.23178
59	.75675	.24325
60	.74491	.25509
61	.73267	.26733
62	.72002	.27998
63	.70696	.29304
64	.69352	.30648
65	.67970	.32030
66	.66551	.33449
67	.65098	.34902
68	.63610	.36390
69	.62086	.37914
70	.60522	.39478
71	.58914	.41086
72	.57261	.42739
73	.55571	.44429
74	.53862	.46138
75	.52149	.47851
76	.50441	.49559
77	.48742	.51258
78	.47049	.52951
79	.45357	.54643

80	.43659	.56341
81	.41967	.58033
82	.40295	.59705
83	.38642	.61358
84	.36998	.63002
85	.35359	.64641
86	.33764	.66236
87	.32262	.67738
88	.30859	.69141
89	.29526	.70474
90	.28221	.71779
91	.26955	.73045
92	.25771	.74229
93	.24692	.75308
94	.23728	.76272
95	.22887	.77113
96	.22181	.77819
97	.21550	.78450
98	.21000	.79000
99	.20486	.79514
100	.19975	.80025
101	.19532	.80468
102	.19054	.80946
103	.18437	.81563
104	.17856	.82144
105	.16962	.83038
106	.15488	.84512
107	.13409	.86591
108	.10068	.89932
109	.04545	.95455

2605.25.10.15 Mineral Rights Value

A mineral right is an ownership interest in certain natural resources such as coal, sulphur, petroleum, sand, natural gas, and others which are usually obtained from the ground. If the individual owns the land to which the mineral rights pertain, the fair market value of the land can be assumed to include the value of the mineral rights. If the individual does not own the land to which the mineral rights pertain, a fair market value must be obtained from a knowledgeable source such as:

The Bureau of Land Management;
The U. S. Geological Survey or
any mining company that holds leases.

2605.30.00 CONVERSION OF RESOURCES

Whenever a resource is sold or converted from one form to another, the proceeds remain a resource rather than income. Verification concerning the new resource must be obtained.

One exception is the on-going payments received from the sale of personal property. These payments are counted as income. Another exception is the on-going payments from land sales contracts [see Sections 2615.55.05 (S) and 2615.55.10 (C)]. These payments are counted as income.

2605.35.00 VERIFICATION OF RESOURCES

All verification of resources must be obtained from the source (for example, by the bank where the account is held) or through a source document. Verification of resources is required in all programs; however, the individual's signed statement as to the amount of cash on hand is sufficient. (Refer to Section 2615.05.00) When resources are jointly owned, the portion belonging to the individual must be identified and verified.

2605.40.00 MONITORING OF RESOURCES

Each applicant/recipient must be advised of the resource limits of the assistance programs and his responsibility to report any changes in his resource amounts which may affect his eligibility for assistance.

Resources are verified at each redetermination and must be monitored more frequently if changes are anticipated or resources are close to the limit. When payments are being made on real property or vehicles, the equity value may require monitoring as each payment will increase the property's equity.

Special emphasis must be placed on the need for the recipient to keep his resources within the program's limits in order for assistance to continue. Additionally, eligibility workers are responsible for monitoring resources between redeterminations.

In cases where resources are close to the resource limits, the eligibility worker should check resources frequently or on a monthly basis when necessary. Monthly monitoring of the value of resources would not be required for SNAP assistance groups that are subject to simplified reporting. Refer to Section 2215.05.00.

2610.00.00 RESOURCE LIMITS

The resource limit is the maximum value of nonexempt resources which the AG may retain without affecting eligibility. It is dependent on the composition and living arrangement of the AG and the specific rules that govern each program. An AG with countable resources in excess of the applicable resource limit is ineligible for benefits. Refer to Section 3005.00.00 for the specific resource limits.

2615.00.00 TYPES AND VALUE OF PERSONAL PROPERTY RESOURCES

This section describes the policy for determining the value of personal property resources. The different types of such resources and their consideration are discussed.

2615.05.00 CASH

Cash which is not part of a current month's income is counted as a resource. Cash includes money the individual owns, no matter where it is located. Cash on hand includes:

Amounts carried by the individual;
Amounts the individual has at home and
Amounts held for the individual elsewhere.

A signed statement from the individual owning the cash is sufficient verification.

2615.10.00 BANK AND OTHER ACCOUNTS

Bank accounts refer to funds in a bank, credit union, savings and loan association, or any other financial institution, which are usually payable on demand. Bank accounts may be solely or jointly owned. Joint ownership exists when the right to liquidate the account is shared by more than one individual.

This section provides information on:

Checking and savings accounts;
time deposits, including IRAs and Keogh Plans; and
guardianship accounts.

2615.10.05 Savings and Checking Accounts

It is assumed that all of the funds in a savings or checking account are owned by and available to the individual designated as owner in the account title.

If the account is jointly owned, it is to be presumed that all of the funds belong to each owner. The individuals are to be advised of this presumption and given the opportunity to rebut it. If an applicant/recipient rebuts, he is responsible for providing proof of ownership of the funds, which includes a record of deposits and withdrawals from the account. Following a successful rebuttal, the funds must be separated and placed in separate accounts. Only the funds actually belonging to the applicant/recipient will then be counted as a resource to him.

The resource value of savings and checking accounts is the balance in the account on the date on which eligibility is established, according to the requirements of the specific program. (Refer to Section 2605.20.00) However, when determining the balance of a checking account for resource eligibility purposes, any checks which have not cleared the bank as of the date on which eligibility is determined, are to be subtracted from the balance. The eligibility worker should also subtract any current month's income which has been deposited in the account before entering the amount in the eligibility system. This includes the "direct deposit" benefit check which is sometimes recorded by the bank at the end of one month instead of early in the next month, when it would normally be received. For example, a "direct deposit" RSDI (Social Security) check shown as a deposit on May 31, but which is truly the June check, will be considered as income for the month of June and will not become a resource until July.

The total value of all bank accounts must be verified at the time of application and at each redetermination. Bank accounts must be verified by documentation obtained directly from the financial institution. In addition to using a bank collateral form, monthly account statements can be utilized to verify bank account balances.

2615.10.05.05 Business Accounts (S)

When funds are in a bank account which has been properly identified as a business account, it is assumed that the funds are being used for the operation of the business and are not counted as a resource. If a business account is not clearly distinguishable from personal resources, such funds must be considered personal resources when determining resource eligibility.

2615.10.10 Time Deposits

Time deposits held by financial institutions may be solely or jointly owned. If a time deposit is solely owned, the availability of funds is the deciding factor in determining if the time deposit is a resource. A time deposit such as a savings certificate or certificate of deposit usually is available to the individual and is counted as a resource. Verification is to be obtained from the financial institution involved.

When a time deposit is jointly owned and available, the eligibility worker is to presume that all of the funds belong to each owner. The individuals are to be advised of this presumption and given the opportunity to rebut it. If an individual rebuts, he is responsible for providing proof of ownership of the funds, which includes a record of deposits and withdrawals from the time deposit account. Immediately following a successful rebuttal, the funds must be separated and placed in separate accounts. Only the funds actually belonging to the individual will then be counted as a resource to him. If funds are not separated, the balance is counted in its entirety by each joint owner.

Any interest penalties imposed for withdrawing the time deposit funds prior to maturity are deducted from the total amount when determining the value of the time deposit resource. Interest penalties may involve a reduction in the interest rate and/or loss of interest for a short period of time.

In rare instances time deposits cannot be withdrawn prior to maturity under any circumstances. Funds in this type of account are not included as an asset until they reach maturity and become available.

Verification of a time deposit certificate from the financial institution must include information on when the

funds can be withdrawn and any penalties for early withdrawal.

2615.10.15 Safety Deposit Box

The applicant/recipient must present to the eligibility worker a signed statement listing all of the contents of a safety deposit box. The contents must then be evaluated in terms of their countability as a resource.

2615.10.20 Commingled Funds (S)

Exempt resources that are kept in a separate account and not commingled in an account with other nonexempt funds shall remain exempt indefinitely.

Resources of students and persons who are self-employed that are exempt as mentioned in Section 2615.90.00 and is commingled in an account with other nonexempt funds shall remain exempt over the period they have been prorated as income.

All other exempt resources that are commingled in an account with other nonexempt funds shall remain exempt for six months from the date they are commingled. After the six months all funds in the commingled account must be counted as a resource.

2615.10.25 College Savings Accounts

College Savings Accounts, such as 529 College Savings Plans, are exempt as resources.

2615.10.30 Coverdell Educational Accounts

Coverdell Educational Accounts are exempt as resources.

2615.10.35 ABLE Accounts

ABLE (Achieving a Better Life Experience) accounts, tax-favored savings accounts established to provide secure funding for disability related expenses on behalf of designated beneficiaries deemed disabled before age 26, are exempt as resources

2615.15.00 RETIREMENT ACCOUNTS

Retirement accounts are financial plans for providing income when employment ends. They may be in the form of

Individual Retirement Accounts (IRAs), Keogh Plans, 401K Plans, pensions, annuities and work related plans. Also, some profit sharing plans may qualify as retirement accounts. Savings accounts, checking accounts and certificates of deposits held at banks or credit unions are not retirement accounts.

2615.15.05 Retirement Accounts (S)

Retirement accounts with tax-preferred status are exempt as resources for SNAP. The following types of retirement accounts are excluded from consideration as resources (as of Oct. 1, 2008):

IRS Code	Plan	What is it?
Section 401	Traditional Defined-Benefit Plan	Employer-based retirement plan that promises retirees a certain benefit upon retirement, regardless of investment performance.
Section 401(a)	Cash Balance Plan	Employer-based “hybrid” plan that combines features of defined benefit and defined contribution plans. Each employee is allocated a hypothetical account, but account balances accrue at a specified rate, rather than depending on investment performance.

Section 401(a)	Employee Stock Ownership Plan	Similar to a profit-sharing plan that must be primarily invested in the employer’s stock and under which distributed benefits must be offered in the form of the employer’s stock.
Section 401(a)	Keogh Plan	“Informal” term for retirement plans available to self-employed people.
Section 401(a)	Money Purchase Pension Plan	Employer-based defined contribution plan under which annual contributions are fixed by a set formula.
Section 401(a)	Profit-Sharing Plan	Employer-based defined contribution plan under which employer contributions may, but need not be, linked to profits. Usually refers to non-matching employer contributions.

Section 401(a)	Simple 401(k)	401(k)-type plans available only to small businesses: exempt from certain restrictions and subject to some limitations on employer contributions.
Section 401(a)	401(k)	Defined contribution plan that allows employees to defer receiving compensation in order to have the amount contributed to the plan. Commonly referred to as a “cash or deferred arrangement” (CODA). Some 401(k) plans allow after-tax Roth 401(k) contributions.
Section 403(a)	403(a)	Plans that are similar to 401(a) plans but Are funded through annuity insurance.
Section 403(b)	403(b)	Tax-sheltered annuity or custodial account plan offered by tax-exempt section 501(c) organizations or public schools.

		Many are funded by employee contributions that resemble 401(k)s.
Section 408	IRA	Vehicle for tax-deferred retirement savings controlled by individuals rather than employers.
Section 408(p)	Simple retirement account IRA	Employer-based IRA (to which employers and employees contribute) available only to small businesses.
Section 408(k)	Simplified Employee Pension Plan (SEP)	Employer-sponsored plan available only to small businesses; allows employer to contribute to employee accounts that function as IRAs and are subject mostly to IRA rules. Generally ceased to apply in 1996.
Section 408A	Roth IRA	Same as IRA, except that qualified distributions are tax exempt.
Section 457(b)	Eligible 457(b) Plan	Funded plan offered by state and local governments or unfunded plan offered by

		nonprofit organizations.
Section 501(c)	501(c)18 Plan	Plan offered mostly by unions. Had to be set by June 1959 and are now largely obsolete.
Section 8439 of Title 5 USC	Federal Thrift Savings Plan	Plan offered by the federal government to its employees.

Other retirement accounts (such as through a financial institution) should be evaluated for availability. Once the account is available for withdrawal, the account is considered as a resource unless otherwise exempt.

2615.15.10 Retirement Accounts (C)

A retirement account is an available resource to an individual if he has the option of withdrawing an amount for any reason, even though he is not yet eligible for periodic payments. However, a retirement account is **not** considered an available resource if an individual must terminate employment in order to obtain any payment.

The value of a retirement account is the amount that the individual can currently withdraw less any penalty for early withdrawal. Taxes due are not deducted from the retirement account's value. Verification is to be obtained from the administrator of the retirement plan.

Another type of retirement account is intended for self-employed individuals and is often referred to as a Keogh plan. Funds on deposit in Keogh Plans are counted as resources if the plan does not involve a contractual

obligation with anyone who is not an AG member. If the plan includes a contractual obligation with a non-AG member, the money may not be accessible to the AG member and, therefore, is an unavailable resource. The value is the total amount of the Keogh less any withdrawal penalty.

2615.20.00 BURIAL RELATED RESOURCES

Burial related resources include various methods for reserving funds for burial such as prepaid funeral agreements, funeral trusts, life insurance, and burial accounts on deposit in financial institutions. Each assistance program has specific requirements in regard to burial related resources.

2615.20.10 Funeral Planning Programs (S)

There are various methods by which an individual may reserve funds for burial, such as burial accounts, prepaid funeral agreements, funeral trusts, and life insurance. In evaluating any of these entities as resources, eligibility workers must carefully apply resource eligibility principles applicable to each program. In most situations, the determination of availability of funds reserved by any type of prepaid funeral arrangement will be based on whether the contract is revocable or irrevocable. However, a prepaid funeral agreement does not become irrevocable until 30 days after the contract is signed by the purchaser and seller, unless the 30-day period is waived as described below. (f6) During the 30 day waiting period the contract can be revoked, and a revocable contract is a countable resource except in the circumstances explained in Section 2615.20.10.05. If the funeral agreement was established on or after July 1, 1997 and includes a waiver of the 30-day waiting period or similar language making the trust immediately irrevocable, the funds in the trust are unavailable and exempt beginning on the date the agreement is signed. When necessary, the attorney for the Local Office should be consulted.

EXAMPLE:

Client signs a prepaid funeral agreement on 7/12. The contract is revocable for 30 days, so the value of the agreement is a countable resource for 8/1. The contract becomes irrevocable 30 days after signing, so the value is unavailable and, therefore, not a countable resource for 9/1.

When an irrevocable assignment of life insurance (an action which eliminates the owner's right to obtain the cash surrender value) is involved as a means of funding an irrevocable funeral trust, the eligibility worker must verify two dates:

The date of the assignment; and

The date the insurance company accepted the assignment.

The date of a legally executed irrevocable assignment of a life insurance policy which will fund a funeral trust is the date that the cash surrender value is considered to be unavailable, provided that the home office of the insurance company subsequently accepts the assignment.

2615.20.10.05 Prepaid Funeral Agreements (S)

The cash value of a prepaid funeral agreement with a funeral home is exempt as a resource, up to a maximum of $1500. One such exemption is allowable for each member of the AG. The amount of cash value exceeding $1500 must be counted as a resource.

However, any prepaid funeral agreement must be reviewed to verify not only its value, but its terms. A determination must be made as to whether the agreement is revocable or irrevocable. Per Indiana statute, a prepaid funeral agreement does not become irrevocable until 30 days after the contract is signed by the purchaser and seller. (f8) During the 30 day waiting period the contract can be revoked. The Local Office attorney may be consulted in the determination of revocable or irrevocable. The value of any type of prepaid funeral agreement is considered available to the individual if the contract is revocable; however, the $1500 exemption explained above is applicable.

Refer to Section 2615.20.15 for information regarding funeral trusts.

Funds set aside in a financial institution and designated for burial are counted as a resource to the individual.

2615.20.15 Funeral Trusts

A valid irrevocable Indiana funeral trust is an exempt resource regardless of the value of the trust.

Indiana's funeral trust statute is found at I.C. 30-2-10 et seq. and applies to funeral trusts established on or after July 1, 1982. I.C. 30-2-9 et seq. is applicable to funeral trusts established after June 30, 1978, but before July 1, 1982. The DFR must determine that an Indiana funeral trust is valid and irrevocable in accordance with the criteria specified in the applicable statute. The value of the trust must also be verified.

Interest earned on an irrevocable trust is also exempt if the interest accrues to the principal of the trust. Irrevocable funeral trusts may be reviewed by the DFR attorney if necessary.

A funeral trust established in a state other than Indiana must be evaluated in terms of that state's laws. Such a trust may or may not be irrevocable.

2615.20.20 Burial Plots (S)

A burial space that is purchased for the burial of an AG member is exempt. Only one burial space is allowed per AG member. (f10)

2615.20.20.05 Burial Plots (C)

A burial plot for each participating member of the AG is exempt. This includes a conventional gravesite, crypt, mausoleum, urn or any other type of repository. (f11)

2615.25.00 INSURANCE

Insurance policies owned by an individual may affect his eligibility and must be identified and evaluated. Some types of insurance that may be taken into consideration are:

Life Insurance;

Casualty Insurance; and

Indiana Long Term Care Insurance

Sections 2615.25.05.05 through 2615.25.15 discuss how these types of insurance are treated in the eligibility determinations for the different assistance programs.

2615.25.05 Life Insurance

The following definitions are pertinent in the consideration of life insurance as a resource:

The insured is the individual whose life is covered by the policy.

The beneficiary is the individual or entity named in the contract to receive the proceeds of the policy upon the death of the insured.

The owner is the individual who has all rights and privileges of the contract and has the absolute right to liquidate the policy, exercise policy loans, change beneficiary, elect settlement options, determine the manner in which dividends will be treated, or any other rights and privileges granted in the policy.

The face value is the amount stated as such on the face of the policy.

The cash surrender value (CSV) is the amount which the insurer will pay upon cancellation of the policy before death or maturity. This value usually increases as more premiums are paid toward the policy.

There are various types of life insurance. However, not all types of life insurance have cash value (for example, term insurance). Policies which have no cash value prior to payment of the death benefit are <u>not</u> counted in the resource determination.

The CSV of insurance is available to the owner unless assigned or in some other manner actually transferred on the records of the insurance company to the insured or another person. Therefore, insurance is to be considered a resource to the owner and not to the insured, if the

specific assistance program takes the CSV into consideration.

2615.25.05.05 Life Insurance (S)

The cash surrender value of life insurance policies is exempt. No verification is required. Once cashed, the amount obtained is a countable resource. (f13)

2615.25.05.10 Life Insurance (C)

The CSV of a life insurance policy is counted as a resource if the owner is the applicant/recipient or a person whose resources are deemed to the AG.

The owner of a life insurance policy may be indicated on the policy; however, verification of the CSV must be obtained from the insurance company. As this will usually take several weeks, the eligibility worker must be sure to follow up and, whenever possible, should enlist the assistance of the applicant/recipient and the local insurance office or agent. Awaiting verification of the cash surrender value is a valid extenuating circumstance for pending a case beyond the time standard. If there is no possibility that the CSV will cause excess resources (for example, the policy has been in force a short time and the person's other resources are minimal), the application can be approved prior to receipt of verification of the CSV. Efforts to obtain the CSV, however, must be continued.

The CSV must be verified at each redetermination. In cases where resources are close to the resource limits the eligibility worker should check resources frequently - at a minimum, on a monthly basis. It is recommended that, at the time of application, eligibility workers request that the insurance company verify future cash surrender values as well as the current CSV.

2615.25.10 Casualty Insurance (C)

The proceeds (including interest earned) of casualty insurance received as a result of damage, destruction, loss, or theft of <u>exempt</u> real or personal property are not to be counted as a resource if the applicant/recipient demonstrates that the proceeds are being used to repair or replace the property. (f15)

2615.30.00 HOUSEHOLD GOODS AND PERSONAL EFFECTS

Household goods and personal effects are exempt as resources. (f16) Household goods are items of personal property customarily found in the home and used in connection with the maintenance and occupancy of the home. They include (but are not limited to) furniture, appliances, kitchen utensils, linens, and television sets.

Personal effects are those items of personal property which are worn or carried by an individual. Some examples are clothing, jewelry, and hobby items.

2615.35.00 INCOME PRODUCING PERSONAL PROPERTY

Income producing personal property consists of items such as farm machinery, livestock, tools, equipment, a vehicle used in a business, business inventory, and furnishings and appliances included with a rental unit.

Such personal property may be solely or jointly owned. If an applicant/recipient jointly owns personal property with another applicant/recipient of any assistance group (AG), for any program, proportionate shares of the property are to be assigned to the joint owners and considered as a resource in accordance with the program requirements. (Refer to Section 2605.10.05)

When a non-recipient is one of the joint owners of real or personal property, the availability of the applicant's/recipient's proportionate share must be determined. If the applicant's/recipient's proportionate share is available to him, it is to be considered a resource as required by the specific assistance category, as discussed in the following sections.

2615.35.05 Income Producing Personal Property (S)

Work related equipment, such as the tools of a tradesman or the machinery of a farmer, which is essential to the employment or self-employment of an AG member, is exempt. (f17)

The equipment of a farmer remains exempt for one year after termination of the farm self-employment.

The entire value of any licensed vehicle such as, but not limited to, a taxi, tractor, or fishing boat, is excluded if one of the following apply:

The vehicle is used primarily (over 50% of the time the vehicle is used) for income producing purposes. Vehicles owned by farmers meeting this criterion remain exempt as a resource for one year from the date self-employment from farming is terminated.

The vehicle annually produces income consistent with its fair market value, even if used only on a seasonal basis; or

the vehicle is necessary for long distance travel, other than daily commuting, that is essential to the employment of an AG member; for example, the vehicle of a traveling salesperson or a migrant farm worker following the work stream.

The exemptions will also apply during temporary periods of unemployment when the vehicle is not in use; for example, if a taxi driver is ill or if a fishing boat is frozen in the harbor.

2615.35.10 Income Producing Personal Property (C)

The equity value of farm or business equipment is a countable resource.

2615.40.00 PERSONAL PROPERTY USED TO PRODUCE FOOD (C)

Personal property necessary for the production of food for home consumption is also exempt as a resource. (f19) This would include such things as garden equipment, farm implements, chickens, and livestock.

2615.45.00 STOCKS, BONDS, AND MUTUAL FUND SHARES

Stocks, mutual fund shares, and bonds may be solely or jointly owned. If jointly owned, refer to Section 2605.10.05 for instructions regarding personal property. Stocks, mutual fund shares, and bonds are considered in the eligibility determination as follows:

Stocks and Mutual Fund Shares

The current market value of shares of stock and mutual fund shares can be verified by reviewing the closing or "bid" price listed in the financial section of the newspaper, or by contacting a brokerage firm. The value to be considered as a resource is the current market value less the legitimate expenses related to the sale of the shares.

Municipal, Corporate, and Government Bonds

A bond is a written obligation to pay a sum of money at a future specified date. It is a negotiable instrument and is transferable.

The eligibility worker must verify the current market value of bonds by contacting a securities dealer. As with stocks and mutual fund shares, expenses related to the sale of a bond must be deducted from the current market value in order to determine the cash value to be counted as a resource.

United States Savings Bonds

A United States Savings Bond is an obligation of the federal government but, unlike other government bonds, it is not transferable in that it can only be sold back to the government.

Although many bonds have a table of values on the reverse side of the bond, it is often inaccurate because the interest rate may have changed since the bond was issued. Therefore, the eligibility worker should contact a bank to verify the current value. Also the Department of Treasury's web site can be used to calculate the value of bonds. www.publicdebt.treas.gov/

2615.50.00 MORTGAGES, LOANS, AND PROMISSORY NOTES

A negotiable mortgage, loan, or promissory note held by an individual is a countable resource. Such items are negotiable when they can be sold (there is no legal barrier to the transfer of ownership). The value counted as a resource is the amount of the outstanding principal

balance. Also, any payment received on the principal is a resource. The interest portion of any such payment is unearned income.

If the mortgage, loan, or note is non-negotiable, it is not a resource. In that case total payments received, whether principal or interest, are unearned income.

A mortgage, loan, or promissory note should be reviewed by the Local Office attorney to resolve questions of negotiability.

2615.55.00 LAND SALES CONTRACT

A land contract must be evaluated according to the requirements of each assistance category. Property which is being sold on contract is to be entered in the eligibility system.

2615.55.05 Land Sales Contract (S)

Sales contracts for the sale of land or buildings are not counted as resources to the owner of the contract if it is producing income consistent with its fair market value. (f20)

2615.55.10 Land Sales Contract (C)

When an applicant/recipient is the owner of a contract for the sale of real property, the equity value of the contract is counted toward the resource limit of the AG.

The equity value is equal to the principal balance remaining to be paid on the contract, which is referred to as a land contract or installment contract.

> **EXAMPLE:**
>
> A TANF applicant contracted to sell a piece of real estate for $15,000. To date, $8700 has been paid on the principal. The remainder, $6300, is considered a resource to the applicant.

The equity value of a contract is to be considered a resource except when the contract contains a clause that prohibits the owner from selling or transferring the contract. In such an instance, the equity value is exempt. However, the portion of the periodic payment that

represents payment toward the principal is counted as a resource.

2615.60.00 VEHICLES

Each assistance program has different requirements for considering vehicles. Requirements may differ between the categories. The following sections describe how to determine the resource value of vehicles.

2615.60.05 Definition of Vehicle

A vehicle is any conveyance that provides transportation or conveyance of persons or goods from place to place. Automobiles, trucks, vans, motorcycles, mopeds, boats, snowmobiles, and so forth are classified as vehicles.

2615.60.10 Exempt Vehicles (S)

Federal regulations allow States to align vehicle exemptions with other programs. In Indiana, SNAP rules match the Child Care Program guidelines in determining values for vehicles. All vehicles are basically considered as exempt if used for or intended to be used for household transportation. Therefore, most vehicles should be coded as household transportation unless the AG claims the vehicle is specifically used for another purpose. For example: an AG states the car is a classic and only used to take to car shows.

Some vehicles are totally exempt as a resource for other reasons. The entire value of any licensed vehicle is excluded if one of the following applies: (f21)

The vehicle is used primarily (over 50% of the time the vehicle is used) for income producing purposes. Vehicles that meet these criteria and are owned by farmers remain exempt as a resource for one year from the date that self-employment from farming is terminated.

The vehicle annually produces income consistent with its fair market value, even if used only on a seasonal basis.

The exemptions will also apply during temporary periods of unemployment when the vehicle is not

in use; for example, if a taxi driver is ill or if a fishing boat is frozen in the harbor.

The vehicle is necessary for long distance travel, other than daily commuting, that is essential to the employment of an AG member, such as the vehicle of a traveling salesperson or a migrant farm worker following the work stream.

The vehicle is used as the AG's home.

If the AG has a disabled member requiring transportation, that AG is entitled to vehicle exclusion. The exemption is limited to one vehicle per physically disabled member.

A member is considered to be disabled if the individual meets the criteria in Section 3210.10.25.05. A member is also considered to be disabled if the eligibility worker determines that the individual has a permanent or temporary physical disability. If the person appears to be disabled, no further verification is required. If the person does not appear to be disabled and a physical disability is claimed, then the AG shall be required to provide a statement from a physician.

The value of vehicles necessary to carry the primary source of fuel for heating or water for home use is exempt. This exception is only allowed when it is anticipated that the transported fuel or water will be the AG's primary source of fuel or water during the certification period. The AG should not be required to provide verification of the use of the vehicle unless the basis for the exclusion is questionable.

The value of vehicles used for household transportation regardless of the value, license or mechanical condition of the vehicle, are exempt. The caseworker and the client must assign a scrap or junk value for inoperable vehicles that are not used for transportation. The book value assigned by the system must not be used for these vehicles.

2615.60.10.05 Non-Exempt Vehicles (S)

All licensed vehicles not exempted for a reason in Section 2615.60.10 shall individually be evaluated for fair market value. See Section 2605.25.05 for instructions in determining the fair market value of vehicles.

All non-exempt licensed vehicles which are not used for transportation shall be assigned both a fair market value in excess of $4650 and an equity value. Equity value is fair market value (FMV) minus any liens. The greater of the two amounts is counted as a resource.

2615.60.10.10 Unlicensed Vehicles (S)

An unlicensed vehicle which is not exempt is to be evaluated for equity value. The equity value is counted toward the AG's resource level.

2615.60.15 Treatment of Vehicles (C)

Each AG is allowed an exclusion of $5000 of the equity in one vehicle. (f21a) Equity is the vehicle's fair market value less any liens.

If more than one vehicle is owned, the equity in each vehicle is to be determined. Since the $5000 disregard can be applied to only one vehicle, it is to be applied to the vehicle with the highest equity value. No amount is excluded from the equity value of the remaining vehicle even if the value of the first vehicle is less than the $5000 disregard.

2615.60.25 Recreational Vehicles and Equipment

Recreational vehicles such as campers, trailers, and boats must be counted according to their current equity value. If the recreational or other vehicle serves as the AG's home, it should be evaluated according to the guidelines in Sections 2620.15.05 and 2620.15.10.

2615.65.00 NON-RECURRING LUMP SUM PAYMENTS

A lump sum payment may include retroactive benefits such as SSI, Social Security, and VA benefits. A lump sum may also be a refund of Medicare Part B premiums, an insurance settlement, an inheritance, or other such nonrecurring payment.

For TANF (f21b) and SNAP eligibility purposes, lump sum payments are considered resources except for certain recurring lump sum payments. (See Section 2880.05.00 for income policy.)

2615.65.05 Lump Sum Payments

Non-recurring lump sum payments are considered resources. Non-recurring lump sum payments are counted as resources starting in the month received, unless specifically excluded from consideration as a resource by other federal laws. Non-recurring means this payment is not expected to be received as a lump sum again. It is a one-time only payment. At the time it is anticipated or known that a certain lump sum payment will be received more than once it is considered recurring and counted as income to the AG (see Section 2880.05.00).

If a reported lump sum added to existing resources exceeds the allowable resource limit, the AG should be given an opportunity to provide updated verification of its current resources. If it declines to do so, or the amount of resources still exceeds the limit, assistance will be discontinued. At application point, eligibility for the budget month, is determined based on resources owned on the date of the interview.

2615.75.00 TRUST FUNDS

All trusts which involve a member of the AG must be carefully evaluated to determine whether or not the trust principal will be counted as a resource.

2615.75.05 Trust Funds (S)

Any funds in a trust (or transferred to a trust), the income produced by that trust will be considered inaccessible to the AG if all four of the following criteria apply:

The trust arrangement is not likely to cease during the certification period, and no AG member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period.

The trustee administering the funds is either:

a court, or an institution, corporation, or organization which is not under the direction or ownership of any AG member; or

an individual appointed by the court who has court imposed limitations placed on his use of the funds.

Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of an AG member.

The funds held in irrevocable trust are either:

established from the AG's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expense of any person named by the AG creating the trust; or

established from non-AG funds by a non-AG member.

2615.75.10 Trust Funds (C)

Trust funds are normally considered available if the recipient is the creator (settlor) of a revocable trust. Questions regarding the availability of trust funds are to be referred to the DFR attorney for a decision.

2615.80.00 LEGAL GUARDIANSHIP/REPRESENTATIVE PAYEE (C)

An individual who serves as legal guardian/representative payee for another person is responsible for administering that person's funds and will be listed in bank records as having access to his bank accounts.

Resources that are managed by an individual's legal guardian, representative payee, or other person acting as an agent on behalf of the applicant/recipient are counted as resources to the individual. The resources are not counted as being available to the guardian/payee for his own use. However, the resources must be held in a form that clearly shows they belong to another individual. For example, a bank account that is held by the guardian/payee must be clearly designated as being administered by the guardian/payee on another person's behalf.

2615.80.05 Guardianship Accounts (S)

Any funds held by a guardian on behalf of another AG member or ineligible member shall be considered inaccessible as indicated in the court order. If the document establishing the guardianship designates that funds can be withdrawn for specific reasons (clothing, medical expenses) or a certain amount can be withdrawn each year the funds are not countable unless/until they are withdrawn.

2615.85.00 RETROACTIVE PAYMENTS (S)

Payments for a past period of time are always considered resources. If a retroactive payment is received in addition to a payment for a current month, only the retroactive payment is a resource; the current month payment is income. (Refer to Section 2615.65)

2615.90.00 PRORATED INCOME

Income that is prorated (educational income, self-employment income) cannot be counted as a resource for any month during the prorated period. (f24)

2620.00.00 TYPES AND VALUE OF REAL PROPERTY RESOURCES

Real property consisting of land, which includes buildings or immovable objects attached permanently to the land, is to be evaluated as a resource according to the requirements of each assistance category.

2620.05.00 REAL PROPERTY OWNERSHIP

Real property is to be considered as a resource according to the requirements of each assistance category and the type of ownership of the property. (Refer to Sections 2605.05.00 and 2605.25.10.) Ownership of real property can consist of an interest in the title as follows:

Sole Ownership:

When property is solely owned by one individual, only he or his legal guardian may sell the ownership interest without conditions imposed by others. He is legally entitled to all income which may be generated from the property.

Joint Ownership:

Joint ownership is the holding of property by two or more persons who have an equal interest in the whole property. At the death of one of two joint owners, the survivor usually becomes the sole owner. At the death of one of three or more joint owners, the survivors become joint owners.

If an applicant/recipient jointly owns real property with another applicant/recipient of any assistance program, proportionate shares of the property are to be assigned to the joint owners and considered as a resource in accordance with the program requirements.

When a non-recipient is one of the joint owners of real property, the availability of the applicant's/recipient's proportionate share must be determined. (Refer to Section 2605.15.00.) If the applicant's/recipient's proportionate share is available to him, it is to be considered a resource as required by the specific assistance program. If the applicant's/recipient's proportionate share is not available to him, the resource is exempt.

Ownership in Common:

An ownership in common is the holding by two or more persons of separate titles in the same real estate. Each owner has a divided interest in the whole property. There is no right of survivorship to an ownership in common. It is <u>not</u> a joint ownership.

Ownership by the Entirety:

Ownership by the entirety refers to property owned by a husband and wife whereby each member has ownership interest in the whole property which is indivisible. Upon the death of one, the survivor becomes sole owner. When a marriage has been legally dissolved, the former spouses become owners in common of the property.

Ownership of real property can also consist of a legal right to the use of property without having title to it, as follows:

Life Estate:

A life estate conveys to an individual certain rights in property for his lifetime. The owner of a life estate generally has the right of possession and use of the property, as well as the right to obtain profits from the property, and to sell his life estate interest. However, the deed establishing the life estate may restrict one or more rights of the individual. Ownership of a life estate interest may affect eligibility for certain assistance programs. (Refer to Section 2605.25.10.05.)

Remainder Interest:

When an individual conveys property to one person for life (life estate holder) and to a second person (the remainderman) upon the death of the life estate holder, both a life estate interest and a remainder interest are created in the property. A remainderman cannot sell his interest in the property while the life estate holder is alive, unless otherwise specified in the deed. At the death of the life estate holder, the remainderman will hold full title. (Refer to Section 2605.25.10.05.)

Reversion Interest:

When an individual owner conveys property to another person for life (life estate holder) and to himself (the reversioner) upon the death of the life estate holder, both a life estate interest and a reversion interest are created in the property. A reversioner cannot sell the property while the life estate holder is alive. At the death of the life estate holder, the reversioner will hold full title. (Refer to Section 2605.25.10.05.)

2620.10.00 VERIFICATION OF REAL PROPERTY OWNERSHIP

Ownership of real property can be verified from one or more of the following sources:

deed;
mortgage;
property tax receipts (current only);
county treasurer's records; or
title search.

2620.15.00 EXEMPT REAL PROPERTY RESOURCES

Certain real property is exempt from being considered as a resource. This determination is program specific so that the exemption or non-exemption of real property must be in accordance with program requirements as explained in the following passages.

2620.15.05 The Home

The home occupied by the AG and surrounding property which is not separated from the home by intervening property owned by others is exempt. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property.

Buildings on the lot, such as sheds, outbuildings, and garages are also exempt.

2620.15.05.05 Temporarily Unoccupied Home

The home and surrounding property remains exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, vacation, or uninhabitable due to casualty or natural disaster. In addition, the AG must intend to return if the home is to remain exempt. If the AG does not already own a home, the value of a lot purchased for construction of a home or placement of a trailer is exempt. If the new home is partially completed, the value of it is also exempt.

2620.15.10.05 Home Replacement (C)

The proceeds from the sale of an exempt home can also be exempt from consideration under certain conditions. If, within a specified time period, the proceeds are used (or obligated to be used) to purchase a replacement home and cover the costs incurred in occupying it, the proceeds can

be disregarded. The individual must be committed to the transactions within the "home replacement period", the time period beginning with the date of the receipt of the proceeds and ending on the last day of the third full month following receipt of the funds.

2620.15.15 Income Producing Real Property (S)

Certain types of non-homestead properties are exempt as explained below:

Property is exempt which annually produces income consistent with its fair market value even if used only on a seasonal basis, such as time share property. Vacation homes which do not produce income consistent with the fair market value are not exempt.

When it is necessary to determine if property is producing income consistent with its fair market value, the worker may contact local realtors, local tax assessors, the Small Business Administration, Farmers Home Administration, or other similar sources to determine the prevailing rate of return, e.g., square foot rental for similar usage or real property in the area.

Property such as farm land and rental homes which is essential to the employment or the self-employment of an AG member is exempt.

Property exempt for the self-employment of a farmer remains exempt for one year after the termination of the self-employment.

Rental homes which are used by AGs for vacation purposes at some time during the year which annually produce income consistent with their fair market value are exempt.

Installment contracts for the sale of land or buildings (if the contract or agreement is producing income consistent with its market value) are exempt. The value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property is also exempt.

2620.20.00 TREATMENT OF NON-EXEMPT REAL PROPERTY

Real property that is not classified as exempt is taken into consideration in the resource eligibility determination. Nonexempt real property must be considered under the requirements of each assistance program as explained in the following passages.

2620.20.05 Counting Nonexempt Real Property (S)

The equity value (fair market value minus liens) of nonexempt real property is to be counted as a resource. However, real property that the AG is making a good faith effort to sell at a reasonable price is exempt as a resource. The eligibility worker must verify that the property is for sale and that a reasonable offer for the property has not been refused. Verification may be obtained through a collateral contact, a newspaper ad, or a real estate broker. Also, non-homestead property used to produce food would not be counted as a resource.

2620.20.15 Exemption of Real Property (C)

The equity value of any real property other than the home is a resource and must be counted toward the resource limitation. If the AG has excess resources due to the equity value of nonexempt real property, the property can be exempted for one six month period if the owner is willing to offer it for sale and agrees to repay Cash Assistance received during the period that the property is exempted.

If the applicant/recipient is unwilling to offer the property for sale, the case is to be denied/discontinued due to excess resources.

If the applicant/recipient chooses to comply, or if the property is already up for sale, State Form 37588/FI-0118, Agreement to Offer Property for Sale and Repay Public Assistance, must be signed. The signature on the form must be witnessed by an eligibility worker. The date that the agreement was signed must be entered in the eligibility system. State Form 37588/FI-0118 is a twofold agreement. First, the owner of the property must agree to offer it for sale. Second, there is an agreement to repay assistance that was received during the disposal period.

Assistance can be awarded upon the signing of the Form 118, if all other eligibility factors are met. The property must be offered for sale within 30 days of the date the Local Office mails the notice of eligibility or of the date the Form 118 is signed, whichever is later. The eligibility system will monitor the 30 day period that is allowed to actually offer the property for sale or rent and will issue an alert. The owner must list the property with a realtor or place a sign in a conspicuous location on the property. The sign must clearly indicate the property is for sale and provide instructions for contacting the seller. The selling price should be a reasonable figure reflecting the true value of the property on the market.

Within the 30 day limit, the eligibility worker must verify and document in the case record that the property has been offered for sale. Use of Form 118A, Report on Property for Sale or Rent, is suggested, but not mandatory. The eligibility worker must also stress to the recipient his responsibility to notify the caseworker when the property is sold.

When the Form 118 is signed and the property is offered for sale, the equity value of the property is exempted as a resource for up to six months. The six month disposal period begins on the date Form 118 is signed. It ends on the last day of the sixth month.

The AG is entitled to only one six month disposal period. (f30) This total can be accumulated during one unbroken six month period or in increments, if there is intermittent assistance.

2620.20.15.05 Property Not Marketed Within 30 Days (C)

If an applicant/recipient signs Form 118 but does not then offer the property for sale within 30 days, the case must be discontinued. (Refer to Section 2620.20.15.) Timely notice must be issued early enough to allow an effective date for the action which is the first of the month after the expiration of the 30 day marketing period. The reason for discontinuance would be excess resources. Cash benefits paid during this period are overpayments.

2620.20.15.10 Overpayment Calculation after Property Sale (C)

In the event the exempted property sells, there must be a determination of the net proceeds to the recipient. Net proceeds are defined as the gross selling price minus all expenses relating to the sale of the property, for example, realtor and/or attorney fees, taxes, liens, closing costs paid by the seller, and so forth. If the net proceeds, combined with all other resources from the original resource determination, are within the resource limit, no overpayment would exist. Continuing eligibility must be determined.

2620.20.15.15 Property Unsold After Six Months (C)

If the exempted property is marketed for six months and fails to sell, its equity value must, at that point, be counted toward the resource limitation. Eligibility for continuing payments ceases, unless the recipient no longer has excess resources due to the disposal of resources other than the property. If assistance is to be discontinued, timely notice must be issued so as to make the effective date of discontinuance the first of the month after the six month disposal period ends. If the AG becomes ineligible for other reasons during the disposal period, the case is to be discontinued in the usual manner.

Regardless of whether ineligibility occurs during the six month period or afterwards, the amount of the resulting overpayment may not be calculated nor may recovery be initiated until the property is sold. The situation must be monitored regarding a continuing good faith effort to dispose of the property. When the property is sold, recovery of the overpayment should be initiated.

If the net proceeds, together with all other resources from the original resource determination, exceed the resource limit, there is an overpayment. The amount to be recovered, however, cannot exceed the net proceeds from the sale of the property. Continuing eligibility based on current resources and all other factors must be determined.

The recovery of any overpayments unrelated to the sale of the property and the conditional payment agreement, such as an overpayment resulting from unreported earnings, would not be delayed pending the sale of the property.

2625.05.00 PLAN FOR ACHIEVING SELF-SUPPORT (S)

Resources necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) under SSI are exempt.

2627.00.00 HEALTH SAVINGS ACCOUNTS

Health Savings Accounts are exempt as a resource if the account is restricted to use for qualified medical expenses only. The terms of the Health Savings Account are required to be verified to determine if the account can be used for purposes other than qualified medical expenses.

2630.00.00 RESOURCES EXEMPTED UNDER FEDERAL LAW

Each program has specific resources which are exempt by federal law. These exemptions are discussed in the following sections.

2630.05.00 BENEFITS UNDER FEDERAL NUTRITION PROGRAM

Certain benefits which are intended to meet the nutritional needs of low income individuals are exempt. (f35)

2630.05.05 WIC Benefits

Benefits received through the Women's, Infant's, and Children's (WIC) Program are exempt. (f36) These payments are usually made through vouchers and can be used to purchase specific items for pregnant or nursing women and young children.

2630.05.10 Older Americans Act (C)

Benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended, are exempt. (f37)

2630.05.15 Child Nutrition Act (C)

The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, is exempt.

2630.05.20 National School Lunch Act (C)

The special food service program for children under the National School Lunch Act, as amended, is exempt.

2630.05.25 SNAP BENEFITS/Commodities

The value of SNAP benefits and the value of United States Department of Agriculture donated foods (surplus commodities), are exempt.

2630.10.00 HUD ASSISTANCE

Housing assistance paid directly or indirectly by HUD under the following is exempt:

the Housing Authorization Act of 1976 with respect to a dwelling unit under the United States Housing Act of 1937, as amended (Sections 8, 10, and 23 and the Experimental Housing Allowance Program);

The National Housing Act (loans for housing renovation, mortgage insurance, and investment insurance);

Title V of the Housing Act of 1949 (loans to elderly individuals, farmers, and developers for the construction, improvement, or replacement of farm homes and other buildings); and

Section 101 of the Housing and Urban Development Act of 1965 (payments to certain mortgagors on behalf of tenants with low income who are displaced by government action, age 62 or over, physically handicapped, living in substandard housing, present or past tenants of dwellings damaged or destroyed by disaster, or whose head of the household is on active duty) with the armed forces). (f41)

2630.15.00 RELOCATION ASSISTANCE ACT PAYMENTS

Relocation assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 is exempt. (f42)

2630.20.00 HOME ENERGY ASSISTANCE PAYMENTS

Payments received through the Home Energy Assistance Program (EAP) are exempt. (f43)

2630.25.00 ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES

The following Section discusses federal law pertaining to Indian tribes and Alaska natives.

P.L. 92-203, section 29, dated 1/2/76, the Alaska Native Claims Settlement Act, and Section 15 of P.L. 100-241, 2/3/88, the Alaska Native Claims Settlement Act Amendments of 1987 - All compensation (including cash, stock, partnership interest, land, interest in land, and other benefits) received under this Act are excluded from income and resources.

P.L. 93-134, the Judgment Award Authorization Act, as amended by P.L. 97-458, Section 1407, 11/12/83 and P.L. 98-64, 8/2/83, the Per Capita Distribution Act. P.L. 97-458 required the exclusion of per capita payments under the Indian Judgment Fund Act (judgment awards) of $2000 or less from income and resources. The exclusion applies to each payment made to each individual. Initial purchases made with exempt payments distributed between 1/1/82 and 1/12/83 is excluded from resources to the extent that excluded funds were used. P.L. 98-64 extended the exclusion to cover per capita payments from funds which are held in trust by the Secretary of Interior (trust fund distributions).

P.L. 93-531, Section 22 - Relocation assistance payments to members of the Navajo and Hopi Tribes are excluded from income and resources.

P.L. 94-114, Section 6 - Income derived from certain sub marginal land held in trust for certain Indian tribes is excluded from income and resources. The tribes that may benefit are:

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin
- Blackfeet Tribe
- Cherokee Nation of Oklahoma
- Cheyenne River Sioux Tribe
- Crow Creek Sioux Tribe
- Lower Brule Sioux Tribe
- Devils Lake Sioux Tribe
- Fort Belknap Indian Community
- Assiniboine and Sioux Tribes
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians

- Keweenaw Bay Indian Community
- Minnesota Chippewa Tribe
- Navajo Tribe

P.L. 94-189, Section 6, 12/31/75 - Funds distributed per capita to the Sac and Fox Indians or held in trust are excluded from income and resources. The funds are divided between members of the Sac and Fox Tribe of the Mississippi in Iowa. The judgments were awarded in Indian Claims Commission dockets numbered 219, 153, 135, 158, 231, 83, and 95.

P.L. 94-540 - Payments from the disposition of funds to the Grand River Band of Ottawa Indians is excluded from income and resources.

P.L. 95-433, Section 2 - Indian Claims Commission payments made pursuant to this Public Law to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation are excluded from income and resources.

P.L. 96-420, Section 9(c), 10/10/80, Maine Indian Claims Settlement Act of 1980 - Payments made to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet are excluded from income and resources.

P.L. 97-403 - Payments to the Turtle Mountain Band of Chippewas, Arizona are excluded from income and resources.

P.L. 97-408 - Payments to the Blackfeet, Grosventre, and Assiniboine tribes, Montana, and the Papago, Arizona, are excluded from income and resources.

P.L. 98-123, Section 3, 10/13/83 - Funds distributed under this Act to members of the Red Lake Band of Chippewa Indians are excluded from income and resources. Funds were awarded in docket number 15-72 of the United States Court of Claims.

P.L. 98-124, Section 5 - Per capita and interest payments made to members of the Assiniboine Tribe of the Fort Belknap Indian Community, Montana, and the Assiniboine Tribe of the Fort Peck Indian Reservation, Montana, under this Act are excluded from income and resources. Funds were awarded in docket 10-81L.

P.L. 98-500, Section 8, 10/17/84, Old Age Assistance Claims Settlement Act, provides that funds made to heirs of deceased Indians under this Act shall not be considered as income or resources nor otherwise used to reduce or deny food stamp benefits except for per capita shares in excess of $2000.

P.L. 99-146, Section 6(b), 11/11/85 - Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior are excluded from income and resources. Judgments were awarded in Dockets numbered 18-S, 18-U, 18-C and 18-T. Dockets 18-S and 18-U are divided among the following reservations:

<u>Wisconsin</u>

- Bad River Reservation
- Lac du Flambeau Reservation
- Lac Courte Oreilles Reservation
- Sokaogon Chippewa Community
- Red Cliff Reservation
- St. Croix Reservation

<u>Michigan</u>

- Keweenaw Bay Indian Community (L'Anse, Lac Vieux Desert, and Ontonagon Bands)

<u>Minnesota</u>

- Fond du Lac Reservation
- Grand Portage Reservation
- Nett Lake Reservation (including Vermillion Lake and Deer Creek)
- White Earth Reservation

Under Dockets 18-C and 18-T funds are given to the Lac Courte Oreilles Band of the Lake Superior Bands of Chippewa Indians of the Lac Courte Oreilles Reservation of Wisconsin, the Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation, the Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, and the St. Croix Chippewa Indians of Wisconsin.

P.L. 99-264, White Earth Reservation Land Settlement Act of 1985, 3/24/86, Section 16 excludes moneys paid under this Act from income and resources. This Act involves members of the White Earth Band of Chippewa Indians in Minnesota.

P.L. 99-346, Section 6(b) (2) - Payments to the Saginaw Chippewa Indian Tribe of Michigan are excluded from income and resources.

P.L. 99-377, Section 4(b), 8/8/86 - Funds distributed per capita to the Chippewas of the Mississippi or held in trust under this Act are excluded from income and resources. The judgments were awarded in Docket Number 18-S. The funds are divided by reservation affiliation for the Mille Lac Reservation, Minnesota; White Earth Reservation, Minnesota; and Leech Lake Reservation, Minnesota.

P.L. 101-41, 6/21/89, the Puyallup Tribe of Indians Settlement Act of 1989, Section 10(b) provides that nothing in this Act shall affect the eligibility of the Tribe or any of its members for any Federal program. Section 10(c) provides that none of the funds, assets or income from the trust fund established in Section 6(b) shall at any time be used as a basis for denying or reducing funds to the Tribe or its members under any Federal, State or local program. (The Puyallup Tribe is located in the State of Washington.)

P.L. 101-277, 4/30/90, funds appropriated in satisfaction of judgments awarded to the Seminole Indians in Dockets 73, 151 and 73-A of the Indian Claims Commission are excluded from income and resources except for per capita payments in excess of $2000. Payments were allocated to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the independent Seminole Indians of Florida.

P.L. 101-503, Section 8(b), Seneca Nation Settlement Act of 1990, dated 11/3/90, provides that none of the payments, funds or distributions authorized, established, or directed by this Act, and none of the income derived there from, shall affect the eligibility of the Seneca Nation or its members for, or be used as a basis for denying or reducing funds under, any Federal program.

P.L. 93-134, Section 8, 10/19/73, the Indian Tribal Judgment Fund Use or Distribution Act, as amended by P.L. 103-66, Section 13736, 10/7/93, provides that interest of individual Indians in trust or restricted lands shall not be considered a resource and up to $2000 per year of income received by individual Indians that is derived from such interests shall not be considered income in determining eligibility for assistance under the Social Security Act or any other Federal or federally assisted program.

If other types, not on this list, are encountered, contact the Central Office for guidance.

2630.30.00 COMPENSATION TO JAPANESE/ALEUTS

Payments made under P.L. 100-383 to U.S. citizens of Japanese ancestry and resident Japanese aliens of up to $20,000 each, and payments to Aleuts of up to $12,000 each, are exempt.

2630.35.00 GERMAN REPARATION PAYMENTS (S)

German reparation payments are payments made by the Republic of Germany to certain survivors of the Holocaust and may be received periodically or in a lump sum. They are exempt resources by federal law. (f45)

2630.40.00 DOMESTIC VOLUNTEER SERVICE ACT COMPENSATION

The following is exempt as a resource by federal law:

> Compensation of any kind (including stipends, supportive services, remuneration for out-of-pocket expenses, and so forth) provided to individuals who are volunteers in programs administered directly or through sponsoring agencies by the United States action Agency under Titles I, II, and III of the Domestic Volunteer Service Act of 1973, is exempt. These programs include the Foster Grandparents Program, Retired Senior Volunteer Program (RSVP), Service Corps of Retired Executives (SCORE), Active Corps of Executives (ACE), Action Cooperative Volunteer Program (ACV), Senior Companion Program, Volunteers in Service to America (VISTA), and University Year for Action (UYA). (f46)

2630.45.00 PAYMENTS TO STUDENTS

Education grants and loans received under Title IV of the Higher Education Act or the Bureau of Indian Affairs (BIA) programs are exempt for <u>undergraduate</u> students for TANF. For SNAP, this is exempt for all students. (f48) These exclusions are allowed for students in high school and GED programs as well as post-secondary education. Examples include:

> Basic Educational Opportunity Grants (BEOG);
> Supplemental Educational Opportunity Grants (SEOG);
> College Work Study;
> National Direct Student Loans (NDSL);
> Guaranteed Student Loans;
> Pell Grants; and
> Federal Perkins Loans.

Refer to Section 2860.05 for a comprehensive listing.

2630.50.00 YOUTH PROJECT PAYMENTS (S)

The payments received from the Youth Incentive Entitlement Pilot Projects, the Youth Community Conservation and Improvement Projects, and the Youth Employment and Training Programs under Title IV of the Comprehensive Employment and Training Act of 1978 (f49) are exempt resources by federal law.

2630.55.00 DISASTER ASSISTANCE PAYMENTS

Assistance received under the Disaster and Emergency Assistance Act of 1974 (f50) or another federal statute because of a presidentially declared major disaster is permanently exempted as a resource.

2630.60.00 RADIATION EXPOSURE ACT BENEFITS

Payments made from the Radiation Exposure Compensation Trust Fund established under the Radiation Exposure Compensation Act are exempt resources. (f51)

2630.65.00 AGENT ORANGE SETTLEMENT ACT PAYMENTS

Payments made from the Agent Orange settlement fund or any fund established as a result of the Agent Orange product liability litigation, are exempt from resource consideration.

2630.70.00 RESOURCES EXEMPTED BY TANF/SSI (S)

All resources of an AG member who receives SSI or TANF are exempt for SNAP purposes. (f53)

2630.75.00 PROPERTY SUBJECT TO LIEN (S)

When non-liquid real or personal property has a lien against it, solely as a result of a loan for business purposes, and the security or lien agreement prohibits the sale of the property, the property is exempt as a resource. However, the lien must have been the result of a loan for business purposes for this exemption to apply. (f54)

2630.80.00 PROPERTY NECESSARY TO VEHICLE MAINTENANCE (S)

An exemption is applied to real or personal property necessary to the maintenance or use of a vehicle which has been exempted because it is used for specific income producing purposes or for long distance travel essential to the employment of an AG member. This exemption applies only to that portion of the property which is necessary to the maintenance or use of the exempted vehicles. (f55) An example would be a building utilized to house a vehicle which is used for employment when not in use.

2630.85.00 FEDERAL TAX REFUND PAYMENTS

Federal Tax refunds received after December 31, 2009 are disregarded as income in the month received and as a resource for a period of 12 months for all federal means-tested programs including TANF and SNAP. The resource exclusion lasts for 12 months.

The federal tax refund is to be excluded as a resource by subtracting any tax refund received by the AG in the last 12 months from the AG's resources. If the difference between the resources and the amount of the federal tax refund is less than the resource limit, the AG meets the resource limit.

Example: AG applies today and has total resources of $4000. AG verified receipt of a federal refund in the amount of $3287 received in January of this year. This federal refund amount would need to be deducted from the total resources and the difference of $713 would be countable as a resource.

2630.85.05 Earned Income Tax Credit (EITC) Payments (C

Payments from federal income taxes for earned income tax credit (EITC) are exempt as resources. (f56)

2630.90.00 INCOME/RESOURCES/CONTRIBUTIONS OF SSI RECIPIENT (C)

The income, resources, and contributions of a Supplemental Security Income (SSI) recipient are exempt as resources.

2630.95.00 INDIVIDUAL DEVELOPMENT ACCOUNT

Individual Development Accounts (IDA) operated under the Assets for Independence Act (AFIA), Public Law 106-554, are established by or on behalf of eligible TANF recipients for the purpose of purchasing a home, attending postsecondary education or purchasing a business. Eligible individuals may receive matching funds for their IDA through a community development corporation (CDC). Any funds deposited in an IDA are exempt from being counted as a resource. (See also IPPM 2850.05.00)

2635.00.00 RESOURCE ELIGIBILITY DETERMINATION

Resource eligibility requirements for each assistance program must be met for eligibility to be established. The eligibility worker is responsible for obtaining and verifying all pertinent information regarding the resources of the appropriate AG members. The consideration of resources for each assistance program will vary according to the age, marital status, and living arrangement of the AG members. The following sections explain the methods used in determining resource eligibility.

2635.05.00 RESOURCES OF AG MEMBERS (S)

Countable resources owned by the following individuals must be considered in the determination of the AG's resource eligibility:

All participating AG members;

IPV ineligible members;

Members ineligible due to SSN noncompliance;

Members disqualified due to noncompliance with IMPACT or Work Registration requirements;

Members who are ineligible aliens.

Resources of non-AG members, including ineligible students, are not included in the resource determination.

2635.05.05 Resource Eligibility Determination for Aliens

The resource eligibility determination for aliens must be established whether or not the alien has been sponsored.

2635.05.10 Resource Deemed From Alien's Sponsor/Spouse

Within the C category, the policy stated in this section only applies to ADCR and ADCU.

In the resource evaluation for aliens, the eligibility worker must determine whether the alien has been sponsored. A sponsor is defined as any individual, or any public or

private agency or organization that executed an affidavit of support or similar agreement on behalf of an alien (who is not the sponsor's spouse or child) as a condition of the alien's entry into the United States. (f58) A sponsor cannot be considered a sponsor of his own spouse or child.

Only the resources of an individual sponsor or sponsor's spouse (living with the sponsor) are counted in the eligibility determination. Additional requirements are discussed in the following sections.

For SNAP, the deeming of sponsor's income and resources do not apply to:

- Aliens who are members of their sponsor's SNAP assistance group;
- Aliens who are sponsored by an organization or group as opposed to an individual;
- Aliens who are not required to have a sponsor under the INA (such as a refugee, a parolee, asylee or a Cuban or a Haitian entrant);
- Indigent aliens that the State has determined are unable to obtain food and shelter taking into account the alien's income plus any case, food, housing or other assistance provided by other individuals; or
- Battered alien's spouse, alien parents of battered children or children of a battered alien for 12 months after the State determines that the battering is substantially connected to the need for benefits.

During the period the alien is subject to deeming, the eligible sponsored alien is responsible for obtaining the cooperation of the sponsor and for providing the State with the information and documentation necessary to calculate deemed income and resources. Until the alien provides information or verification necessary to carry out deeming, the sponsored alien is ineligible.

For SNAP, the resources and income of the sponsor and the sponsor's spouse are not included in determining the resources and income of an ineligible sponsored alien.

2635.05.15 Individual Sponsor Liability (C)

The policy stated in this section only applies to the ADCR and ADCU categories of assistance.

The resources of an individual sponsor and the sponsor's spouse (if living with the spouse) are counted as available to the alien for a three year period, beginning with the alien's date of entry into the U.S., if the following conditions are met:

The alien applies for TANF for the first time on or after September 30, 1981;

The alien is not:

- Admitted into the U.S. as a conditional entrant refugee prior to April 1, 1980, under the provisions of Section 203(a) (7) of the Immigration and Nationality Act (INA);

- Admitted into the U.S. as a refugee after March 31, 1980, under the provisions of Section 207(c) of the INA;

- Paroled into the U.S. as a refugee under Section 212(d) (5) of the INA;

- Granted political asylum by the Attorney General under Section 208 of the INA;

- A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (f60); or

- The dependent child of the sponsor or the sponsor's spouse. (f61)

The sponsor's and sponsor's spouse's resources are deemed available to the alien regardless of whether:

The alien lives with the sponsor;
The sponsor claims no financial responsibility; or
The sponsor and his spouse were married after the sponsor signed an affidavit of support or similar agreement.

However, the resources of a sponsor or sponsor's spouse who receives SSI or Cash Assistance are not deemed available to the alien. (f62)

2635.05.20 Amount Deemed From Sponsor to Alien

Within the C category, the policy stated in this section only applies to ADCR and ADCU.

The amount of resources deemed to an alien from a sponsor or the sponsor's spouse (who is living with the sponsor) is calculated as follows:

> The total amounts of resources of the sponsor are determined as if the sponsor was applying for TANF and SNAP in Indiana. All resource provisions are applicable.
>
> $1500 is deducted from countable resources.
>
> Any remaining amount is a countable (deemed) resource to the alien. (f63)

EXAMPLE 1: (C)

```
  $5000 - Total Resources
 - 1000 - TANF Resource Provision
  $4000
 - 1500 - Allowable Deduction
  $2500 - Countable Resource
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EXAMPLE 2: (S)

```
  $5000 - Total Resources
-  1500 - Allowable Deduction
  $3500 - Countable Resources
```

When the individual is the sponsor of two or more aliens, the deemed amount of resources is divided equally among the aliens.

Resources deemed to a sponsored alien are not counted in determining the eligibility of non-sponsored members of the alien's family, except to the extent the resources are actually available. (f64)

2640.00.00 TRANSFERS OF PROPERTY (S)

The transfers of certain real or personal property to another individual must be considered in relation to the law and/or regulations in effect on the date that the transfer occurred. The specific policy for transfers of property varies by program and is explained in Sections 2640.05.00 through 2640.10.35.05.

2640.05.00 PROPERTY TRANSFERS AFFECTING ELIGIBILITY (S)

The intentional transfer of assets by any member of the AG may result in disqualification of the AG for up to one year from the date of discovery of the transfer: (f71)

> The AG may be disqualified if the AG transferred resources within the 3 month period immediately preceding the date of the application or any time after the AG is determined eligible for benefits. The disqualification will occur when the AG transferred resources knowingly for the purpose of qualifying or attempting to qualify for SNAP benefits.
>
> (See Section 2640.05.10 for transfers which do not result in a disqualification.)

2640.05.05 Determining the Period for Disqualification (S)

The countable value of the transferred resource is determined in the eligibility system. The countable value is calculated by taking the value of the transferred resource and adjusting to that amount which would be considered a resource in the eligibility determination. For vehicles, that requires an off-line determination of the countable value in excess of the FMV minus the vehicle standard.

Examples:
1. An AG transferred a vehicle with a FMV of $6000. They also have a $500.00 in a bank account and another car (which is used for employment) worth $5500. There are no elderly AG members.

The countable value is:

$6000 - $4650 = $1350 (transferred vehicle)

Total of $1350 is entered as the countable value on AERRT.

The system will add the $1350 to the other resources ($500 bank account and $850 countable value for the other vehicle) to show the total value of $2700. Then the system subtracts the AG's resource standard of $2000 to the resultant $700. The $700 is used to determine the disqualification period of 3 months.

2. The AG containing an elderly member transferred non-homestead property valued at $5000. The AG has no other resources.

The countable value on AERRT is $5000. The system then adds the other resources (none for this AG) and subtracts the AG's resource standard of $3250 leaving $1750.

The $1750 is used to determine the period of disqualification which is 6 months.

The following is a chart which determines the period of disqualification based on the amount of resources in excess of the resource limit.

Amount In Excess Of Resource Limit	**Period Of Disqualification**
0 - $ 249.99	1 month
$ 250 - $ 999.99	3 months
$1000 - $2999.99	6 months
$3000 - $4999.99	9 months
$5000 - and up	12 months

2640.05.10 Transfers Not Affecting Eligibility (S)

The following transfers do not affect eligibility:

Resources that would not otherwise affect eligibility;

Resources that are sold or traded at, or near, fair market value;

Resources transferred between members of the same AG; and

2699.00.00 FOOTNOTES FOR CHAPTER 2600

Following are the footnotes for Chapter 2600:

(f4)	7 CFR 273.8(c)(2) - S; 470 iAC 10.3-4-2 C;
(f6)	IC 30-2-13-12
(f8)	IC 30-2-13-12
(f10)	7 CFR 273.8(e)(2)
(f11)	470 IAC 10.3-4-2
(f13)	7 CFR 273.8(e)(2)
(f15)	405 IAC 2-3-15; 470 IAC 10.3-4-2
(f16)	7 CFR 273.8(e)(2) - S; 470 IAC 10.3-4-2 - C;
(f17)	7 CFR 273.8(e)(5)
(f19)	470 IAC 10.3-4-2 - C;
(f20)	7 CFR 273.8(e)(6)
(f21)	7 CFR 273.8
(f21a)	470 IAC 10.3-4-2
(F21b)	470 IAC 10.3-4-5
(f24)	7 CFR 273.8(e)(9)
(f30)	470 IAC 10.3-4-2
(f35)	7 CFR 273.8(e)(11);
(f36)	7 CFR 273.8(e)(11)(iii)
(f41)	7 CFR 273.8(e)((11)
(f42)	7 CFR 273.8(e)(11)(ii);
(f43)	7 CFR 273.8(e)()(11)
(f45)	Section 1902(r)(1) of the Social Security Act as amended by OBRA-90; P.L. 101-508
(f46)	P.L. 93-113, Sections 404(g) and 418;
(f48)	Higher Education Amendments of 1992, P.L. 102-325)
(f49)	7 CFR 273.8(e)(11)
(f50)	P.L. 93-288;
(f51)	P.L. 101-426 as amended by P.L. 101-510; 20 CFR

	416.1236
(f53)	7 CFR 273.8(e)(17)
(f54)	7 CFR 273.8(e)(15)
(f55)	7 CFR 273.8(e)(16)
(f56)	Social Security Act, Section 402(a)(7)(B) as amended by P.L. 101-508 (OBRA-90)
(f58)	470 IAC 10.3-3-2
(f60)	P.L. 96-422
(f61)	Social Security Act, Section 415;
(f62)	470 IAC 10.3-3-6
(f63)	Social Security Act, Section 415; 470 IAC 10.3-3-2
(f64)	Social Security Act, Section 415;
(f71)	7 CFR 273.8(h)

2800.00.00 INCOME

2805.00.00 DEFINITION OF INCOME

2805.05.00 EARNED AND UNEARNED INCOME

2805.10.00 AVAILABILITY OF INCOME

2805.15.00 OWNERSHIP OF INCOME

2805.15.05 Establishing Income Ownership

2805.15.05.05 Income From Non-Trust Property

2805.15.05.10 Income From Trust Property

2805.20.00 INCOME THAT IS GARNISHED

2805.25.00 INVOLUNTARY WITHHOLDING OF TAXES (C)

2810.00.00 EARNED INCOME

2810.05.00 STRIKER INCOME (S)

2810.10.00 SALE OF BLOOD OR PLASMA

2810.15.00 TIPS

2810.20.00 SHELTERED WORKSHOP EARNINGS

2810.25.00 EARNINGS OF CHILDREN (S)

2810.25.05 Earnings of Children (C)

2810.25.05.05 Full-Time Student/Full or Part-Time Employee (C)

2810.25.05.10 Part-Time Student/Full-Time Employee (C)

2810.25.05.15 Part-Time Student/Part-Time Employee (C)

2810.30.00 SELF-EMPLOYMENT

2810.35.00 EARNED INCOME RECEIVED FROM TRAINING PROGRAMS

2810.35.05 Workforce Innovation and Opportunity Act (WIOA) (S)

2810.35.10 Workforce Innovation and Opportunity Act (WIOA) (C)

2815.00.00 IN-KIND INCOME

2815.05.00 IN-KIND EARNINGS

2815.10.00 IN-KIND CONTRIBUTIONS (S, C)

2820.00.00 VENDOR PAYMENTS

2825.00.00 INFREQUENT OR IRREGULAR INCOME (S)

2825.05.00 CHARITABLE DONATIONS (S)

2825.10.00 INFREQUENT OR IRREGULAR INCOME (C)

2830.00.00 CHILD AND SPOUSAL SUPPORT

2830.05.00 CHILD SUPPORT (S)

2830.10.00 CHILD SUPPORT (C)

2830.10.05 Support Payments (C)

2830.10.10 Support Excess Payments (C)

2830.10.10.15 Excess Payment Budget Consideration (C)

2835.00.00 ASSISTANCE FROM GOVERNMENT PROGRAMS

2835.05.00 ENERGY ASSISTANCE PAYMENTS

2835.10.00 TOWNSHIP TRUSTEE ASSISTANCE

2835.15.00 HUD PAYMENTS

2835.15.05 HUD Payments (S)

2835.15.10 HUD Payments (C)

2835.20.00 RELOCATION ASSISTANCE ACT PAYMENTS

2835.25.00 DISASTER ASSISTANCE PAYMENTS

2835.30.00 FOSTER CARE AND ADOPTION ASSISTANCE PAYMENTS

2835.30.05 Foster Care Payments (S)

2835.35.00 SUPPLEMENTAL SECURITY INCOME

2835.35.05 Supplemental Security Income (S)

2835.35.10 Supplemental Security Income (C)

2835.40.00 TANF/RCA PAYMENTS (S)

2835.40.05 Retroactive/Corrective TANF/RCA Payments (C, S)

2835.45.00 SNAP/NUTRITION PROGRAMS (C)

2835.50.00 RESIDENTIAL LIVING ALLOWANCES

2840.00.00 BENEFIT PROGRAMS

2840.05.00 SOCIAL SECURITY INCOME

2840.10.00 VETERANS' BENEFITS

2840.10.05 Spina Bifida Allowance for Veterans' Children

2840.15.00 RAILROAD RETIREMENT BENEFITS

2840.20.00 PENSIONS

2840.25.00 UNEMPLOYMENT COMPENSATION BENEFITS

2840.30.00 WORKER'S COMPENSATION

2840.35.00 STRIKE BENEFITS

2840.35.05 Ineligibility Due To Striking (C)

2840.40.00 MILITARY ALLOTMENTS

2840.45.00 DISABILITY PAYMENTS

2845.00.00 BENEFITS RECEIVED DUE TO FEDERAL LAW

2845.05.00 DOMESTIC VOLUNTEER SERVICE ACT COMPENSATION

2845.05.05 Domestic Volunteer Service Act Compensation (S)

2845.05.10 Domestic Volunteer Service Act Compensation (C)

2845.10.00 OLDER AMERICANS ACT

2845.10.05 Green Thumb Earnings

2845.15.00 ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES

2845.20.00 COMPENSATION TO GERMANS, JAPANESE, AND ALEUTS

2845.20.05 Payments to Japanese and Aleuts

2845.20.10 German Reparation Payments

2845.25.00 AGENT ORANGE BENEFITS

2845.30.00 FEDERAL TAX REFUND PAYMENTS

2845.35.00 YOUTH PROJECT PAYMENTS (S)

2845.40.00 CHILD CARE PAYMENTS (C)

2845.45.00 MIGRANT NEW SOURCE INCOME (S)

2845.50.00 RADIATION EXPOSURE ACT BENEFITS

2845.50.05 Americorps Program (S)

2845.50.10 Crime Victim Payments

2845.52.00 PLAN FOR ACHIEVING SELF-SUPPORT (S)

2845.55.00 UTILITY EXPENSE PAYMENTS

2845.60.00 TRANSITIONAL HOUSING PAYMENTS (S)

2845.70.00 MILITARY SUBSISTENCE ALLOWANCES

2845.75.00 COLLEGE SAVINGS ACCOUNTS/ABLE ACCOUNTS (S)

2850.00.00 DIVIDENDS, INTEREST AND ROYALTIES

2850.05.00 INTEREST ON INDIVIDUAL DEVELOPMENT ACCOUNTS

2855.00.00 REIMBURSEMENTS

2860.00.00 EDUCATIONAL INCOME DEFINITION

2860.05.00 EXEMPT EDUCATIONAL INCOME

2860.10.00 NON-EXEMPT EDUCATIONAL INCOME

2860.15.00 WORK STUDY

2865.00.00 LOANS

2866.00.00 REVERSE MORTGAGES

2870.00.00 CONTRIBUTIONS

2870.05.00 CONTRIBUTIONS

2875.00.00 REAL ESTATE INCOME

2875.05.00 RENTAL INCOME

2875.05.05 Rental Income (S)

2875.05.10 Rental Income (C)

2875.10.00 INCOME FROM CONTRACT SALES

2875.10.05 Income From Contract Sales (S)

2875.10.10 Income From Contract Sales (C)

2880.00.00 LUMP SUM PAYMENTS

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2885.00.00 DEEMED INCOME

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2890.10.10 Verification of Supplemental Security Income (SSI)

2890.10.15 Verification of Social Security Income

2890.10.20 Verification of Veterans' Benefits

2890.10.25 Verification of Railroad Retirement

2890.10.30 Verification of Black Lung Benefits

2890.10.35 Verification Of Pensions

2890.10.40 Verification of Unemployment Compensation Benefits (UCB)

2890.10.45 Verification Of Worker's Compensation

2890.10.50 Verification Of Educational Income

2899.00.00 FOOTNOTES FOR CHAPTER 2800

2800.00.00 INCOME

This chapter discusses types of income. Refer to Chapter 3200 to determine which assistance group (AG) members must have their income considered.

The specific income situations discussed in this chapter are:

Definition of Income (Section 2805);
Earned Income (Section 2810);
In-kind Income (Section 2815);
Vendor Payments (Section 2820);
Infrequent or Irregular Income (Section 2825);
Support, Child, Spousal (Section 2830);
Assistance from Government Programs (Section 2835);
Benefit Programs (Section 2840);
Benefits Due to Federal Law (Section 2845);
Dividends and Interest (Section 2850);
Reimbursements (Section 2855);
Student Loans, Grants, and Scholarships (Section 2860);
Loans (Section 2865);
Contributions (Section 2870);
Residential Living Allowances (Section 2835.50);
Real Estate Income (Section 2875);
Lump Sum Payments (Section 2880);
Deemed Income (Section 2885);
Verification of Income (Section 2890); and
Footnotes for Chapter 2800 (Section 2899).

2805.00.00 DEFINITION OF INCOME

Income is the gain or benefit, earned or unearned, which is received or is available to the AG.

All unearned and earned income, unless specifically exempted, disregarded, deducted for work expenses, or allocated to dependents as allowed by state or federal regulation, is to be evaluated in determining initial and continuing eligibility.

2805.05.00 EARNED AND UNEARNED INCOME

Income is broken down into two categories for budgeting purposes: earned income and unearned income.

Earned income is payment received in the form of wages, salaries and commissions from an employer or from self-employment. In-kind earnings such as goods or services received in lieu of wages are also considered earned income. It can also be profits from the sale of farm crops, livestock, or poultry.

Unearned income is income for which there is no performance of work or services. Unearned income may include:

- retirement, disability payments, unemployment/worker's compensation, and so forth;
- annuities, pensions, and other regular payments;
- alimony and support payments;
- dividends, interest, and royalties;
- proceeds of life insurance policies (when paid in installments);
- winnings, prizes and awards;
- gifts and inheritances; and
- benefits administered through the Social Security Administration.

2805.10.00 AVAILABILITY OF INCOME

Income is considered available when it is actually received and/or when the individual has the ability to make the income available. Refer to Section 3405.00.00 regarding the income budgeting principals.

2805.15.00 OWNERSHIP OF INCOME

The individual who has title to the proceeds of a payment or property is the individual who "owns" the income.

If the income is received by an individual's legal representative or guardian, the individual still owns the income.

When a legal representative receives the income, ownership through one of the following documents must be verified:

the designation on the payment, check, award letter, or other document; or

the title to the property.

2805.15.05 Establishing Income Ownership

The ownership of all sources of income must be determined according to the criteria listed below. This process also establishes the income attributable to each individual to be used in budgeting. The DFR should consult with their legal staff when necessary to determine income ownership, particularly when trust funds are involved.

Income received and used for the care and maintenance of an individual who is not an AG member is not counted as income. When a single payment is received for AG and non-AG members, the portion intended and used for the care and maintenance of the non-AG member will not be counted as income to the AG.

When a legal representative receives the income, ownership may be verified:

- by specific designation on the payment, check, award letter, or other document; or

- by contacting the payment source to ascertain for whom payment is intended and for what purpose is payment being made.

After ownership has been established, each income source must be attributed to the appropriate owner(s).

2805.15.05.05 Income From Non-Trust Property

Consider income paid in the name of one individual to be the income of that individual.

For income paid in the name of one individual and another person or persons, consider available to each person the

amount representing the individual's proportionate interest.

Consider child support income to be the income of the child.

Consider income paid in the name of one spouse to be the income of that spouse.

For income paid in the names of both spouses, consider one-half of the income to be available to each spouse.

For income paid in the name of one or both spouses and to another person or persons, consider available to each spouse the amount representing the spouse's proportionate interest. When no interest is specified, consider available to each spouse one-half of the couple's joint interest.

2805.15.05.10 Income From Trust Property

The income from a trust source should be considered as available to each individual or to each spouse in accordance with the specific terms of the trust. In the absence of specific provisions, the preceding rules for ownership of income from a non-trust source will apply.

2805.20.00 INCOME THAT IS GARNISHED

Income earned by an AG member that is garnished by an employer and paid to a third party, such as child support or IRS garnishments, is included as income. For budgeting purposes refer to Section 3440.06.00.

2805.25.00 INVOLUNTARY WITHHOLDING OF TAXES (C)

The amount of tax that is involuntarily withheld from an individual's unearned income is an allowable deduction from income. In order for the tax to be considered involuntarily withheld, the payee must have no choice as to whether the tax is withheld or not. If the payee can choose the amount of a mandatory withholding, the deduction must be allowed in the smallest permissible amount.

The amount of tax that is being voluntarily withheld from an individual's unearned income is not an allowable deduction from income.

The amount of the withheld tax is entered in the eligibility system.

2810.00.00 EARNED INCOME

Earned income is earnings received through wages, salaries, commissions, or profit from activities in which a person is engaged through either employment or self-employment. Income, in order to be considered as "earned", must entail personal involvement and effort on the part of the recipient, including managerial responsibilities.

Examples of earned income include, but are not limited to

Wages, salaries, commissions, bonuses, or profit received as a result of holding a job or being self-employed; this would include earnings from a graduate assistantship, if subject to taxation and available to the student for meeting non-educational living expenses;

Wages received from sheltered workshop employment;

Compensation for jury duty;

Tips;

When goods and services are received in lieu of wages for work performed, the dollar value, as established by the employer, of those goods and services received in lieu of wages. Refer to Section 2815.05.00.

2810.05.00 STRIKER INCOME (S)

Striker income is addressed in the eligibility system where the pre-strike income is entered. If the AG member who is a striker also receives strike benefits, this is designated in the eligibility system. Refer to Section 3425.15.00 regarding budgeting of striker income. Refer to Section 2840.35.00 regarding strike benefits.

2810.10.00 SALE OF BLOOD OR PLASMA

Income from the sale of blood or plasma is included as earned income.

2810.15.00 TIPS

The amount of tips reported by the employee is included as earned income. Many times an employer will include on the pay stub of the employee an amount the employer must report to the IRS for tax purposes. This is an allocated amount which may or may not be considered as the amount actually earned or received by the employee. The tip amount reported by the employee can be accepted unless questioned.

In some instances, the employee reports actual tips to the employer. In this instance, the employer can verify actual tips earned. The individual should keep records on a daily basis if the tips are not reported to the employer, so this information can be used for verification. **NOTE:** The eligibility worker should be aware that when the hourly wage is less than the minimum wage, the possibility of tips may exist.

2810.20.00 SHELTERED WORKSHOP EARNINGS

Any payments from a sheltered workshop are included as earned income. A sheltered workshop is a special workshop offering limited employment experience for the mentally or physically handicapped.

2810.25.00 EARNINGS OF CHILDREN (S)

The earned income of children who live with their parent(s), who are 17 years old or younger, and attend elementary or high school (including those attending GED or home-school classes recognized by the State) is exempt. This includes living with a natural, adoptive or step-parent or living under parental control of an AG member other than a parent. In order for the income to be exempt, the child must be shown as under the care and control of another household member, in the eligibility system.

Their income is excluded even during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break.

If the child's earnings or the amount of work performed cannot be differentiated from that of the other AG members, the total earnings shall be prorated equally among the working members and the child's share excluded. When this is the situation, the employment code in the eligibility

system should be entered. If this code is used, the system will prorate the income.

If it is determined that the child is attending school, the income will be exempt and verification of that child’s income is not required at application point. It will be necessary to verify the exemption status at the next certification point.

2810.25.05 Earnings of Children (C)

The consideration of a dependent child's earnings is based upon the child's student status. If the child is not a student, his income counts both in the eligibility determination and the benefit determination. A student is defined as one who is attending a school, college, university, or a course of vocational/technical training designed to prepare the individual for gainful employment, including a participant in the Job Corps program. The student's full-time or part-time status is determined by the school's designation. The following sections provide specific earnings considerations.

2810.25.05.05 Full-Time Student/Full or Part-Time Employee (C)

The earnings of a dependent child who is a full-time student and who works either full-time or part-time are totally disregarded in the 185% gross income test at initial eligibility, and the 100% FPL net income test and benefit determination.

2810.25.05.10 Part-Time Student/Full-Time Employee (C)

The earnings of a dependent child who is a part-time student and who works full-time are counted in the eligibility determination. For initial eligibility, gross earnings are counted in the eligibility determination (185% test). For continuing eligibility, net countable income is used in the continuing eligibility determination (compared to the 100% Federal Poverty Level). If the eligibility determination is passed, the 75% work disregard is deducted from gross earnings and any earnings remaining are used in the benefit determination.

2810.25.05.15 Part-Time Student/Part-Time Employee (C)

The earnings of a dependent child who is a part-time student and who works part-time are counted in the eligibility determination. Earnings are considered as follows:

At initial eligibility, applicable work disregards are deducted from the student's gross earnings. If still eligible, the earnings are totally disregarded in the benefit determination.

For continuing eligibility, earnings are totally disregarded in the benefit determination.

2810.30.00 SELF-EMPLOYMENT

An individual is self-employed when the individual owns a business or otherwise engages in a private enterprise. Income derived from self-employment is considered earned income. Refer to Section 3410.05.00 for specific definitions.

This includes, but is not limited to:

operating a small business;

sales from a franchise company;

picking up and selling cans;

farm self-employment;

selling newspapers;

Income from roomers and boarders is treated like self-employment. Income from rental property is also treated as self-employment for C; (Refer to Section 2875.05.10) however, it must involve an average of 20 hours per week management to be treated as self-employment income for SNAP.
(Refer to Sections 2875.05.05).

Refer to Section 3410.00.00 to determine how self-employment income is budgeted for each of the programs. Refer to Section 2890.05.05 for proper verification of self-employment income. Refer to Section 3415.00 for budgeting of roomer and boarder income for SNAP.

2810.35.00 EARNED INCOME RECEIVED FROM TRAINING PROGRAMS

When an individual participates in a work or on-the-job training program that involves work for payment, the payment is included as earned income. Training allowances from vocational and rehabilitative programs recognized by a government agency are also included income, unless excludable as a reimbursement or otherwise identified as excluded income.

Refer to Sections 2810.35.05 (S) and 2810.35.10 (C) for information on income received through the Workforce Innovation and Opportunity Act (WIOA). Refer to Section 2855.00.00 for additional information on reimbursements.

2810.35.05 Workforce Innovation and Opportunity Act (WIOA) (S)

Income received through WIOA is included as earned income for both on-the-job training and not on-the-job training programs, with the following exception:

> WIOA income paid to an individual who is under 19 and under parental control of another AG member.

Reimbursements of training expenses such as clothing, child care, transportation and other supportive services are excluded. (f4)

2810.35.10 Workforce Innovation and Opportunity Act (WIOA) (C)

Income received through the WIOA is excluded from consideration in determining TANF eligibility and the amount of the TANF assistance payment.(f5)

2815.00.00 IN-KIND INCOME

Non-cash or in-kind benefits are discussed in the following sections.

2815.05.00 IN-KIND EARNINGS

In-kind earnings are goods and services received in exchange for working i.e., in lieu of cash. The dollar value of the work performed as established by the employer is counted as earned income only in situations where the

employee has the option of receiving cash for the performed work. If the employee does not have the option of receiving cash for the performed work, the goods and services received are exempt as income.

EXAMPLE
If an AG member works off his rent and the landlord states he would pay the client $200 a month, but he prefers to receive free rent in lieu of the money. Count $200 income and allow $200 as a shelter cost. If the landlord states he would not pay the client to do the work, do not count any income or allow any shelter deduction.

2815.10.00 IN-KIND CONTRIBUTIONS (S, C)

In-kind contributions or assistance (non-monetary benefits in the form of goods or services) are exempt. For example, meals, clothing, and produce from a garden are exempt as income. Document as exempt in the eligibility system.

2820.00.00 VENDOR PAYMENTS

Payments made by a third party directly to a provider of goods or services on behalf of an AG member without obligation are not counted as income.

Some examples are:

A relative who is not an AG member pays the rent directly to the landlord;

medical payments made by a third party to a medical provider;

township trustee payments;

HUD housing subsidies;

child care voucher payments

A payment made on behalf of an AG is considered a vendor payment whenever a person or organization outside of the AG uses its own funds to make a direct payment to either an AG's creditors or a person or organization providing a service to the AG.

Payments specified by court order or other legally binding agreement to go directly to the third party rather than to the AG, and support payments not required by a court order or other legally binding agreement (including payments in excess of amount specified in a court order or written agreement) which are paid to a third party rather than the AG, are considered to be a vendor payment and are excluded, even if the AG agrees to the arrangement. Refer to Section 2870.00 regarding contributions.

2825.00.00 INFREQUENT OR IRREGULAR INCOME (S)

Infrequent or irregular income not in excess of $30 in a calendar quarter is excluded when receipt cannot be anticipated. This includes one-time gifts of cash for special occasions such as birthdays or Christmas from someone whose income is not included in the AG. If excluded, documentation to justify the exclusion should be entered on CLRC. It is not to be entered on any screen. If the income is anticipated on a regular basis, it will be included in the eligibility system regardless of the amount. (f6)

2825.05.00 CHARITABLE DONATIONS (S)

An income exclusion of no more than $300 per quarter may be granted when cash donations, based on need, are received from one or more private nonprofit charitable organizations. (f7) Refer to Section 2870.05.00.

2825.10.00 INFREQUENT OR IRREGULAR INCOME (C)

Each member of the AG is entitled to a $30 disregard of certain contributions received during a calendar quarter, (for example, January-March, April-June, July-September, October-December). The contributions which are subject to consideration under this provision are those cash gifts of $30 or less which are received less frequently than once a month from the same source.

The $30 disregard provision **cannot** be applied to:

single contributions in an amount in excess of $30; or

any contribution received on a monthly basis from the same source, no matter how minimal the contribution amount.

Gifts are considered in the order in which they are received. This becomes important when the total of all the inconsequential cash gifts received during the quarter exceeds $30. The combined gift total in excess of $30 is considered as unearned income in the budget month in which the person's contributions exceed the $30 disregard.

A gift received by one member of the AG will be considered the income of that member **unless** the member states that the contribution was intended for the benefit of other individuals. When it is determined by the AG member's statement that the gift was designated for the benefit of part or all of the AG members, the value of the gift is divided equally among the beneficiaries. The $30 disregard is then applied against each AG member's share of the contribution according to the member's disregard entitlement.

2830.00.00 CHILD AND SPOUSAL SUPPORT

For SNAP purposes, child support payments are those funds paid by a legal, adjudicated, or alleged parent intended for the support or maintenance of a child. Child support can be voluntarily paid by the non-custodial parent, or court-ordered. However, in order for voluntary payments to be considered child support for eligibility purposes, both parents must be in agreement that the payments are for the support or maintenance of a child. Without this agreement, the payments are considered to be contributions rather than child support.

For TANF purposes, only payments that have been court ordered are considered child support.

Child support is unearned income and is considered the child's income.

Spousal support or alimony is an amount of money allocated from one spouse to another by a court in a divorce or separation agreement. A spousal support or alimony payment is unearned income.

2830.05.00 CHILD SUPPORT (S)

Child support paid to the AG, either through the Child Support Bureau (IV-D) or directly to the AG, is counted as unearned income, unless it is designated as a retroactive payment by the Child Support Bureau or County Clerk. If an

AG is receiving TANF, only the support actually released to the client by IV-D is counted as unearned income. Retroactive payments are considered as a resource.

Regularly scheduled arrearage payments required by a court order are considered income when paid as ordered.

Child support received and used for the care and maintenance of a child who is not receiving assistance is to be disregarded for SNAP.

Payments received for a child no longer in the home and not used for the child's benefit count as a contribution.

Refer to Section 3440.06.00 regarding a deduction in SNAP budgets for court ordered child support payments made to non-AG members.

2830.10.00 CHILD SUPPORT (C)

The amount of child support received or anticipated to be received for any member of the AG is unearned income. Child support is budgeted as follows:

Child support received and used for the care and maintenance of a child who is not receiving assistance is to be disregarded.

Payments received for a child no longer in the home and not used for the child's benefit count as a contribution.

Child support received:

for an adult-child (18 yrs. of age or older) and,

who is living in the home, but is not in the same assistance group with his/her parent (who is named on the court order to receive the support) and,

it is verified that the parent is not providing the support to the adult child

is to be considered unavailable to the adult child and would not be included in his/her TANF budget. This would also apply to support paid on behalf of minor parents who are independently receiving a TANF cash benefit as the eligible caretaker for his/her child (see IPPM 3215.05.25.05).

2830.10.05 Support Payments (C)

Support payments received directly by the AG are counted as unearned income. Recipients who receive TANF are required to forward payments of child support, spousal support, and alimony to which they are entitled to the Child Support Bureau. The conversion date of support payments will be determined by the eligibility system at the time of authorization.

Prior to the conversion date, support received by the AG will be included in the budget. If there are system direct payments after the conversion date, the eligibility worker should contact the Child Support Bureau to ascertain what payments the amounts represent and what actions need to be taken.

2830.10.10 Support Excess Payments (C)

TANF recipients may receive payments out of the support collected on their behalf, such as child support distributed to a TANF $0 grant recipient, or excess child support payments. The recipient will receive an excess payment when support collected in the month exceeds:

The current TANF award; and

all past TANF assistance paid out on behalf of the AG.

The excess payment is the difference between a month of the support collection minus the current award and the unpaid past assistance.

2830.10.10.15 Excess Payment Budget Consideration (C)

Any excess child support payment collected is to be budgeted as income to the TANF AG. Initial excess payments through the IV-D system must be researched by IV-D to determine the validity of the payment. Due to the research, these initial payments vary in when the payment is made. Any subsequent excess payments will be sent to the client in the third month after collection.

For ongoing TANF assistance groups, the excess payment, in combination with all other countable income, is compared to 100% of the Federal Poverty Level (FPL). If the net income figure is below this income standard, the AG remains TANF eligible (with the excess payment considered as countable income in calculating the benefit amount). The AG will lose TANF eligibility, however, if the excess support plus all other countable income equals or exceeds the 100 % of FPL income standard for two consecutive months.

Excess payments will not necessarily result in case closure, since the budget which produced an excess may no longer be in effect. (For example, earned income may have terminated.) If the AG remains eligible for assistance, the appropriate month's excess is recorded as countable income in computing the benefit for the projected month.

2835.00.00 ASSISTANCE FROM GOVERNMENT PROGRAMS

The treatment of assistance from government agencies will vary depending on the nature of the program and the payment.

2835.05.00 ENERGY ASSISTANCE PAYMENTS

Home energy assistance payments made to or on behalf of the AG by the Indiana Department on Aging and Community Services under the Energy Assistance to Low Income Families Program are excluded for all categories. (f10) This includes the Energy Assistance Program (EAP), Project SAFE, and Project HEAT.

For SNAP all federal energy assistance payments are excluded except those provided under Part A of Title IV of the Social Security Act, including utility reimbursements made by HUD and the Rural Housing Service. Additionally,

any one-time payment made under federal or state law for the costs of weatherization, emergency repair or replacement of an unsafe or inoperative furnace or heating or cooling device are excluded. A down payment followed by a final payment upon completion of the work is considered a one-time payment for this provision.

2835.10.00 TOWNSHIP TRUSTEE ASSISTANCE

All payments made by Township Trustees are exempt as income for all programs.

2835.15.00 HUD PAYMENTS

HUD payments are payments made by the Department of Housing and Urban Development.

2835.15.05 HUD Payments (S)

The Department of Housing and Urban Development (HUD) payments made for an AG's utility costs are considered exempt income.

Rent paid to a landlord or mortgages paid by HUD or by state or local housing authorities are also considered exempt income. Expenses paid by the exempt HUD payments are not allowable as deductions in the SNAP budget. Refer to Section 2845.55.00.

2835.15.10 HUD Payments (C)

Housing assistance paid directly or indirectly by the United States Department of Housing and Urban Development under the following Acts are exempt:

the Housing Authorization Act of 1976 with respect to a dwelling unit under the United States Housing Act of 1937, as amended (Sections 8, 10, and 23 and the Experimental Housing Allowance Program);

the National Housing Act (loans for housing renovation, mortgage insurance, and investment insurance);

Title V of the Housing Act of 1949 (loans to elderly individuals, farmers, and developers for the construction, improvement, or replacement of farm homes and other buildings); and

Section 101 of the Housing and Urban Development Act of 1965 (payments to certain mortgagors on behalf of tenants with low income who are displaced by government action, age 62 or over, physically handicapped, living in substandard housing, present or past tenants of dwellings damaged or destroyed by disaster, or the head of the household is on active duty with the armed forces. (f11)

2835.20.00 RELOCATION ASSISTANCE ACT PAYMENTS

Relocation assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (f12) is exempt for all programs.

2835.25.00 DISASTER ASSISTANCE PAYMENTS

Payments made under the Disaster Relief and Emergency Assistance Act of 1988 (f13) are excluded for all programs. There must be a presidentially declared disaster for these payments to be excluded.

2835.30.00 FOSTER CARE AND ADOPTION ASSISTANCE PAYMENTS

The following section describes SNAP program specific policy on foster care and adoption assistance payments for children and adults received from any agency. For additional information regarding foster care payments and adoption assistance, refer to Section 3210.15.05.20 (for S) and 3215.05.20 (for C).

2835.30.05 Foster Care Payments (S)

Foster care payments for children or adults are included as unearned income if the foster care child or adult is included as a SNAP AG member. Should the AG choose to exclude the foster care child or adult, the income will not be counted. The child or adult will be treated as a boarder.

In this instance, however, the income from the foster boarder is not counted as boarder income. It must be

totally excluded if the foster child/adult is not included as an AG member. (f14)

2835.35.00 SUPPLEMENTAL SECURITY INCOME

The following sections discuss program specific policy on the inclusion or exclusion of income received from the Supplemental Security Income (SSI) program.

SSI benefits are available through the Social Security Administration under Title XVI of the Social Security Act to individuals age 65 or older, blind, or disabled, and who meet specific income and resource requirements. Individuals who have never paid into the Social Security program may be eligible for SSI as well as individuals who are receiving RSDI in an amount less than the current SSI maximum benefit. Refer to Section 2890.10.10 for appropriate verification sources.

2835.35.05 Supplemental Security Income (S)

SSI assistance payments are included as unearned income. (f16) SSI benefits recouped by SSA that are not received by the household are not counted as income. An exception is a recoupment due to fraud. The SSI recoupment amount is to be listed in the eligibility system.

All SSI payments to individuals whose disability is based on Drug Addiction and/or Alcoholism (DAA) are required to be paid to a representative payee. Some organizations act as the representative payee but charge a fee for providing payee services. For SNAP, the amount of the fee which the representative payee withholds from the funds it receives on behalf of the SSI recipient is not counted as income. (f40)

SSI payments to individuals whose disability is based on Drug Addiction and/or Alcoholism (DAA) may receive retroactive payments in installments for two or more months depending on the amount due the individual. Because these payments will be recurring they must be counted as income instead of a resource. The individual will receive a notice from SSA informing him/her whether one or more installments will be issued, when to expect each installment and the amount of each installment. (f41)

2835.35.10 Supplemental Security Income (C)

Income, resources, and contributions of an SSI recipient are exempt when determining an AG's eligibility (due to those individuals being excluded from inclusion in the AG). (f17)

2835.40.00 TANF/RCA PAYMENTS (S)

Cash assistance (TANF and RCA) must be included as unearned income. This includes a payment for an AG which has a protective payee. TANF paid in the name of an ineligible parent is the child's income for SNAP. TANF/RCA payments received from another state for the budget month are to be recorded in the eligibility system as other non-exempt.

2835.40.05 Retroactive/Corrective TANF/RCA Payments (C, S)

Retroactive/corrective TANF/RCA payments are exempt as income or as a resource in the month of receipt. (f20) Thereafter, amounts retained are treated as a resource.

2835.45.00 SNAP/NUTRITION PROGRAMS (C)

Benefits received under the following federal or federally assisted programs seeking to improve the nutrition of low and moderate income families and individuals are exempt:

Food Stamp Act of 1977, as amended; (f21)

Child Nutrition Act of 1966 (WIC), as amended; (f22)

National School Lunch Act, as amended; (f23)

Title VII Nutrition Program for the Elderly of the Older Americans Act of 1965 (Meals on Wheels), as amended; (f24)

2835.50.00 RESIDENTIAL LIVING ALLOWANCES

Residential Living Allowances provided by the Semi-Independent Living Program or the Alternative Family Program are exempt.

2840.00.00 BENEFIT PROGRAMS

The following sections discuss types of benefits payable to individuals and their treatment as unearned income.

2840.05.00 SOCIAL SECURITY INCOME

Benefits that are paid by the Social Security Administration (SSA) are unearned income for all programs. These types of benefits include Retirement, Survivors, and Disability Insurance (RSDI), special age 72 payments (PROUTY), and black lung benefits. These benefits may be available through the SSA under Title II of the Social Security Act to the covered former wage earner and his dependents or survivors.

Black Lung benefits may be available through the United States Department of Labor under Title IV of the Federal Coal Mine Health and Safety Act of 1969 to the former miner and his dependents or survivors. Application for benefits is to be made through the nearest Social Security Administration District Office.

Social Security benefits recouped by SSA that are not received by the household are not counted as income. Refer to Section 2890.10.15 for verification requirements.

All Social Security payments to individuals whose disability is based on Drug Addiction and/or Alcoholism (DAA) are required to be paid to a representative payee. Some organizations act as the representative payee but charge a fee for providing payee services. For SNAP, the amount of the fee which the representative payee withholds from the funds it receives on behalf of the SSI recipient is not counted as income. (f40) The fee must be indicated on the appropriate screen in the eligibility system by entering "Y" in the "Ded" field. Then the worker will enter the required information regarding this deduction on the appropriate screen in the eligibility system.

2840.10.00 VETERANS' BENEFITS

Veterans' benefits are unearned income in the form of compensation or pension benefits available through the Department of Veterans' Affairs to veterans and their dependents or survivors.

Compensation is paid to veterans with service connected disabilities and is based on the degree of the disability. Pensions are available to certain wartime veterans who are permanently and totally disabled. (f25)

Any portion of the VA benefit which is allowed for a dependent(s) is considered unearned income of the dependent. Refer to Section 2890.10.20 concerning verification requirements.

The amount being recouped from a veteran's benefit is an allowable deduction.

2840.10.05 Spina Bifida Allowance for Veterans' Children

Allowances paid to children who are born with Spina Bifida and are children of Vietnam veterans will have this allowance excluded from the income and resource determination for SNAP and TANF. (f25a)

The monthly payment is to be considered as exempt income.

Left over amounts (previous month's payment that isn't spent in that previous month) of this allowance from previous months payments and/or lump sum payments of this allowance are to be considered as an exempt resource and documented in the eligibility system. If the client has this in an account with other countable resources, the client must supply the worker with the amount of money that is the Spina Bifida amount so this amount may be exempt from the resource determination. It does not have to be in a separate account, but the client or a family member must keep track of the amount.

EXAMPLE:

A client is receiving a monthly payment of $700 for Spina Bifida for his child and the client is a Vietnam veteran. The $700 is exempt income and is listed with the proper code in the eligiblity system.

The next month the client receives another payment of $700 which is directly deposited into his bank account. The client also has $500 in this account of which $400 is money left over from the Spina Bifida allowance received in the previous month. For the resource determination, only $100 would be listed as a countable resource in the eligiblity system and the remaining $400 would be documented as being left over Spina Bifida allowance from the previous month's payment, and this $400 would be an exempt resource.

2840.15.00 RAILROAD RETIREMENT BENEFITS

Railroad Retirement Benefits are unearned income and may be available to former railroad workers and their dependents or survivors. Included are retirement and disability benefits. The Railroad Retirement benefit and Social Security benefit are usually combined in one payment if the individual is entitled to both benefits. Verification of benefits is essential. Refer to Section 2890.10.25.

2840.20.00 PENSIONS

Payments may be available from private industry, local or state governments, or the federal government to former employees and their dependents or survivors. These payments are the result of purchase of an annuity, retirement from employment, survivor benefits for a former employee's dependents, or injury or disability, and may be made by an employer, an insurance company, or public or private funds. Pensions are counted as unearned income. Refer to Section 2890.10.35 for verification requirements. The amount of funds being recouped from a pension is an allowable deduction, and is to be entered in the eligibility system.

2840.25.00 UNEMPLOYMENT COMPENSATION BENEFITS

Unemployment compensation benefits (UCB) may be available through Indiana Workforce Development to unemployed individuals who have a recent history of "covered" work and who are currently available for work. UCB is counted as unearned income. Refer to Section 2890.10.40 for verification requirements and Section 4430.30.00 for information on Data Exchange.

2840.30.00 WORKER'S COMPENSATION

Worker's Compensation may be awarded to an injured employee or his survivors under federal and state worker's compensation statutes. Payment may be made in a lump sum payment or in monthly payments, and is treated as unearned income. Refer to Section 2890.10.45 for verification requirements.

2840.35.00 STRIKE BENEFITS

Strike benefits may be awarded to employees who are striking against their employer. Strike benefits are

counted as unearned income. Refer to Section 3425.00.00 for ”S” striker ineligibility and Section 2446.05.00 for "C" category information.

2840.35.05 Ineligibility Due To Striking (C)

An AG is ineligible for TANF for any month in which the natural or adoptive parent residing in the home (regardless of whether the parent is included in the award) or the only eligible child is participating in a strike on the last day of the month. (f26) If any other member of the AG is participating in a strike on the last day of the month, that member is ineligible for TANF and his needs are not to be included when determining eligibility for the remainder of the AG. The term "month", as used above, means "payment month".

2840.40.00 MILITARY ALLOTMENTS

An individual may be receiving or be eligible to receive a military allotment if the spouse, adult child, or parent, is in the United States Armed Forces. These payments are counted as unearned income.

If the individual in the military makes money available to the applicant or participating AG, the money is a contribution to the AG. Usually, this is done by direct deposit into a joint checking account.

For SNAP, if any portion of the contribution from the military member is a result of deployment to a combat zone, that portion is excluded from income to the AG. The deployed person’s military pay record, the Leave and Earnings Statement (LES) will identify if the member has been deployed to a combat zone and the amount of the combat pay. Contact PAL with questions in regards to combat zones.

2840.45.00 DISABILITY PAYMENTS

An individual may have insurance coverage that pays a specified amount for a specific period of time during which the individual is unable to work because of a disabling condition. Disability payments are counted as unearned income. The gross amount of the payments is always entered in the eligibility system.

2845.00.00 BENEFITS RECEIVED DUE TO FEDERAL LAW

The benefits that are listed in the following sections are those that are received due to federal statute.

2845.05.00 DOMESTIC VOLUNTEER SERVICE ACT COMPENSATION

The following sections discuss benefits received due to federal laws pertaining to the Domestic Volunteer Service Act.

2845.05.05 Domestic Volunteer Service Act Compensation (S)

The following payments to volunteers under Title II, the Domestic Volunteer Services Act of 1973, (f28) as amended, are exempt income:

Vista payments under Title I of the above act, made to volunteers are excluded for those households receiving SNAP or Cash Assistance at the time they joined the Title I program. Verification of participation in the SNAP or another Cash Assistance program at the time the client joined VISTA is mandatory. New applicants who were not receiving Cash Assistance or SNAP at the time they joined VISTA will have these volunteer payments included as earned income.

Payments under Title II such as RSVP, and Foster Grandparents and Senior Companion Program are exempt regardless of whether or not SNAP was received before or after this income began.

2845.05.10 Domestic Volunteer Service Act Compensation (C)

The following is exempt income:

Assistance to volunteers who participate in ACTION programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law; and

Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aids, or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Title II and III of the Act.

2845.10.00 OLDER AMERICANS ACT

Funds received by individuals under the Community Service Employment Program (Title V) are exempt as income for SNAP purposes. The organizations involved in this program are Green Thumb, National Council on Aging, National Council on Senior Citizens, American Association of Retired Persons, U.S. Forestry Services, National Association of Spanish Speaking Elderly, National Urban League, and the National Council on Black Aging.

For C, payments other than wages/salaries made under the Older Americans' Act are exempt unearned income. Wages/salaries are earned income.

2845.10.05 Green Thumb Earnings

Green Thumb earnings are exempt for SNAP. See Section 2845.10.00.

Green Thumb earnings are counted as earned income for TANF.

2845.15.00 ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES

The following Section discusses federal law pertaining to Indian tribes and Alaska natives.

> P.L. 92-203, section 29, dated 1/2/76, the Alaska Native Claims Settlement Act, and Section 15 of P.L. 100-241, 2/3/88, the Alaska Native Claims Settlement Act Amendments of 1987 - All compensation (including cash, stock, partnership interest, land, interest in land, and other benefits) received under this Act are excluded from income and resources.

P.L. 93-134, the Judgment Award Authorization Act, as amended by P.L. 97-458, Section 1407, 11/12/83 and P.L. 98-64, 8/2/83, the Per Capita Distribution Act. P.L. 97-458 required the exclusion of per capita payments under the Indian Judgment Fund Act (judgment awards) of $2000 or less from income and resources. The exclusion applies to each payment made to each individual. Initial purchases made with exempt payments distributed between 1/1/82 and 1/12/83 are excluded from resources to the extent that excluded funds were used. P.L. 98-64 extended the exclusion to cover per capita payments from funds which are held in trust by the Secretary of Interior (trust fund distributions).

P.L. 93-531, Section 22 - Relocation assistance payments to members of the Navajo and Hopi Tribes are excluded from income and resources.

P.L. 94-114, Section 6 - Income derived from certain sub-marginal land held in trust for certain Indian tribes is excluded from income and resources. The tribes that may benefit are:

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin
- Blackfeet Tribe
- Cherokee Nation of Oklahoma
- Cheyenne River Sioux Tribe
- Crow Creek Sioux Tribe
- Lower Brule Sioux Tribe
- Devils Lake Sioux Tribe
- Fort Belknap Indian Community
- Assiniboine and Sioux Tribes
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians
- Keweenaw Bay Indian Community
- Minnesota Chippewa Tribe
- Navajo Tribe

P.L. 94-189, Section 6, 12/31/75 - Funds distributed per capita to the Sac and Fox Indians or held in trust are excluded from income and resources. The funds are divided between members of the Sac and Fox Tribe of the Mississippi in Iowa. The judgments were awarded in Indian Claims Commission dockets numbered 219, 153, 135, 158, 231, 83, and 95.

P.L. 94-540 - Payments from the disposition of funds to the Grand River Band of Ottawa Indians are excluded from income and resources.

P.L. 95-433, Section 2 - Indian Claims Commission payments made pursuant to this Public Law to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation are excluded from income and resources.

P.L. 96-420, Section 9(c), 10/10/80, Maine Indian Claims Settlement Act of 1980 - Payments made to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet are excluded from income and resources.

P.L. 97-403 - Payments to the Turtle Mountain Band of Chippewas, Arizona are excluded from income and resources.

P.L. 97-408 - Payments to the Blackfeet, Grosventre, and Assiniboine tribes, Montana, and the Papago, Arizona, are excluded from income and resources.

P.L. 98-123, Section 3, 10/13/83 - Funds distributed under this Act to members of the Red Lake Band of Chippewa Indians are excluded from income and resources. Funds were awarded in docket number 15-72 of the United States Court of Claims.

P.L. 98-124, Section 5 - Per capita and interest payments made to members of the Assiniboine Tribe of the Fort Belknap Indian Community, Montana, and the Assiniboine Tribe of the Fort Peck Indian Reservation, Montana, under this Act are excluded from income and resources. Funds were awarded in docket 10-81L.

P.L. 98-500, Section 8, 10/17/84, Old Age Assistance Claims Settlement Act, provides that funds made to heirs of deceased Indians under this Act shall not be considered as income or resources nor otherwise used to reduce or deny SNAP benefits except for per capita shares in excess of $2000.

P.L. 99-146, Section 6(b), 11/11/85 - Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior are excluded from income and resources. Judgments were awarded in Dockets numbered 18-S, 18-U, 18-C and 18-T. Dockets 18-S and 18-U are divided among the following reservations:

Wisconsin

- Bad River Reservation
- Lac du Flambeau Reservation
- Lac Courte Oreilles Reservation
- Sokaogon Chippewa Community
- Red Cliff Reservation
- St. Croix Reservation

Michigan

- Keweenaw Bay Indian Community (L'Anse, Lac Vieux Desert, and Ontonagon Bands)

Minnesota

- Fond du Lac Reservation
- Grand Portage Reservation
- Nett Lake Reservation (including Vermillion Lake and Deer Creek)
- White Earth Reservation

Under Dockets 18-C and 18-T funds are given to the Lac Courte Oreilles Band of the Lake Superior Bands of Chippewa Indians of the Lac Courte Oreilles Reservation of Wisconsin, the Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation, the Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, and the St. Croix Chippewa Indians of Wisconsin.

P.L. 99-264, White Earth Reservation Land Settlement Act of 1985, 3/24/86, Section 16 excludes moneys paid under this Act from income and resources. This Act involves members of the White Earth Band of Chippewa Indians in Minnesota.

P.L. 99-346, Section 6(b)(2) - Payments to the Saginaw Chippewa Indian Tribe of Michigan are excluded from income and resources.

P.L. 99-377, Section 4(b), 8/8/86 - Funds distributed per capita to the Chippewas of the Mississippi or held in trust under this Act are excluded from income and resources. The judgments were awarded in Docket Number 18-S. The funds are divided by reservation affiliation for the Mille Lac Reservation, Minnesota; White Earth Reservation, Minnesota; and Leech Lake Reservation, Minnesota.

P.L. 101-41, 6/21/89, the Puyallup Tribe of Indians Settlement Act of 1989, Section 10(b) provides that nothing in this Act shall affect the eligibility of the Tribe or any of its members for any Federal program. Section 10(c) provides that none of the funds, assets or income from the trust fund established in Section 6(b) shall at any time be used as a basis for denying or reducing funds to the Tribe or its members under any Federal, State or local program. (The Puyallup Tribe is located in the State of Washington.)

P.L. 101-277, 4/30/90, funds appropriated in satisfaction of judgments awarded to the Seminole Indians in Dockets 73, 151 and 73-A of the Indian Claims Commission are excluded from income and resources except for per capita payments in excess of $2000. Payments were allocated to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the independent Seminole Indians of Florida.

P.L. 101-503, Section 8(b), Seneca Nation Settlement Act of 1990, dated 11/3/90, provides that none of the payments, funds or distributions authorized, established, or directed by this Act, and none of the income derived therefrom, shall affect the eligibility of the Seneca Nation or its members for, or be used as a basis for denying or reducing funds under, any Federal program.

P.L. 93-134, Section 8, 10/19/73, the Indian Tribal Judgment Fund Use or Distribution Act, as amended by P.L. 103-66, Section 13736, 10/7/93, provides that interest of individual Indians in trust or restricted lands shall not be considered a resource and up to $2000 per year of income received by individual Indians that is derived from such interests shall not be considered income in determining eligibility for assistance under the Social Security Act or any other Federal or federally assisted program.

If other types, not on this list, are encountered, contact the Central Office for guidance.

2845.20.00 COMPENSATION TO GERMANS, JAPANESE, AND ALEUTS

German reparation and Japanese and Aleutian restitution payments are discussed in the following sections.

2845.20.05 Payments to Japanese and Aleuts

Payments made under P.L. 100-383 to U.S. citizens of Japanese ancestry and resident Japanese aliens of up to $20,000 each and payments to eligible Aleuts of up to $12,000 each are excluded as income.

2845.20.10 German Reparation Payments

Payments made by the Republic of Germany to certain survivors of the Holocaust may be received periodically or in a lump sum. They are exempt.

2845.25.00 AGENT ORANGE BENEFITS

Payments made from the Agent Orange Settlement Program (f30) are excluded as income to the veteran receiving the benefit as well as the veteran's survivors. The veteran receives a payment once per year while he is disabled for the life of the program. Survivors of the deceased veteran receive a one-time lump sum payment.

2845.30.00 FEDERAL TAX REFUND PAYMENTS

Federal Tax refunds received after December 31, 2009 are disregarded as income in the month received and as a

resource for a period of 12 months for all federal means-tested programs including TANF and SNAP. The resource exclusion lasts for 12 months.

The federal tax refund is to be excluded as a resource by subtracting any tax refund received by the AG in the last 12 months from the AG's resources. If the difference between the resources and the amount of the federal tax refund is less than the resource limit, the AG meets the resource limit.

Example: AG applies today and has total resources of $4000. AG verified receipt of a federal refund in the amount of $3287 received in January of this year. This federal refund amount would need to be deducted from the total resources and the difference of $713 would be countable as a resource. This calculation will need to be completed off-line and requires documentation in the eligibility system.

2845.35.00 YOUTH PROJECT PAYMENTS (S)

Payments received from the youth incentive entitlement pilot projects, the youth community conservation and improvement projects, and the youth employment and training programs under Title IV of the Comprehensive Employment and Training Act Amendments of 1978, (f31) are exempt as income.

2845.40.00 CHILD CARE PAYMENTS (C)

Child care payments from Step Ahead voucher agents and other government agencies made on behalf of TANF recipients, former TANF recipients transitioning from TANF and families at risk of becoming eligible for TANF are exempt as income. Additionally, no deduction is allowed for dependent care covered by these payments. These payments are income for the child care provider who receives them.

2845.45.00 MIGRANT NEW SOURCE INCOME (S)

If a migrant household is determined eligible for expedited service according to Section 1825.25.15, only income received between the first of the month and the application date is included in the budget. All income anticipated

from a new source after the application date is disregarded for the month of application.

In regard to the recertification of migrants, income from a new source is disregarded in the first month of the new certification period if income of more than $25 will not be received from the new source by the 10th calendar day after the date of the AG's normal issuance cycle.

Travel advances should be considered as income to the AG when written into a contract that it will be subtracted from wages by the new employer. Any travel advances which are not considered an advance of wages are not to be considered as income to the AG nor included in the budget determination. Should the travel advance be considered as income as written into a contract by a new employer, use the criteria mentioned in Section 1825.25.15 to determine if the AG is destitute.(f31a)

2845.50.00 RADIATION EXPOSURE ACT BENEFITS

Payments made from the Radiation Exposure Compensation Trust Fund established under the Radiation Exposure Compensation Act are exempt as income. (f32)

2845.50.05 Americorps Program (S)

Payments made from the Americorps Program are excluded from income for SNAP purposes, except when the individual is participating in an OJT (On the Job Training) Program and the individual is not a dependent, (age 18 or under). If verification of participation in Americorp cannot be obtained locally you may call (202) 606-5000 to verify a recipient’s Americorp Membership status. You must provide the recipient's Social Security number to Americorp.(f33)

2845.50.10 Crime Victim Payments

If a crime victim applies for assistance from any federal, state or local government program that uses federal funds, the program may not include victim compensation benefits paid through the Crime Act of 1984 when determining income eligibility.(f34) Victim compensation payments are made to crime victims or their dependents for expenses such as medical expenses, funeral expenses, lost wages and psychological counseling. In Indiana, victim compensation

payments are made through the Indiana Criminal Justice Institute's Violent Crime Compensation Division.

2845.52.00 PLAN FOR ACHIEVING SELF-SUPPORT (S)

Income necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) under SSI is exempt. This income may be earned or unearned income. The amount and type of income exempted must be verified by the Social Security Administration.

2845.55.00 UTILITY EXPENSE PAYMENTS

Payments made as a result of any Federal law, such as HUD or FmHA, for the purpose of paying an AG's utility expenses, are exempt as income regardless of how they are paid. Refer to Section 3440.50 (for S).

2845.60.00 TRANSITIONAL HOUSING PAYMENTS (S)

Any public assistance housing payments made to a third party on behalf of an AG living in transitional housing for the homeless are exempt as income. Housing is transitional if it serves as an AG's residence until permanent housing is obtained.

2845.70.00 MILITARY SUBSISTENCE ALLOWANCES

Enlisted members of the Armed Forces may receive a cash benefit up to $500 per month. The benefits are issued by the Department of Defense and are shown on the member's Leave and Earnings Statement as Family Subsistence Supplemental Allowance. This form is the standard wage information form used by the military.

These benefits are to be considered as earned income for all Programs and entered in the eligibility system.

2845.75.00 COLLEGE SAVINGS ACCOUNTS/ABLE ACCOUNTS (S)

ABLE (Achieving a Better Life Experience) accounts, tax-favored savings accounts established to provide secure funding for disability related expenses on behalf of designated beneficiaries deemed disabled before age 26, are excluded as both income and resources in determining SNAP eligibility.

2850.00.00 DIVIDENDS, INTEREST AND ROYALTIES

Payments of dividends, interest, and royalties are considered unearned income. This includes interest on checking accounts and trust accounts.

Dividends that the household has the option of either receiving as income or reinvesting in the trust stock or bond are to be considered as income in the month they become available to the household.

2850.05.00 INTEREST ON INDIVIDUAL DEVELOPMENT ACCOUNTS

Interest income that is earned on an Individual Development Account (IDA) under the Assets for Independence Act (AFIA), Public Law 106-554, is excluded from income. (See also IPPM 2630.95.00.

2855.00.00 REIMBURSEMENTS

Reimbursements for past or future expenses are exempt if they do not exceed actual expenses and do not represent a gain or benefit. To be exempt, these payments must be specifically intended and used for expenses other than normal living expenses. Normal living expenses include the amount spent for rent or mortgage, personal clothing, and food eaten at home.

Any part of the reimbursement amount that exceeds the actual expense is included as income. However, reimbursements are not considered to exceed actual expenses, unless the AG or the provider indicates the amount is excessive.

Reimbursements for normal household living expenses such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit and, therefore, are included as income. Reimbursements from employers over and above the basic wages for necessary job related expenses are exempt.(f35)

2860.00.00 EDUCATIONAL INCOME DEFINITION

Educational income includes, but is not limited to, grants, scholarships, fellowships, work-study, veterans educational benefits, and deferred educational loans (loans received for educational expenses which are to be repaid at a later date, usually after graduation), that is used for tuition

and mandatory fees at an institution of post secondary education, including correspondence schools at that level or a school at any level for the physically or mentally handicapped.

Wages from graduate assistantships are not treated as educational income if they are subject to taxation and are available for meeting the individual's non-educational living expenses; they are budgeted as earned income.

A loan on which repayment must begin within 60 days after receipt is not considered a deferred loan.

Educational income received by any person determined to be an eligible AG member is to be considered in the budget calculation.

2860.05.00 EXEMPT EDUCATIONAL INCOME

Grants, awards, scholarships and work study income received under Title IV of the Higher Education Act or the Bureau of Indian Affairs (BIA) programs are exempt. For SNAP, these types of income are exempt for all students. For TANF, they are exempt only for undergraduate students. Included are the following:

Basic Educational Opportunity Grants (BEOG or PELL Grants);

Presidential Access Scholarships (Super PELL Grants);

Supplemental Educational Opportunity Grants (SEOG);

State Student Incentives Grants (SSIG);

Federal Work Study Funds (NOTE: Not all Federal work study funds come under Title IV of the Higher Education Act.) (Refer to Section 2860.15.00);

TRIO Grants (Go to organizations or institutions for students from disadvantaged backgrounds):

Upward Bound (Some stipends go to students);
Student Support Services;
Robert E. McNair Post-Baccalaureate Achievement.

Robert C. Byrd Honors Scholarship Program;

College Assistance Migrant Program (CAMP) for students whose families are engaged in migrant and seasonal farm work;

High School Equivalency Program (HEP);

National Early Intervention Scholarship and Partnership Program.

Federally funded educational loans are exempt for all students (undergraduate and graduate) for all programs. They include the following:

Federal Direct Student Loan Programs (FDSLP) (formerly GSL and FFELP);

Federal Direct Supplemental Loan Program (provides loans to students);

Federal Direct PLUS Program (provides loans to parents);

Federal Direct Stafford Loan Program; and

Federal Consolidated Loan Program.

Direct loans to students in institutions of higher education (Perkins Loans, formerly NDSL).

2860.10.00 NON-EXEMPT EDUCATIONAL INCOME

Student financial assistance received from a source not listed in Section 2860.05.00 is considered as non-exempt income. However, it is not necessarily budgeted as income to the AG. Non-exempt educational income is included only to the extent that it is accessible for meeting the AG's general living expenses. When educational income is inaccessible (received directly by the school in an amount less than or equal to the student's educational expenses as verified by the financial aid office), it is excluded from budgeting for all programs. Non-exempt educational income sent directly to the student or refunded by the school after tuition and fees have been paid is budgeted. However, any remaining allowable educational expenses are deducted from it. This applies to undergraduate and graduate students alike. Non-exempt educational income includes assistance provided under the Carl D. Perkins

Vocational Educational Act. Programs under this Act include the following:

- Indian Vocational Education Program;
- Native Hawaiian Vocational Education Program;
- State Vocational and Applied Technology Education Program which contains the:
  - State Program and State Leadership Activities;
  - Program for Single Parents, Displaced Homemakers, and Single Pregnant Women;
  - Sex Equity Program;
  - Programs for Criminal Offenders;
  - Secondary School Vocational Education Program;
  - Post-secondary and Adult Vocational Education Program;
  - State Assistance for Vocational Education Support Programs by Community Based Organizations;
  - Consumer and Homemaking Education Program;
  - Comprehensive Career Guidance and Counseling Program;
  - Business-Labor-Education Partnership for Training Program;
- National Tech-Prep Education Program;
- State-administered State Grants for Facilities and Equipment and Other Program Improvement Activities;
- Community Education Employment Centers Program;
- Vocational Education Lighthouse Schools Program;
- Tribally Controlled Post-secondary Vocational Institutions Program;

Vocational Education Research Program;

National Network for Curriculum Coordination in Vocational and Technical Education;

National Center or Centers for Research in Vocational Education;

Materials Development in Telecommunications Program;

Demonstration Centers for the Training of Dislocated Workers Program;

Vocational Education Training and Study Grants Program;

Vocational Education Leadership Development Awards Program;

Vocational Educator Training Fellowships Program;

Internships for Gifted and Talented Vocational Education Students Program;

Business and Education Standards Program;

Blue Ribbon Vocational Education Program;

Educational Programs for Federal Correctional Institutions;

Vocational Education Dropout Prevention Program;

Model Programs of Regional Training for Skilled Trades;

Demonstration Projects for the Integration of Vocational and Academic Learning Program;

Cooperative Demonstration Programs;

Bilingual Vocational Training Program;

Bilingual Vocational Instructor Training Program;

Bilingual Materials, Methods, and Techniques Program.

2860.15.00 WORK STUDY

Work study educational income is received for the performance of work. Work study income administered by the Secretary of Education is exempt for C. Work study funded by Title IV is exempt for SNAP. Refer to Section 2860.05.00.

2865.00.00 LOANS

A loan in the month of receipt is exempt providing there is a verifiable repayment schedule in effect.

A source with which to repay the loan need not exist for the loan to be exempt. (f36)

2866.00.00 REVERSE MORTGAGES

A reverse mortgage is a mortgage contract that allows a homeowner, age 62 or older, to borrow a percentage of the appraised value of his home. The homeowner then receives either a periodic payment or a line of credit which does not have to be repaid as long as he lives in the home. The proceeds from a reverse mortgage are not counted as income in the month received. However, if they are retained into the following month, they must be evaluated as resources.

Another reverse mortgage arrangement consists of the purchase of an annuity and is called a reverse annuity mortgage (RAM). Annuity payments from a reverse annuity mortgage are counted as unearned income.

2870.00.00 CONTRIBUTIONS

All direct money payments from any source that represent a gain or benefit to the individual, with no obligation to repay, are included as unearned income.

2870.05.00 CONTRIBUTIONS

Cash contributions made by non-recipient household members toward living expenses shared with the AG are exempt. (See Section 3440.50.00 for SNAP.)

Refer to Section 2825.05.00 concerning the treatment of charitable donations for SNAP.

2875.00.00 REAL ESTATE INCOME

Income from real estate includes any funds resulting from property ownership. This income can be earned or unearned, depending on the program involved and the individual's management activity.

The following sections describe income received from rental property, sales contracts on property, and room and board.

2875.05.00 RENTAL INCOME

Rental income is any payment for using real or personal property. Examples of rent include payments for the use of:

land;
buildings;
an apartment, room, or house; or
machinery or equipment.

2875.05.05 Rental Income (S)

If an individual spends less than 20 hours per week actively managing the rental property as a business, the net rent income (gross income minus expenses) is included as unearned income. If an individual spends 20 or more hours per week actively managing the rental property, the net rent income is included as earned income. Income from roomers/boarders is always earned income, regardless of time spent managing. Refer to Section 2810.30.

2875.05.10 Rental Income (C)

Income received from the rental of real estate is considered earned income if the arrangement requires participation by the assistance group member in managing the property. If the property is managed by someone else, the income received from the rental of the real estate is unearned income. Refer to Section 2810.30.

2875.10.00 INCOME FROM CONTRACT SALES

Income from land contract sales is paid in installments. The following sections discuss the treatment of payments from contract sales.

2875.10.05 Income From Contract Sales (S)

Income received in installments from the sale of a home is included as unearned income when it exceeds expenses. Income from property sales is handled the same as self-employment income in that expenses may be deducted from the cost of producing the income. Typical expenses that may be deducted from the income include the interest portion of any mortgage still owed, taxes, insurance, or broker fees.

If the income derived is from sale of business equipment or property connected with the self-employment enterprise, then the total gain from sale of capital goods or equipment related to the business is considered earned income from self-employment. Appropriate deductions as above may be allowed.

2875.10.10 Income From Contract Sales (C)

When property is sold on contract, any payment of interest received as a result of the sales contract, including the interest portion of a periodic payment, is unearned income. The portion of the payment which represents principal is considered a non-exempt resource.

The equity value of a contract is to be considered a resource except when the contract contains a clause that prohibits the owner from selling or transferring the contract. In such an instance, the equity value is exempt.

2880.00.00 LUMP SUM PAYMENTS

A lump sum is any type of cumulative payment made to an individual. A payment of retroactive benefits such as SSI, Social Security, Veterans' benefits, or a refund of Medicare Part B premiums is considered a lump sum.

Insurance settlements, inheritances, and lottery winnings are also examples of lump sum payments. When evaluating a lump sum, the eligibility worker must carefully determine whether it is a recurring payment or a non-recurring payment. Non-recurring means the payment is a one-time payment: is not expected to be received from the same source for the same reason as a lump sum again. Conversely, if a payment is expected to be received again from the same source, it is considered to be a recurring lump sum payment. Each assistance program has specific requirements for the treatment of lump sum payments as resources or income. The SNAP and TANF cash assistance (f37a) resource provisions are contained in section 2615.65.05. Lump sum income provisions are contained in sections, 2880.05.

2880.05.00 RECURRING LUMP SUM PAYMENTS

Money received in the form of recurring lump sum payments are considered as income. At the time it becomes known that a series of lump sum payments will be received it is considered income to the AG. Recurring lump sum payments are counted as income in the month received, unless specifically excluded from consideration as income by other federal laws.

SSI payments to individuals whose disability is based on Drug Addiction and/or Alcoholism (DAA) may receive retroactive payments in installments for two or more months depending on the amount due the individual. Because these payments will be recurring they must be counted as income instead of a resource. The individual will receive a notice from SSA indicating whether one or more installments will be issued, when to expect each installment and the amount of each installment.(f23)

SSI has begun to issue recurring lump sum payments to recipients who are due retroactive amounts that equal or exceed 12 times the benefit rate. These retroactive benefits will be paid in no more than 3 installments and the installment payments will be made at 6 month intervals. These recurring lump sum installments are excluded as income.

2885.00.00 DEEMED INCOME

Deemed income refers to a special budgeting calculation in which a portion of an individual's income is considered

available to participating AG members. An individual whose income may be deemed differs by program. Deemed income is considered as unearned income in the budget.

For additional information regarding deeming, refer to Section 3450.45.

2890.00.00 VERIFICATION OF INCOME

All income must be documented and verified.

Income can be verified through a written, phone, or personal collateral contact with the employer or source of income. When verifying income, the date and source of verification and the receipt date and amount of income received must be recorded.

If verification is obtained by phone, the name, position, and phone number of the person providing the information must be recorded in the eligibilty system along with the date of contact.

The eligibility worker is responsible for obtaining and verifying all pertinent information regarding the financial situation of the applicant/recipient in order to make accurate determinations of initial and continuing eligibility. The applicant/recipient must supply required documents and records and must assist in obtaining verifications.

All documents must be completed and signed by the appropriate individuals (for example, the employer, the client). Documentation may also be supported by comments entered in the eligibility system. For time standards and responsibility for verification refer to Sections 2025.00, 2215.15.00 and 2220.00.

2890.05.00 VERIFICATION OF EARNED INCOME

All earned income must be verified by the source. Information that must be verified includes:

- the first and last dates of employment;
- the first and last day of pay;
- gross income, including overtime and tips;
- frequency of payment;
- date payment is received; **and**
- the number of hours employed.

Acceptable forms of verification include, but are not limited to, the following:

wage receipts;

wage statements;

pay stubs;

employment verification form or written statements containing the required information;

collateral contact with employer;

work calendar (for tips and daily cash payments);

2890.05.05 Verification of Self-Employment Income/Expenses

Self-employed individuals must verify earned income. In addition, these individuals must make all business records which are necessary to verify income and/or expenses available to the eligibility worker. Examples of business records include documentation on:

income tax records necessary to determine gross income and deductible expenses;

purchases;

sales;

salaries;

capital improvements; and

utility, transportation, and other operating costs.

2890.10.00 VERIFICATION OF UNEARNED INCOME

All unearned income must be verified. The following sources may be used to verify unearned income:

BENDEX or SDX;

SSA award letters;

TPQY computer cards;

VA award letter;

pension check or award letter;

correspondence with the payor;

Unemployment Compensation award letter;

support court statement and/or current statement from payor; and

interest on bank account statements.

Accessing DERL by SSN or RID will list any data exchange matches for all AG members. The compliance tracking screen (DECT) will be used to track "matches" from Data Exchange (DE) with the agencies that provide income eligibility verification system (IEVS) matching. The agencies and the type of match(es) they provide are as follows:

Internal Revenue Service (IRS):

Unverified Unearned Income Data Exchange (UUIDX)

Social Security Administration (SSA):

Beneficiary Earnings Exchange Record (BEER)

Beneficiary Data Exchange (BENDEX)

State Data Exchange (SDX)

Indiana Department of Employment and Training (IDETS):

Wage Data Exchange (WDX)

Unemployment Insurance (UI)

More information concerning Data Exchange is found in:

Section 4430.05.00 - BEER
Section 4430.10.00 - BENDEX

Section 4430.15.00 - SDX
Section 4430.35.00 - WDX
Section 4430.30.00 - UI
Section 4430.40.00 - UUIDEX

2890.10.05 Verification of Support Payments

Verification of support payments must be obtained. The following sources may be used to verify support.

Verification from the County Clerk's Office if paid through the court;

If the absent parent does not pay through the County Clerk's Office, a signed statement showing the amount paid and how often it is paid must be obtained from the absent parent; or

Child support payment information in the eligibility system.

2890.10.10 Verification of Supplemental Security Income (SSI)

Sources of verification of SSI include:

SDX, IQSSA;
the entitlement letter; or
the benefit check, which will be the net payment.

If the individual does not appear on the SDX, the following sources may be used:

Form SSA 1610;
TPQY computer cards.

IQSSA lists all persons receiving SSI benefits. IQSSA displays the same information that is on DESX. IQSSA is updated daily and will, therefore, have the latest benefit information for each SSI recipient. Since information is accessible on individuals who are not on any of Indiana's assistance programs confidentiality guidelines (see Section 1425.00.00) must be strictly followed.

Refer to Section 2835.35 for discussion on inclusion or exclusion of SSI income.

2890.10.15 Verification of Social Security Income

The Social Security Administration rounds down the entitlement amount to the nearest whole dollar. The amount of all Social Security checks (with a few rare exceptions) are in whole dollars.

When verifying Social Security benefits, the "unrounded gross benefit amount" and the "net payment amount" (Medicare Part B is withheld) are required. The "gross payment amount" is the unrounded amount with the cents dropped and is the amount of the benefit check for an individual who does not have the Medicare Part B deducted. Enter the unrounded gross benefit in the eligibility system for individuals who have Medicare Part B deducted. Enter Medicare Part B in the eligibility system as MS (self pay) or MB (bought-in). Refer to Section 3440.45.00 (S).

Sources of verification of Social Security include:

The un-cashed benefit check (by itself) if:

the individual does not have Medicare Part B coverage; or

the individual is on Buy-In.

Form SSA-1610 - request verification of the "unrounded gross benefit amount" and the "net payment amount".

TPQY computer cards;

BENDEX; or

the entitlement letter if the unrounded gross benefit and "net payment amount" is clearly specified.

2890.10.20 Verification of Veterans' Benefits

Verification of Veterans' Benefits generally has to be obtained by contacting the Department of Veterans' Affairs. If the veteran has no dependents, the amount can be verified by the benefit check or entitlement letter. However, if the benefit includes an allowance for dependents, the eligibility worker must request a breakdown of the benefit. If the Department of Veterans' Affairs will not provide such breakdown, the entire amount is considered income to the veteran. Refer to Section 2840.10.00.

2890.10.25 Verification of Railroad Retirement

Verification of the gross monthly entitlement must be obtained and entered in the eligiblity system. This is the full entitlement amount without the deduction of the Medicare Part B premium. Sources of verification include:

Railroad Retirement Board; or
the entitlement letter.

The Railroad Retirement benefit is combined with the Social Security amount and is contained in one check for most railroad retirement recipients. Data Exchange screen DEBN only matches the Social Security amount. Enter the Social Security amount and the Railroad Retirement amount separately in the eligibility system. Refer to Section 2840.15.00.

2890.10.30 Verification of Black Lung Benefits

Sources of Black Lung benefits verification include:

the benefit check;

the SSA District Office for benefit checks received on the third of the month;

for benefits paid on the 15th of the month, contact the United States Department of Labor, Division of Coal Mine Workers Compensation, 121 East State Street, Columbus, Ohio 43215 - Telephone: (614) 469-5227

2890.10.35 Verification Of Pensions

Verification of the gross amount of a pension payment must be obtained. Viewing the check will <u>not</u> provide accurate information since optional deductions, such as federal income taxes and health insurance premiums, are often withheld. The worker must verify if any deductions are mandatory or optional. Sources of verification include:

notices regarding benefit amounts, deductions, and payments in the possession of the individual; and

correspondence from the payor.

Verification of the gross amount of a federal pension can be obtained by writing to the Office of Personnel Management, Insurance and Retirement Programs, Washington, D.C. 20415. The request for information must contain the individual's name and Civil Service Annuitant (CSA) number. Any medical insurance premium and medical insurance coverage should be entered in the eligibility system. Refer to Section 3440.45.00 (S).

2890.10.40 Verification of Unemployment Compensation Benefits (UCB)

An automatic request for verification of Unemployment Compensation Benefits (UCB) is accomplished through data exchange for all AG members, age 16 and over, at Application, for ongoing cases, and for all AG members who are receiving UCB. Each caseworker who has such a case receives an alert so the file on screen DEUI can be reviewed in a timely manner. The information from Indiana Workforce Development includes wage and unemployment verification from the prior month. A Discrepant Information Request Notice can be generated by ICES to send to the AG to verify what caused a change in unemployment benefits. If an unpaid balance is listed on DEUI, the client may have returned to work. If only part of the maximum benefit is being paid out there may be a deduction for child support, recoupment or part-time earnings. Refer to Sections 2840.25.00 and 4430.30.00.

UI and work history information for individuals not in the eligibility system may be requested by the Local Office. The information is requested from ICES at CICS session on the super session menu. However, this may only be accessed by the worker assigned this duty by the county security coordinator. The security coordinator must call 232-3251 or 1-800-382-1095 to get CICS added to the super session menu. ICES must be informed (234-0489) to get the worker authorization.

Information older than 1½ years is not available on CICS. This information must be requested in writing by DFR Claims Staff and sent to:

DWD Benefit Payment Control Unit

Room SE 203, 10 North Senate Avenue

Indianapolis, IN 46204

The request must include the full name, SSN and time period needed (prior to the most recent six quarters which are available on CICS).

2890.10.45 Verification Of Worker's Compensation

Inquiries regarding entitlement to Worker’s Compensation benefits are to be directed to the Industrial Board, Indiana Government Center South, 402 West Washington Street, Room W-196, Indianapolis, Indiana 46204.

Verification of the amount of such payment, payment receipt date intervals, and the length of time for which payments are approved is to be obtained by viewing the award notice in the possession of the individual, or by contacting the Industrial Board. When contacting the Industrial Board, the name of the employee, the date of injury, and the name of the employer should be given.

If a portion of the award is verified as being designated for medical, legal, or related expenses paid or deducted at the source and is not controlled by the individual, that portion is to be deducted from the amount of the award when determining the amount of the payment that is available to the individual. Refer to Section 2840.30.00.

2890.10.50 Verification Of Educational Income

All student income from educational grants, scholarships, and loans must be verified and documented. Documentation must include the name of the educational institution and the amounts of any grants, scholarships, and loans; the type of assistance, the dates covered and expenses covered (earmarked by each source of income). If the income includes grants or scholarships which are not automatically exempt (see Section 2860.10.00), the school must also verify whether the funds are sent directly to the school or to the student. If the school receives the educational income directly and the amount exceeds the student's documented educational expenses, a financial aid administrator must be questioned as to whether the school expects to refund the difference to the student at some point. The Expected Changes screen (AEFEC) may be used to alert the caseworker to a future refund.

Verification may be obtained in writing or by telephoning the school or loan office. If telephone verification is obtained, the date of contact and name, position, and phone

number of the person providing the information must be recorded in the eligibility system.

A written agreement with the lending institution which contains the necessary dates and that is signed by the individual will also serve as documentation.

2899.00.00 FOOTNOTES FOR CHAPTER 2800

Following are the footnotes for Chapter 2800:

(f4)	7 CFR 273.9(b)(1)(iii)
(f5)	470 IAC 10.3-4-4 (a)(6)
(f6)	7 CFR 273.9(c)(2)
(f7)	7 CFR 273.9(c)(12)
(f8)	470 IAC 10.3-4-4
(f10)	470 IAC 10.1-3-4; (C) 7 CFR 273.9(c)(11); (F)
(f11)	P.L. 94-375, Section 2 (h); P.L. 92-213, Section 9;
(f12)	P.L. 91-646, Section 216;
(f13)	P.L. 100-707;
(f15)	470 IAC 10.3-3-7
(f15a)	470 IAC 10.3-3-7
(f16)	7 CFR 273.9(b)(2)
(16a)	7 CFR 273.9(c)(1)
(16b)	7 CFR 273.9 (c)(8)
(f17)	470 IAC 10.3-3-6
(f18)	Social Security Act, Section 1902(f)
(f19)	Section 1619 of the Social Security Act
(f20)	Social Security Act, Section 402(a)(22)
(f21)	P.L. 88-525, Section 7(c)
(f22)	P.L. 89-642, Section 11(b)
(f23)	P.L. 90-302, Section 13(h)
(f24)	P.L. 92-258, Section 709
(f25)	Section 3203 of Title 38 U.S.C. as amended by OBRA-90
(f25a)	P.L. 104-204
(f26)	Social Security Act, Section 402(a)(21)
(f28)	P.L. 93-113
(f30)	P.L. 101-201
(f31)	P.L. 95-524
(f31a)	7 CFR 273.10(e)(vi)(E)(3)
(f32)	P.L. 101-426
(f33)	P.L. 101-610
(f34)	P.L. 103-322
(f34a)	Section 4735 of the Balanced Budget Act of 1997 (P.L. 105-33)

(f35)	7 CFR 273.9(c)(5)
(f36)	470 IAC 10.3-4-4
	7 CFR 273.9(c)(4)
(f37a)	470 IAC 10.3-4-5
(f40)	7 CFR 273.9(c)(1)
(f41)	7 CFR 273.9(c)(8)

3000.00.00 ELIGIBILITY STANDARDS

3005.00.00 RESOURCE LIMITS

3005.05.00 RESOURCE LIMITS (S)

3005.10.00 RESOURCE LIMITS (C)

3010.00.00 INCOME/NEED STANDARDS

3010.05.00 INCOME STANDARDS (S)

3010.05.05 Income Standards - Elderly/Disabled Separate AG (S)

3010.10.00 NEEDS STANDARDS (C)

3010.15.00 185% INCOME STANDARDS (C)

3010.15.05 100% Income Standards (C)

3015.00.00 DEPENDENT CARE STANDARDS (S)

3020.00.00 UTILITY STANDARDS (S)

3025.00.00 SNAP RELATED STANDARDS (S)

3025.05.00 EARNED INCOME DEDUCTION (S)

3025.10.00 STANDARD DEDUCTION (S)

3025.15.00 EXCESS SHELTER EXPENSE DEDUCTION (S)

3030.00.00 WORK EXPENSE DISREGARD (C)

3050.00.00 MAXIMUM BENEFITS

3050.05.00 MAXIMUM BENEFITS (S)

3050.10.00 MAXIMUM BENEFITS (C)

3000.00.00 ELIGIBILITY STANDARDS

Each program has separate standards established by law or regulation which must be used to determine eligibility for assistance. This chapter includes information on the following:

Resource Limits (Section 3005);
Facility Private Pay Rate (Section 3006);
Income/Need Standards (Section 3010);
Dependent Care Standards (Section 3015);
Utility Standards (Section 3020);
SNAP Related Standards (Section 3025);
Work Expense Disregard (Section 3030);
Maximum Benefits (Section 3050); and

3005.00.00 RESOURCE LIMITS

The resource limit is the maximum value of non-exempt resources which an assistance group (AG) may retain in order to be eligible for assistance. The following sections list the limits for each program.

3005.05.00 RESOURCE LIMITS (S)

The resource limit is $2250 for all AGs that do not include an elderly or disabled member effective 10/1/14.

The resource limit is $3250 for any AG which contains a member age 60 or older or a member who is blind or disabled according to the policy in Section 3210.10.25.05.

3005.10.00 RESOURCE LIMITS (C)

The resource limit is $1000 for applicants. (f1)

For recipients, the resource limit is $1,500. (f2)

3010.00.00 INCOME/NEED STANDARDS

Income and Need Standards are the maximum income or expense consideration that is given to an AG in order to determine financial eligibility. For some programs, both a gross income and net income comparison are necessary. The specific income or need standards of each program are discussed in the following sections.

3010.05.00 INCOME STANDARDS (S)

This chart lists the SNAP Program's maximum monthly gross and net income standards. For financial eligibility to exist, income may not exceed these standards. The maximum gross income amounts are based on 130% of the Federal Poverty Guidelines, and the maximum net income amounts are based on 100% of the Federal Poverty Guidelines. Following are the amounts effective 10/01/16.

AG SIZE	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM NET MONTHLY INCOME	AG SIZE	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM NET MONTHLY INCOME
1	$1287	$ 990	6	$3530	$2715
2	1736	1335	7	3980	3061
3	2184	1680	8	4430	3408
4	2633	2025	9	4881	3755
5	3081	2370	10	5332	4102
Each Additional Member (gross) + $451			Each Additional Member (net) + $347		

3010.05.05 Income Standards - Elderly/Disabled Separate AG (S)

This chart lists the SNAP Program's maximum monthly gross and net income standards for AGs containing an elderly or disabled member. The maximum gross income amounts are based on 165% of the Federal Poverty Guidelines, and the maximum net income amounts are based on 100% of the Federal Poverty Guidelines. Following are the amounts effective 10/01/16.

AG SIZE	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM NET MONTHLY INCOME
1	$1634	$ 990
2	2203	1335
3	2772	1680
4	3342	2025

Each Additional Member (gross) + $572

AG SIZE	MAXIMUM GROSS MONTHLY INCOME	MAXIMUM NET MONTHLY INCOME
5	$3911	$2370
6	4480	2715
7	5051	3061
8	5623	3408

Each Additional Member (net) + $347

3010.10.00 NEEDS STANDARDS (C)

The need standard is the maximum expense consideration given to a Cash Assistance group. It is a flat maintenance allowance which varies by AG participating member size and composition. One chart lists the need standard for an AG with a recipient parent and/or caretaker, and the second chart lists the standard for an AG with children only. (f3)

NEED STANDARD

AG WITH A RECIPIENT PARENT AND/OR CARETAKER

AG SIZE	NEED STANDARD
1	$155
2	255
3	320
4	385
5	450
6	$515
7	580
8	645
9	710
10	775

Each Additional Member + $65

NEED STANDARD

AG WITH RECIPIENT CHILDREN ONLY

AG SIZE	NEED STANDARD	AG SIZE	NEED STANDARD
1	$155	6	$480
2	220	7	545
3	285	8	610
4	350	9	675
5	415	10	740
Each Additional Member	+ $65	Each Additional Member	+ $65

3010.15.00 185% INCOME STANDARDS (C)

This chart lists the maximum monthly gross income and net income standards for Cash Assistance groups. The gross income standard is used when the 185% test is completed for initial eligibility for all cash assistance groups. For financial eligibility to exist, income must be less than these standards. The gross income standard is 185% of the need standard, and the net income standard is 90% of the need standard. There are separate charts for AGs which include a recipient parent/caretaker and AGs which only include children.

This chart lists the maximum monthly gross income and net income standards for Cash Assistance groups.

INCOME STANDARD

AG WITH A RECIPIENT PARENT AND/OR CARETAKER

AG SIZE	GROSS INCOME STANDARD	NET INCOME STANDARD	AG SIZE	GROSS INCOME STANDARD	NET INCOME STANDARD
1	$ 286.75	$139.50	6	$ 952.75	$463.50
2	471.75	229.50	7	1073.00	522.00
3	592.00	288.00	8	1193.25	580.50
4	712.25	346.50	9	1313.50	639.00
5	832.50	405.00	10	1433.75	697.50

Each Additional Member + $120.25 + $58.50

Each Additional Member + $120.25 + $58.50

INCOME STANDARD

AG WITH RECIPIENT CHILDREN ONLY

AG SIZE	GROSS INCOME STANDARD	NET INCOME STANDARD	AG SIZE	GROSS INCOME STANDARD	NET INCOME STANDARD
1	$ 286.75	$ 139.50	6	$ 888.00	$ 432.00
2	407.00	198.00	7	1008.25	490.50
3	527.25	256.50	8	1128.50	549.00
4	647.50	315.00	9	1248.75	607.50
5	767.75	373.50	10	1369.00	666.00

Each Additional Member + $120.25 + $58.50

Each Additional Member + $120.25 + $58.50

3010.15.05 100% Income Standards (C)

This chart lists the maximum monthly countable net income standards and the adjusted needs standard for cash assistance for a TANF AG. The countable net income standard is 100% of the Federal Poverty Level. The adjusted needs standard is 90% of the need standard. There are separate charts for AG's which include a recipient

parent/caretaker and AG's which only include children.

An AG will lose eligibility when its countable net income equals or exceeds 100% of Federal Poverty Level (FPL) for a family of the same size. (f4)

INCOME STANDARD AG WITH A RECIPIENT PARENT AND/OR CARETAKER					
AG SIZE	**COUNTABLE NET INCOME STANDARD**	**ADJUSTED NEEDS STANDARD**	**AG SIZE**	**COUNTABLE NET INCOME STANDARD**	**ADJUSTED NEEDS STANDARD**
1	$1005	$139.50	6	$2747	$463.50
2	$1354	$229.50	7	$3095	$522.00
3	$1702	$288.00	8	$3444	$580.50
4	$2050	$346.50	9	$3792	$639.00
5	$2399	$405.00	10	$4140	$697.50
For each additional member, see ICES Table TMIS, effective 3/1/17.					

INCOME STANDARD AG WITH RECIPIENT CHILDREN ONLY					
AG SIZE	**COUNTABLE NET INCOME STANDARD**	**ADJUSTED NEEDS STANDARD**	**AG SIZE**	**COUNTABLE NET INCOME STANDARD**	**ADJUSTED NEEDS STANDARD**
1	$1005	$139.50	6	$2747	$432.00
2	$1354	$198.00	7	$3095	$490.50
3	$1702	$256.50	8	$3444	$549.00
4	$2050	$315.00	9	$3792	$607.50
5	$2399	$373.50	10	$4140	$666.00
For each additional member, see ICES Table TMIS, effective 3/1/17.					

3015.00.00 DEPENDENT CARE STANDARDS (S)

The dependent care standard is the maximum expense deduction for dependent care costs that is allowed for an assistance group in order to determine financial eligibility or provide child care payment. The actual cost of care up to the standard amount is allowed.
Effective 10/08 there is no maximum expense deduction for dependent care costs for SNAP. The assistance group’s actual cost is allowed as a deduction in the budget unless it is already accounted for by another expense, such as excess medical expense.

3020.00.00 UTILITY STANDARDS (S)

Four Utility Standards exist for SNAP. The first Utility Standard is available to AG's which have a primary heating/cooling expense or receive or expect to receive LIHEAP (Low Income Home Energy Assistance Program). This standard amount is $380 regardless of AG size. The second Utility Standard is available to AG's which do not have a primary heating/ cooling expense but do have at least two of the expenses included in this standard (electricity or fuel for purposes other than heating or cooling, water, sewerage, well and septic tank installation and maintenance, telephone and garbage or trash collection). This standard amount is $230 regardless of AG size. Both standards include the standard telephone amount regardless of whether the AG has a current telephone expense.

The third standard may be used if the AG has other than heating/cooling expenses or a telephone. The single standard is $51.

The fourth option is allowed if the AG has a basic telephone expense but no other expenses. The telephone standard is $27.

3025.00.00 SNAP RELATED STANDARDS (S)

In the calculation of the SNAP budget, certain standard deductions are allowed in addition to the deductions stated in the previous sections. The following sections discuss the earned income deduction and the standard deduction.

3025.05.00 EARNED INCOME DEDUCTION (S)

Twenty percent (20%) of gross earned income is allowed as an earned income deduction in the financial eligibility determination. No additional deductions are allowed from earned income except for costs of self-employment. (f26)

3025.10.00 STANDARD DEDUCTION (S)

All assistance groups receive a flat standard deduction in the financial eligibility determination. This deduction varies according to household size and is adjusted annually for cost-of-living increases. Larger households receive a higher deduction.

Effective 10/01/16 the following standard deduction figures apply:

1 Member	$157
2 Members	$157
3 Members	$157
4 Members	$168
5 Members	$197
6 Members or More	$226

3025.15.00 EXCESS SHELTER EXPENSE DEDUCTION (S)

All assistance groups which do not contain an elderly or disabled member(s) may receive a shelter deduction up to a maximum of $517. See Section 3445.20.05.

An ineligible alien/SSN ineligible individual who is elderly or disabled does not entitle the assistance group to the uncapped shelter deduction. The ineligible alien is subject to the maximum shelter deduction amount.

3030.00.00 WORK EXPENSE DISREGARD (C)

An earned income work expense disregard of $90 is allowed to participating AG members in the financial eligibility determination. An earned income work expense disregard of $90 is allowed to nonparticipating AG members.

3050.00.00 MAXIMUM BENEFITS

There is a maximum benefit amount based on AG size for the SNAP and Cash Assistance programs. These maximum amounts are listed in the following sections.

3050.05.00 MAXIMUM BENEFITS (S)

This chart lists the maximum monthly SNAP benefits per AG effective 11/01/14.(These amounts did not change effective 10/1/15.)

AG SIZE	MAXIMUM BENEFIT	AG SIZE	MAXIMUM BENEFIT
1	$ 194	6	$ 925
2	357	7	1022
3	511	8	1169
4	649	9	1315
5	771	10	1461

Each Additional Member: + $ 146

3050.10.00 MAXIMUM BENEFITS (C)

The following charts indicate the maximum monthly Cash Assistance benefits per AG based upon the composition of the AG and number of participating members. There are separate charts for AGs which include a recipient parent/caretaker and AGs which only include children.

The maximum benefit is based on 90% of an AG's need standard, rounded down to the next whole dollar.

MAXIMUM BENEFITS
AG WITH A RECIPIENT PARENT AND/OR CARETAKER

PARTICIPATING MEMBERS	MAXIMUM BENEFIT	PARTICIPATING MEMBERS	MAXIMUM BENEFIT
1	$ 139	6	$ 463
2	229	7	522
3	288	8	580
4	346	9	639
5	405	10	697

MAXIMUM BENEFITS
AG WITH RECIPIENT CHILDREN ONLY

PARTICIPATING MEMBERS	MAXIMUM BENEFIT	PARTICIPATING MEMBERS	MAXIMUM BENEFIT
1	$ 139	6	$ 432
2	198	7	490
3	256	8	549
4	315	9	607
5	373	10	666

For AGs containing more than 10 participating members, add $65 to the need standard (Section 3010.10.00) for each additional AG member. Multiply the need standard by 90% and round down to the nearest dollar.

3099.00.00 FOOTNOTES FOR CHAPTER 3000

(f1) 470 IAC 10.3-4-2(1)

(f2) 470 IAC 10.3-4-2(2)

(f3) 470 IAC 10.3-4-3

(f4) 470 IAC 10.3-4-1

(f26) 7CFR 273.9 (c)

3200.00.00 ASSISTANCE GROUPS

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3210.10.25.05 Definition of Elderly or Disabled (S)

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3210.15.05.20 Foster Care Persons (S)

3210.15.10 Live-In Attendants (S)

3210.15.15 Residents of Institutions (S)

3210.15.20 Resident Addicts and Alcoholics (S)

3210.15.20.05 Certification of Resident Addicts/Alcoholics (S)

3210.15.20.10 Review Of Resident Addicts/Alcoholics (S)

3210.15.25 Residents of Group Living Arrangements (S)

3210.15.25.05 Certification of Residents in Group Living Arrangements (S)

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3210.15.30 Residents of Shelters For Battered Persons (S)

3210.15.30.05 Certification Of Shelter Residents (S)

3210.15.30.10 Residents' Certification Based On Current Circumstances (S)

3210.15.30.15 Residents Who Leave AGs to Enter Shelter (S)

3210.15.30.20 Homeless Shelters (S)

3210.15.35 Student Eligibility (S)

3210.15.35.05 Student Eligibility Test (S)

3210.15.35.10 Duration of Student Status (S)

3210.15.35.15 Continuous Enrollment (S)

3210.20.00 SNAP MANDATORY NON-PARTICIPATING AG MEMBERS (S)

3210.25.00 SNAP EXCLUDED MEMBERS (S)

3210.25.05 Roomers (S)

3210.25.10 Other Household Members (S)

3210.25.15 Fleeing Felons and Probation and Parole Violators

3210.25.15.05 Verification of Fleeing Felon Status

3210.25.20 Felony Drug Conviction

3210.25.20.05 Felony Drug Conviction (S)

3210.25.20.10 Felony Drug Conviction (C)

3210.25.20.15 Exemption To The Felony Drug Conviction Penalty (C)

3210.25.25 Felony Drug Conviction Change Report (S)

3215.00.00 CASH ASSISTANCE GROUPS (C)

3215.05.00 TANF ASSISTANCE GROUPS (C)

3215.05.05 TANF Mandatory Participating AG Members (C)

3215.05.10 TANF Optional AG Participants (C)

3215.05.15 TANF Mandatory Nonparticipating AG Members (C)

3215.05.20 TANF Excluded Members (C)

3215.05.25 Minor Parent Consideration (C)

3215.05.25.05 Minor Parents (C)

3215.05.25.10 Minor Parent In An Existing TANF AG (C)

3215.10.00 REFUGEE CASH ASSISTANCE GROUPS (C)

3215.10.05 RCA Mandatory Participating AG Members (C)

3215.10.15 RCA Mandatory Nonparticipating AG Members (C)

3215.10.20 Refugee Excluded Members (C)

3299.00.00 FOOTNOTES FOR CHAPTER 3200

CHAPTER: 3200 ASSISTANCE GROUPS (AG)	SECTION: 3200.00.00 ASSISTANCE GROUPS

3200.00.00 ASSISTANCE GROUPS

This chapter contains the following sections:

Assistance Group Definition (Section 3205);
SNAP Groups (Section 3210);
Cash Assistance Groups (Section 3215);

The program specific sections will discuss policy on mandatory and optional members of the assistance groups, whose needs or expenses must (or may be) included or excluded, and whose income and resources must be counted.

3205.00.00 ASSISTANCE GROUP DEFINITION

The assistance group (AG) is an individual or group of individuals whose income, resources, needs, and/or expenses are considered together in the eligibility determination for an assistance category. The AG determination is based upon relationship and living arrangement. Within the AG, individuals may be participating or nonparticipating members, depending upon each program's eligibility requirements. Participating members are individuals for whom eligibility for a benefit is considered. Nonparticipating members are those individuals whose needs, income, expenses and/or resources are considered in determining the eligibility and benefit level of the participating members, but who are not eligible for benefit consideration on their own behalf. Household members who are not, according to specific program regulations, eligible for membership in the AG as participants or non-participants, are excluded from consideration in the eligibility determination; as such, they are also excluded from any requirement to provide personal demographic or financial information to the agency. (See Section 2025.05.00, Verification Requirements.)

3205.05.00 PRIMARY RESIDENCE DETERMINATION

The first step in determining the Assistance Group is to decide who "lives" together.

Sometimes this means that the eligibility worker must determine the residence of an individual. The residence of an individual is the address where the individual states to be living. The address can be established by rent receipts, mail received by the individual, employment or benefits records, utility companies, credit bureau, etc. When there is some indication that the individual does not spend any time at this residence, it is important to determine whether the individual has established another residence. If the individual states that there is no other address established for the individual, the individual is considered to reside at the reported address regardless of the number of hours he/she spends on the premises.

Some assistance groups may include members who have multiple addresses, such as children in school or under joint physical custody. In order to determine whether these members are to be included as members of the group for TANF and SNAP eligibility and benefit purposes, it is necessary to determine the primary residence of that member.

The primary residence is the location where the individual spends the majority of time during the month. If the individual's primary residence is located somewhere other than the residence of the assistance group, the individual is not eligible to receive TANF or SNAP as a member of the assistance group.

An individual who spends the majority of their time away from the residence of the assistance group but who has no consistent alternative location due to employment which requires frequent travel, is considered a member of the assistance group. However, if the individual establishes a residence away from the assistance group, then they would not be considered as a member. This also applies to students who live away at school and only return home on weekends.

When the entire assistance group has multiple residences, the primary residence is determined in the manner described above.

3205.05.05 AGs Living Together (S)

The SNAP AG consists of one individual, or a group of individuals, who live together and customarily purchase and prepare food together. It is not necessary that the group

of individuals share other expenses. Also, there is no requirement that the AG have cooking facilities or separate food storage. Parents, children, and siblings are generally mandatory members of the AG because of their relationship.

When person(s) are living in the same building and claim they do not live together, consider them as not living together if one of the following criteria is met.

> Each AG lives in a space separate from the others that is an apartment which is regularly rented on a commercial basis.
>
> Each lives in a space separate from the other which is self-contained. Self-contained is defined as complete in itself. That is, the AG does not need to use the others space for basic living functions such as sleeping, bathing, etc. Using a joint entrance is not considered using the space of others.

When persons are living on the same property, in separate shelters (including trailers, tents, houses, cars, garages, etc.) and claim they do not live together, consider them as not living together if they each have a self-contained space as described above.

3205.05.10 Temporary Absence

An AG member included in an application who is not present at the time of the application interview is eligible for TANF or SNAP only if the person is expected to return to the home to live by the end of the first benefit month. When the absent AG member is not expected to return to the home until sometime later, the absent AG member is not included in the TANF or SNAP AG until the person actually returns.

An AG member who leaves the home during the month is to be removed from the AG unless the individual is expected to return to the residence by the end of the payment month following the initial move.

3210.05.00 VERIFICATION OF AG SIZE AND COMPOSITION (S)

Assistance group size, which refers to the number of individuals in the AG, must be verified prior to the authorization of benefits only if questionable.

Due to the difficulty in verifying whether or not a group of individuals who live together customarily purchase and prepare food together and, therefore, constitute an AG, the caseworker generally accepts the AG's statement regarding food preparation and purchase. However, the caseworker may take the following steps to verify questionable situations when people who live together claim they do not "eat" meals together.

Verify household composition with the landlord or another third party (non-household member) who is in a position to know who lives with the AGs.

Obtain a signed statement from each adult explaining how they customarily purchase and prepare their meals. (Routine separate maintenance can be verified by an oral statement from the client and documented. Therefore, signed statements should only be secured when separate maintenance is questionable as opposed to securing them in all situations.)

Verify with a person outside the household who has knowledge of the family's situation of how the members of the AG purchase and prepare their food.

Schedule a pre-arranged home visit with the AG to see how meals are prepared.

3210.10.00 SNAP MANDATORY PARTICIPATING AG MEMBERS (S)

Certain individuals who live together must be included as mandatory participants in the AG due to their relationship. From the information gathered, the eligibility system determines who the mandatory participating members are for each AG. Mandatory individuals must be considered in the AG even if they do not purchase food and prepare meals together.

The income and resources of mandatory AG participants are counted in the financial eligibility determination.

3210.10.05 Parents and Children Included (S)

Parents and their children who live together are mandatory members of the same AG, with the following exception:

> Parents and their adult children age 22 or older, may have separate AGs if they purchase and prepare food separately. Eligibility as a separate AG begins in the month the child obtains age 22 at application. If the child turns 22 during the certification period, the individual may have a separate AG at the next redetermination.

For this provision, parents are defined as individuals with natural, adopted, or step children. In addition, individuals are mandatory members of the AG, regardless of relationship, if they provide care and control of minor children, (with the exception of foster children). A natural parent who has had their parental rights legally terminated by a juvenile or probate court is no longer considered the natural parent. Their parental rights are permanently terminated.

The stepparent and stepchild relationship continues as long as the individuals live together, even if the natural parent leaves or dies. A stepparent who is divorced from the natural parent is no longer considered a stepparent, and has no parental rights over the stepchild, unless the stepparent has adopted the child

3210.10.10 Siblings Included (S)

There is no mandatory relationship requirement for siblings living together. If siblings purchase and prepare separately, they may each have their own assistance group. However, if one sibling is under 18 and under the parental control of another sibling, they must be included in the same AG, even if they purchase and prepare separately.

Examples:

Sheila (22) and Sally (20) live together. Sheila applies for FS. At the interview she states they purchase and prepare separately. Sheila may receive SNAP in an AG of her own.

Mary (25) is caring for her 16 year old brother, Ted. Her grandparents give Mary money to help buy Ted's food. She is applying for FS for Ted only. Because Ted is under 18 and under Mary's parental control, he and Mary must be included together in the same AG.

3210.10.15 Spouses Included (S)

Spouses who live together are mandatory members of an AG. Spouses are granted separate AG status when one spouse establishes a separate residence outside the home.

A spouse is defined as either of two people who are married to each other or who represent as married to relatives, friends, neighbors, or tradespeople. This may include two husbands or wives of the same gender.

3210.10.20 Children Under Twenty-Two Included (S)

Children under the age of 22 are mandatory AG members when they live in the parent's household. Children under 18 who are under parental control must be included in the AG of the person exercising parental control.

Children under age 22 who are natural, adopted, or stepchildren must be included in the same AG as the parent even if they purchase food and prepare meals separately. Beginning with the month the child turns 22 he/she may have a separate AG, providing they purchase and prepare separately.

One exception to this rule occurs if the child is a foster child. The foster parent must choose whether or not to include the foster child in the AG. If the foster parent chooses to exclude the foster child from the AG, the income and resources of the foster child, including the foster care payment, are not counted in the eligibility determination. However, if the foster parent chooses to include the foster child in the AG, the income and resources of the child are counted in the eligibility determination. This rule also applies to foster adults.

3210.10.25 Elderly and Disabled Individuals Eating With Others (S)

A group of individuals living together who purchase and prepare meals together usually comprise a single AG. However, an individual age 60 or older who is disabled and is unable to purchase and prepare meals for himself may qualify for separate AG status. If it is obvious to the eligibility worker that the elderly and disabled individual is unable to purchase and prepare meals for himself, separate AG status is granted. When the inability to purchase and prepare meals is not obvious, the eligibility worker is to request a doctor's statement for verification.

In addition to inability to purchase and prepare meals, a financial determination is required for separate AG status. If the income of the remaining members with whom the elderly and disabled individual resides, excluding the income of the elderly and disabled individual and his spouse, does not exceed 165% of the gross monthly income standard for the remaining member's AG size, the elderly and disabled individual and his spouse qualify as a separate AG. Refer to Section 3445.30.00.

3210.10.25.05 Definition of Elderly or Disabled (S)

An individual is considered to be elderly or disabled when he meets one of the following criteria:

is age 60 or older;

receives or has been certified as eligible for SSI (not essential person benefits);

receives or has been certified as eligible for Social Security disability or blindness benefits;

receives or has been certified by the state to receive Medicaid as a blind or disabled individual(If the individual loses Medicaid because of an action by MRT, the individual will no longer be considered disabled; however, if the Medicaid terminates because of another reason such as excess income or insufficient medical expenses, the disability will continue for SNAP. If the SNAP eligibility ends, disability must be reestablished at reapplication.);

receives State Supplemental Assistance based on disability or blindness criteria under Social Security;

receives disability retirement benefits from a governmental agency based on permanent disability criteria under Social Security;

is a veteran with a service connected or non-service connected disability rated or paid as total, according to the Veterans' Administration;

is a veteran or veteran's surviving spouse considered in need of regular aid and attendance, or considered permanently housebound according to the Veterans' Administration;

is a veteran's surviving child who is considered to be permanently incapable of self-support, according to the Veterans' Administration;

is a veteran's surviving spouse or child receiving or approved by the Veterans' Administration for compensation for a service connected death or for pension benefits for a non-service connected death, <u>and</u> has a disability considered permanent under Social Security; or

receives a Railroad Retirement disability annuity and is determined eligible for Medicare.

If it is not clear that an individual's VA disability of less than 100% qualifies him as disabled according to the Social Security Administration, the applicant's/recipient's physician should be able to provide verification that the VA disability meets this criteria.

3210.15.00 SNAP OPTIONAL AG MEMBERS (S)

A SNAP AG may include the following:

boarders who live with the AG, if otherwise eligible, are included at the AG's request;

residents of eligible institutions (these individuals may qualify for assistance at the institution where they reside); or

eligible students (these individuals are subject to additional eligibility criteria to determine whether they are included in or excluded from AG participation.

The following sections discuss these situations in detail.

Any individual who is included as a participating AG member has his needs included in the eligibility determination. His income and resources are also counted in the financial eligibility determination.

3210.15.05 Boarders (S)

Boarders are individuals or groups of individuals residing with the AG and paying reasonable compensation to the AG for lodging and meals (excluding residents of a commercial boarding house). They are ineligible to participate in the program independent of the AG providing the board. They may participate as eligible members of the AG if the AG providing the service requests it, or they must participate if it is determined that they are not providing reasonable compensation.

3210.15.05.05 Determination of Boarder Status (S)

If the payee claims that an individual in the AG is a boarder, the individual must be determined to be paying the AG a reasonable amount of compensation for room and board. If the individual does not pay a reasonable amount of compensation, or is a mandatory AG member, then he is not considered a boarder. The payment for room and board must be in cash and not an in-kind benefit

3210.15.05.10 Reasonable Compensation (S)

A reasonable amount of compensation is a monthly payment equaling one of the following.

Boarders whose board arrangement is for more than two meals a day must pay an amount equal to or exceeding the maximum SNAP benefit for the appropriate number of boarders; or

Boarders whose board arrangement is for two meals or less per day must pay an amount equal to or exceeding two-thirds of the maximum SNAP benefit for the appropriate number of boarders.

If the amount a boarder pays for meals can be separated from the amount paid for room, the amount paid for meals is compared to the maximum benefit. If, however, the amount a boarders pays for meals cannot be separated from the amount he pays for room, the total amount paid for room and board is compared to the maximum benefit

3210.15.05.15 Individuals Who Cannot Be Classified As Boarders (S)

The following individuals may never be considered boarders for SNAP purposes:

children under 18 under the parental control of an AG member (unless they are foster care children);

minor children under parental control living with parents including all those under the age of 22 who are mandatory members of the AG due to the parent child relationship; (refer to Section 3210.10.05)

minor siblings;

a spouse of an AG member; and

persons paying less than reasonable compensation for meals.

3210.15.05.20 Foster Care Persons (S)

An AG payee who is responsible for the care of, or has parental control of the foster care individual must decide whether to include the foster care individual in the AG. Those in foster care may include adults as well as children. If the AG payee with the responsibility for care or parental control excludes the adult or child in foster care from the AG, they cannot be included in any other AG. Refer to Section 2835.30.00.

3210.15.10 Live-In Attendants (S)

Live-in attendants are individuals who reside with an AG for the purpose of providing medical, housekeeping, child care, or other similar personal services. The attendant may participate as a separate AG along with anyone who is

in the mandatory relationship with him. The attendant cannot be included in the AG with the person he is serving.

Note: Someone in a mandatory relationship may not be considered a live-in attendant. For example, a spouse can't be a live-in attendant nor can a child under the age of 22 be a live-in attendant for a parent.

3210.15.15 Residents of Institutions (S)

The first step in the process to determine if residents of a facility are optional members is to determine if the facility meets the definition of an "institution" for SNAP purposes.

> A facility is an "institution" for SNAP purposes if it provides its residents with the majority of their meals (50% of three meals or at least two meals a day) as a part of its normal services.
>
> A facility that does not provide the majority of its residents' meals is not an "institution" for SNAP purposes. Its residents will be subject to the regular application and processing rules rather than rules that pertain to institutions.

If the facility meets the definition of an "institution" for SNAP purposes, the second step is to determine if the institution is eligible or ineligible according to the following criteria. The following individuals living in institutions have the option of participating as a SNAP AG:

> residents of federally subsidized housing for the elderly, built under either Section 222 of the Housing Act of 1959 or Section 236 of the National Act;
>
> residents of a private nonprofit institution or publicly operated community mental health center that is certified by the appropriate State agency for treatment of drug addiction or alcoholism under Part B of Title XIX of the Public Health Service Act; (f6a)
>
> disabled or blind individuals according to Section 3210.10.25.05, who are residents of public or private/nonprofit group living arrangements that serve no more than 16 persons and is certified under Section 1616(e) of the Social Security Act by the appropriate State agency;

persons temporarily residing in a public or private nonprofit residential shelter for battered persons

residents of public or private nonprofit shelters for homeless persons.

Any individual residing in a facility that meets the definition of an "institution" but fails to meet the criteria outlined above for an eligible institution is not entitled to receive SNAP.

3210.15.20 Resident Addicts and Alcoholics (S)

Prior to certifying any residents for SNAP, verification shall be obtained that the treatment center is certified by the appropriate State agency.

If the facility loses its certification (license) from the appropriate State agency, the residents of the facility are ineligible for SNAP. Written notice will be issued to the resident concerning the change in eligibility status. No advance notice of adverse action is required because the loss of certification is not controlled by or appealable under the SNAP Program.

3210.15.20.05 Certification of Resident Addicts/Alcoholics (S)

Eligibility for residents of addict/alcoholic treatment centers who regularly participate in their programs will be determined by using the same policy that applies to other AGs, with certain exceptions as outlined below.

Residents of treatment centers must apply through an authorized representative designated by the center.

Resident addicts/alcoholics will have their eligibility determined as a single person assistance group.

Resident AGs have the same rights to notices of adverse action, fair hearings, and entitlement to lost benefits as do all other SNAP AGs. A resident of a treatment center has the right to an application and has the right to same day filing. However, the interview, verification, and other application procedures must be accomplished through the authorized representative.

3210.15.20.10 Review Of Resident Addicts/Alcoholics (S)

Periodic random on-site visits to treatment centers shall be conducted to ensure the accuracy of the listings of currently participating residents, and that the Local Office records are consistent and up to date. These visits are to be conducted at least once every four months, but more often if discrepancies occur. Appointments do not have to be made in advance of the visits. During these visits the reviewer may ask to see certain residents of these centers, but may not ask questions of, or require information from, the residents themselves. The results of these visits are to be kept on file in the DFR and are to be made available upon request for Central Office and/or FNS audits and reviews. Any discrepancies shall be immediately reported to the SNAP Policy Unit.

3210.15.25 Residents of Group Living Arrangements (S)

Disabled or blind residents of an eligible group living arrangement may voluntarily apply for the SNAP program on their own or through an authorized representative. The AG size shall be in accordance with AG composition and food purchase and preparation rules. These residents shall be certified using the same provisions that apply to all other AGs. Prior to certifying any residents for SNAP, verification shall be obtained that the group living arrangement is certified by the appropriate State agency.) Shelter and medical expenses, which can be separately identified, are allowable deductions for clients in eligible group living arrangements who have a personal obligation to pay these expenses.

Shelter and medical expenses that are combined with other costs can be separated as follows:

If the cost for room and board is combined into one amount, the amount which exceeds the SNAP maximum

allotment for a one-person household can be allowed as the shelter expense.

If the cost for room and board is combined into one amount and more than one resident applies as part of the same SNAP household, the SNAP maximum allotment amount for a one-person household would be deducted from the room and board payment for each resident. The remainder for each resident would be totaled and allowed as the shelter expense for the household.

Some group living arrangement residents are charged a basic rate for room and board, others are charged a higher rate depending on the amount of medical care they require. Residents with the higher rate will have their shelter expense determined by subtracting the SNAP maximum allotment for a one-person AG from the basic rate amount.

The medical expense for those residents with the higher room and board rate is determined by subtracting the basic room rate from the higher room rate.

If the amount paid for medical and shelter expenses cannot be separately identified from other expenses, as described above, no deduction should be allowed in the SNAP budget.

3210.15.25.05 Certification of Residents in Group Living Arrangements (S)

Residents of group living arrangements shall either apply and be certified through use of an authorized representative employed and designated by the group living arrangement, or apply and be certified on their own behalf or through an authorized representative of their own choice. The group living arrangement shall determine if any resident may apply for SNAP on his own behalf; the determination should be based on the resident's physical and mental ability to handle his own affairs. The group living arrangement is encouraged to consult with any other agencies of the state providing other services to individual residents prior to a determination. All of the residents of the group living arrangement do not have to be certified either through an authorized representative or individually in order for one or the other method to be used. Applications shall be accepted for any individual

applying as a one person unit, or for any grouping of residents applying together.

If the resident applies through the use of an authorized representative who is an employee of the facility, the facility may receive and/or spend the SNAP benefit allotment for food prepared and served to the resident.

If the residents are certified on their own behalf, the SNAP benefit allotment may be:

- returned to the facility to be used to purchase food for meals served either communally or individually to eligible residents;

- used by eligible residents to purchase and prepare food for their own consumption; and/or

- to purchase meals prepared and served by the group living arrangement.

If the group living arrangement has its status as an authorized retail food store suspended by FNS, the DFR shall also suspend its authorized representative status. However, residents applying on their own behalf shall still be able to participate, if otherwise eligible.

3210.15.25.10 Review Of Group Living Arrangements (S)

Each group living arrangement shall provide the DFR with a list of currently participating residents. This list shall include a statement signed by a responsible center official attesting to the validity of the list. The DFR shall require the list on a periodic basis.

Periodic random on-site visits to group living arrangements shall be conducted to ensure the accuracy of the listings of currently participating residents and that the DFR's records are consistent and up to date. These visits are to be conducted at least once every four months, but more often if discrepancies occur. Appointments do not have to be made in advance of the DFR's visits. During these visits the reviewer may ask to see certain residents of these group living arrangements, but may not ask questions of, or require information from, the residents themselves if the application has been through an authorized representative. The results of these visits are to be kept

on file in the DFR and are to be made available upon request for Central Office and/or FNS audits and reviews. Any discrepancies shall be immediately reported to the SNAP Policy Unit.

3210.15.30 Residents of Shelters For Battered Persons (S)

A shelter for battered persons is defined as a public or private nonprofit residential facility that serves battered persons. If such a facility serves other individuals, to be an eligible institution a portion of the facility must be set aside on a long term basis to serve only battered persons. Shelters having FNS authorization to redeem SNAP benefits through wholesalers meet this definition.

3210.15.30.05 Certification Of Shelter Residents (S)

Residents of shelters for persons who wish to participate in the SNAP program are subject to the same policies and procedures that apply to other households, with certain exceptions. Shelter residents may apply on their own behalf; however, they are free to designate a shelter staff member or volunteer or some other individual as an authorized representative. The eligibility worker should consider the possibility that shelter residents could be in danger should they leave the shelter, and waive the office interview on a case by case basis. Persons temporarily residing in a shelter for battered women and children are individual AGs for the purpose of applying for and participating in the program.

3210.15.30.10 Residents' Certification Based On Current Circumstances (S)

Shelter residents are certified based on their current circumstances in the shelter. Only the income, resources, and expenses of the current AG are counted in the eligibility determination while the income, resources, and expenses of their former living arrangement are not considered. Resources owned jointly by shelter residents and any individual in the former household are considered inaccessible to the resident if access to the value of the resource is dependent on the agreement of a joint owner who still resides in the former household.

3210.15.30.15 Residents Who Leave AGs to Enter Shelter (S)

Many shelter residents have recently left an AG containing the individual who has abused them to reside in a domestic violence shelter. Their former AG may be participating in the SNAP program, and its entitlement may be based on an AG size that includes the persons who have just left. Shelter residents who are included in such AGs may, if otherwise eligible, be approved and participate as separate AGs, if their former AGs contain the individual who subjected them to abuse. In other words, shelter residents who are included in such AGs may receive an allotment beginning with the month they enter the shelter, even though they were included in the allotment for the former AG. Residents should be issued auxiliary benefits whenever they are entitled to additional allotments. However, residents may receive an additional allotment only one month. This is the only situation when an individual may receive duplicate benefits in a month. Note that the individual must be residing in a domestic violence shelter for this policy to apply.

3210.15.30.20 Homeless Shelters (S)

Individuals who reside in a public or private nonprofit shelter for homeless persons are considered to be residing in an eligible institution. Individuals who reside in such shelters, may voluntarily apply for SNAP and if eligible, may be certified for SNAP.

The shelter may act as authorized representative and buy food for the individual but cannot use the SNAP benefits or the purchased food for communal dining purposes. The shelter cannot accept the SNAP as payment for meals unless they have been certified by USDA-FNS as a meal provider.

Residents of shelters for homeless are subject to all policy and regulations as others applying with the exception of the requirement to verify residency.

Residents of homeless shelters are given the same rights as all other SNAP AG's.

3210.15.35 Student Eligibility (S)

Students who must be evaluated to determine if they are eligible to be included in the AG are those who are:

At least 18 but under 50;

Physically and mentally fit. If the student alleges mental or physical impairment that is not evident to the worker, he/she should require the student to submit proof of the impairment. Adequate verification may be a statement from a physician or licensed or certified psychologist or receipt of disability benefits. Students who are participating in Vocational Rehabilitation are considered mentally or physically unfit; and

Enrolled at least half time (as defined by the institution)in an institution of higher education. A student is considered enrolled in an institution of higher education if the person is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment in the curriculum or if the individual is enrolled in a regular curriculum at a college or university that offers degree programs regardless of whether a diploma is required.

Student eligibility criteria do not apply to the following:

individuals under 18 or over 50;

individuals mentally or physically disabled; (If the student alleges a mental or physical impairment that is not evident to the interviewer, proof of the impairment must be requested. Verification may consist of receipt of temporary or permanent disability benefits issued by governmental or private sources, or of a statement from a physician or licensed psychologist.)

individuals attending high school;

individuals not attending school at least half time; or

individuals enrolled full time in schools and training programs which are not institutions of higher education.

3210.15.35.05 Student Eligibility Test (S)

To determine if a student may be eligible to be included in the AG, a student eligibility test must be completed. Students who are determined ineligible are not considered to be AG members even if they are living with parents. A student, regardless of where the student is living, is ineligible to participate in the SNAP program unless the student meets at least one of the following criteria.)

The student works for someone and receives pay for an average of 20 hours per week and is paid for it. A week in this situation is the period of time covered by the individual's work week.

The student is self-employed and works an average of 20 hours per week and receives weekly earnings at least equal to the federal minimum wage multiplied by 20 hours.

The student is approved for federally or State funded work study at the time of application for SNAP. The work study must be approved for the school term, and the student must anticipate actually working during that time. The exemption will begin with the month in which the school term begins or the month work study is approved, whichever is later. Once begun, the exemption will continue until the end of the month in which the school term ends, or it becomes known that the student has refused an assignment. The exemption will not continue between terms when there is a break of a full month or longer unless the student is participating in work study during the break.

The student is responsible for the care of a dependent AG member under age six. Only one parent/stepparent per household can be responsible for the care of dependent household members under age 6. The parents must decide who has primary responsibility.

The student is responsible for the care of a dependent AG member age six and over but under the age of 12 for whom adequate child care is not available.

The student is a single parent enrolled in an institution of higher education on a full time basis (as determined by the institution) and is responsible for the care of a dependent child under age 12. This applies in those situations where only one natural, adoptive or stepparent (regardless of their marital status) is in the same SNAP AG as the child.

If a parent is not in the same SNAP AG as the child, another full time student in the same SNAP AG as the child may qualify for eligible student status if that AG member has parental control over the child and is not living with their spouse.

The student receives TANF benefits.

The student is enrolled as a result of participation in the Job Opportunities and Basic Skills (JOBS) Program.

The student is participating in an on-the-job training program only during the period of time the person is being trained by the employer.

The student is assigned or placed in school due to their participation in one of the following:

- Workforce Innovation and Opportunity Act (WIOA) program;

- An E & T program under the SNAP Act such as IMPACT;

- An E & T program operated by a state or local government;

- A program under Section 236 of the Trade Act of 1974. This program is called the Trade Adjustment Assistance (TAA) and participants may receive Trade Readjustment Allowances (TRA) while receiving reemployment services. Participation in TAA can be verified with the TAA coordinator at the local E & T office.

The student is in a self-initiated placement while he is enrolled in one of the employment and training programs provided the program has a component for enrollment in an institution of higher education and the program accepts the placement.

3210.15.35.10 Duration of Student Status (S)

Once the student enrolls in an institution of higher education, such enrollment is considered to continue through normal periods of class attendance, vacation, and recess, unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term. Students not eligible during the school year will remain ineligible during vacation and recess periods unless they obtain work and/or otherwise meet the criteria applied to determine student eligibility.

3210.15.35.15 Continuous Enrollment (S)

Students who fail to maintain continuous enrollment status, or who do not intend to register for the next normal school session, will lose their student status and be treated as any other individual. Continuous enrollment by a student is determined according to the school's definition of a normal school term and the student's attendance or intent to attend. For example, the school is on the semester system and considered the two semester encompassing September through May as the normal school year.

A student in this setting maintains student status during the summer months regardless of whether he attends summer school, provided the student intends to register for the fall semester. However, if he attends summer school, but plans to skip the fall semester and register again in January, the student will lose student status during the fall semester.

3210.20.00 SNAP MANDATORY NON-PARTICIPATING AG MEMBERS (S)

Individuals who are required to be included in the AG, but who are not eligible to receive SNAP, include the following disqualified members:

individuals who do not meet citizenship or eligible alien requirements; (refer to Section 2402.00)

individuals who fail to comply with citizenship/alienage declaration and/or verification requirements;

individuals disqualified due to Intentional Program Violation (IPV); (refer to Section 4630.10.00)

individuals who fail to comply with Social Security number requirements; (refer to Section 2404.00) or

individuals who fail to comply with SNAP Work Registration or IMPACT requirements. (Refer to Sections 2438.20.00 and 2438.45.00)

See Section 3445.50.00 for instructions concerning how the income and expenses of these individuals is considered.

3210.25.00 EXCLUDED MEMBERS (S)

Certain individuals who live with the AG are always excluded from participation in the AG. Those individuals include roomers, ineligible students and individuals who share living quarters with the AG but do not customarily purchase with the AG and are not mandatory members. The following sections discuss these individuals.

The income and resources of excluded individuals are never counted in the AG's financial determination.

3210.25.05 Roomers (S)

Roomers are individuals who pay the AG for lodging, but not for meals, and do not eat with the AG. Roomers may qualify for SNAP as a separate AG.

3210.25.10 Other Household Members (S)

Other individuals who share living quarters with the AG, but who do not customarily purchase food and prepare meals with the AG, are excluded from the AG. For example, if the applicant household shares living quarters with another family to save on rent, but does not purchase and prepare food together with that family, the members of the other family are not members of the applicant AG.

3210.25.15 Fleeing Felons and Probation and Parole Violators

An individual is ineligible to receive SNAP or TANF during any period in which he is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the law of the place from which the individual is fleeing, or is violating a condition of federal or state probation or parole.

At every application point (including redeterminations) the applicant must be asked if any member falls into one of these categories at the time of application. If a question mark or positive response is coded, the eligibility worker must document the explanation of how verification was obtained. (See Section 3210.25.15.05).

3210.25.15.05 Verification of Fleeing Felon Status

If an individual is suspected of being a fleeing felon, either by their own admission, or based on a report or request from law enforcement, the fleeing status must be verified in order to determine if client is eligible for SNAP benefits. There are two ways that fleeing felon status can be verified.

1) If a warrant exists (or is presented by law enforcement) and contains one of three specific National Crime Information Center (NCIC) Uniform Offense Classification Codes, the individual would be considered a fleeing felon who is being actively sought by law enforcement and therefore would be ineligible for SNAP. The three Uniform Offense Classification Codes are as follows: 4901 Escape; 4902 Flight to Avoid; and 4999 Flight-Escape.
2) If a warrant exists (or is presented by law enforcement) and it does NOT contain one of the NCIC Uniform Offense Classification Codes noted above, the following four part test must be used to determine if an individual would be considered a fleeing felon for SNAP purposes:
    a. There must be a felony warrant for the individual.
    b. The individual must be aware of, or should reasonably be able to expect that, a warrant has or would have been issued.
    c. The individual has taken some action to avoid being arrested or jailed.

d. A law enforcement agency is actively seeking the individual.

If using the 4 part test, all 4 conditions must exist in order to determine if the individual is a fleeing felon for SNAP purposes.

Questions about applying the four part test should be directed to SNAP policy.

3210.25.20 Felony Drug Conviction

Individuals convicted of a federal or state felony which has as an element of the offense the possession, use, or distribution of a controlled substance and the date of the criminal act has been since 8/22/96 will be subject to ineligibility periods for both SNAP (lifetime) and TANF (10 years). A felony conviction for possession of a precursor (I.C. 35-48-4-14.5) is a felony drug conviction for SNAP and TANF.

At every application point (including redeterminations individuals applying for assistance are to be asked if anyone in the assistance group has been convicted of a drug felony. If any individual was convicted of an act which occurred after 8/22/96, this person will be subject to ineligibility periods for both TANF and SNAP benefits. The Indiana Department of Correction website “offender locator” page and Odyssey Case Management system accessible from IN.gov are available as sources of verification for state level offenses and date the offense was committed.

Excluded offenses:

Felony convictions for drug offenses that include the characteristic of “conspiracy” (i.e. Conspiracy/Dealing Cocaine) and felony convictions for Possession of Paraphernalia (I.C. 35-48-4-8.3) do not qualify as drug offenses for the purposes of determining eligibility for SNAP or TANF.

Included offenses:

It is not required that the “possession; use or distribution” be included in the title of the offense to make it a drug offense, rather, possession, use or distribution must be an element of the offense. Most offenses are readily identifiable (i.e. “Possession of Cocaine”), while others are not as obvious.

Maintaining a Common Nuisance (I.C. 35-48-4-13) and Controlled Substance Registration (I.C. 35-48-4-14) are included as drug felonies.

All questions regarding whether an offense should be considered as a drug offense should be forwarded to the policy help desk for clarification.

3210.25.20.05 Felony Drug Conviction (S)

Individuals convicted of a federal or state felony which has as an element of the offense the possession, use, or distribution of a controlled substance and the date of the criminal act has been since 8/22/96 will be ineligible to receive SNAP.

The SNAP benefits will be determined by not including this member in the household but their income, expenses and resources will be considered to be income, expenses and resources of the household.

3210.25.20.10 Felony Drug Conviction (C)

Individuals convicted of a federal or state felony which has as an element of the offense the possession, use, or distribution of a controlled substance and the date of the criminal act has been since 8/22/96 will be disqualified and ineligible to receive TANF for ten (10) years from the date of the conviction.

The convicted individual is not a recipient and is not included in the TANF assistance group size, although their income will be included in the benefit calculation.

3210.25.20.15 Exemption To The Felony Drug Conviction Penalty (C)

Individuals convicted of a federal or state felony which has as an element of the offense the possession or use of a

controlled substance, but does not have as an element the distribution or manufacturing of a controlled substance, who has either completed or is participating in substance abuse or mental health treatment provided by:

an addiction services provider certified by the Division of Mental Health and Addiction;

a mental health provider (as defined in IC 16-36-1.5-2);

the Department of Correction;

the federal government; or

a faith based program certified by the Division of Mental Health and Addiction;

is eligible to receive assistance for not more than twelve (12) months.

An individual who is receiving TANF due to this exemption must be tested for drugs not less than one (1) time every two (2) months at a time chosen by the provider of the substance abuse or mental health treatment the individual completed or is participating in. Nothing in this section shall prevent the provider from testing for drugs more frequently if more frequent testing is part of the program operated by the provider. (f30)

3210.25.25 Felony Drug Conviction Change Report (S)

For SNAP, the conviction of the felony in IPPM 3210.25.20 is a change that is not required to be reported. Consequently, any convictions subsequent to application will not require a claim to be initiated. If the worker would become aware that the client had this particular conviction on his/her record (i.e. policy record, newspaper, client report) but failed to report it at application point, the worker would initiate a claim.

EXAMPLE:

A client applies on 1/2 and states in writing that he/she has no felony convictions for the possession, use or distribution of controlled substances. The client then has a felony conviction on 4/3 for illegal drug usage. The client comes in 6/5 for a redetermination, reports this conviction and will be made ineligible for the 7/1 effective date of the redetermination. No claim needs to be done as the client correctly reported the conviction information at application point.

Same example as before, but the client did not report the 4/3 conviction at the 6/5 redetermination interview. The local office then becomes aware of this conviction on 1/12 of the next year. The local office will initiate a claim starting with the 7/1 of the previous year effective date since the client did not report the conviction at application point. Also, the local office will make the client ineligible for the next recurring month.

Should the client report a change between recertifications confirming that a member of the household had recently been convicted of a drug related felony; the worker must take timely action to disqualify that member.

3215.00.00 CASH ASSISTANCE GROUPS (C)

Cash assistance is available to groups of eligible family members who live together. This group of individuals is referred to as participating members of the assistance group (AG). For individuals who receive cash assistance under the TANF Program, eligibility is determined based upon the presence of eligible dependent children. Depending upon family composition and circumstances, an AG's TANF eligibility will be determined under one of two categories:

ADCR - Eligibility is based upon the absence of one or both of the parents of the dependent child.

ADCU - Eligibility is based upon the presence in the home of both of the child’s parents.

Changes in family composition or circumstances can generate a change from one type of TANF AG to another.

Another type of cash assistance, Refugee Cash Assistance (RCA), differs from TANF in that eligibility is based upon refugee status, not the presence in the home of a dependent child. (Otherwise eligible refugee families which include a dependent child are awarded TANF, not Refugee Cash Assistance.) The eligibility system designation for AGs receiving RCA is ADCQ.

3215.05.00 TANF ASSISTANCE GROUPS (C)

TANF eligibility is determined on the basis of the eligibility of the child. An eligible child is a dependent child under age 18 who is a citizen of the United States, or an alien lawfully admitted for permanent residence.

The roles served by individuals within the AG are defined as follows:

The dependent child is a child under the age of 18. The child must live with a specified relative who exercises the primary responsibility for the care and control of the child. (Specified relatives are discussed in Section 2420.00.00.)

A married person whose marital relationship is intact is not considered to be a dependent child, regardless of age.

The caretaker relative is the individual living in the home who bears a specific, qualifying relationship to the dependent child. (See Section 2420.00.00) The caretaker relative must have the primary responsibility for the care and control of the child and may be his parent or another relative.

The non-caretaker parent is a parent who is living with his child but does not assume responsibility for his care and control. In this situation, another relative who was responsible for care and control of the child would have to be in the home for TANF eligibility to exist.

To qualify for TANF, an AG must include at least one individual who meets the above definition of dependent

child and a parent or other caretaker who qualifies as his specified relative.

Due to the complexity of family living situations and the requirements of the AG, there may be AGs in which the children are under the care and control of different caretakers. These situations may result in the inclusion of multiple caretakers in one AG. The following sections discuss additional AG requirements.

3215.05.05 TANF Mandatory Participating AG Members (C)

The TANF eligibility determination must include the following mandatory participants who live together, if they meet the categorical requirements of the program:

> All natural, adoptive, or half-siblings who meet the definition of dependent child;
>
> The parents of these dependent children provided parental rights have not been terminated.

When determining the mandatory participating members of the AG, the focal point is the dependent child. The relationship between the dependent child and each household member must be considered. It is helpful to view the dependent child as a magnet who draws others into the AG. As members are drawn in, their relationship to others must be examined. The result may be the inclusion of mandatory members who do not bear a parental or sibling relationship to one or more of the dependent children.

EXAMPLE

Karen Martin requests assistance for her 12 year old daughter, Tammy Hall. Karen is divorced from Tammy's father and is remarried to Norman Martin. Karen and Norman have a common child, Jody, age three. Tammy is the dependent child around whom the AG is built. Karen is a mandatory AG member because of her parental relationship to Tammy. Jody is also a mandatory member of the AG because she has a half-sibling relationship to Tammy. Jody's inclusion in the AG requires that her father, Norman, be included. Even though Norman has no parental or sibling relationship to Tammy, his inclusion is mandatory because Jody's inclusion is mandatory.

The income and resources of mandatory participants are counted in the eligibility determination.

3215.05.10 TANF Optional AG Participants (C)

The AG may include the following individuals who live with the AG if otherwise eligible and the applicant/recipient so desires:

Other dependent children who are not mandatory participants; or

A caretaker relative other than a parent. In instances where a caretaker relative who has the responsibility for care and control and a parent live in the same home with the child, both individuals may be included in the AG. The parent is a mandatory participating member, while the caretaker relative has the option of being included.

If an optional individual chooses to be included in the AG as a participating member, his needs, income, and resources are counted in the eligibility determination.

AEACC will show the status as optional and "yes" or "no" can be entered in the "Included" field to indicate whether the AG chooses to include the optional individual.

3215.05.15 TANF Mandatory Nonparticipating AG Members (C)

Individuals living with the AG who are required to be included in the AG, but who are not eligible to receive TANF, include:

Aliens who do not meet citizenship or alienage requirements (refer to Section 2402.00);

Aliens whose sponsor's income or resources are sufficient to meet the needs of the alien (refer to Section 3450.45.35.00);

Non-recipient stepparents (ADCR only);

Non-recipient parent(s) of a minor parent;

Stepparent's dependent child, not in common with TANF parent (ADCR only); and

Alien sponsor, spouse, and dependents. An alien sponsor may or may not be living with the AG.

The income of ineligible parents, non-recipient stepparents, non-recipient parents of a minor parent, and an alien's sponsor and spouse is deemed to the participating AG members. Resources of ineligible parents and an alien's sponsor or spouse are also deemed. However, the resources of nonrecipient stepparents and non-recipient parents of a minor parent are not counted in the AG financial determination. (Refer to Section 3450.45.00)

3215.05.20 TANF Excluded Members (C)

Individuals who live with the AG, but who are excluded from the AG due to federal program requirements, include:

SSI recipients;

Children receiving federal, state or local foster care payments; or

Children for whom federal, state or local adoption assistance payments are made.

The needs, income, expenses, and resources of excluded individuals are not counted in the TANF eligibility determination.

3215.05.25 Minor Parent Consideration (C)

A minor parent is defined as an individual under age 18 with his own child. When a minor parent is living in a household, additional factors must be considered in the AG determination. These factors are discussed in the following sections.

3215.05.25.05 Minor Parents (C)

The policy stated in this section affects only the ADCU and ADCR categories of cash assistance. It applies to all minor parents who are not mandatory members of a parent/caretaker relative's existing AG.

A minor parent may independently receive a TANF cash benefit as the eligible caretaker for his child when the minor parent is not a mandatory member of an existing AG.

A minor parent is not a mandatory member of a TANF AG if:

> The applicant or recipient assistance group does not include a sibling or half sibling of the minor parent; or
>
> The applicant or recipient assistance group includes a sibling or 1/2 sibling of the minor parent but at least one of them fails to meet the definition of dependent child, (i.e., age or "living with specified relative" criteria are not met).[f26]

Minor parents who are not mandatory members of another AG must live with a parent, stepparent, grandparent, legal guardian or other adult holding legal custody of the minor (these individuals will hereafter be known as "qualifying relatives") to qualify for TANF benefits.[f27] In certain circumstances, the minor is exempt from this requirement. They are as follows:

> The minor parent lived apart from the parent's or guardian's home for a period of at least one year prior to the date of application for TANF or the birth of the minor's oldest dependent child;
>
> The minor has no living parent or legal guardian;
>
> The location of the minor's parent or legal guardian is unknown;
>
> The parent or legal guardian of the minor refuses to allow the minor parent to live in the home;
>
> The physical and/or emotional health or safety of the minor parent or the dependent child would be jeopardized if the minor and dependent child resided with the minor's parent or legal guardian; and

If the minor parent is not exempt from the requirement, both her residence in the home and her relationship to the adult must be verified. Acceptable verifications of the living arrangement include, but are not limited to:

Signed statement from the adult;

Landlord's statement;

Medical records;

School records;

Court Records

Acceptable verifications of the biological or legal relationship between the minor parent and the adult include:

Birth Certificate;

Marriage records (if the adult is a stepparent; the minor parent's relationship to her birth or adopted parent must be verified <u>and</u> the marriage between the minor's parent and the stepparent must be verified);

Court Records;

Social Security Administration records;

Records of social service agencies (including the DFR).

Acceptable verifications that a minor parent is exempt from the requirement to live with a qualifying relative include but are not limited to:

A lease agreement, landlord's statement, utility bills or corroborating a statement from a knowledgeable individual verifying the period of time the minor parent has lived independently;

If parents are deceased:

1. A birth certificate or other acceptable documentation (as listed in IPPM, Section 2420.05.05) of the parental relationship for each known parent; and

2. A death certificate, death notice or other documentation (as listed in IPPM, Section 2418.05.10.25) for each known parent;

A statement from a social service or governmental agency or a knowledgeable individual corroborating the minor's assertion that his parent's whereabouts are unknown;

A statement from the parent, a social service or governmental agency, or a knowledgeable individual as evidence that the minor's parent or guardian refuses to allow the minor parent to live in the home; and

A statement from a social service or governmental agency or a knowledgeable individual corroborating the minor's assertion that his parent's whereabouts are unknown;

Court records, police records, child protection records or statements from knowledgeable individuals supporting the minor parent's assertion that living with the parent would jeopardize the minor parent or the child's physical/emotional health or safety; and

Legal verification that the adult is pursuing legal guardianship or custody (if the minor parent is assigned to the treatment group, is not living with a parent, stepparent, grandparent or legal guardian/custodian and is not otherwise exempt from the requirement).

A minor parent who is required to live with a qualifying relative may, nevertheless, assume an adult role as parent/caretaker of her dependent child. In this situation, the AG's payment amount should reflect the presence of an adult caretaker (the minor parent) and an eligible child (the minor parent's child).

EXAMPLE

Susan is a minor parent who assumes primary responsibility for the day-to-day care of her child, Emily. The two of them live with Susan's grandmother, Carol. Susan has no siblings in the home. Carol acts as Susan's mentor and supervises her parenting and other activities, but Susan is Emily's caretaker. Susan is therefore in compliance with the requirement to live with a responsible adult. Carol is not Emily’s non-parent caretaker. As a result, Susan may serve in the role as eligible caretaker and the AG receives the benefit amount for an AG with a parent/caretaker rather than the amount for a "children only" AG.

Married parents under 18 years of age are not subject to the requirement to live with an adult. NOTE: There has been no change in policy regarding the determination of financial eligibility for parents under the age of 18. If living with a parent of the minor parent, the AG's of those individuals (whether unmarried or married) are subject to the deeming of income from the parent of the minor parent. (See Sections 3450.45.15, 3450.45.20, 3450.45.25, and 3450.45.30 for budgeting procedures.)

TANF payments made on behalf of minor parents and their dependent children must be paid in the form of protective payments to the adults assuming responsibility for them unless the minor parent is exempt from the requirement to live with a qualifying relative.

In the rare circumstance where the minor parent is experiencing significant problems with the protective payment arrangement, a decision to alter the payment arrangement may be necessary. It is important to note that a problem with the payment arrangement should be viewed as a signal to investigate the minor's situation thoroughly, to determine whether the living arrangement actually meets program requirements. An adult who willfully and repeatedly fails to utilize the payment to meet the needs of the minor and his child would not qualify as a supportive supervising adult. In this situation, the minor parent and his child would be ineligible for TANF. Therefore, at the initial reported instance of a problem with the protective payee, it may be advisable to suggest that the minor parent consider seeking a more appropriate

living arrangement with a more responsible qualifying relative.

Once this decision is made, it should be fully documented.

Procedures for the authorization of protective payees may be found in Section 3605.25.35.

3215.05.25.10 Minor Parent In An Existing TANF AG (C)

A minor parent must be included in the TANF AG of his parent or other relative when the minor parent is directly related to the dependent child (sibling, half sibling) who is applying for or receiving assistance. The minor caretaker who is required to be included in the TANF determination with his siblings is considered a dependent child. Please note: The requirement that a minor parent live with a parent, grandparent, stepparent or legal guardian (Section 3215.05.25.05) does not apply to minors whose mandatory relationship to an applicant/ recipient sibling forces them into the role of dependent child. However, these minor parents are required to live with a specified relative (a less limited designation) as are the other dependent children in the AG. (See Section 2420.05.00 for information regarding specified relationships.)

The child of the minor parent is not automatically required to be included in the existing AG. The minor parent may decide whether his child is to be considered for TANF eligibility. If a decision is made to apply for the minor's child, this child must be included in the existing AG with the minor parent.

If the minor parent is the caretaker, upon reaching age 18, both the minor parent and his child are removed from the AG and a separate AG is formed containing the 18 year old and his child. The minor parent may then apply for assistance if he wishes.

However, if the responsibility for care and control remains with another specified relative, the minor parent is not removed from the grant. He remains a mandatory member of the AG due to his parental relationship to his child

3215.10.00 REFUGEE CASH ASSISTANCE GROUPS (C)

Refugee Cash Assistance (RCA) eligibility is determined on the basis of need. A refugee AG is comprised of either a single refugee or a spousal couple who live together. The following sections discuss additional AG requirements.

3215.10.05 RCA Mandatory Participating AG Members (C)

The RCA eligibility determination must include the following mandatory AG participants who live together:

the applicant/recipient; and

the applicant's/recipient's spouse who has refugee status; and

3215.10.15 RCA Mandatory Nonparticipating AG Members (C)

Individuals who live with the AG and are excluded from the AG include:

sanctioned individuals;

non-recipient stepparents;

stepparent's dependent children;

non-recipient parent of a minor parent; and

the refugee's spouse who does not have refugee status.

The income of these individuals is counted in the eligibility determination. The resources of sanctioned members, and a non-refugee spouse are also counted. However, resources of the remaining nonparticipating AG members are not counted.

3215.10.20 Refugee Excluded Members (C)

Individuals who live with the AG, but are excluded from participation in the AG, include:

SSI recipients;

a child receiving IV-E payments; and

children for whom foster care maintenance or adoption assistance payments are made, whether provided by a federal, state, or local agency.

The income, needs, expenses, and resources of these individuals are not counted in the Refugee Cash Assistance eligibility determination.

3299.00.00 FOOTNOTES FOR CHAPTER 3200

Following are footnotes for Chapter 3200:
(f1) 7 CFR 273.1(a)(1)
(f2) 7 CFR 273.1(a)(2)(i)
(f2a) Section 13931 of P.L. 103-66, the Mickey Leland Childhood Hunger Relief Act
(f2b) Section 13931 of P.L. 103-66, the Mickey Leland Childhood Hunger Relief Act
(f3) 7 CFR 273.1(a)(2)(ii)
(f4) 7 CFR 271.2
(f5) 7 CFR 273.1 (b)(3) (ii)
(f6) 7 CFR 273.1(e)(1)
(f6a) Section 13932 of P.L. 103-66, the Mickey Leland Childhood Hunger Relief Act
(f7) 7 CFR 273.11(e)(1)
(f8) 7 CFR 273.11(f)(1)
(f9) 7 CFR 273.11(g)(1)
(f10) 7 CFR 273.5(a)(1)
(f11) 7 CFR 273.5(b)(1)
(f12) 7 CFR 273.1(b)(2)
(f13) 7 CFR 273.1(b)(6)
(f13a)Social Security Act, Section 408(a)(9)
Section 6 of the Food Stamp Act As amended by Section 821 of P.L. 104-193
(f13b)Section 115 of P. L. 104-193; IC 12-14-28-3.3
(f13c)Section 115 of P. L. 104-193
(f14) 4 CFR 233.90
(f15) 45 CFR 233.90
(f16) 45 CFR 206.10
(f17) 405 IAC 2-1-1
(f18) 405 IAC 2-1-1
(f19) 405 IAC 2-1-1
(f20) 405 IAC 2-1-1
(f21) 405 IAC 2-1-1
(f22) 405 IAC 2-1-1
(f23) Section 1924 of the Social Security Act
(f24) 405 IAC 2-3-15
(f25) 45 CFR 256.2

(f26) IC 12-14-1-1
(f27) 470 IAC 10.3-3-3
(f28) 45 CFR 233.107
(f29) Section 115 of P. L. 104-193; IC 12-14-28-3.3
(f30) Section 115 of P. L. 104-193; IC 12-14-28-3.3

3400.00.00 BUDGETING AND BENEFIT CALCULATION

3405.00.00 INCOME BUDGETING PRINCIPLES

3405.05.00 INCOME FREQUENCY

3405.10.00 BUDGET METHODS

3405.10.05 Regular Budget Method

3405.10.10 Fluctuating Budget Method

3405.10.15 Averaging Budget Method

3405.10.20 Prorated Budget Method

3405.10.25 Beginning/Terminating Budget Method

3410.00.00 BUDGETING SELF-EMPLOYMENT INCOME

3410.05.00 DEFINITION OF SELF-EMPLOYMENT

3410.10.00 ESTABLISHING ANNUAL SELF-EMPLOYMENT INCOME

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3499.00.00 FOOTNOTES FOR CHAPTER 3400

3400.00.00 BUDGETING AND BENEFIT CALCULATION

This chapter discusses the budgeting of income, income deductions, and the calculations necessary to determine financial eligibility. Specific information includes:

Income Budgeting Principles (Section 3405);
Budgeting Self-Employment Income (Section 3410);
Budgeting Boarder Income (Section 3415);
Rental Income (Section 3420);
Budgeting Striker's Income (Section 3425);
Budgeting Educational Income (Section 3430;
Lump Sum Calculation (Section 3435);
Budgeting Expenses (Section 3440);
Benefit Calculation (F) (Section 3445);
Benefit Calculation (C) (Section 3450;
Footnotes for Chapter 3400 (Section 3499).

3405.00.00 INCOME BUDGETING PRINCIPLES

Financial eligibility is based on the best estimate of income and circumstances which will exist in the month for which the assistance is being considered. This estimate should be founded upon the most complete information available to the Local Office as of the authorization date. This eligibility determination requires knowledge of an individual's and/or AG's current, past or anticipated future circumstances. A presumption that current or historical trends will continue in the future cannot be made. Use of historical trends is appropriate if there is reason to believe, with supporting documentation, that the trends will continue.

Prospective budgeting rules require that the AG's assistance for a given month be based on the income expected to be received during that month. (f1)

To calculate monthly amounts, the frequency and budgeting method of the income must first be determined.

3405.05.00 INCOME FREQUENCY

Frequency is defined as how often income is received. Amounts may be received weekly, bi-weekly, semi-monthly, monthly, quarterly, semi-annually, annually, or less often than monthly. The codes used in ICES to correspond to these frequencies are WK, BW, SM, MO, QT, SA, AN, and LO.

3405.10.00 BUDGET METHODS

Once the frequency of an income is determined, the method of budgeting the amount is determined.

The following sections list the various budget methods and the circumstances under which they are used.

3405.10.05 Regular Budget Method

Regular income is income received in the same amount each pay period with no variances.

The monthly amount is determined using the appropriate conversion factor as follows: (f2)

> The gross amount of income received weekly is to be multiplied by 4.3.
>
> The gross amount of income received biweekly is to be multiplied by 2.15.
>
> The gross amount of income received semimonthly is to be multiplied by 2.

Enter the amount of the income which corresponds to the frequency; the ICES calculator will convert it to a monthly amount.

3405.10.10 Fluctuating Budget Method

Income which varies each pay is to be converted to a monthly amount using the "fluctuating budget method" unless the client requests that the "averaging" method be used.

Fluctuating (F) method:

The payments received during the months being reviewed are added together and the total is divided by the number of payments; then, the appropriate conversion factor as explained in Section 3405.10.05 is applied. A pay which is unusually high or unusually low should not be included in the calculation. The budget method "S-SKIP" should be entered for a pay which is not reflective of what can be expected to be received in the future.

If "S-SKIP" is used in an application month, the pay amount will be included for the application month calculation but will be skipped for months past the application month.

3405.10.15 Averaging Budget Method

The Average (A) budget method may be used with income received weekly, bi-weekly, semi-monthly or monthly. Averaging may only be used when complete monthly amounts are available and there are two or more months of history.

Migrant AGs applying for SNAP may not have their income averaged.

An AG has the option of choosing this budget method. However, if complete monthly amounts are not provided, it may not be used.

3405.10.20 Prorated Budget Method

The Prorated (P) budget method distributes an income over the period of time associated with the income or expense. This budget method is only used with the frequency LO - less often than monthly. Educational income is a common example of income which is often calculated using this frequency and budget method. This is also the only budget method with which it is appropriate to enter the begin and end date on ICES. This entry is used by the ICES calculator to determine how many months by which to divide the income amount. This budget method is not used for earned income.

3405.10.25 Beginning/Terminating Budget Method

Income is projected when an individual has just begun working, has changed jobs, or has had a change in rate of pay. If the person has just begun to work, verified

earnings to the date of the budget computation are to be used. Otherwise, an estimate of anticipated earnings can be obtained from the employer and used as a basis for projection on a monthly basis.

When the 'B' budget method is used, that budget month will use all the 'B' income or expenses as actual 'B' amounts with no conversion. The system will take the last entry only and convert it for any subsequent month. If the 'B' method is left, the system will continue to budget for future months converted by the appropriate frequency. If the beginning pay is not reflective of future months, a new amount and budget method must be entered.

The 'B' budget method should only be used if all of the following 3 statements are true about the income (or expenses):

> The job is a new job or the source of income is new, and
>
> The income will not be received for every frequency (a full month's income) in the month the job/income source begins, and
>
> The same month the income source begins also needs to have this income included (new job starts in October, income of new job is budgeted for October) in the budget for that month. This usually would occur at a new application point or for add a program.

EXAMPLE:

A client applies on 7/10 with a new app. and has a job where he will receive his first pay on 7/22. The worker verifies the information with the employer that the client will receive a partial pay of $50 and then $100 a week there after. The income on AEINC should be listed as follows:

RCVD DATE	FREQ	BGT MTD	GROSS AMT
07/22	WK	B	50.00
07/29	WK	B	100.00

July's budget will be $150 (50 + 100) and August and thereafter will be $430 (100 X 4.3)

If this same situation was new information reported at a 7/10 redet, these pays would then be listed as 'S' for the first pay and 'R' for the second pay since all 3 criteria for the 'B' budget method were not met. (3rd criteria not met as the July budget is already in effect without the new earnings.)

While rare, the client could report at a 7/10 redet that he will be starting a job in August and will be paid bi-weekly with the only one check being received in late August. The worker would correctly project the one actual pay for August since the August budget is not in effect yet and this situation meets the criteria for using the 'B' budget method. (Notice this is not a new application or add a program situation where most 'B' situations will occur.)

RCVD DATE	FREQ	BGT MTD	GROSS AMT
08/22	BW	B	100.00

August would be budgeting $100 (actual) and September would be budgeting $430 (100 X 4.3).

When an employed person loses his employment, which includes being laid off or on strike, an evaluation is to be made of the expected length of time without income.

If the period without income is expected to be at least one month, a new budget showing loss of income is to be computed. This is done by using the 'T' budget method. An entry must be made for each anticipated source of income (or expense) in the last month that it is expected to be received. The system will add up each 'T' entry and use the actual amount for that budget month if the budget month is not in effect yet. No 'T' entry is ever carried into the budget beyond the month it was received.

EXAMPLE:

The client reports on 10/20 that he will only be working until the end of the month and will receive 2 more pays in November for $100 each. The income should be listed on AEINC as follows:

RCVD DATE	FREQ	BGT MTD	GROSS AMT
11/1	WK	T	$100
11/8	WK	T	$100

If the worker authorizes this before the 11/1/ pulldown, the November budget will reflect $200. If authorized after pull-down, no income will appear in the December budget. An auxiliary benefit would be needed for November (calculated manually).

3410.00.00 BUDGETING SELF-EMPLOYMENT INCOME

Self-employment budgeting procedures are outlined in the following sections. Self-employment income is generally determined by subtracting allowable expenses from the gross income. The income and expenses are entered on AEISE.

3410.05.00 DEFINITION OF SELF-EMPLOYMENT

The determination of whether an individual is self-employed will generally be verified by federal income tax returns and there is no need to further question the existence of a trade or business. However, in some instances, it may be necessary to inquire further into the situation to determine if a person is self-employed when tax returns are not a definitive measure. Consider the following when determining that a person is self-employed:

The good faith intention of making a profit or producing income as a regular occupation;

The holding out to others as being engaged in a business of selling of goods or services;

The continuity of operations or regularity of activities;

The lack of an “employer” relationship in the regular sense of the word in which the employer pays wages and or provides benefits;

The existence of documentation in the person’s possession that supports his or her claim of self-employment;

Being a member of a business or trade association;

A single factor is not always sufficient to determine whether a person is self-employed, nor must all of the above factors be met. Caseworkers must apply the factors listed as well as others that may exist, to determine whether an income producing activity is self-employment. In some cases it may be necessary to distinguish self-employment from a hobby. Also persons working as contractors or subcontractors may or may not be self-employed.

A person is not self-employed if he or she receives a W-2 form showing wages paid, the employer pays FICA taxes, or the person is paid a salary from a corporation or individual.

The net profit from self-employment income may be determined through a review of past books or records of the previous year's Federal Income Tax Report. The method of determining the net profit is to be documented in the case record.

IRS regulations are not used in all programs in determining whether a given expense is deducted as an expense in the calculation of self-employment income. (Not all of the expenses listed on tax returns can be allowed as self-employment costs for all programs when a self-employed individual files an income tax return.)

3410.10.00 ESTABLISHING ANNUAL SELF-EMPLOYMENT INCOME

Current income from self-employment may be determined by using the individual's tax return filed for the previous year if a review of his current business records indicates no substantial variance. If the previous year's tax return is not an accurate reflection of current income, his recent records are to be used to project the annual income.

When the individual is engaged in a new business, he must supply business records for his taxable year-to-date and annual income is to be projected.

When he is engaged in a new business and records are not yet available or the business has been going on for some time but no records were kept, annual income is determined by using the individual's best estimate. For TANF, if approved for assistance, the individual must keep records and after no longer than two months actual income must be verified. For SNAP, if the AG is subject to simplified reporting rules, the AG must report only if the actual income exceeds 130% of the gross income limit for the AG. However, if the AG reports new verification for TANF after two months, the new income is also included in the SNAP budget.

Seasonal self-employment income which is intended to meet the household’s needs for only part of the year should be prorated over the period of time the income is intended to cover. For example, clients who are self-employed only during the summer months to supplement their annual income will have their summer self employment income prorated over the summer months.

3410.15.00 ALLOWABLE SELF-EMPLOYMENT COSTS

Allowable costs of producing self-employment income differ depending on the program.

Examples of allowable costs for all programs are:

Wages, commissions, and mandated costs relating to the wages for employees of the self-employed;

The cost of shelter in the form of rent, the interest on mortgage or contract payments, taxes, and utilities;

The cost of machinery and equipment in the form of rent or the interest on mortgage or contract payments;

Insurance on the real and/or personal property involved;

The cost of any repairs needed; and

The cost of any travel required. If the actual cost cannot be determined, 40 cents per mile may be used to calculate the expense. The number of miles must be verified to allow the 40 cents per mile.

For SNAP expenses which are not allowable costs of doing business include income net losses from previous periods, work related expenses covered by the 20 percent earned income deduction and depreciation. When calculating the costs of producing self-employment for SNAP the greater deduction, either 40% of the gross income or actual verified expenses directly related to the production of income, is used unless the business involves boarders or day care.

When calculating the income for SNAP boarders, either the maximum SNAP allotment for a household size that is equal to the number of boarders or actual costs is deducted as a cost of business.

When calculating the income for SNAP clients who are day care providers, use either the actual costs or the amounts used in the Child and Adult Care Food Program which are $1.58 for breakfast, $2.93 for lunch or supper or $0.80 per snack or a State Standard of $3.78 per day as a cost of doing business. These determinations must be made off-line and entered on ICES as a cost of doing business.

Actual expenses for items other than the cost of food and meals can be used in addition to the state standard and child and adult care food program prices.

SNAP also allows payments on the principal of the purchase price of income producing real estate and capital assets. Capital assets may be vehicles, real property or equipment used in the self-employment business.

For Cash Assistance C, the AG may have the greater deduction, either 40% of the gross income or actual verified expenses directly related to the production of income, deducted. (f4)

Net profit is the total income derived from a self-employment enterprise less allowable deductions.

3410.20.00 HOME USED FOR SELF-EMPLOYMENT (S)

When a room of an AG's home is used only for a self-employment enterprise, a prorated share of the interest paid on the mortgage is an allowable business cost.

When the SNAP AG qualifies for a Standard Utility Allowance #1, a utility expense cannot be deducted from the self-employment income. The chosen SUA is listed only as a utility expense on screen AEFUC; a utility expense is not listed on screen AEISE. However, if the home is equipped with two meters, one for the AG's residence and one for the self-employment enterprise, the AG will receive a SUA for the residence. The actual utility bills are deducted from the self-employment income. The AG would not be entitled to use a standard utility allowance for the residence as well as a standard utility allowance for the self-employment enterprise in this situation.

3410.25.00 FARM LOSS BUDGETING (S)

If the cost of producing self-employment income exceeds the income derived from self-employment as a farmer, such losses are offset against any other countable income received by the AG. Losses from farm self-employment enterprises are offset in two phases. The first phase is an offsetting against nonfarm self-employment income. The second phase is offsetting against the total of earned and unearned income.

For purposes of this provision, to be considered a self-employed farmer, the farmer must receive or anticipate receiving annual gross proceeds of $1000 or more from the farming enterprise. If less than $1000 annual gross income is anticipated, the farm loss calculation is not considered.

3415.00.00 BUDGETING BOARDER INCOME (S)

Boarder income is entered on AEIRB. The income from boarders includes all direct payments to the AG for room and meals, including contributions to the AG's shelter expenses. (f6)

Shelter expenses paid directly by boarders to someone outside of the AG are not counted as income to the AG.

NOTE: This does not include the income of payments made to persons in foster care who are considered boarders for SNAP purposes when they are not included in the AG.

3415.05.00 BOARDER COST OF BUSINESS (S)

After determining the income received from the boarders, the portion of the boarder payment which is a cost of doing business is excluded as income. The cost of doing business is equal to one of the following, provided that the amount allowed as the cost of doing business does not exceed the payment the AG received from the boarder for lodging and meals.

The maximum SNAP allotment for an AG size that is equal to the number of boarders; or

The actual documented cost of providing room and meals, if the actual cost exceeds the maximum SNAP allotment. If actual costs are used, only separate and identifiable costs of providing room and board to the boarder are excluded.

3415.05.05 Net Boarder Income (S)

The net income from self-employment is added to other earned income and the 20% earned income deduction applied to the total. Shelter costs the AG actually incurs, even if the boarder contributes to the AG for part of the AG's shelter expenses, is computed to determine if the AG will receive a shelter deduction. However, the shelter costs must not include any shelter expenses directly paid by the boarder to a third party, such as the landlord or utility company.

3415.10.00 BUDGETING ROOMER AND BOARDER INCOME (S)

In a roomer and boarder situation, net rental income is determined by deducting allowable expenses (see Section 3420.05.05) proportionately to the number of rooms (excluding bathrooms) in a private house or by the number of people living in the house. Examples of roomer and boarder situations are as follows:

The applicant owns a seven room house (excluding bathrooms) and rents one bedroom. The roomer pays $100 a month. All allowable expenses equal $400 a month. One-seventh of those expenses ($57.14) is deducted from gross rental income. $42.86 is budgeted as net rental income.

The applicant and his wife have a five room house (excluding bathrooms) and rent one room with meals provided. The roomer and boarder pays $200 a month. Allowable income producing costs equal $200 a month and food costs equal $300. One-fifth of $200 = $40. One-third of $300 = $100. $140 is deducted from gross rental income. $60 is budgeted as net rental income.

3420.00.00 RENTAL INCOME

Rental income is payment for the use of real or personal property. Rental payments may be received for the use of land (including farm land), for land and buildings, for a room, apartment, or house, or for machinery and equipment.

3420.05.00 BUDGETING RENTAL INCOME

Rental income may be considered either unearned or earned income. Regardless, for all programs, income from rental property is determined by the costs of doing business being deducted from the gross income.

For F: Rental income is unearned unless a member of the AG is actively engaged in the management of the property at least an average of 20 hours per week. If the income is earned, the 20% earned income disregard is subtracted from the gross.

For C Cash categories of assistance: Rental income is unearned unless the production of income includes some type of personal involvement and effort on the part of an AG member.

ICES determines whether the income is unearned or earned for each program based upon answers to questions on AERPI.

3420.05.05 Allowable Rental Expenses

Allowable rental expenses include most costs allowed by the Internal Revenue Service.

Examples of rental expenses allowed are:

- Property taxes;
- Interest payments (and principal payments for SNAP);
- Repairs;
- Advertising expenses;
- Lawn care;
- Insurance premium for property only;
- Trash removal expenses;
- Snow removal expenses;
- Water;
- Utilities; and
- Other necessary expenses.

The following costs are allowed by the Internal Revenue Service, but are not allowable deductions for all assistance programs:

- Depreciation;
- Payments on mortgage principal (Note: these are allowable for SNAP);
- Personal expenses of the owner;
- Insurance to pay off the mortgage in the event of death or disability; and
- Capital expenditures.

3425.00.00 BUDGETING STRIKER'S INCOME (S)

The following section outlines the policy relating to budgeting striker's income for SNAP.

3425.05.00 DEFINITION OF STRIKER (S)

For SNAP purposes, a striker is anyone involved in a strike or concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees. Any employee affected by a lockout, however, should not be determined to be a striker. Further, any individual exempt from work registration in accordance with Section 2438.00.00 (other than those exempt solely on the grounds that they are employed) who may go on strike should not be determined to be a striker.

If an AG member is a striker according to the above definition, apply the criteria below to determine if the AG member is a striker for the budget month:

The AG member is a striker if on strike the last known point in the month; or

The AG member is not a striker if:

- he would have been exempt from Work Registration for a reason other than employment (such as child under age six) on the day prior to the strike;
- is unable to work because other related professions are on strike;
- is not a part of the bargaining unit on strike;
- will not cross the picket line due to fear of injury or death;
- is fired or officially resigns from his job; or
- is replaced by permanent employees hired by the company.

3425.10.00 DETERMINING STRIKER'S INCOME (S)

Determining striker's income is done by comparing his pre-strike income with his current income. To determine pre-strike income, use only the income of the striker prior to going on strike. This is entered on AEIEI. If the month is not over, anticipate the amount the striker would have received for the month had he not gone on strike. To determine the current income amount, anticipate the amount the striker will actually receive for the month on AEINC. ICES then compares the striker's pre-strike income to his current income and the higher of the two is used as the striker's income. (f7)

To determine eligibility and benefit amount, the striker's income is added to the current income of non-striking AG members and the total compared to the appropriate income limits.

3430.00.00 BUDGETING EDUCATIONAL INCOME

If an AG member has both exempt and non-exempt income (see Sections 2860.05.00), allowable educational expenses are deducted from exempt income first. All remaining allowable expenses are then deducted from the non-exempt income. If any non-exempt income remains, it is prorated over the number of months it was intended to cover and counted as unearned income. **Note:** The second step only applies to non-exempt educational income received directly by the student. If the entire amount is received and retained by the school, it is completely excluded from the budgeting process. If the school receives the income directly and refunds any unused portion to the student, only the refunded amount is budgeted as unearned income (after allowable additional educational expenses are deducted).

EXAMPLE:

Mr. Smith is a graduate student. His verified educational income and expenses are listed below:

Financial Aid	Educational Expenses
$3000 Perkins Loan	$4000 Tuition, fees
(Exempt income)	$ 500 Books, supplies
$3500 Kiwanis Scholarship	$ 100 Transportation
(Non-exempt income)	$ (Actual)

Step One: Subtract expenses from exempt educational income:

```
        $3000
      -  4600
      - $1600 (unmet educational expenses)
```

Step Two: Establish what portion, if any, of the non-exempt scholarship money is accessible to the student. It has been verified that the scholarship funds are sent directly to the school. The financial aid office verifies that a refund check for $2500 will be sent to Mr. Smith. $1000 of the total scholarship money is excluded from consideration since it was retained by the school and is not available to the recipient/student. This leaves $2500 available non-exempt income.

Step Three: Subtract the unmet expenses in Step One ($1600) from the remaining non-exempt income:

```
     $2500 available non-exempt educational income
   - 1600 unmet educational expenses
     $ 900 countable educational income is prorated
```

over the month it was intended to cover and budgeted as unearned income to the AG.

The income and resources of persons determined to be ineligible students for SNAP are not considered in determining eligibility or level of benefits of the SNAP AG.

3430.05.00 ALLOWABLE EXPENSES FROM EDUCATIONAL INCOME

Allowable expenses for undergraduates and graduate students include tuition, mandatory fees, supplies, books and

transportation. Mandatory fees include the costs of rental or purchase of equipment, materials and supplies related to the pursuit of the course of study involved for all programs. Transportation is allowed at 25 cents per mile if the actual cost cannot be determined. For SNAP, dependent care amounts made available for dependents by the grantor can be excluded on AEFEE. The worker must ensure that dependent care expenses allowed on AEFEE are not included on AEFDE.

Miscellaneous personal expenses (other than normal living expenses) are also allowable deductions if they are incidental to attending the school, institution or program. Such expenses could include such things as subscriptions to educational publications or dues for a professional association. Normal living expenses which are not allowable would include such items as food, rent, board, clothes, laundry, haircuts and personal hygiene items.

For SNAP, students attending vocational and technical schools and those attending a program in which a high school diploma, or equivalent is received, may also receive expenses from educational income.

In addition to those listed above, for SNAP, allowable expenses also include insurance premiums on loans and personal expenses necessary to the course of study.

3435.00.00 RECURRING LUMP SUM PAYMENT CALCULATIONS (C)

Within the programs designated above, this policy applies only to the following categories: ADCR and ADCU.

Recurring lump sum income received on the date of application or after by a person whose income is counted in the eligibility determination is counted as income in the month received.

3437.00.00 CONTRACT SALE OF REAL PROPERTY

For SNAP, when property is sold on contract, the monthly land contract payments, less ownership expenses, are counted as income. Payments received on a basis other than monthly are to be prorated to establish a monthly amount.

For C, any payment of interest received as a result of the sales contract (including that portion of any periodic

payment) is to be budgeted as unearned income in the month of receipt.

The portion of the periodic payment that represents payment toward the principal is considered a non-exempt resource.

3439.00.00 CONTRACTUAL INCOME (S)

Contractual income that is a household's annual income (intended to provide support for the household for the entire year), and is not paid on an hourly or piece work basis, should be prorated over 12 months. Contractual income that is not the household's annual income (intended to provide support for the household for only a portion of the year), and is not paid on an hourly or piece work basis, shall be prorated over the period the income is intended to cover. For example, clients who receive contractual income only during the summer months to supplement their annual income will have their contractual income prorated over the summer months. (See 3420.00.00 for budgeting contractual income received from self-employment. Contractual income that is from the sale of real property is addressed in 3437.00.00.

Contractual income received other than monthly (for example, quarterly, semi-annually or annually) should be prorated over that period to establish a monthly amount.

3440.00.00 BUDGETING EXPENSES (S)

The following sections outline which expenses are allowable and the correct policy for budgeting expenses.

3440.05.00 DEPENDENT CARE EXPENSE/DEDUCTION (S)

Expenses for dependent care for a child or other dependent which are incurred by an AG member and are necessary for the member to seek/accept/continue employment or attend training/education in the amount of the actual cost. (f15) The costs of any adult-supervised activity provided to dependents of any age, before and after school or when school is not in session, are allowable. Such costs may include: the cost of care, transportation to and from care, co-payments for subsidized care, un-reimbursed payments for care, and fees for unused care.

Dependent care expenses covered by payments from Step Ahead voucher agents and other government agencies are not allowed as deductions.

If the expense qualifies as both a dependent care and a medical expense, the expense is counted as a medical expense. See Section 3445.50.00 regarding the budgeting of dependent care expenses of ineligible/disqualified AG members.

3440.06.00 CHILD SUPPORT DEDUCTION (S)

Child support payments paid by a SNAP AG to a non-AG member are considered as an allowable deduction if the payments have been ordered by the court.

The deduction may be allowed if the payment is made to an individual or agency outside the household even if the child for whom the support is paid is an AG member. For example, if the payment is being made to IV-D, the deduction would be allowable.

No deduction is allowed if the payment is made to another AG member.

A deduction is to be allowed for any legally obligated Child Support, whether paid directly to the household or as a vendor payment. For example, Child Support that is provided in-kind, such as payment of rent directly to the landlord would also be eligible as a deduction if it is court ordered.

Arrearage payments may be included in the deduction if anticipated to continue. The support order or separation agreement does not have to require payment of arrearages.

The AG must provide verification that the payments have been ordered by the court as well as proof that payments are being made in order for a deduction to be given.

The AG may use an average of prior month payments as a determining factor in which to base the amount of the deduction. The DECB screen may be used to verify past months payments. The AG is not required to report fluctuations in the amount of the support received within the certification period when an average has been used to determine the amount of support in the budget. However,

the worker must act on changes that the AG voluntarily reports.

If a past history of payments does not exist, the deduction will be based on the obligated amount.

At redetermination, verification must be obtained of changes in the legal obligation, including the amount of the obligation and the amount of child support the AG member pays.

Unchanged information must not be verified at redetermination unless the information is incomplete, inaccurate, inconsistent or outdated.

AG’s which contain all elderly and/or disabled members and have a 12 month certification are required to report changes in the legal obligation to pay child support.

If the allowable child support deduction is paid by an ineligible member, the deduction is divided by all AG members (including the ineligible member) and all but the ineligible members share is counted as deduction in the SNAP budget. See Section 3445.50.00 regarding members who are ineligible/disqualified.

3440.10.00 SHELTER EXPENSES/DEDUCTIONS (S)

Allowable shelter deductions are listed in the following sections. Allowable deductions include continuing charges, taxes, assessments, insurance, and utility expenses.

3440.10.05 Continuing Charges (S)

Continuing charges for the shelter occupied by the AG including rent, mortgage, or other continuing charges leading to the ownership of shelter, such as loan repayments for the purchase of a mobile home, including interest on such payments, are allowed as deductions. Condo and association fees are also allowable shelter expenses.

Continuing charges include second mortgages or "home equity loans" as they are commonly known. Regardless of the terminology used or the purpose of the loan the determining factor is whether the loan is secured by a lien placed on the property by the lending institution. Payments on secured loans meet the criteria of continuing charges for

the shelter, and are considered shelter costs. Payments made on unsecured, or "personal" loans are not considered shelter costs. Loans provided under the Homestead Act are also allowable as they are considered to be continuing charges that lead to ownership of the shelter. Under the Homestead Act, homes are given to households and loans are provided so the shelter can be repaired.

See Section 3445.50.00 regarding the budgeting of expenses of AGs containing ineligible/disqualified members.

3440.10.10 Property Taxes, Assessments, Insurance (S)

Property taxes, state and local assessments, and insurance on the structure itself are allowed as deductions. Separate costs for insuring furniture or personal belongings are not allowed as deductions. If structure/content insurance cannot be separated, the entire premium is allowed.

Service charges for installment payments of insurance premiums are not allowable.

See Section 3445.50.00 regarding the budgeting of expenses of AGs containing ineligible/disqualified members.

3440.15.00 STANDARD UTILITY ALLOWANCES (S)

Four Standard Utility Allowances (SUA) are available. (f17)

The heating/cooling SUA 1 requires that the AG has a recurring primary heating or cooling expense or that the AG receives an Energy Assistance Payment (EAP) through the Low Income Home Energy Assistance Program (LIHEAP) or other similar energy assistance benefits. The household must receive a payment greater than $20 annually from one of these sources in the current month or in the immediately preceding 12 months in order to automatically qualify for the SUA1.

It is not necessary that the AG have both a heating and a cooling expense. If the AG has only a heating or only a cooling expense obligation and the need for that particular expense has ended solely because the seasonal need for that expense is ended the AG continues to be entitled to the heating/cooling SUA. Also, an AG that has a room air conditioner is entitled to the Heating/Cooling SUA.

Persons in private rental housing who are billed by their landlords on the basis of individual usage or who are charged a flat rate separately from their rent are eligible for the heating or cooling standard (SUA 1).

Persons in public housing units which have central utility meters and which charge households only for excess heating or cooling costs are entitled to the heating/cooling standard (SUA 1).

The heating/cooling SUA 1 includes gas, electricity, water, sewer, trash collection expenses and the telephone standard.

The non heating/cooling SUA 2 includes electricity and fuel for purposes other than heating or cooling, water, sewerage, well and septic tank installation and maintenance, telephone and garbage or trash collection. In order to qualify for the SUA 2 the AG must be billed for at least two of the expenses included in the SUA 2.

A third option, the Single SUA may be used if the AG has a utility expense other than heating/cooling or telephone. For example, AGs that pay for trash removal only would receive the Single SUA.

The fourth SUA option is the Telephone Standard. It is allowed for AGs that incur only a telephone expense but do not have a heating or cooling expense. (The telephone is included in the SUA 1 and SUA 2.)

There is never a prorating of utility expenses. If a SSN ineligible, ineligible alien or disqualified member pays part or all of the utility cost for the AG, the entire applicable standard is allowed in the budget. Ineligible students are considered non-household members. If an ineligible student pays all of an expense, no SUA is allowed in the budget.

SUA amounts are included in Section 3020.00.00

3440.15.05 Telephone Standard (S)

An AG which incurs the cost of telephone service that is associated with a specific device and is not eligible for the SUA 1 or SUA 2 is entitled to the Standard Telephone Expense. This includes traditional land-line service, cellular service and Voice Over Internet Protocol (VoIP, or

internet phone service). With regard to cellular telephone service, the cost is deductible whether the household pays a monthly fee or buys a pre-paid card with a certain dollar value or number of minutes. The cost of pay phones and of phone cards that are not associated with specific devices are not allowed. Actual expenses for telephone service are not allowed.

All AGs living together which share the cost of telephone service that is associated with a specific device (and have no other utility expenses) are eligible for the Telephone Standard. See Section 3440.15.00 regarding members who are ineligible/disqualified.

The cost of special telephone equipment for the handicapped is allowed as a medical expense rather than a shelter deduction.

SUA amounts are included in Section 3020.00.00

3440.15.10 Verification Of Shelter Expenses (S)

At application, each AG must verify a utility obligation of a primary heating or cooling expense or receipt of Low Income Home Energy Assistance Program (LIHEAP) for the SUA 1. The household must receive a payment greater than $20 annually from LIHEAP or other similar energy assistance benefits in the current month or in the immediately preceding 12 months to qualify for the SUA 1. (See 3440.15.00.)

The AG must verify the obligation for the relevant utility types if SUA 2, Single Utility Standard or the telephone standard is allowed. Specific amounts of the obligation are not required.

Homeless AGs may not be able to provide the normal verification of shelter expenses. If a homeless person reports shelter expenses for several nights but is unable to provide verification, the caseworker must use good judgment to decide if verification is adequate or otherwise obtainable. If the costs reported are comparable to the costs incurred by others in the community, the caseworker may decide to accept the household's statement as adequate verification. The caseworker may anticipate expenses and allow the SSE based on the verification.

Verification at recertification is not required if there has been no change in residence or obligation for expenses since previously verified.

If there are question marks in the fields for any questions or their verifications, non-expedited SNAP AGs will be pended for incomplete verification for 30 days. After 30 days, if verifications are still incomplete for SUA choice, no utility costs are allowed in the budget.

Note: If an AG member is disabled, screen AEIDP must be properly coded in order for the system to allow the uncapped shelter deduction to be included in the budget.

3440.20.00 HUD UTILITY PAYMENTS (S)

HUD rent and utility payments are exempt as income. Any HUD payments made to AGs should be shown on AEFAI.

The HUD payments should be deducted from the actual expense and only the excess portion the AG must pay is to be deducted on AEFSC or AEFUC. (ICES does not make the deduction with the information from AEFAI).

CLRC should document the explanation for the deduction.

3440.25.00 REPAIR COST EXPENSES (S)

Charges for the repair of the home which was substantially damaged or destroyed due to a natural disaster such as a fire or flood are allowable as a shelter deduction. Shelter costs may not include charges for repair of the home that have been or will be reimbursed by private or public relief agencies, insurance companies, or from any other source. Only the non-reimbursed costs of repairs are allowable.

3440.30.00 SHELTER EXPENSES OF UNOCCUPIED HOMES (S)

Shelter costs are allowable for a home that is not actually occupied for one of the following reasons: Employment or training away from home; Illness; Abandonment of the home due to natural disaster; or Casualty loss.

Additionally, the shelter costs of an unoccupied home are only allowed if: the AG intends to return to the home; and the home is not leased or rented in the AG’s absence; and the current occupants of the home, if any, must not be

claiming the shelter costs for SNAP purposes during the absence of the AG; and AGs claiming shelter costs for unoccupied homes must verify the actual expenses to include them in the budget.

If the above stated criteria are met, shelter costs are allowable for the unoccupied home. It is possible for an AG to be eligible for shelter deductions for an occupied home and an unoccupied home during the same month(S). However, the AG is only allowed one SUA in the budget. The SUA for either the occupied home or unoccupied home may be counted. Whichever SUA is most advantageous to the AG should be budgeted.

If the entire AG moves in the middle of a month and there are shelter expenses for two residences for the same month, the costs from both residences are allowable. However, if a member(s) moves and the AG splits, that member(s) who moved is not allowed the shelter expenses from the former home as a deduction.

3440.45.00 ALLOWABLE MEDICAL EXPENSES FOR SNAP (S)

This section lists allowable medical expenses and how they are used in the eligibility determination for SNAP. Medical expenses in excess of $35 which are incurred by AG members who are elderly (60 or over) or disabled are allowed if the expenses are not paid by Medicaid and not subject to payment by a third party. This means that if an expense is reimbursable by a third party such as health insurance, it is not an allowable expense. The difference between the amount paid by the third party and the amount of the expense is allowable. Note, in this context the Medicaid program is not a third party. For additional SNAP budgeting information, refer to Section 3440.45.05.

Special diets are not allowable medical expenses.

Allowable medical expenses include the following:(f19)

1. Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law or other qualified health professional;

2. Hospitalization or outpatient treatment, nursing care, and nursing home care. For SNAP, payments by the AG for an individual who was an AG member

immediately prior to entering a hospital or nursing home provided by a facility recognized by the state are allowed.

3. Prescription drugs when prescribed or approved by a licensed practitioner authorized under state law and other over the counter medication (including insulin) when prescribed by a licensed practitioner or other qualified health care professional.

   A medical deduction can be claimed for the cost of vitamins which are prescribed by a licensed practitioner authorized under State law and for vitamins which can be purchased over the counter when approved by a licensed practitioner or other qualified health professional. A medical expense deduction is allowed since vitamins cannot be purchased with SNAP.

   The cost of postage incurred by the individual for mail-order prescriptions is also an allowable medical expense.

4. Medical supplies and durable medical equipment.

5. Health and hospitalization insurance policy premiums. Premiums for health and accident policies such as those payable in lump sum settlements for death or dismemberment, or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled, are **not** allowed. The premiums paid for indemnity policies are not allowed since indemnity policies do not limit benefits and the purposes for which benefits can be used.

   If the insurance premium includes AG members not eligible for the deduction and the eligible AG member's portion cannot be broken out, prorate the premiums among all insured AG members and allow only the portion for the eligible AG member(s).

6. Medicare Part A and Medicare Part B premiums which are paid by the individual; For Medicare recipients on Buy-In, the state pays their

premiums and, therefore, the premiums are not allowable in the SNAP budget.

7. Home health care is a medical expense provided by a licensed health care professional.

8. Dentures, hearing aids, prosthetics, and eyeglasses (including repairs) prescribed by an ophthalmologist or optometrist.

9. Actual verified cost of transportation necessary to obtain medical care or items that are allowable expenses.

   If the person has driven his own car, and cannot prove the actual cost, 40 cents per mile is allowed.

10. The Medicaid co-payment. This is a nominal fee assessed to certain Medicaid recipients for prescription drugs, non-emergency visits to a hospital emergency room, and transportation services.

11. Services approved for a recipient under one of the Medicaid Home and Community-Based Services (HCBS) waivers, except case management and home-delivered meals.

12. The M.E.D. Works Premium.

13. Cost of purchasing/renting an air conditioner and other equipment which are not considered medical supplies or durable medical equipment, but are prescribed by a qualified health care professional;

14. Costs associated with securing and maintaining any animal specially trained to serve the needs of elderly or disabled persons such as seeing eye dogs, hearing guide dogs, and housekeeper monkeys trained to assist quadriplegics. Specific types of training, credentials or certifications are not required, but the animal must be specially trained to perform a function that the elderly or disabled person cannot readily perform on their own.;

15. Lodging expenses spent to obtain medical treatment or services;

16. Cost of an attendant, homemaker, child care services, or housekeeper necessary due to age, infirmity, or illness. If the AG furnishes the majority of the attendant's meals, an additional medical expense is allowed equal to the maximum one person SNAP benefit allotment.

17. The Medicaid liability paid by the client when he is residing in a Medicaid certified group living arrangement.

18. Payments made on an old bill that has not been previously counted in the SNAP budget.

19. Home repairs and remodeling costs to accommodate a disabled person (example-ramps or handrails).

20. Expenses for an individual who was or would have been an AG member immediately prior to entering the hospital or nursing home.

21. Special telephone equipment related to medical needs.

3440.45.05 Medical Expenses In The SNAP Budget (S)

An allowable medical expense <u>is deducted</u> in the SNAP budget if the person who incurs the medical expense is elderly or disabled as defined in Section 3210.10.25.05. The <u>amount of the medical expense</u> deducted in the SNAP budget depends upon whether the person with the medical expense has been determined eligible for SNAP only; for SNAP and regular Medicaid; SNAP and Medicaid with a spend-down; or SNAP with Medicaid under QMB-only. The total amount of the medical expense that exceeds $35 and is not reimbursable by a third party is allowed in the SNAP budget. If a medical expense is reimbursable, only the difference between the amount of the expense and the amount of the reimbursement can be allowed in the SNAP budget. The types of medical expenses which are allowed in the SNAP budget are listed in Section 3440.45.00. The following discusses how expenses are included when all members of the SNAP AG receive SNAP only (Example #1); when the member of the SNAP AG who incurs the

medical expenses is also participating in a regular Medicaid AG (Example #2); when a member of the SNAP AG who incurs the medical expense is also participating in a Medicaid AG with a spend-down (Example #3); when a member in the SNAP AG who incurs the medical expense is also participating in a QMB-only Medicaid AG (Example 4).

For elderly or disabled individuals who receive SNAP only, the SNAP budget will include all allowable medical expenses listed in items A and B of Section 3440.45.00 which exceed $35. These expenses are indicated in ICES by a Y in the SNAP column of Table TMEE. Table TMEE is Field Level Help for the TYPE field on screen AEFME. See Example #1. However, if a medical expense has been listed as reimbursable on screen AEFME, the amount of the medical expense will not be included in the SNAP budget until the amount of the reimbursement is entered on screen AEFME. Once the amount of the reimbursement has been entered, the difference between the amount of the expense and the amount of the reimbursement is allowed in the SNAP budget when the amount exceeds $35 see Example #1.

EXAMPLE 1

Client A receives SNAP only, he has the following medical expenses, all are coded with a Y in the SNAP Column of Table TMEE:

$75 durable medical expense (monthly)
$200 eyeglass expense (one time only)
$50 prescription (monthly)

The SNAP budget will include $75 + $200 + $50 = $325 - $35 = $290. The following month the $200 one time only expense will be removed and the $75 + $50 = $125 - $35 = $90 medical expense will be budgeted.

(The AG could have also had the one time only expense prorated over the cert period which would have to be completed by a fiat if the client is also on Medicaid.) See Section 3440.65.05.

For elderly or disabled individuals who receive SNAP and regular Medicaid (no spend-down), the SNAP budget will include all medical expenses which are allowed for SNAP only and medical expenses not covered by Medicaid which

exceed $35. However, if a medical expense has been listed as reimbursable on screen AEFME, the amount of the medical expense will not be included in the SNAP budget until the amount of the reimbursement is entered on screen AEFME. Once the amount of the reimbursement has been entered, the difference between the amount of the expense and the amount of the reimbursement is allowed in the SNAP budget when the amount exceeds $35. The SNAP only medical expenses are coded on Table TMEE with a Y in the SNAP column; N in the MED column and N in the SNAP/MA column of Table TMEE. Some of these expenses are Medicaid co-payment, lodging expenses to obtain medical treatment or services and securing and maintaining a helping animal. Medical expenses not covered by Medicaid are coded with a Y in the SNAP column; Y in the MED column and Y in the SNAP/MA column of Table TMEE. Some of these expenses are Medicare Part B premium which is paid by the individual and health and hospital insurance premiums. See Example #2.

EXAMPLE 2

Client B receives SNAP and Medicaid. There is no spend-down. She has the following medical expenses, prescription, physical therapy and doctor visits are coded as Y Y N on Table TMEE. The health insurance is coded as Y Y Y.

$125 prescriptions (monthly)
$50 physical therapy expense (monthly)
$60 doctor visit expense (monthly)
$45 health insurance premium (monthly)

The SNAP budget will include the health insurance premium only, $45 - $35 = $10 because Medicaid will pay for the remaining medical expenses.

For elderly and disabled individuals who receive both SNAP and Medicaid and have a spend-down the following expenses which exceed $35 will be included in the SNAP budget in the following order:

1. All SNAP only expenses (coded Y N N on Table TMEE).

2. All non-Medicaid covered expenses (coded Y Y Y on Table TMEE).

3. Medicaid covered expenses which are coded with a Y in the SNAP column; Y in the MED column and N in the SNAP/MA column of Table TMEE. These expenses are allowed up to the spend-down or the portion of the spend-down not met by non-Medicaid covered expenses in step #2. Example #3 explains this budgeting.

If any of the above medical expenses are listed as reimbursable on screen AEFME, the amount of the medical expense will not be included in the SNAP budget until the amount of the reimbursement is entered on screen AEFME. Once the amount of the reimbursement has been entered, the difference between the amount of the expense and the amount of the reimbursement is allowed in the SNAP budget when the amount exceeds $35.

EXAMPLE 3

Mr. C receives SNAP and Medicaid. Mrs. C, his wife, age 60, receives SNAP but does not receive Medicaid.

Mr. C has a $270 spend-down.

Mr. and Mrs. C have the following medical expenses:

$100 prescriptions (monthly) not reimbursable -- Mr. C;

$100 prescriptions (monthly) not reimbursable -- Mrs. C;

$80 health insurance premium (monthly) -- Mrs. C.

The SNAP budget will include the following in this order:

1. None of the medical expenses are SNAP only expenses (coded Y N N on Table TMEE). The calculation of the medical expense would begin with Step #2.

2. All non-Medicaid covered expenses which is the $80 health insurance premium;

3. The non-Medicaid covered health insurance expense of $80.00 does not equal the spend-down amount, therefore, $190 of the prescription expense is added to the $80.00 health insurance premium; for a total of $270 - $35 = $235 in the SNAP budget.

There are five (5) expenses on Table TMEE which are allowable for meeting the Medicaid spend-down but are not paid by Medicaid after the spend-down is met. These expenses are allowed in the SNAP budget regardless of the spend-down amount. These include Health Insurance premiums, Medicare Part B premiums (self-pay), non-Medicaid covered expenses (NM), expenses denied prior authorization by Medicaid and an old bill that has not been previously counted in the SNAP budget. These expenses are coded as Y Y Y on Table TMEE.

When a SNAP AG has any of these five (5) expense types and has a spend-down, they should be encouraged to use these expenses to meet the spend-down rather than expenses that will be paid by Medicaid (coded as Y Y N on Table TMEE). This will ensure that the client's out-of-pocket expenses (which must be included in the SNAP budget) do not include expenses that could have been paid by Medicaid.

The spend-down amount is not an allowable expense in the SNAP budget.

The Medicare Premium Part B (self-pay) is always an allowable expense in the SNAP budget. The possibility that it may be paid or bought-in by the State does not make it a reimbursable expense.

Transportation and other medical services provided by neighbors or other non-Medicaid approved providers must be coded as "NM", non-Medicaid covered expense, to allow the actual out-of-pocket expenses in the SNAP budget.

If the SNAP AG member who has medical expenses is on the Medicare Savings Program as QMB-only (not full coverage Medicaid), Medicare covered services are not allowed in the SNAP budget because any out of pocket expense such as the coinsurance and deductibles will be paid by Medicaid. On TMEE, these expenses are shown as 'Medicare covered'.

EXAMPLE 4

Mrs. B. has SNAP and QMB-only Medicaid coverage. Her medical expenses are as follows:

$135 in prescriptions

$500 in monthly oxygen rental (Medicare covered)

$100 ($135 minus the $35 threshold) is allowed in the SNAP budget because Mrs. B. has no out-of-pocket expense for the oxygen.

3440.47.00 ENTERING MEDICAL EXPENSES IN ICES (S)

Medical expenses must be correctly entered on AEFME to be reflected in the SNAP budget. Any amount of an expense that is shown as the reimbursable amount on AEFME will be deducted from the total amount of the expense to be included in the SNAP budget. For Medicare covered

services, the “Medicare approved amount” is the amount of the expense to enter, not the provider's private rate. This amount is discernible on the provider bill to the patient and also on the Medicare Summary Notice that the individual receives. Amounts shown as “Medicare write off” are not allowed in the budget. If the provider does not know the Medicare approved amount, the amount that the provider would charge a non Medicare beneficiary is to be entered. This will likely happen if a bill is presented to the caseworker prior to adjudication by Medicare or other insurance. In this situation the verification code for both the expense and the reimbursable amount must be entered as question marks. Follow regular program verification guidelines. If the worker does not receive verification of a third party payment or medical expense amount, the expense is disallowed.

3440.48.00 VERIFICATION OF MEDICAL EXPENSES (S)

Verification of medical expenses will include the type and amount of the expense, the date the expense is incurred, whether or not it is reimbursable by a third party, and the reimbursed amount. For bills on which a monthly payment has been arranged, verification must be obtained from the provider to prove the arrangement.

Medical expenses and third party reimbursed amounts can be verified by the following:

Bill from a provider;
Receipt from a provider;
Written statement from a provider; and/or
Telephone contact with the provider, as a last resort.

Verification must show whether a third party has or will be billed, and if a third party has paid, the amount of the payment must be shown so that the caseworker can determine the individual’s out-of-pocket expense.

Medicare or other insurance reimbursement can also be verified by the Medicare Summary Notices that Medicare sends to beneficiaries and other explanation of benefit notices from insurance payers.

3440.50.00 EXPENSES NOT ALLOWED AS DEDUCTIONS (S)

An expense covered by excluded reimbursements or vendor payments shall not be deductible. This would include rent

paid by exempt HUD payments (see 2835.15.05 and 2845.55.00). The portion of the rent or utility expense covered by HUD is not calculated as part of the shelter or utility deduction. (f20) The AG would only be entitled to an SUA if they are responsible for paying a portion of the applicable utility.

> **EXAMPLE:**
>
> The AG's rent is paid by a relative who is not an AG member. The relative pays the rent directly to the landlord. The rent payment is not counted as income to the AG nor is it allowed as a shelter expense.

Expenses are only deductible if the service is provided by someone outside of the AG and the AG owes a money payment for the service. For example, a dependent care deduction is not allowed if another AG member provides the care or if compensation for the care is provided in the form of an in-kind benefit such as food. Contributions made by non-recipient household members toward living expenses shared with the AG are exempt as income and the expense is not allowed (see Section 2870.05.00).

Also, expenses covered by in-kind earnings which are not countable (See Section 2815.05.00) are not allowed as deductions.

> **EXAMPLE:**
>
> The AG "works off" $200 of their $400 rent. The landlord verifies he would not give the AG the option to receive the $200 in cash. In this situation, the SNAP budget would not count the $200 as income. The $200 portion of the rent covered by the in-kind earnings is not allowed as a deduction; only $200 is allowed as a shelter cost.

An exception to this rule is expenses paid through LIHEAP (see 2835.05.00). These expenses are to be allowed as a deduction expense if the amount due is current, even though the payment is not considered as income.

3440.55.00 BUDGETING ACTUAL EXPENSES (S)

A deduction is allowed in the month the expense is due, regardless of when the AG intends to pay the expense, unless it is a one-time only or less often than monthly

expense. For example, rent which is due each month is included in the AG's shelter costs, even if the AG has not yet paid the expense. (f21)

The due date is the date by which the expense should be paid that is indicated on the bill or statement. If a due date cannot be determined, consider the date the bill or statement is issued to be the due date.

Amounts carried forward from past billing periods are not deductible even if included with the most recent billing and actually paid by the AG. In any event, a particular expense may only be deducted once.

3440.60.00 ANTICIPATING EXPENSES (S)

If actual expenses are not known, an AG's expenses should be based on the expenses the AG expects to be due during the eligibility period. Anticipation of the expense should be based on the most recent month's bills unless the AG is reasonably certain a change will occur.

In the situation where the shelter has recently changed, the AG should be asked to provide proof that they incur the utility expense for the applicable SUA.

Medical expenses for the entire certification period must be reported and verified at the time of certification, and budgeted in the appropriate month provided the amount is based on a reasonable estimate of the expense and verification of the change is provided. (See Section 3440.45.15 regarding verifications.) If an AG reports an anticipated change at the time of certification but is unable to provide verification, the AG must be told that the expense will be allowed in the appropriate budget month when the verification is provided. If a change in medical expenses is discovered from a source other than the AG, the change is to be acted upon provided complete verification of the change is obtained without contacting the AG. If the AG voluntarily provides verification of a change, action must be taken according to Sections 2215.00.00 and 2220.00.00.

SNAP AG's are not required to report or verify changes in medical expenses during the certification. If a new or different expense is reported during the certification period but not verified, the expenses verified previously will be left in the budget. Claims will not be established

nor will auxiliaries be provided for AGs that do not report or verify expenses during the certification period.

3440.65.00 BUDGETING ONE TIME ONLY EXPENSES (S)

A one-time only expense is an expense which the AG cannot state with certainty when the AG will be billed for again. An example is a prescription which is taken as needed. The AG may choose to have the total expense allowed during one month or averaged over the certification period as follows.

3440.65.05 One Time Only Medical Expenses (S)

AGs with medical insurance that are entitled to the medical deduction will have the portion of their medical expenses, which have not been paid by an insurance company or another third party, considered as a one-time only expense when the information about the client's share of the expense is received. This will usually be known when the statement is received from Medicare or the insurance company explaining what amount was paid and the remaining portion of the bill that is the client's responsibility to pay. When the amount paid by the 3rd party is entered in the reimbursed amount field on AEFME, the remainder of the bill will be counted.

One-time only medical expenses are budgeted in one of two ways:

A one month deduction in the budget month in which the bill is due during the application process month, or the first month the caseworker will be able to allow the expense if reported as a change; or

A deduction prorated over each of the <u>rest of the months</u> of the certification period. The caseworker will prorate the expense over the period beginning with the first budget month in which the expense may be included and ending with the last budget month of the certification period. If the person with the expense also receives MED I, the SNAP AG must be fiated with code 153, because none of the MED I categories allow the pro-ration of one time medical expenses. If the expense is coded Y N N on table TMEE, it is a SNAP only expense and fiating is not necessary.

3440.65.10 One-Time Only Non-Medical Expenses (S)

All one-time only expenses except medical expenses are budgeted in one of the two ways:

A one month deduction in the budget month in which the bill is due during the application process month or the first month the expense may be budgeted; or

A deduction prorated over the remaining months of the eligibility period regardless of when it is reported. The expense will be prorated over the period beginning with the next budget month of the eligibility period and ending with the last month of the eligibility period.

3440.65.15 Changes In One-Time Only Expenses (S)

If the AG reports a change in a one-time expense, the new expense is added to the current expenses.

The worker must explain the budgeting options to the client and assist with determining which option is to the AG's advantage.

CLRC should include a statement about which option the client selected.

If the AG elects to count an expense for one month only, it must be coded as frequency "OT" and budget method as "O" in order for it to be removed from the budget the following month.

3440.70.00 BUDGETING LESS OFTEN THAN MONTHLY EXPENSES (S)

A less often than monthly expense is an expense the AG can state when it will occur again, but that will not occur each month. The AG may choose to have the total expense allowed during one month or prorated as follows:

A one month deduction in the budget month the expense is due, if reported as a change or during the application process.

A deduction prorated over the period intended to cover or prorated over the interval between scheduled billings. The AG must be able to state what period the expense is intended to cover and when the next bill will be due. The caseworker will prorate the expense over the period beginning with the first month the expense is due and ending with the last month the bill is intended to cover, or the month before the next bill is due. The prorated amount will be counted in each budget month included in the proration. This may be the new certification period.

If a second billing for a type of expense coded as (LO) less often than monthly is received, the second billing may be added to the first if the same budget method is chosen and the period intended to cover is the same.

If a different budget method or the period intended to cover is different, another type code must be used as ICES will not budget 2 expenses with the same "Type" code from TSCT. Select "Other" (OT) from table TSCT and document the client’s option on CLRC.

EXAMPLE: 1

If an insurance payment is intended to cover January through June, on AEFSC the frequency would be "LO" and the budget method "P". Begin date would be January 1, and the end date would be the end of June. ICES would then prorate by the six months.

EXAMPLE: 2

The same AG from Example 1 reports the purchase of another homeowners insurance policy during April. Coverage will begin in May and continue through December.

Although the frequency and budget method is the same the period covered is different. Therefore another code, OT, "Other" must be used. The frequency would be LO and the budget method P with a begin date of May 1 and end date of December 31.

3440.75.00 BUDGETING ONGOING EXPENSES (S)

Ongoing expenses are received at regularly scheduled intervals, or weekly, biweekly, and so forth. The amount of an ongoing expense which is counted is the current amount (including taxes) reported and verified at application. This amount remains in the budget until a subsequent change is reported. If a monthly variation is anticipated, the variable amount will be used for the appropriate budget month.

Whenever an expense is received or anticipated to be received on a weekly, biweekly, or semimonthly basis for the entire month, the expense is to be converted to a monthly amount by multiplying weekly amounts by 4.3, biweekly amounts by 2.15, and semimonthly amounts by 2. (f22)

3440.90.00 SHARING EXPENSES (S)

The amount to be used when an AG/ineligible member is responsible to a third party for a shelter expense, but has a nonparticipating member contribute toward the expense, is determined by subtracting the amount contributed by the nonparticipating member from the total expense. Documentation in running records comments should support the reason.

3440.95.00 EXPENSES OF DISQUALIFIED MEMBERS (S)

The entire amount of allowable medical and dependent care expenses incurred by or paid by an IPV ineligible, fleeing felons, parole/probation violator, drug felon or Work Requirement noncompliant member is allowed as a deduction.

A prorata share of dependent care expenses which is either paid by or billed to the SSN ineligible member or ineligible alien is counted as a deduction for the remaining members. ICES makes this determination automatically.

3445.00.00 BENEFIT CALCULATION (S)

The method used to determine an AG's benefit is dependent on the composition of the AG. However, all AGs are given a standard deduction. AGs with earned income are allowed an earned income deduction.

3445.05.00 STANDARD DISREGARD (S)

All AGs are allowed a standard deduction based on the household size as determined by federal regulations. The current standard amounts are listed in Section 3025.10.00. The amount is established by federal regulations and is adjusted each October. (f23)

3445.10.00 EARNED INCOME DEDUCTION (S)

Twenty percent of gross earned income is allowed as a deduction. No additional deductions are allowed from earned income except for costs of self-employment. (f24)

The earned income deduction is not allowed on any portion of income earned under a work supplementation (Grant Diversion) program that is attributable to public assistance (TANF). If there is additional money received by the client that is non-subsidized, the earned income deduction will be applied to this portion of the client's income.

3445.15.00 CATEGORICALLY ELIGIBLE AGS (S)

An AG comprised entirely of persons receiving or authorized to receive TANF and/or SSI does not have the gross or net income figure compared to the limits to determine eligibility. Such AGs are considered categorically eligible for the SNAP program, but may or may not receive a SNAP allotment. The allotment for these AGs are designated on the issuance charts. These AGs are to be suspended if not eligible for an allotment; code 022 is shown on AEWAA if the AG is categorically eligible. To authorize, SUSP must be entered. Their benefit level is determined as other AGs according to the following sections.

In addition to the income and resource information other eligibility factors deemed to be met and verified for categorically eligible SNAP AGs include Social Security number, sponsored alien information and residency.

3445.20.00 GROSS INCOME ELIGIBILITY DETERMINATION (S)

The total gross income of all AG members and disqualified members is the gross income. This figure will include both earned and unearned income. Exempt income is not included in this total. This gross income figure is compared to the Gross Income Eligibility Standards to determine eligibility for AGs which do not contain an elderly/disabled member and/or is not categorically eligible.

If the AG's gross income exceeds the gross income limit for the AG size, the AG is ineligible. If the AG's gross income is below the limit, eligibility is based on the AG's net income.

3445.20.05 Net Income Calculation/AG Below Gross Income Limit (S)

The following steps outline the determination of the net income for those AGs determined to be gross income eligible:

The total gross income of all AG members is added together. This figure will include both earned and unearned income. The gross earned income (except any portion of grant diverted income) is multiplied by 20% and this figure is subtracted from the total gross income.

The standard deduction is subtracted from the income amount.

The child support deduction is subtracted from the remaining income.

The monthly dependent care deduction is subtracted from the remaining income.

The allowable shelter expenses are added to determine total shelter costs. 50% of the adjusted income (the AG's monthly income after all the above deductions have been subtracted) is subtracted from the total shelter costs. The remaining amount, if any, is the excess shelter deduction.

- If there is no excess shelter deduction, the net monthly income has been determined.

- If there is excess shelter deduction, the excess shelter deduction is subtracted up to the maximum amount allowed.

The AG's net income is determined.

NOTE: It is possible that certain AGs may meet the gross income eligibility determination, but not be eligible for any benefits due to excess net income. This case shall be

denied if at application or cancelled if a change has been reported.

3445.25.00 NET INCOME CALCULATION FOR ELDERLY/DISABLED AGS (S)

The following steps outline the determination of an AG's net income if the AG has at least one member age 60 or over or who is disabled. For determination of eligibility and benefit levels for all other AGs, refer to the Gross Income Eligibility Determination Section.

The total non-excluded gross income of all members of the AG is added to the income of disqualified members (see Budgeting AGs with Disqualified Members, Section 3445.50.00). This figure will include both earned and unearned income.

The total gross earned income is multiplied by 20% and this figure is subtracted from the total gross income.

The standard deduction is subtracted from the income amount.

The child support deduction is subtracted from the remaining income.

$35 is subtracted from the verified non-reimbursable medical expenses.

The monthly dependent care expense is subtracted from the remaining income.

The allowable shelter expenses are added to determine total shelter costs. 50% of the adjusted income (the AG's monthly income after all of the above deductions have been subtracted) is subtracted from the total shelter costs. The remaining amount, if any, is the excess shelter cost.

- If there is no excess shelter cost, the net monthly income has been determined.

- If there is excess shelter cost, the excess shelter cost is subtracted from the AG's monthly income after all the above deductions have been made.

The AG's net SNAP income is determined.

3445.30.00 165% INCOME LIMIT BENEFIT CALCULATION (S)

When an individual is 60 years of age or older and resides with others but is unable to purchase and prepare meals, he may be able to be a separate AG if the following conditions apply:

- he suffers from a disability considered permanent by the Social Security Administration (SSA) or suffers from a non-disease-related, severe, permanent disability, and

- the gross income of the others with whom he resides (excluding the income of the individual's spouse) is less than the 165% Gross Income Limit (found in Chapter 3000).

The information to support the requirement is entered on AEIDP.

If eligible, the individual's spouse (and dependent children) must also be included in the AG.

ICES will determine eligibility for this provision by including all those who eat together and their income. If the AG passes the 165% gross standard it will fail the AG with all included with reason code 359 and then form separate AG's with the elderly disabled individual (their spouse and their dependent children) in a separate AG.

3445.35.00 ROUNDING (S)

In calculating net SNAP income, cents are retained in all calculations made to determine the SNAP income. The final income figure is rounded to the closest dollar amount. The amount is rounded down if the income figure ends in one cent through 49 cents, and rounded up if the income figure ends in 50 cents through 99 cents.

3445.40.00 SNAP BENEFIT LEVEL (S)

The net monthly income is compared to the net income eligibility standards for the appropriate AG's size. If the AG is determined eligible, ICES will determine benefit levels. ICES will prorate benefits if the AG is subject to prorated benefits.

If the calculation of benefits for a one or two person AG during an initial month would yield an allotment of less than $10, they would receive minimum monthly allotments equal to the minimum benefit.

If the calculation of benefits for a three or more person AG during an initial month would yield an allotment of less than $10, no benefits shall be issued to the household for the initial month.

If the net income exceeds the limit the AG is denied benefits except for categorically eligible assistance groups.

All eligible one or two person AGs will receive at least the minimum benefit of $16 (effective 10/01/14) unless it is prorated to less than zero. Categorically eligible AGs with zero allotments will be suspended.

3445.40.05 Prorating Benefits (S)

An AG's allotment for the initial month of entitlement is based on the day of the month it applies for benefits. AGs receive allotments prorated from the day of application to the end of the month. (f25)

An exception to the above occurs with migrant and seasonal farm workers. These AGS do not have their allotment prorated. They receive a full month's allotment for the initial month of participation if the AG has participated in the SNAP program in any state within 30 days prior to the date of application.

At application, AGs which provide untimely verifications (after the 30th day) will not receive benefits for the month in which the application was filed if the household was at fault for the delay. (f25a)

ICES calculates the prorated allotment, provided verifications are input into ICES on the day they are received. However, if the proration must be completed off-line the following formula may be used:

$$\text{FULL MONTH'S BENEFITS} \times \frac{\text{(NUMBER OF DAYS IN MONTH MINUS THE DATE OF APP + 1)}}{\text{NUMBER OF DAYS IN MONTH}} = \text{ALLOTMENT}$$

EXAMPLE:

THE DATE OF APPLICATION IS 5/20 AND THE FULL MONTH ALLOTMENT FOR THE AG IS $218.

1. NUMBER OF DAYS IN MAY IS 31 MINUS THE DATE OF APP (20) =11 PLUS 1 =12.
2. 218 MULTIPLIED BY .387 (12/31, FROM THE CALCULATION IN #1 ABOVE). THE PRORATED BENEFIT IS $84 (CENTS ARE DROPPED).

218.00 DIVIDED BY 31 (NUMBER OF DAYS IN MONTH) X 12 EQUALS PRORATED BENEFIT OF $84.00 (CENTS ARE DROPPED.)

To figure the 2nd month proration, the worker will enter the date the final verification(s) came in by entering this date on AEFPY in the field 'prorate date'. The system will automatically prorate the 2nd month's benefits from this date.

3445.50.00 BUDGETING AGs WITH DISQUALIFIED MEMBERS (S)

Individual AG members may be disqualified for:

- IPV;
- failure to obtain or refusal to provide an SSN;
- failure to comply with a work requirement;
- ineligibility as an alien;
- failure to comply with ABAWD (Able Bodied Adults Without Dependents) requirements.
- fleeing to avoid prosecution, custody or confinement after conviction.
- violating a condition of federal or state probation or parole
- felony conviction under state or federal law for an offense related to the possession, use or distribution of a controlled substance.

During the period of time an AG member is disqualified, the following procedures are used to determine the eligibility and benefit level of any remaining AG members. (f26) ICES determines the amounts of resources, income and expenses of disqualified members automatically.

The entire amount of income and expenses of an AG member disqualified for IPV, Work Registration, IMPACT, ABAWD non-

compliance, fleeing felon, parole/probation violation or felony drug conviction is considered in the eligibility and benefit calculation.

A prorata share of the income and expenses of the SSN ineligible member or ineligible alien disqualified member is counted as income to the remaining members. This prorata share is calculated by first subtracting the allowable exclusions from the disqualified member's income and dividing the income evenly among the AG members, including the disqualified member. All but the disqualified members' share is counted as income to the remaining AG members. The 20% earned income deduction applies to the prorata income.

An ineligible individual(s) is not considered when determining the AG's gross/net income limits or allotment level. ICES determines the prorated income and determines the eligibility/allotment.

The resources of all disqualified members are considered in their entirety along with the resources of eligible members to determine eligibility. However, the disqualified member is not included when determining the AG’s size for the purpose of comparing the AG’s resources with the resource eligibility limits. This means the AG would be subject to the $2000 rather than $3000 limit if the only elderly/disabled member is the disqualified member.

The resources and income of the sponsor and the sponsor's spouse are not included in determining the resources and income of an ineligible sponsored alien.

3445.55.00 BENEFIT CALCULATION WITH INCOME FROM SPONSOR (S)

If an alien is sponsored by an individual rather than an organization, a portion of the sponsor' income is considered to be available to meet the needs of the alien.

(Note: The income and resources of a sponsored alien child or a citizen child under 18 years of age are not counted.)

The monthly income considered available to the alien from the sponsor (and the sponsor's spouse) is determined according to the following standard:

Sponsor + Spouse's Total Gross Earned Income = $ _____

Earned Income Deduction		- __(20%)
Countable Earned Income	=	_____
Sponsor + Spouse's Total Unearned Income	=	_____
Total of Countable Earned and Unearned Income	=	+ _____
Gross Income Limit for Sponsor's Household Size (Sponsor, Sponsor's Spouse and Tax Dependents)		- _____
Total Unearned Deemed Income from Sponsor		$ _____

NOTE: Total deemed income from sponsor is divided by the number of this sponsor's sponsored aliens in SNAP recipient AGs and the result attributed to each AG. No changes in this attributed income are needed unless/until recertification, the alien's sponsor changes, or the sponsor dies. (f27)

3445.60.00 NO SNAP INCREASE WHEN TANF DECREASED DUE TO NON-COOPERATION (S)

SNAP will not be increased when failure to comply with public assistance programs requirements results in a decrease of the public assistance payment for the AG if the noncompliance involves a IV-D, Voluntary Quit or Fiscal penalty. (f27a)

At this time only SSI and TANF benefits fall under this definition.

This rule only applies to Assistance Groups (AG) that are authorized to receive benefits at a reduced level due to non-cooperation with TANF or SSI as determined by these programs. This policy will be applied when TANF clients are sanctioned or disqualified for IMPACT, IV-D, Intentional Program Violations and when fiscal penalties are applied to the TANF AG. It does not apply in situations where an AG does not meet program requirements. For example, reduced benefits due to the 24-month time limit, family cap, or new alien requirements would not be considered non-compliance.

If a TANF AG is approved with a fiscal penalty or an individual member is sanctioned for any month, the SNAP benefits for the AG will be calculated with the full TANF amount before the sanction or fiscal penalty is deducted. ICES-EDBC will have to recalculate the TANF grant without the fiscal penalty and /or sanction and use this amount in the SNAP budget to ensure there is no increase in SNAP as a result of the TANF reduction.

This policy only applies when the individual is receiving SNAP or was an ineligible SNAP member at the time of the penalty for failure to comply with the requirement for TANF or SSI is authorized.

Because TANF sanctions and Fiscal penalties by themselves do not terminate TANF eligibility for the AG, this policy will not apply when a TANF case is closed and a sanction or penalty is in effect and the SNAP case remains open. For example a TANF case with an IMPACT sanctioned member is closed due to earnings effective 3-1-1999. The TANF award will be removed from the SNAP budget for 3-1-1999. Should the client reapply at a later time and the TANF sanction is continued when the case is reopened, the SNAP budget should reflect what the new TANF award would be without the sanction.

The policy will not be applied when the act of non-compliance results in a "Dual" SNAP sanction as well as a TANF or SSI sanction. For example, a person exempt from SNAP work registration because they are referred to the TANF work program will be sanctioned/disqualified by both programs resulting in decreased benefits for both programs. In this situation benefits will be reduced for both programs when the person is disqualified. For example, an individual who receives a penalty in both TANF and SNAP for Voluntary Quit will have the actual TANF amount after the penalty is applied budgeted for SNAP.

As options under PRWORA are taken to extend all TANF disqualifications to the SNAP Program the application of this policy may be limited to situations where "fiscal sanctions" are applied to TANF recipients who retain eligibility for both programs.

If information about SSI sanctions is not available to the State Agency, the State agency will not be penalized by QC for increasing SNAP benefits.

Occasionally, the Food and Nutrition Service has provided lists of SSI recipients who were overpaid SSI benefits due to a fraudulent act as determined by an SSA hearing. These lists have never included a current Indiana resident, however; if you suspect an SSI recipient's benefit has been reduced due to fraud you must contact the Social Security Administration to attempt to verify the reason for the reduction. If the SSI payment is reduced due to a

fraudulent act, we must budget the SSI amount prior to the reduction to ensure "no SNAP increase".

TANF recoupments to collect over issued benefits that resulted from an IPV will not be deducted from the SNAP budget. This amount may be in addition to the reduction of benefits due to the disqualification of an individual. ICES will continue to include any recoupment of TANF benefits to repay a TANF IPV over issuance in the SNAP budget. This policy has been in effect for many years but was not applied because TANF did not determine if over issuances were the result of an IPV. (f27b)

If it is later determined that the reduction of TANF was not appropriate, the reduction in the SNAP benefits must be restored.

3450.00.00 FINANCIAL ELIGIBILITY & BENEFIT CALCULATION(C)

After the AG members have been determined in accordance with Chapter 3200.00.00 and the need standard established as directed in the following section, a determination of the assistance group's financial eligibility is made. The Cash Assistance financial eligibility determination is a comparison of the AG's needs to the AG's countable income.

Budgeting procedures are discussed in the following sections.

3450.05.00 CASH ASSISTANCE NEED STANDARD (C)

The need standard is the maximum expense consideration allowed to any Cash AG in the determination of financial eligibility. The need standard includes consideration for expenses of daily living such as rent, utilities, food, clothing, and personal needs. Indiana's need standard is a flat maintenance allowance which varies by AG participation member size and composition.

Indiana's consolidated need standard assumes that all people have expenses without the justification or verification of those expenses. It further assumes that greater need exists for AGs which include a parent/caretaker than for those compared solely of dependent children.

3450.05.05 185% Gross Income Test (C)

The following applies to TANF applicants, and Refugee Cash Assistance applicants.

To be financially eligible, the AG's total nonexempt gross income (including deemed income in accordance with Section 3450.45.00) cannot meet or exceed the AG's total need times 185%. If allocation from a parent's income is required, allocation is discussed in Section 3450.40.05. To determine eligibility under this provision:

> Multiply the total need standard of the AG by 1.85 and compare the resulting figure to the total of earned, unearned, and deemed income.
>
> If the income meets or exceeds the needs in this calculation, the AG is ineligible for a Cash assistance benefit. (f28)
>
> If the income is less than the needs, further calculations are required to determine the AG's benefit amount.

3450.10.00 CASH ASSISTANCE RATEABLE REDUCTION (C)

The rateable reduction is a cost containment calculation that requires the need standard to be reduced prior to benefit calculation. The need standard is multiplied by .90 which reduces the needs by 10% to arrive at an adjusted needs total. (f29)

3450.15.00 EARNED INCOME DEDUCTIONS (C)

Certain deductions are allowed in determining the amount of countable earned income for the purposes of financial eligibility and Cash Assistance benefit calculation. These earned income deductions are discussed in the following sections.

3450.20.00 WORK EXPENSE DISREGARD (C)

A monthly work expense disregard is allowed from gross earned income as follows:

> A work expense disregard of $90 is allowed as a deduction per each employed participating AG member.

A work expense disregard of $90 is allowed as a deduction per each employed nonparticipating AG member. For example, a nonparticipating member may be a parent of a minor pregnant applicant/recipient or a spouse of an applicant/recipient.

3450.25.00 $30 AND 1/3 DISREGARD (C)

The policy stated in this section applies to all categories of cash assistance.

In addition to the work expense disregard, a work incentive disregard of $30 and 1/3 is applied to the remaining earned income of participating AG members. This disregard is applied for four consecutive months.

The following sections discuss when this incentive deduction may be applied.

3450.25.05 $30 And 1/3 Disregard At Initial Eligibility (C)

The policy stated in this section applies to all categories of cash assistance.

When determining initial eligibility, the $30 and 1/3 disregard is applied if the AG's gross income minus deductions for the $90 work expense disregards results in a net income figure which is less than the AG's total adjusted needs.

For TANF (or RCA), the earliest the disregard can be applied is for the first payment month.

Once the $30 and 1/3 disregard has been applied to an individual's income, subsequent entitlement to the disregard is determined as explained in Section 3450.25.15.

3450.25.10 $30 And 1/3 Disregard At Reapplication (C)

The policy stated in this section applies to all categories of cash assistance.

When determining eligibility at reapplication for TANF (or RCA), the $30 and 1/3 disregard is deducted from the income of any individual who is a member of a TANF (or RCA) unit:

which received assistance in one of the preceding four months (must have previous TANF for TANF disregard, RCA for the RCA); or

whose AG's gross income minus deductions for the $90 work expense disregard and allowable child care costs results in a net income figure which is less than the TANF (or RCA) AG's total adjusted needs; and

had not previously had the $30 and 1/3 deduction applied against his earnings for four consecutive months, or has had the four consecutive months of $30 and 1/3 deduction, but has been off assistance for a period of 12 consecutive months after receiving the disregard.

3450.25.15 $30 And 1/3 Disregard For Ongoing Cases (C)

The policy stated in this section applies to all categories of cash assistance.

When determining ongoing eligibility, the $30 and 1/3 disregard is deducted if:

the AG received assistance in one of the preceding four months (must have previous TANF for TANF disregard, previous RCA for the RCA disregard); and

the AG member with earnings had not previously received four consecutive months of the disregard, or had received four consecutive months of the disregard, but has been off of assistance for a period of 12 consecutive months after receiving four months of $30 and 1/3 disregard.

3450.25.20 Determining Countable Months Of $30 And 1/3 Disregard (C)

The policy stated in this section applies to all categories of cash assistance.

The $30 and 1/3 disregard is applied to earned income for four consecutive months. In determining the months, the following guidelines apply:

If any part of the $30 and 1/3 disregard is applied (even less than $30), a month of $30 and 1/3 is counted.

When receipt of the $30 and 1/3 disregard is interrupted before the expiration of four consecutive months, the four consecutive month period begins over when the first month disregards are again applied.

Overpayment calculations involving the $30 and 1/3 disregard count as a month of disregard. These calculations may change a previously calculated expiration of $30 and 1/3.

3450.25.25 $30 Disregard (C)

The policy stated in this section applies to all categories of cash assistance.

Upon expiration of the $30 and 1/3 disregard, an applicant/recipient is entitled to a deduction of $30 from the earned income remaining after the standard work expense disregard is subtracted. The entitlement to the $30 disregard is limited to a period of eight consecutive months (with regard to ADCQ, until the end of their eight (8) month period) and begins the month following the month the $30 and 1/3 disregard expired.

This period continues for eight calendar months regardless of whether or not the $30 disregard is utilized.

If an individual becomes ineligible for TANF after receiving the $30 and 1/3 disregard for four consecutive months, but before the eight additional months of the $30 disregard expires, the individual is eligible for the remaining months of the $30 disregard if he returns to apply for TANF during that time.

This deduction is allowed for participating AG members and nonparticipating sanctioned AG members.

3450.35.05 Benefit Calculation (C)

If allocation from a parent is required, the calculations discussed in Section 3450.40.10 are used.

To determine benefit entitlement for Cash Assistance (after allocation from a parent if required):

Determine the total need standard of the participating AG members;

Ratably reduce (multiply) total needs by .90, resulting in the adjusted need amount;

Determine the amount of non-exempt gross earned, unearned, and deemed income;

Subtract applicable earned income deductions from gross income, including:

- work expense disregard,
- $30 and 1/3 disregard, and
- incapacitated adult care expenses.

The result is the net countable income.

For new applications, if the adjusted net income equals or exceeds the adjusted needs, the assistance group is ineligible for TANF. If less, the benefits are determined by disregarding 75% of the gross earned income and applying 25%. The maximum benefit amounts are listed at 3050.10.00.

An on-going AG's countable income must be less than 100% of the Federal Poverty Guideline **to be** eligible for cash assistance, and the benefits are determined as above. (f33a) If the adjusted net income equals or exceeds the adjusted needs, the assistance group is eligible for TANF with:

In AG’s where earned income is included and is the sole contributing factor(no sanctions, Voluntary Quit or fiscal penalties, a minimum grant of ten dollars ($10);

In AG’s where there is no earned income, a zero grant ($0).

3450.40.00 ALLOCATION OF PARENTS' INCOME (C)

Allocation is the process of allowing a participating AG parent's income to be used to meet the needs of certain nonparticipating AG members prior to the consideration of the income in the benefit calculation. A parent's income may be allocated to meet the need standard of a nonparticipating spouse. Income is never allocated to stepchildren or SSI recipients.

Allocation to a spouse occurs only when the spouse does not have sufficient income to meet his needs.

Budgeting procedures are discussed in the following sections.

3450.40.05 Allocation/185% Test (C)

To determine the amount of income to be counted in the 185% test when allocating income from a parent:

Determine the amount of the parent's gross income;

Subtract an amount equal to the unmet needs of the nonparticipating spouse and his/her non-participating children by:

- Determining the nonparticipating spouse's gross income;

- Subtracting the work expense disregard;

- Subtracting the total need standard of the non-participating spouse and non-participating children in the home who are solely his/her responsibility;

  If the spouse has insufficient income to meet the needs of children who are solely his/her responsibility, the allocation equals the need standard of the nonparticipating spouse.

The remainder of the parent's income, if any, is counted in the 185% test.

3450.40.10 Allocation/Benefit Calculation (C)

To determine eligibility and the benefit amount when allocating income from a parent:

Determine the amount of the parent's gross income;

Subtract applicable earned income deductions including:

- work expense disregard;
- $30 and 1/3 disregard; and
- incapacitated adult care expense;

Subtract an amount equal to the unmet needs of the spouse by:

- Determining the nonparticipating spouse's gross income;

- Subtracting the work expense disregard from earned income;

- Subtracting the total need standard of nonparticipating children in the home under age 18 who are solely the spouse's responsibility;

- Subtracting the total need standard of the nonparticipating spouse.

If the spouse has insufficient income to meet the needs of children who are solely his responsibility, the allocation equals the need standard of the nonparticipating spouse.

The remainder of the parent's income, if any, is counted in the benefit calculation and amount as described in section 3450.35.05.

3450.45.00 DEEMED INCOME CALCULATION (C)

Deeming is the process of counting a portion of the income of certain non-participating AG members in the Cash Assistance benefit calculation. The income of the following persons is deemed available to the participating members of the AG:

- Ineligible parents (Section 3450.45.10.05);

- Disqualified Parents (Section 3450.45.10.10);

- Stepparents (Section 3450.45.05);

- Spouses of non-parental caretaker relatives who are participating members of the AG (Section 3450.45.05);

- Parents of minor parents living in the home (Section 3450.45.15); and

- Sponsors of aliens (Section 3450.45.35).

The deeming calculations are discussed in the following sections.

3450.45.05 Income Deemed From a Stepparent/Non-Recipient Spouse (C)

The non-exempt income of a stepparent living in the home or that of a non-parent caretaker relative's spouse (provided that the caretaker has opted to be included on the grant) is first considered to meet the needs of the stepparent/spouse and his dependents.

The needs of an SSI recipient are not included when determining the amount of the stepparent's or spouse's income necessary to meet his and his dependents' needs.

When determining the amount to be deemed to the TANF AG from the stepparent, the Local Office is to:

Determine the amount of the stepparent or spouse's gross income (to determine gross income from self-employment, see Section 3410.00.00);

Subtract the $90 work expense disregard from earned income. Subtract mandatory deductions actually being withheld from unearned income; (f34)

Subtract an amount equal to the need standard of the stepparent or spouse and his/her non-common dependent children living in the home;

Subtract the actual amount <u>paid</u> to dependents living outside the home (a dependent is any person who is or could be claimed by the stepparent for tax purposes);

Subtract the actual amount of child support or alimony <u>paid</u> to persons living outside the home regardless of whether or not they are or could be claimed for tax purposes; and

The remaining income is to be counted in all eligibility determinations for the TANF AG. (f35)

When the above determination includes the needs of the ineligible parent of an TANF child, any countable income that the parent has in his own right, either earned or

unearned, is to be taken into account in determining the eligibility of the TANF AG, see IPPM 3450.45.10.05.

3450.45.10.05 Income Deemed From an Ineligible Parent (C)

Ineligible parents, aliens who do not meet the citizenship or alienage requirements, and aliens with sponsors whose income and resources are sufficient to meet the needs of the alien are specifically precluded from receiving TANF benefits. When this ineligible person is a parent of a TANF child, the ineligible parent's income is to be considered in determining the financial eligibility of his child applying for or receiving assistance. In determining the amount of income deemed available to the TANF AG from the ineligible parent, the Local Office is to: (f38)

Determine the parent's countable income (the parent is allowed only the $90 work expense disregard against his earnings); (f39)

Subtract from the parent's countable income the need standard of the ineligible parent and his nonrecipient dependents who live with him. These dependents include only the parent's non-eligible natural or adoptive children under age 18 and the parent's spouse without income or with income which is insufficient to meet his needs. However, the needs of a spouse or a child who receives SSI are not considered in this determination.

When the ineligible parent's spouse has income, but the spouse's income is insufficient to meet the need standard of his dependents and himself, an additional computation is necessary. The purpose of this computation is to determine the amount of the allocation necessary from the parent's income to meet the deficit between the spouse's and his dependent's needs and the spouse's income.

The ineligible parent's remaining income is deemed available to the TANF AG (budgeted in the 185% test) and is considered in the eligibility determination and benefit calculation.

3450.45.10.10 Income Deemed From a Disqualified Parent (C)

Disqualified parents, those serving penalties for either a Felony Drug Conviction or an Intentional Program Violation (IPV) are specifically precluded from receiving TANF benefits. When this ineligible person is a parent of a TANF child, the ineligible parent's income is to be considered in determining the financial eligibility of his child applying for or receiving assistance. In determining the amount of income deemed available to the TANF AG from the ineligible parent, the Local Office is to:

Include the income of each disqualified individual in the benefit calculation as if the individual was in the benefit group; however, the disqualified individual(s) will not be included in the AG household size and their needs won’t be considered.

3450.45.15 Income Deemed From the Parent(s) of a Minor Parent (C)

The non-exempt earned and unearned income of a non-recipient parent of the minor parent who is living in the home is deemed available to the minor's TANF AG.

Income is deemed from the non-recipient parent of a minor parent even when the minor parent is married as long as the parent and his spouse reside with the parent.

There is no income allocated to meet the needs of SSI recipients or sanctioned individuals.

3450.45.25 Income Deemed From Non-Recipient Parent with Spouse (C)

When determining the amount to be deemed to the TANF AG, the Local Office is to:

Determine the amount of the parent's gross income (see Section 3410.00.00 for determination of gross self-employment income);

Subtract the $90 work expense disregard from earned income. Subtract any mandatory deductions actually being withheld from unearned income;

Subtract an amount equal to the need standard of the parent and the parent's dependent child under 18 years of age living in the home who is solely the parent's responsibility;

Subtract from the parent's income the actual amount paid for a dependent living outside the home, child support or alimony;

Determine the spouse's available income by using the same procedures as the stepparent deeming procedures to determine what are the needs. Deduct an amount equal to the verified unmet needs of the spouse and any common children. (If the spouse refuses to provide verification of income no allocation can be made to the spouse or common children.)

Remainder is income to the TANF AG.

3450.45.30 Income Deemed From a Non-Recipient Parent with No Spouse (C)

When determining the amount to be deemed to the TANF AG, the Local Office is to:

Determine the amount of the parent's gross income (see Section 3410.00.00 for determination of gross self-employment income);

Subtract the $90 work expense disregard from earned income. Subtract any mandatory deductions actually being withheld from unearned income;

Subtract from the parent's income the actual amount paid for a dependent living outside the home, support payments or alimony;

Subtract an amount equal to the need standard of the parent and any dependent child under the age of 18 years living in the home;

Remainder is income to the TANF AG.

3450.45.35 Income Deemed From an Alien's Sponsor (C)

The income of an individual sponsoring an alien is considered in determining the alien's eligibility for TANF and Refugee cash assistance.

To determine monthly income deemed available to the alien from the sponsor (and the sponsor's spouse if living with the sponsor) not receiving TANF or SSI:

Total the earned and unearned gross income of the sponsor and the sponsor's spouse;

Subtract 20% of the earned income amount not to exceed $175;

Subtract the total need standard of the sponsor and other individuals living in the sponsor's home who are claimed by the sponsor as dependents to determine his federal personal income tax liability. Do not include individuals who receive TANF or SSI.

Subtract support payments made by the sponsor or spouse, including:

- spousal or child support to individuals outside the home; and

- amounts paid by the sponsor to individuals outside the home who are claimed by the sponsor as dependents to determine his federal personal income tax liability;(f41)

The remainder of the income if any, is counted in the 185% test and benefit calculation.

When an individual is a sponsor of two or more aliens living in the same home, the sponsor's deemed income is equally divided among the aliens. (f42)

3450.50.00 INCOME OF THE MINOR PARENT (C)

There are no minimum or maximum age limitations required of otherwise eligible TANF recipients. A minor under age 18 may be eligible to receive assistance for himself as well as for his dependent child.

When the child of a minor parent is added to an existing TANF AG, the income of the minor parent who is also an eligible child in the grant of his parent or caretaker is to be treated in the same manner as that of any other child. The income is to be given the same consideration with respect to disregards, exemptions, and so forth.

When the minor parent is considered in the AG as the parent or caretaker and the minor aged parent has no applicant/recipient siblings which would force the minor parent to take a dependent child role within the AG, only the income which is available to the minor parent is to be budgeted in all eligibility determinations. The income is to be given the same consideration with respect to disregards, exemptions, and so forth as that of any other caretaker relative applicant or recipient.

Any income that is drawn for the direct benefit of a minor parent is considered to be available in total when such benefit is made payable to the minor or to a representative payee who lives with the AG.

3450.55.00 PRORATING BENEFITS (C)

Cash benefits are prorated when an application is filed on the first day of any month containing 31 days. When this occurs, a one day benefit is payable for that month. Proration does not occur in any other situation.

3499.00.00 FOOTNOTES FOR CHAPTER 3400

Following are the footnotes for Chapter 3400:

(f1) 7 CFR 273.10(a)(1))i) ;
(f1a) 405 IAC 2-5-1(b)
(f2) 7 CFR 273.10(c)(2)(i)
(f3) 7 CFR 273.11(a)(4)
(f4) 470 IAC 10.1-3-4
(f5) 405 IAC 2-3-3
(f6) 7 CFR 273.11(b)
(f7) 7 CFR 273.1(d)(2)
(f8) Higher Education Amendments of 1992, P.L. 102-325
(
(f15) P.L. 110-246, Food, Conservation and Energy Act Of 2008 (FCEA)
(f16) Social Security Act, Section 402(a)(8)(A) 7CFR 273.9 (d) (5)
(f17) 7 CFR 273.9(d)(6)

(f18)	7 CFR 273.9(d)(5)
(f19)	7 CFR 273.9(d)(3)
(f20)	7 CFR 273.9(c)(11)
(f21)	7 CFR 273.10(d)(2)
(f22)	7 CFR 273.10(d)(5)
(f23)	7 CFR 273.9 (d)(1)
(f24)	7 CFR 273.9(d)(2)
(f25)	7 CFR 273.10(a)(1)(ii)
(f25a)	7 CFR 273.2 (h)(2)(ii)
(f26)	7 CFR 273.11(c)
(f27)	7 CFR 273.11(j)
(f27a)	P.L.104-193, Personal Responsibility and Work Opportunity Reconciliation Act, Section 829
(f27b)	7 CFR 273.11(k)
(f28)	Social Security Act, Section 402(a)(18); 45 CFR 233.20
(f29)	IC 12-1-7-3
(f30)	45 CFR 233.20
(f31)	Social Security Act, Section 402(a)(8); 45 CFR 233.20
(f32)	45 CFR 233.20 470 IAC 10.1-3-5
(f33)	Social Security Act, Section 402(a)(34); 45 CFR 233.20
(f33a)	SSA 1931(b)(2)(C) as added by Sec 114(a) as amended by Indiana Amended Waiver Terms and Conditions, Section 2.6
(f33B)	IC 12-14-2-5.1
(f33C)	IC 12-14-2-5.1
(f34)	45 CFR 233.20 as amended by OBRA-93
(f35)	Social Security Act, Section 402(a)(31); 45 CFR 233.20
(f36)	45 CFR 233.20
(f37)	Simpson et al v. Hegstrom et al Court of Appeals, 9th Circuit
(f38)	45 CFR 233.20; 470 IAC 10.3-4-4
(f39)	45 CFR 233.20 as amended by OBRA-93
(f41)	Social Security Act, Section 415; 45 CFR 233.51
(f42)	Social Security Act, Section 415; 45 CFR 233.51
(f43)	45 CFR 233.20; Social Security Act, Section 402(a)(32)
(f44)	45 CFR 233.20; Social Security Act, Section 402(a)(32)
(f45)	405 IAC 2-3-20

(f46) 42 CFR 435.134
(f47) Social Security Act, Section 1905(p)(2)(D)
as amended by OBRA-90
(f48) 405 IAC 2-3-3
(f49) 405 IAC 2-1-1
(f50) 405 IAC 2-3-20(b)
(f51) 405 IAC 2-1-1
(f52) 405 IAC 2-3-20
(f53) 405 IAC 2-3-19
(f55) IC 12-15-41-9
(f56) Social Security Act, Section 1611(e)(1)(E);
Public
Law 99-643
(f57) Section 3203 of Title 38 USC
as amended by OBRA-90 (P.L. 101-508)
(f58) Social Security Act, Section 1902(r)(1)
as amended by OBRA-90 (P.L. 101-508)
(f59) 405 IAC 2-3-17;
405 IAC 2-3-21
(f60) IC 12-15-7-4
(f61) 42 CFR 435.113
(f62) 42 CFR 435.602
(f63) 42 CFR 435.113;
Reed v Blinzinger, U.S. District Court,
IP 85-1385-C
(f64) 42 CFR 435.110
(f65) 45 CFR 400.100
(f66) 45 CFR 400.103
(f67) 405 IAC 2-6-1
(f68) Social Security Act, Section 1905(p)(1)
(f69) Social Security Act, Section 1905(s)(4)
as amended by P.L. 101-239)
(f73) Social Security Act, Section 1619(b)(3)
(f74) Social Security Act, Section 1611(e)(1)(E);
Public
Law 99-643

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3600.00.00 BENEFIT ISSUANCE

This chapter presents policy regarding benefit issuance. The chapter covers:

Representatives and Protective Payees (Section 3605);
SNAP Issuance/Benefits, Cash Benefits/Issuance (Section 3610);
SNAP and MA Identification Cards (Section 3615);
SNAP Issuance/Accountability (Section 3620); and
Footnotes for Chapter 3600 (Section 3699).

3605.00.00 REPRESENTATIVES AND PROTECTIVE PAYEES

An AG may designate an authorized representative to receive SNAP benefits, use SNAP benefits, or present medical expense verification for Medicaid spend-down eligibility purposes. Additionally, in certain defined circumstances a protective payee may be assigned by the Local Office to receive a TANF check.

3605.05.00 AUTHORIZED REPRESENTATIVE (S)

The SNAP AG may designate an authorized representative to receive SNAP and/or use the SNAP on behalf of the AG. The authorized representative is named on in the eligibility system and the name appears on the EBT card if the person is authorized to access the SNAP.

There is no limit on the number of individuals that may be designated as authorized representatives by the AG; however, only one representative can be on the EBT card. The authorized representative must not be an AG member.

Authorized representatives designated for application processing purposes for SNAP may also carry out other household responsibilities during the certification period such as reporting changes for the household. State agency employees who are involved in the certification or issuance processes, contract employees and retailers who are authorized to accept SNAP benefits may not act as authorized representatives.

3605.05.05 Withdrawal of Authorization (S)

The authorized representative authorization is valid only for the current entitlement period. The payee or another responsible AG member may withdraw the authorization at any time. Withdrawal of authorization will be made upon request in person, by telephone, or in writing. Requests made in person or by telephone must be entered in ICES. Written requests will be placed in the case record.

State employees and SNAP retailers authorized to accept SNAP benefits cannot act as authorized representatives.

3605.05.10 Restrictions on Representatives (S)

The following restrictions apply to authorized representatives:

State employees and SNAP retailers authorized to accept SNAP benefits cannot act as authorized representatives

Individuals disqualified for fraud cannot act as authorized representatives during the period of disqualification, unless the disqualified individual is the only adult member of the AG able to act on the AG’s behalf; and

Providers of meals for the homeless may not act as authorized representatives for homeless individuals.

3605.05.15 Documentation and Control of Representatives (S)

There is no limit placed on the number of individuals a representative may represent. When employers such as those employing migrant/seasonal farm workers are named as representatives, or when a single representative has access to a large number of EBT cards or SNAP benefits, caution should be exercised to ensure the following:

that the payee or another responsible AG member freely requested the representative;
that the individual’s situation is correctly represented;

that the representative is receiving the correct amount of benefits; and
that the representative is using the SNAP benefits properly.

3605.05.15.05 Evidence of Misrepresentation (S)

When evidence is obtained that an authorized representative has misrepresented an individual's circumstances and has knowingly provided false information or has improperly used SNAP benefits, the representative may be disqualified from participating as an authorized representative. This disqualification may be for a period of up to one year.

A written notice must be sent to the affected AG and the authorized representative 30 days prior to the date of disqualification. This notification will include:

the proposed action;
the reason for the action;
the AG's right to request a fair hearing;
the telephone number of the Local Office; and
the name of the caseworker to contact for more information.

Disqualification of representatives does not apply in the case of drug/alcohol treatment centers and those group facilities which act as authorized representatives for their residents. In these instances, the facility is liable for any overissuance which may occur.

3605.15.00 SPECIAL REPRESENTATIVE CIRCUMSTANCES (S)

Special provisions exist for authorized representatives for residents of drug/alcohol rehabilitation centers, residents of facilities for the blind and disabled, and residents of shelters for battered persons. These situations are discussed in the following sections.

3605.15.05 Drug/Alcohol Treatment Center Representative (S)

The resident in the facility is prohibited from applying on his own behalf. The residents of drug/alcohol treatment centers shall apply and be certified through the use of an authorized representative who shall be an employee. The employee of the facility will apply for as well as receive and spend benefits on behalf of the residents.

3605.15.05.05 When the AG Leaves the Facility (S)

Once the AG leaves, the center is no longer allowed to act as that AG's authorized representative. The center shall, if possible, provide the AG with a change report form to report to the Local Office the individual's new address and other circumstances after leaving the center, and shall advise the AG to return the form to the Local Office within 10 days.

When the AG leaves the center, the center shall provide the resident AG with his EBT card. The departing AG shall also receive its full allotment if benefits have been spent on behalf of that individual AG. These procedures are applicable any time during the month. However, if the SNAP benefits have already been issued and any portion spent on behalf of the individual, and the AG leaves the treatment and rehabilitation program prior to the 16th day of the month, the treatment center shall provide the AG with one-half of its monthly SNAP benefit allotment. If the AG leaves after the 16th day of the month and the allotment has already been issued and used, the AG's allotment is gone for the month.

3605.15.05.10 Liabilities and Penalties of Facilities (S)

Facilities will be held responsible for any misrepresentation or fraud it commits in the certification of facility residents. As an authorized representative, the facility must be knowledgeable about the individual's circumstances and should carefully review those circumstances with residents prior to applying on their behalf.

In addition, facilities will be held liable for all losses or misuse of SNAP benefits held on behalf of residents and for any over issuances which occur while the individual is a resident of the facility. A benefit recovery referral will be filed against the facility for any overissuance of SNAP benefits.

If there is reason to believe a facility has misappropriated or used SNAP benefits for purchases that did not contribute to an entitled individual's meals, the Local Office will promptly notify the Central Office, who will notify the United States Department of Agriculture (USDA). USDA may disqualify a facility as an authorized

retail food store and may suspend the facility's authorized representative status for the same period.

If the facility loses its authorization from USDA (whereby the facility can no longer act as the authorized representative) or, if the facility loses its certification from USDA, the facility is no longer an eligible institution. As a result, residents of the center are no longer eligible to participate.

3605.15.05.15 Group Living Arrangement (S)

Residents in these facilities may apply on their own behalf or through an authorized representative. The group facility must ensure that each resident's SNAP benefits are used for meals intended for that resident, regardless of whether the facility purchases and prepares food consumed by eligible residents or if the residents purchase and prepare food for their own consumption.

If the resident applies with the facility as the authorized representative, the facility may obtain and use the SNAP benefit allotment for food prepared by and/or served to the residents, or the facility may allow the resident to use all or any portion of the allotment on his own behalf.

If the resident is certified on his own behalf, the SNAP benefit allotment may be:

- returned to the facility to be used to purchase food for meals served either communally or individually;
- used by eligible residents to purchase and prepare food for their own consumption; or
- used to purchase meals prepared and served by the facility.

3605.15.05.20 SNAP Benefits Used In Shelters for Battered Persons (S)

SNAP benefits may be used by shelter residents in any one of the following ways:

- Shelter residents may use the SNAP benefits to purchase meals prepared specifically for them at the shelter;
- A shelter resident may designate the shelter as an authorized representative so that the shelter can purchase food for meals served to the resident; or

Shelter residents may use the SNAP benefits to purchase food for their own consumption.

3605.25.00 PROTECTIVE PAYMENTS (C)

The protective payment system is a procedure by which a non-AG member is appointed by the Local Office to receive and manage the TANF payments. Protective payments are to be utilized when:

The TANF payee has demonstrated such an inability to manage funds that the TANF payments have not been used in the best interest of the child;

The parent is a minor required to live with a supervisory adult who receives the minor's TANF benefit in the form of protective payments.

The protective payment procedure enables the Local Office, without the intervention of the court, to select and appoint another individual to receive the TANF payment. The protective payee is expected to manage or supervise the expenditure of the TANF payment so as to protect the best interest of the child until discharged from such responsibility by the Local Office.

3605.25.05 Money Mismanagement (C)

Protective payments may be made when the payee mismanages funds deliberately or because of inexperience or lack of training in money management. They are intended for caretaker relatives who have the capacity to learn to manage their funds. They are not intended for caretaker relatives whose mental or physical limitations would prevent them from learning how to manage their own affairs.

3605.25.05.05 Criteria for Determining Mismanagement to Exist (C)

Consideration is to be given to the appointment of a protective payee when it is clearly established that the caretaker relative persistently mismanages the TANF payments to the detriment of the child. Evidence of such mismanagement must be clear and specific. Examples of such evidence include, but are not limited to:

Continued refusal or inability to properly feed or clothe the dependent child;
Continued expenditures made for nonessentials or for other items so as to threaten the child's chances for healthy growth and development;
Continued, persistent, and deliberate failure to meet obligations for rent, food, or other essentials;
Repeated evictions or incurring of debts with attachments or levies made against current income;
Continued inability to plan and spread necessary expenditures over the usual period between assistance checks; and
Conviction of a TANF payee of a drug felony. Mismanagement is presumed to continue until such time as the convicted felon has successfully complete a state certified drug treatment program or has completed the court ordered sentence for the offense.

Documentation is to be entered in the case record of the evidence that demonstrates the need for protective payments.

Before steps are taken to appoint a protective payee, the Local Office must first undertake special efforts to develop greater ability on the part of the caretaker relative to manage funds. Specialized services are to be given on family budgeting and purchasing, meeting financial obligations, debt management, and so forth. The individual must be notified that continued misuse of the TANF payments will result in protective payments. If there is then continued evidence of persistent mismanagement of the TANF payments, protective payments are to be arranged.

3605.25.15 Standards for Selection of the Protective Payee (C)

The selection and appointment of the individual designated to receive the TANF payment in behalf of the AG is to be made by the Local Office in accordance with the following standards:

Interest in and concern with the well-being of the AG members. This interest may have been demonstrated by regular and frequent visits to the AG or past efforts to help the AG at time of crisis.

Ability in ordinary household budgeting, experience in purchasing food, clothing, and household supplies within a restricted income, and knowledge of effective household money management practices;
Willingness to serve as a protective payee without remuneration;
Geographical proximity or means of transportation to the AG to be accessible for frequent consultation on budgeting and other money payment problems;
Ability to establish and maintain positive relationships with members of the AG. The protective payee must assume a teaching role to facilitate the acquisition of new money management skills in money mismanagement cases; and
Capacity to handle highly confidential AG information.

The protective payee may be:

A relative, friend, or neighbor;
A member of the clergy;
A member of a church or community service group;
A staff member of the Local Office or another social service agency; or
A home economist with a public or voluntary organization.

The protective payee may not be:

The Director of a Local Office;
The caseworker/supervisor determining financial eligibility for the AG;
Special investigative or resource staff;
Staff handling fiscal processes related to the AG; or
A landlord, grocer, or other vendor of goods or services dealing directly with the AG.

To the extent feasible, the TANF AG is to participate in and consent to the selection of the person designated as the protective payee.

The Local Office should make a potential protective payee aware of his responsibilities by:

Reviewing the responsibilities listed on Form SF 49884/FI0024 Protective Payee for Hoosier Works Card; and

Supplementing the agreement by an oral discussion of said responsibilities, the objectives of protective payments, and the nature and frequency of the reporting expected by the Local Office.

3605.25.20 Responsibilities of the Protective Payee (C)

Responsibilities of the protective payee include:

Paying maintenance needs (such as rent, utilities, food, clothing, and so forth) from the cash benefit;
Explaining to the TANF AG how the cash benefit will be spent;
Keeping records of payments received and disbursements made and providing the Local Office with a general report of the disbursements every six months; and
Treating confidentially all personal information concerning the AG.
For money mismanagement situations, helping the caretaker relative to appropriately handle and manage the AG's funds. It is recommended that the protective payee allow the caretaker relative to participate in decisions or at least have the opportunity to discuss expenditures before they are made. As the caretaker relative demonstrates the ability to use the funds appropriately, the protective payee is to gradually increase self-management until the caretaker relative is able to manage the entire TANF payment.

3605.25.25 Protective Payment Review Period (C)

The Local Office is responsible for reviewing and evaluating each protective payment case at least every six months to determine if the protective payee is carrying out his responsibilities in the best interest of the child. In addition, for cases involving money mismanagement, the situation is to be reviewed to determine if progress is being made by the AG in overcoming money mismanagement problems. A decision is to be made to:

Restore the AG to regular money payment status;
Continue the AG under protective payment status; or

Arrange for the appointment of a legal guardian when it appears that the AG is unable to respond to the beneficial effects of the protective payment plan or progress is so slow as to require continuation of the plan beyond the 24 month limitation on protective payments. (f8)

3605.25.30 Protective Payment Time Limitation (C)

A protective payment arrangement in money mismanagement cases is limited to 24 months. (f9) The protective payee and caseworker are to make every effort to eliminate the money mismanagement problem sooner than the 24 month limitation.

There is no specific time limitation on the protective payment arrangement in minor parent cases.

For TANF AG's headed by minor parents, protective payments are discontinued if the minor parent:

reaches the age of 18, or
becomes exempt from the requirement (See Section 3215.05.25.05)

3605.25.35 Protective Payee Authorization Procedures (C)

The following procedures are to be used in authorizing a protective payee:

The new payee must acknowledge his acceptance of protective payee responsibilities in writing. Both he and the Director of the Local Office are to sign Form SF 49884/FI0024 Protective Payee for Hoosier Works Card, one copy of which is sent to the AG. The protective payee receives the original while a third copy is retained in the case file.
A system-generated notice advises the protective payee and the AG that the protective payee will be receiving the TANF warrant directly for use in providing for the needs of the AG. The protective payee will also receive copies of all TANF eligibility notices sent to the AG.

3605.25.40 Change Of Protective Payee (C)

In the event that it is necessary to change the protective payee, the authorization procedures contained in the previous section are to be followed in authorizing a new protective payee.

3610.00.00 SNAP ISSUANCE/BENEFITS

Sections 3610.05.00 through 3610.30.20 discuss SNAP issuance and benefits.

3610.05.00 ISSUANCE TYPES (S)

Issuance of SNAP is performed by Electronic Benefit Transfer (EBT) where the client uses a debit card at the store to make food purchases.

3610.05.25 Staggered Issuance (S)

AGs that access SNAP benefits on the normal issuance cycle have their issuance days staggered from the 5th through the 23rd of each month. The EBT issuance cycle is as follows:

1st LETTER	DAY	1st LETTER	DAY
A, B	5th	M, N	15th
C, D	7th	O, P, Q, R	17th
E, F, G	9th	S	19th
H, I	11th	T, U, V	21st
J, K, L	13th	W, X, Y, Z	23rd

Exceptions to Staggered Issuance requirements are:

AGs that are receiving their initial month’s benefits; and
AGs that meet expedited criteria.

3610.05.30 Validity Periods (S)

SNAP allotments have a validity period of one year from the month the benefits are authorized. If not used within the one year time period, the benefits are expunged.

3610.05.35 Combined Issuance (S)

An AG must receive the prorated allotment for the month of application and the first full month at the same time when the following situation exists:

The AG is not eligible for expedited service, and
The application is made after the 15th day of the month, and
all required information/verification is provided, and
all necessary activities to determine eligibility are completed by the 30th day from application, and
the AG is determined eligible for the month of application and the following month.

The AG must also receive a combined issuance if the AG applies after the 15th of the month and is eligible for expedited service.

The following are exceptions to this rule:

The combined issuance rule does not apply to migrant and seasonal farm worker AGs unless there were more than 30 days during which the AG did not participate. This would mean that the initial month's benefits would not be prorated. Therefore, if there is no proration for the migrant/seasonal farm worker AGs, the first month they do not receive combined allotments.

If the first month's allotment of less than $10 is prorated to zero, the issuances are not to be combined; however, the AG must receive benefits by the eighth day of the first full month, if eligible.

3610.05.40 Maximum Time Between Issuances (S)

AGs that participate longer than two consecutive, complete months should have no more than 40 days elapse between any two issuance dates. Since each AG is placed on an issuance schedule that will allow it to receive benefits on the same date each month, this will not be a problem.

3610.10.00 AUXILIARY BENEFITS

The system automatically generates benefits for current and future months once they have been authorized. However, it is necessary to issue auxiliary benefits whenever the recurring SNAP or Cash Assistance benefit must be augmented or replaced. When an underpayment occurs for a month prior to the recurring month, procedures should be followed to restore benefits. (Refer to Section 3610.15.00)

Examples of situations requiring auxiliary issuance include:

Verified SNAP and TANF changes after cut-off which will increase benefits for the following month;

The replacement of lost, stolen, or destroyed benefits (TANF only);

A warrant has been cashed, as shown on the State Auditor's Recon File;

The refund of SNAP and TANF claim overpayments; Timely fair hearing requests necessitating an increase in SNAP or TANF benefits after cut-off;

Fair hearing results requiring the issuance of retroactively higher SNAP or TANF benefits;

Changes in agency policy which require SNAP or TANF retroactive benefit increases or next month increases after cut-off.

3610.10.05 Lost, Stolen, Destroyed Warrants (C)

An auxiliary benefit is never authorized for a lost, stolen or destroyed warrant. An affidavit is signed and sent to the State Auditor's Office for a rewrite warrant.

Only if a warrant has been cashed, as shown on the State Auditor's Recon File, and the client certified that the signature is not their own, would an auxiliary benefit be authorized.

3610.10.10 Lost or Stolen EBT Benefits/Card (S)

Replacement issuances should not be completed when benefits are lost, stolen or misplaced after receipt. Clients who report such occurrences should be advised to contact EBT Customer Service to request a new EBT card and contact the local law enforcement agency if the benefits were stolen.

3610.15.00 RESTORING BENEFITS (S)

The Local Office must restore benefits when a determination is made that benefits were under issued because all or part of the AG's benefits were denied, delayed, or terminated

due to administrative error. Benefits must be restored even if the AG is currently ineligible.

For SNAP only:

Benefits will be restored to the AG for not more than 12 months prior to whichever of the following occurred first:

- The date the Local Office was notified by the AG or by another individual or agency in writing or orally of the possibility of lost benefits; or
- The date the Local Office discovered in the normal course of business that a loss of AG benefits occurred.

EXCEPTION: Benefits must be restored when the collections on a claim exceed the amount owed, without regard of the 12 month time frame.

3610.15.05 Payments of Benefits Wrongly Withheld (S)

An AG's benefits which were found to have been wrongfully withheld will be restored.

Benefits will be restored for a period of not more than 12 months from whichever of the following dates occurred first:

- the date the Local Office receives a request for restoration; or
- the date fair hearing action was initiated.

Benefits will not be restored for any period more than one year from the date the Local Office is notified of, or discovers, the loss.

3610.15.10 Errors Discovered By the Local Office (S, C)

If the Local Office determines that an AG is entitled to restoration of under issued benefits, the Local Office must take action to restore benefits. It is the Eligibility Worker's responsibility to complete the restoration. The under issuance is not referred to Benefit Recovery.

A restoration for the current month should be done as an auxiliary. A restoration for any previous months should be done as an under issuance

3610.15.15 Disputed Restorations (S)

If an AG believes it is entitled to restoration of under issued benefits but the Local Office, after reviewing the case information, does not agree, the AG has 90 days from the date of the determination by the Local Office to request a fair hearing. The Local Office must restore under issued benefits to the AG only if the fair hearing decision is favorable to the AG.

Benefits lost more than 12 months prior to the date the Local Office was initially informed of the AG's possible entitlement will not be restored.

If the AG disagrees with the amount to be restored as calculated by the Local Office or any other action taken by the Local Office to restore under issued benefits, the AG may request a fair hearing within 90 days of the date the AG is notified of its entitlement.

If the fair hearing decision is favorable to the AG, the Local Office must restore any under issued benefits in addition to those previously restored, in accordance with that decision.

3610.15.20 Computing the Amount to Be Restored (S)

To prevent future losses, correct the error and then determine the months affected (excluding those months for which benefits may have been lost prior to the 12 month limit) and calculate the amount to be restored.

3610.15.20.05 Determining the Months Affected (S)

If the AG was eligible but received an incorrect allotment, the under issuance of benefits must be calculated only for those months the AG participated.

If the under issuance was caused by an incorrect delay, denial, or termination of benefits, the months affected by the under issuance must be calculated as follows:

For an under issuance due to erroneous denial, the month the under issuance initially occurred will be the month of application;
For an eligible AG filing a timely reapplication, the month following the expiration of its entitlement period will be the month of application;

For an under issuance due to erroneous delay, the months for which benefits may have been lost due to the Local Office’s delay must be calculated; and
For an under issuance due to erroneous termination, the month the under issuance initially occurred will be the first month benefits were not received as a result of the erroneous action.

3610.15.20.10 Calculation Of Under Issued Benefits (S)

The caseworker must then calculate the amount of the restoration for each month subsequent to the date the under issuance initially occurred until either the first month the error was corrected, or the first month the AG is found ineligible.

Documentation must establish the AG’s eligibility for each month affected by the loss. If information is not available that verifies the AG’s eligibility, the Local Office must advise the AG of the information that must be provided to determine eligibility for those months. For each month the AG cannot provide the necessary information to demonstrate its eligibility, the AG must be considered ineligible.

3610.15.20.15 Determining Amount to Be Restored (S)

The amount of the restoration due an AG is to be based on the issuance tables that were in effect at the time of the incorrect issuance. If the AG received a smaller allotment than it was eligible to receive, the difference between the actual and correct allotment equals the amount to be restored.

3610.15.20.20 Completion of ICES Screens For a Restoration (S)

When the worker needs to complete an auxiliary to restore under issued benefits for a previous month, the worker must complete BVUI. An under issuance claim initially entered on BVBR may also be updated on BVUI.

The worker may access BVCC or BVMC and use one of these screens to calculate the under issuance claim. The amount calculated on BVCC or BVMC will display on BVUI. If the amount of the under issuance claim is changed, it should be recalculated on BVMC or BVCC.

After BVUI is completed, BVUO should be accessed. BVUO displays the current status of the under issuance claim and displays any outstanding claims against which the under issuance may be used to offset SNAP. After BVUO is completed, the worker must invoke PF16 from BVUO to issue the auxiliary. When PF16 is invoked the status is changed to "aux pending" and the supervisor receives an alert to approve the claim. The supervisor then cancels or approves the auxiliary on BIOR.

When the supervisor takes action to approve or cancel the auxiliary, system updates the status of BVUI to CA (cancel) or CL (closed).

3610.15.25 Lost Benefits - IPV (S)

If the decision of disqualification for Intentional Program Violation (IPV) is subsequently reversed, the individual is entitled to restoration of benefits lost during the period of disqualification not to exceed 12 months prior to the date of Local Office notification.

The amount to be restored must be determined by comparing the allotment the AG received with the allotment the AG would have received had the disqualified member been allowed to participate.

3610.15.30 Method of Restoration (S)

Regardless of current eligibility, benefits must be restored by issuing an allotment equal to the amount of benefits that were under issued minus any offset when an outstanding benefit recovery claim exists.

For eligible AGs, the total amount to be restored must be issued in addition to the current amount. For ineligible AGs, the amount to be restored must be issued in a lump sum.

The Local Office must honor reasonable requests by AGs to restore benefits in monthly installments if, for example, the AG fears that the amount restored is more than it can use in a reasonable amount of time.

Whenever a restoration of benefits is due an AG and the AG’s composition has changed, lost benefits must be restored to the AG containing the majority of individuals who were AG members at the time the loss occurred. If the

Local Office cannot locate or determine the AG which contains the majority, benefits must be restored to the AG containing the payee at the time the under issuance occurred.

3610.15.35 Replacement of Food Destroyed (S)

An Assistance Group (AG) may request replacements for any food purchased with SNAP benefits which has been destroyed in a household misfortune. A misfortune occurs as a result of circumstances over which the household has no control such as weather related issues or power outages. Appliance malfunction or human error is not considered as a misfortune.

The AG may be eligible for a replacement issuance provided in the amount of the loss, up to a maximum of one month’s allotment, unless the issuance included restored benefits, which shall be replaced up to their full value.

To qualify for a replacement the AG must report the destruction to the Local Office within 10 days of the incident and sign an Affidavit for Replacement of Supplemental Nutrition Assistance Program form attesting to the destruction of the AG’s food. If mailed, the Affidavit for Replacement must be sent to the client within one business day of the client’s report of food loss due to the household misfortune. If the Affidavit for Replacement is not returned within 12 days of mailing, no replacement shall be made.

A replacement shall be considered invalid if it is processed without having a properly completed Affidavit for Replacement.

Upon receiving an Affidavit for Replacement the Local Office must:

> Speak personally with the client regarding the nature of the misfortune and the amount of the loss. If the client submits the affidavit in person, the client should be interviewed at that time, if the client submits the affidavit via fax or mail, the client must be contacted via telephone to discuss the nature of misfortune and the amount of the loss. In order to help the client determine the amount of SNAP lost, verify the amount of benefits which have been spent since the last allotment via the EBT system.

Verify the misfortune through either a collateral contact, documentation from a community agency including, but not limited to, the Fire Department or the Red Cross, or a home visit.

If loss is due to a power outage, verification must be obtained that the power outage was a minimum of 4 hours. Outages lasting less than 4 hours do not qualify for a replacement. If a loss (including a power outage) is verified via collateral contact, the name and telephone number of the individual providing the verification must be documented in case notes.

If loss is due to a power outage, discuss with client what amount of food was refrigerated/frozen and was therefore lost. Food items unaffected by the power outage (dry goods, canned goods, etc.) are not eligible for replacement.

There is no limit to the number of replacement issuance for food purchased with SNAP benefits which was destroyed in an AG misfortune; however, each replacement must be validated individually and per policy.

The replacement issuance shall be provided to the AG within 10 days after the report of the loss or within two working days of receiving the Affidavit for Replacement, whichever date is later.

When the request for a replacement for food lost in a misfortune is approved or denied, a manual notice must be sent to the Assistance Group.

When a major disaster occurs affecting an extended area, the State may implement a State Disaster SNAP Program. Under these circumstances a household may receive both a replacement and disaster benefits. Instructions will always be sent from Central Office when a Disaster Program is operational.

3610.20.00 CASH BENEFIT ISSUANCE (C)

When cash benefits have been authorized in the system, all relevant benefit information is sent through an interface to the Electronic Benefit Transfer (EBT) system.

Benefits which have been approved are generated automatically from month to month until a change is put into the system. This type of issuance is known as the recurring cash payment and is made available to the payee on (or as near as possible to) the first business day of the month.

The issuance of non-recurring (auxiliary) benefits, unlike the automatically generated monthly payment, requires on-line intervention. When the monthly benefit must be augmented or replaced, an auxiliary request is made in the system. (See Section 3610.10.00 for a discussion of auxiliary benefits.)

3610.20.10 Unrestricted Money Payment (C)

The TANF benefit is delivered without restriction to the payee. This means that the TANF benefit is for the sole use and benefit of the AG in whose behalf the award has been made.

When the TANF benefit is issued, the AG is responsible for handling the funds. The Local Office may assist in planning expenditures, but such service is to be provided in such manner that the expenditures are not controlled. A payee may find it necessary to delegate the actual expenditure of the AG's money to relatives and friends, but such an arrangement is not considered a restrictive action. If the Local Office determines that the payee is unable to handle the funds in the best interest of the child(ren), steps are to be taken to appoint a protective payee. (f12) (See Section 3605.25.00)

3615.00.00 SNAP EBT (HOOSIER WORKS) CARDS (S)

To participate in SNAP, an AG must obtain an EBT Hoosier Works card. The card is used at participating retailers where food items may be purchased. When an eligible AG purchases a Specialty Meal (Communal Dining or Meal Delivery Service), See Section 1460.10.05 - 1460.10.10).

EBT cards may be released to any of the individuals named on the card. Access to EBT cards is restricted to authorized individuals. The EBT card will contain:

The name of the payee, the 16 digit card number, and the payee RID. If there is an authorized representative, this person has his own card;

The authorized representative will sign his own card.

The AG must immediately report loss or theft of the EBT card to customer service or liability for its misuse is solely the responsibility of the AG. The client must request a new card be sent. When a new card is issued, the old card is no longer valid for transactions.

3620.00.00 SNAP ACCOUNTABILITY (S)

This section provides guidelines for accountability of SNAP records.

3620.10.05 Retention of Issuance Materials (S)

All issuance related materials such as: Affidavit for Replacement of Food Benefits (SNAP 48) forms must be retained for three years and six months after the report or activity month. Also see the EBT Policy Guide for additional instructions for issuance materials maintenance.

3620.15.10 Other Returned SNAP Benefits (S)

Occasionally AGs will request that SNAP benefits be applied to a repayment on a claim. The benefits are paid back in the EBT Admin system.

Other reasons for repayments in EBT Admin system are as follows:

The AG voluntarily withdraws;

The AG moves out of state;

Death of all AG members;

Late change after adverse that will result in a claim and the client requests that the benefits be returned in order to avoid a claim.

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4200.00.00 APPEALS AND FAIR HEARINGS

This chapter presents information relating to appeals, fair hearings, and Administrative Disqualification Hearings (ADH), and includes:

Appeals (Section 4205);

Fair Hearings (Section 4210);

Administrative Disqualification Hearings (Section 4215); and

Footnotes for Chapter 4200 (Section 4299).

4205.00.00 APPEAL REQUEST

An appeal is a request for a fair hearing before a representative of the Central Office Hearings and Appeals Section for the purpose of deciding whether the action taken or proposed by the DFR is correct. It is any clear, written expression by the applicant/recipient, or individual authorized to act for him, stating that he wants an opportunity to appeal. (f1) For SNAP only, an appeal request may be made verbally as well as in writing. (f2) For all other programs, if a verbal request is made, the request is to be noted and the AG informed that the request must be made in writing.

Appeal requests must be filed with the Division of Family Resources in one of the following ways

Mail or fax to the FSSA document center;

File in person with the DFR.

An Administrative Law Judge (ALJ) of the Central Office, Hearings and Appeals Section, will conduct a fair hearing on the action(s) under appeal and will render a decision on the findings of the hearing. This decision is binding on the DFR.

4205.05.00 RIGHT TO APPEAL

All individuals must be informed in writing at the time of application and when action is taken which affects their benefits, of:

the right to a fair hearing; and
the method for requesting a hearing. (f4)

This information is contained in the Rights and Responsibilities which is given to applicants, and is also on all eligibility notices.

The freedom to make such a request must not be limited or interfered with in any way.

4205.05.05 Assistance In Exercising The Right To Appeal

The DFR is responsible for assisting an unsatisfied individual so that he may fully exercise his right to appeal. (f6) Any time an individual expresses a disagreement with any action taken, he must be verbally reminded of the right to request a fair hearing. Assistance is to be provided to the individual who is having difficulty in preparing the written request for an appeal.

The individual is to be informed that he may represent himself at the hearing or be represented by an attorney, a relative, a friend, or any other spokesman of his choice. Information and referral services should also be provided to help the unsatisfied individual make use of any free legal services that are available in the community. This information is included on the eligibility notices.

4205.10.00 APPEALABLE ACTIONS

Any action with which an applicant/recipient is dissatisfied may be appealed, for example when an application for SNAP or Cash Assistance is denied or not acted upon with reasonable promptness, (f7) when it is believed the DFR has taken erroneous action to reduce, suspend or discontinue assistance, or for TANF, when a determination is made that a protective payee should be assigned or discontinued.

4205.15.00 GROUP APPEALS

The Central Office Hearings and Appeals Section may respond to a series of requests for hearings by providing group hearings on similar questions or changes in federal or state law or regulation.(f12) Similarly, a group of individuals who wish to appeal some aspect of policy may request to be heard as a group. If there is disagreement as to whether the issue is one of federal or state law or regulation or the facts of an appellant's personal situation, Hearings and Appeals will make the decision as to whether the appeal may be included in a group hearing.

The ALJ may limit the discussion in a group hearing to the sole issue under appeal. When an appellant's request for a hearing involves additional issues to the one serving as the basis for the group hearing, the appeal will be handled individually. An appellant scheduled for a group hearing may choose to withdraw and be granted an individual hearing regardless of whether the grievance is limited to the sole issue involved in the group hearing.

Policies governing the conduct of individual hearings are pertinent to group hearings. Each appellant or representative will be given full opportunity to present the case or have the case presented by a representative.

4205.20.00 TIME LIMITS FOR APPEALS

A request for an appeal must be made within a specified period of time. The time periods vary by program and are outlined in the following sections.

If the appeal request is not received within the required time limits, the appeal is invalid, and a hearing will not be scheduled. This determination that an appeal is untimely and therefore invalid is made by Central Office Hearings and Appeals, not the DFR. (f13)

4205.20.05 Time Limits For Requesting Appeals (S)

An AG is allowed to request a hearing on any action by the DFR or loss of benefits which occurred in the prior 90 days. Appeals must be received by close of business within 90 days from date of notice or the end of the current certification period, whichever is later. Close of business is 4:30 P.M., local time on the business day where the appeal is received. The DFR must deny or dismiss a request

for a hearing untimely filed. The DFR must act on the untimely appeal request as a request for a restoration and review the case. (See Section 4205.45.05 and Section 3610.15.15.)

In addition, at any time within an eligibility period an AG may request a fair hearing to dispute its current level of benefits. (f14)

4205.20.10 Time Limits For Requesting Appeals (C)

Appeals must be received by close of business not later than 33 days of the date of the action or issue being appealed. (f15) The 33-day period includes 3 days for mailing. Close of business is 4:30 P.M., local time on the business day that the appeal is received.

For recipients, the 33 day period is measured from the effective date of the action as recorded on the Notice. For actions taken on applications, the 33 day period is measured from the mailing date of the Notice. (f16) Additionally, if the last day of the 33-day time period falls on a non-business day, the appeal request is considered timely if it is received on the next business day.

In cases involving a delay in acting on the application, the time limit for appealing begins as follows:

30 days after the date of application for TANF;

In cases in which action has not been taken on a reported change in circumstances, the time limit for appealing begins with the first day of the second month following the month in which the change in circumstances was reported to the DFR.

4205.25.00 CONTINUATION OF BENEFITS

The recipient is entitled to continued benefits after requesting a hearing only if the request is received within the following time periods and additionally, for SNAP, if the eligibility period has not expired:

For S and C the request must be received within:

- 13 days of the mailing date of the Notice of Action;

For S only, the 13 day limit for filing a hearing request may be extended for good cause. If good cause exists, the SNAP benefits may be continued at the prior level.

- 10 days after a hand delivered Notice of Action is received by the recipient. (f18)

If the last day of the time period falls on a non-business day, the appeal request is considered timely if it is received on the next business day.

Continued benefits are not available in situations regarding the 24-month or 60-month limit of benefits.

Once continued benefits are allowed, benefits are not to be reduced or terminated prior to receipt of the official hearing decision unless one of the following conditions apply: (f19)

A change affecting the AG's eligibility or basis of issuance occurs while the hearing decision is pending and the AG fails to request a hearing after the subsequent notice of adverse action;

For SNAP, the ALJ makes a preliminary determination, in writing and at the hearing, that the sole issue is one of federal law or regulation and that the AG's claim that the Local Office improperly computed the benefits or misinterpreted or misapplied such law or regulation is invalid;

For SNAP only, the eligibility period expires. The AG may reapply and may be determined eligible for a new eligibility period with a benefit amount as determined by the Local Office;

4205.30.00 APPEAL PROCEDURES

All written appeals filed with the DFR are to be immediately forwarded to the Hearings and Appeals Section. All requests must be entered into the system within one day of receipt.

The DFR should inform the Hearings and Appeals Section if a hearing request is received from AGs such as farm workers that plan to move, so that the request can be expedited to enable a decision to be reached before the AG leaves the area.

4205.35.00 THE HEARING NOTICE

The Hearings and Appeals Section sends a notice acknowledging the appeal to the AG and the DFR. (f21) The notice:

- includes a statement of the date, time, place, and nature of the hearing which is always conducted in the appellant's county of residency

- advises the appellant of the name, address, and phone number of the person to notify in the event it is not possible for him to attend;

- specifies that the hearing request will be dismissed if the appellant fails to appear for the hearing without good cause;

- specifies that the appellant may request a continuance of the hearing if good cause is shown;

- includes the appellant's rights, information, and procedures to provide the appellant with an understanding of the hearing process; and

- explains that the appellant may examine the case record prior to the hearing.

This notice is to be sent so that it reaches the appellant at least ten (10) days prior to the hearing.

4205.40.00 REQUEST FOR CONTINUANCE FROM THE APPELLANT

A written request for a continuance is to be directed to the Hearings and Appeals Section. Good cause must exist for a continuance to be granted. Good cause is defined as a valid reason for the appellant's inability to be present at the scheduled hearing such as a death in the family, personal injury or illness, or a sudden and unexpected emergency. If good cause exists and a continuance is granted, the hearing is rescheduled.

4205.40.05 Request for Continuance From the Appellant (C)

A continuance may be requested (in writing) to allow the appellant time to obtain additional medical evidence on his condition. If the ALJ orders the additional medical assessment, it must be made at the expense of the DFR and made part of the record when the issue under appeal is:

> A decision concerning the ability of a TANF participating AG member to accept employment.

The written request for a continuance on a medical related issue must be submitted to the Hearings and Appeals Section within ten (10) days of the mailing of the hearing notice. The additional medical evidence must be submitted to the DFR within thirty (30) days of the mailing of the hearing notice unless a written request for an extension of time is received by the Hearings and Appeals Section within the 30-day period. An extension will be granted only for good cause.

The DFR is to forward the original or most legible copy of the additional medical evidence to the Hearings and Appeals Section and retain a copy for the appellant's case record. The Hearings and Appeals Section will forward said evidence to the appropriate Central Office medical staff.

The granting of a continuance to the appellant extends the time frame by which the hearing decision must be issued.

4205.40.10 Request for Continuance From the DFR

Although the DFR may also request a continuance, one should not be routinely requested. Unlike the continuance given to an appellant, the granting of a continuance to the DFR does not extend the time frame by which the hearing decision must be issued.

4205.45.00 REVIEW OF ACTION BY THE DFR

When an appeal request is received, the proposed action is reviewed to determine whether the action is appropriate. The following sections discuss the review process.

4205.45.05 Review by the DFR

The DFR should carefully review the appellant's situation to determine whether the action on the case was correct or any adjustment is indicated. The appellant and the eligibility worker should meet to discuss the issue under appeal. **Important:** this review must not in any way interfere with a prompt continuation of benefits in accordance with Sections 4205.25.00 if a timely appeal of an adverse action is received by the DFR.

4205.45.05.05 Agency Conferences (S)

The DFR must offer agency conferences to AGs which wish to contest an adverse agency action. AGs should be advised that the agency conference is optional and in no way delays or replaces the fair hearing.

A conference for AGs contesting a denial for expedited service should be scheduled within two (2) working days, unless the AG requests that it be scheduled later or states that he does not wish to have a conference.

An agency conference may be attended by the eligibility worker, the supervisor and/or director, the AG and its representative.

The agency conference may lead to an informal resolution of the dispute. At this point the appellant may make a written withdrawal; however, DFR staff is prohibited from coercion or inappropriate actions which would influence the household or its representative to withdraw the household's fair hearing request. The DFR may also accept an oral request for withdrawal. See Section 4205.50.05.

4205.50.00 DISPOSAL OF APPEAL WITHOUT A FAIR HEARING

An appeal request may be disposed of without holding a fair hearing in the situations discussed in the following sections.

4205.50.05 Adjusting Action by DFR

If, after review of the appellant's situation, the DFR realizes that the adverse action proposed or taken on the

case was incorrect, must take adjusting action to correct the error. The appellant and the Hearings and Appeals Section are to be promptly notified in writing that the incorrect action is being withdrawn or rescinded. For TANF, if after adjusting action, the client may make a written withdrawal of the appeal before the Hearings and Appeals staff can complete the hearings decision. For SNAP, if after adjusting action, the client may make a written or verbal withdrawal of the appeal before the Hearings and appeals staff can complete the hearings decision. If the withdrawal is verbal, Hearings and Appeals will then notify the appellant that no further action will be taken on the appeal unless the appellant contacts them within ten (10) days of receiving this notice, that there is still an issue that must be resolved at a hearing.

4205.50.10 Withdrawal of Appeal by Appellant

For TANF, if the appellant wishes to withdraw his appeal, he may do so in writing, and he is to be assisted by the DFR in promptly notifying the Hearings and Appeals Section of this decision. For SNAP, if the appellant wishes to withdraw his appeal, he may do so verbally or in writing, and he is to be assisted by the DFR in promptly notifying the Hearings and Appeals Section of this decision. No pressure is to be exerted on the applicant/recipient to withdraw the appeal. The withdrawal will be acknowledged in writing by Hearings and Appeals. The appeal is then closed.

4205.50.15 Abandonment

An appeal is abandoned when the appellant or his representative, without good cause, does not appear at a scheduled hearing. The appeal will be closed and the appellant so notified. (f24)

4210.00.00 THE FAIR HEARING

A fair hearing is an administrative review of the action taken or proposed concerning an individual's eligibility and/or amount of assistance. An Administrative Law Judge (ALJ), who is a State employee of FSSA, is designated to hold fair hearings and to issue findings of fact and decision on an appeal request.

A fair hearing allows the unsatisfied applicant/recipient an opportunity to present his grievance and to describe his circumstances and needs in his own words. He may also be

represented by legal counsel, relatives, friends, or any other spokesman of his choice. DFR staff involved in the protested action also attend the hearing and present the facts on which the action was based.

4210.05.00 PREPARATION FOR HEARING BY APPELLANT

As the appellant prepares for the hearing, he or his representative is to be given an opportunity to:

Discuss the issue being appealed with the DFR;

Examine his entire case record and all documents and records that will be used by the DFR at the hearing.

For SNAP, examine his entire case record and all documents, provided that confidential information, such as the names of individuals who have disclosed information about the AG without its knowledge, or the nature and status of pending criminal prosecutions, is protected from release, if requested by the AG or its representative. (f25) and

Obtain free of charge copies of all exhibits that will be used as evidence by the DFR at the hearing.

The appellant is to be advised of any legal services available that can provide representation at the hearing.

4210.10.00 PREPARATION FOR HEARING BY THE DFR

The most important factor behind an ALJ's decision to sustain a DFR action is correct application of federal or state law or regulation to the appellant's situation. It is important that the DFR representative presents thorough support at the hearing for the action of the DFR.

The person testifying for the DFR at the hearing should be the person with the most direct contact with the eligibility study. In his absence, a person familiar with the action and the case record should substitute.

To prepare for the hearing, the DFR representative is to:

Review the case record and check all eligibility factors and all issues that led to the action being appealed;

Discuss the issue being appealed with the appellant or his representative if at all possible, and definitely if a discussion is requested by the appellant. If requested, allow the appellant or his representative to examine the entire case record.

Identify all documents that are pertinent to the issue under appeal and label them (for example, DFR Exhibit A, and so forth). Make one copy for the ALJ and one copy for the appellant (unless already given to the appellant). A duplicate copy of the notice sent to the appellant advising him of the proposed action should be included as part of the documentation.

Prepare a written outline that can be used as a tool in presenting the testimony of the DFR at the hearing. Bear in mind that when preparing the outline, that the ALJ knows nothing about the situation. The outline should focus on:

- identification of the staff representative by name and position;
- the period of time the representative worked directly or indirectly (for example, a caseworker's supervisor) with the appellant;
- a one sentence explanation of the issue under appeal;
- the important information concerning how the DFR determined that the action proposed or taken was appropriate; and
- federal and state laws and regulations that were the basis for the action.

Include the labeled exhibits at the appropriate point in the presentation outline.

EXAMPLE:

Personal Identification:

Name
Position
Months/years as an eligibility worker for appellant

Issue:

Discontinuance of TANF effective April due to earnings from employment

Sources of Information:

Copy of letter from recipient dated February 20 reporting employment beginning February 3 (DFR Exhibit A);

Copies of three check stubs dated February 11, February 18, and February 25 showing gross wages of $225 per week from XYZ Manufacturing Company (DFR Exhibit B);

Screen prints from the eligibility system showing the computation of the budget for April (DFR Exhibit C). Explain the entire budget computation from the number in the TANF AG to the final calculation of ineligibility.

Notice of Action sent on March 8 informing appellant of the proposed action (DFR Exhibit D).

Request for appeal received on March 14 (DFR Exhibit E).

4210.15.00 CONDUCT OF THE HEARING

The ALJ conducts the hearing. Both the appellant and DFR has the opportunity to:

Present the case or have it presented by legal counsel or another person;

Present testimony of witnesses;

Introduce relevant documentary evidence;

Establish all pertinent facts and circumstances;

Present any arguments without interference;

Question or refute any testimony or evidence presented by the other party, including the opportunity to confront and cross-examine any adverse witnesses; and

Examine the appellant's entire case record and all documents and records used by the DFR at the hearing. (f26)

The parties are advised at the close of the hearing that they will be informed in writing of the ALJ's findings and decision on the appeal as soon as possible.

4210.15.05 DFR's Responsibility At Hearing

The DFR representative at the hearing is to:

Present the testimony of the DFR according to the outline prepared prior to the hearing;

Limit his remarks to facts (not speculation or guessing);

Avoid the use of jargon used only by employees;

Offer labeled exhibits into evidence at appropriate points in the testimony and explain what they are and how they relate to the issue; and

Offer the labeled exhibits to the appellant and/or his representative for examination and objections (if any).

The DFR representative should be prepared to question the appellant about any statements made which need further explanation.

4210.20.00 CONTINUANCE OF HEARING

If the ALJ determines that further evidence is needed to reach a decision, the decision is delayed until such further evidence is obtained. The hearing may also be reconvened, if necessary, to obtain additional testimony. The parties will be notified of this and of the time and

method for obtaining this evidence. Any evidence submitted must be copied and given to the appellant, who then has the opportunity for rebuttal.

4210.25.00 THE HEARING RECORD

The hearing record is an official report containing the substance of what transpired at the hearing, together with all papers and requests filed in the proceeding, and the decision of the ALJ. This record shall be available to the appellant at a place accessible to him or his representative at a reasonable time.

4210.30.00 THE FAIR HEARING DECISION

A written copy of the ALJ's hearing decision is sent to the appellant and the DFR. The decision includes:

The findings of fact and conclusion regarding the issue under appeal; and

Supporting laws and regulations.

In all cases the decision of the ALJ is based solely on the evidence introduced at the hearing and the appropriate federal and state laws and regulations. The finding of fact and decision is signed by the ALJ. The decision is to be explained to the appellant upon request.

4210.30.05 Fair Hearing Decision Time Limit

According to federal law, the final hearing decision for SNAP must be made by the ALJ and communicated to the appellant and the DFR within 60 calendar days of the hearing request unless there is a request for a continuance.

For C, the final hearing decision must be made by the ALJ and communicated to the appellant and the DFR within 90 calendar days of the hearing request.

4210.30.10 Action Required as a Result of the Hearing Decision

The decision of the Hearings and Appeals Section shall be binding upon the DFR and is to be enacted by the DFR even if one of the parties requests an Agency Review. (f29)

Such decisions do not preclude modifying the benefit thereafter to meet changed conditions.

4210.30.10.05 Action Is Sustained

No further action or response is required by the DFR if the hearing decision sustains an adverse action which was not appealed in a timely manner.

If the hearing decision sustains an adverse action and continued benefits were received, the DFR must immediately take appropriate corrective action, establishing a claim for benefits which were received pending the hearing decision. Additionally, action to implement the correct budget should be taken. (f30)

4210.30.10.10 Action Is Modified

DFR actions which are modified by the hearing decision must be immediately corrected as directed by the hearing decision. This may require a claim for incorrectly issued benefits or a restoration if benefits were underissued.

4210.30.10.15 Action Is Reversed

If the hearing decision reverses the DFR's action, and continued benefits were received, no further action is required. However, if the hearing decision reverses the DFR's action, and continued benefits were not received, immediate corrective action must be taken. Please refer to Section 4210.30.00.

4210.35.00 AVAILABILITY OF AGENCY REVIEW

The appellant or the DFR may request an Agency Review of the case by the Family and Social Services Administration if dissatisfied with the decision made by the ALJ. The agency review is explained to the appellant in the decision. (f31) The request must be made in writing to the Hearings and Appeals Section within ten (10) days following receipt of the hearing decision. (f32)

4210.35.05 Agency Review

Once an Agency Review is requested, the Hearings and Appeals Section writes to the DFR and the appellant to acknowledge receipt of the request and to provide information concerning the review.

The parties may choose to submit a written memorandum of law for consideration. The Agency Review's decision will be sent to appropriate parties by certified mail.

Action required by the hearing decision must be enforced while awaiting the Agency Review.

Any party aggrieved by the decision of the Agency Review may file a petition for Judicial Review in the appropriate court by following the procedures required by IC 4-21.5-5-5 et seq.

4210.40.00 LAWSUITS

When an applicant/recipient (plaintiff) sues the DFR and/or the Central Office (defendant) and DFR staff are subsequently contacted by the plaintiff's attorney, the attorney should be advised to contact the defendant's attorney of record. The defendant's attorneys of record would be the Deputy Attorney General who represents the Central Office and the DFR attorney for whichever DFR is a defendant in the case. These attorneys are known to the plaintiff's attorney through the pleadings filed in the case.

4215.00.00 ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH)

Administrative disqualification hearings (ADH) are requested by the DFR when there is sufficient documentary evidence to prove an individual has committed an intentional program violation (IPV). The request is made on HERQ and Form 2235, Request for Administrative Disqualification Hearing.

After the Form 2235 is prepared but before the ADH request is made on HERQ, the DFR may choose to call the client in and present them with the evidence and ask them to sign a waiver. This signed waiver is treated the same as an ADH/IPV and must be reported as such. See Section 4610.15.40 for more information on this option.

The DFR initiates an ADH when the program violations and/or case facts do not warrant criminal prosecution, according to the guidelines established by the County Prosecutor. The DFR may initiate this type of hearing regardless of the individual's current eligibility. The DFR may initiate an ADH and criminal prosecution against an individual for the

same offense but not at the same time. Therefore, if the criminal prosecution results in a not guilty verdict the DFR may request an ADH. Conversely, if an ADH is not sustained and then new evidence is discovered, the claim may be taken for criminal prosecution.

4215.05.00 REQUESTING AN ADH

In order to request an administrative disqualification hearing, there must be clear and convincing evidence which demonstrates that the individual committed, and intended to commit, an Intentional Program Violation (IPV). (See Section 4610.15.05 for the definition of an IPV.) Hearsay evidence alone is insufficient for the ALJ to render a decision of a finding of IPV. The burden of proof is on the DFR to substantiate the charge. (f33)

The charge (in narrative form) and the evidence (called Exhibits) to be presented at the hearing must be included on the Form 2235, Request for Administrative Disqualification Hearing, and forwarded to the Hearings and Appeals Section. Although an ADH may be requested on HERQ, the hearing will not be scheduled until the Form 2235 is received by the Hearings and Appeals Section. Specific charge(s) and a summary of the evidence to support the request must be recorded on this form. Evidence not included on the form cannot be presented at the hearing. If the DFR receives some further documentation after the ADH is requested, withdraw the Request for ADH and re-submit it, listing the newly received documentation as an exhibit.

The DFR may offer a waiver to the client before submitting the Form 2235 and requesting the ADH. See Section 4610.15.40.

4215.05.05 Examples of Evidence

Evidence of IPV exists when it can be shown that the individual either willfully provided false information, or omitted information in order to receive an overissuance.

In order to prove the individual's actions were intentional, it must be verified that the individual fully understood his responsibilities for reporting the information. This type of verification can come from

documents such as the signed Rights and Responsibilities section of the application.

Sources of evidence include:

Written proof of all information that the individual intentionally failed to report;

An application or Change Report Form submitted during the period of suspected violation;

Documents such as signed SNAP issuance records showing that the individual visited the DFR during the period of suspected violation and failed to report a change and an overpayment resulted;

The Report of Claim Determination which documents the months and amount of overpayment; and

Oral evidence that is either provided under oath or affirmed by another person.

4215.10.00 TIME LIMIT FOR ADH

The final decision for an Administrative Disqualification Hearing (ADH) must be made and communicated within ninety (90) days of the date the individual is notified in writing of the scheduled hearing. Administrative actions necessary to make the decision effective must also begin within this time period. (f34)

The individual can postpone the hearing for up to thirty (30) days as long as the postponement request is made at least ten (10) days before the scheduled hearing. Hearings and Appeals Section may limit the number of postponements to one. The length of any postponement is added to the 90-day time limit for making and communicating the final hearing decision.

4215.15.00 ADVANCE NOTICE OF ADH

Hearings and Appeals Section must provide the individual written notice of the ADH schedule at least thirty (30) days before the hearing date. The notice is to be sent by first class mail to the last known address of the respondent. It is not necessary to acquire proof that the notice was received by the individual accused of an IPV.

4215.15.05 Contents of Notice

The advance notice of the hearing must contain:

The date, time, and place of the hearing;

The charge against the AG member;

A statement that the DFR should be contacted regarding the charges;

A copy of hearing procedures as an attachment;

A warning that the decision will be based solely on information provided by the DFR if the individual fails to appear at the hearing;

A statement that the individual or representative will have ten (10) days after the hearing to present good cause for failing to appear and to schedule a new hearing;

A warning that a proven IPV will result in a disqualification period;

A description of the individual's rights;

A statement that the hearing does not prevent the state or federal government from prosecuting the individual for fraud in a civil or criminal court, or from collecting the overpayment; (f35)

Information regarding a waiver for the hearing; and

The notice must also state that the individual can call the Hearings and Appeals Section office to get the name and phone number of any available source of free legal advice. If free legal advice is not available, DFR Staff must provide, upon request, the phone number of the lawyer referral service of the local bar association. (f36)

4215.20.00 FAILURE TO APPEAR

If the client or his representative fails to appear, the hearing will be held without the client or his representative.

If the client appears but can prove the notice was received less than 30 days in advance, the hearing may be rescheduled, or the client may be allowed additional time to present evidence to the ALJ. If the client or representative fails to appear for the scheduled hearing and they claim the Notice of ADH Hearing was not received, the client or Authorized Representative has thirty (30) days from the date of the release of the hearing decision to claim good cause for not appearing for the hearing. If the client or Authorized Representative fails to appear for the hearing for a reason other than non receipt of the notice of an ADH hearing, the AG has ten (10) days from the scheduled date of the hearing to claim good cause for not appearing. If good cause is provided, Hearings and Appeals will schedule a new hearing date. The ADH must be conducted in the same manner as a fair hearing. The ALJ must advise the AG member or representative that they may refuse to answer questions during the hearing.

4215.25.00 PARTICIPATION OF ASSISTANCE GROUP AWAITING HEARING

A pending disqualification hearing must not affect the individual's right to participate in the program. The DFR cannot disqualify an AG member for IPV until the ALJ finds that the individual has committed the violation. The eligibility and benefit level of the individual must be determined in the same manner it would be determined for any individual. (f37)

4215.30.00 CONSOLIDATION OF ADH WITH FAIR HEARING

Hearings and Appeals staff may combine a fair hearing and an ADH into a single hearing, if the factual issues arise out of the same or related circumstances and the individual receives prior notice that the hearings will be combined. If the disqualification hearing and fair hearing are combined, the Hearings and Appeals Section will follow the time frames for conducting disqualification hearings.

If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether or not IPV has occurred, the individual does not have a right to a subsequent fair hearing on the amount of the claim. However, the Hearings and Appeals Section shall, upon AG request, allow the AG to waive the 30-day advance notice period. (f38)

4215.35.00 THE ADH DECISION

The Information contained in Section 4210.30.00 applies to ADH decisions as well as fair hearings. Additionally, if Hearings and Appeals is entering a no show date on HEDE, the Hearings and Appeals staff must enter the decision date ten (10) days subsequent to the release of the hearings decision to allow timeliness for a reschedule request by the recipient and a possible change to the decision.

The determination of IPV made by the ALJ cannot be reversed by a subsequent fair hearing decision. No further administrative appeal to DFR exists after an adverse ADH decision. However, the individual is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay or corrective action by a court having appropriate jurisdiction.

4215.35.05 Notification Of ADH Decision

The AG and the DFR will both receive the full findings and decision of the ALJ. If the decision does not sustain the county's allegation that an IPV occurred, the DFR will collect any related claim(s) as an Inadvertent Error. No other action is required by the DFR.

If the ALJ finds that the AG member committed IPV, the Hearings and Appeals Section provides written notice to the DFR and the AG member via the written hearing decision. The notice informs the individual of the decision and the reason for the decision. The DFR is required to send a manual notice, FI 2246 Notice of Disqualification, to the disqualified individual. (See Section 4630.15.00)

4215.35.10 Waived Hearings

Individuals accused of IPVs have the right to waive an ADH. The written notification which informs the members of the right to waive the hearing is mailed by the Hearings and Appeals Section along with the notice of the scheduled hearing. (f39)

If the member signs the waiver, the DFR will be sent a copy of the signed waiver by the Hearings and Appeals Section.

When the DFR receives a copy of the signed waiver, the individual is considered to have committed an IPV and the

appropriate penalties are then implemented according to Section 4215.40.00.

4215.40.00 IMPLEMENTATION OF ADH DECISION

If the ALJ rules that the AG member has committed an IPV, the individual must be disqualified in accordance with the disqualification periods specified in Section 4215.45.00. For SNAP, the disqualification period begins the first month following the date the AG member received written notification of the hearing decision.

The AG must be notified (form 2246) of the effective date and length of the person's disqualification period as well as the new benefit amount. If recoupment is the repayment method indicated, the recoupment will be calculated and included on the notice.

The SNAP IPV disqualification and the IPV collection should begin the month after the notice of disqualification is sent to the AG. See Manual Section 4630.15.00 regarding time limits for sending the notice of disqualification. An exception exists for court determined IPV's. If the court does not specify the date a disqualification is to begin, the disqualification is to be imposed within forty-five (45) days of the decision date. See Manual Section 4610.25.00 for TANF court determined fraud penalties.

4215.45.00 ADMINISTRATIVE DISQUALIFICATION PERIODS

The length of disqualification for an IPV will be determined as follows: (f40)

For SNAP:

One year for the first violation;

Two years for the second violation;

Permanently for the third violation;

Two years for a first finding by a court for purchasing a controlled substance with SNAP benefits;

Ten years for a finding that a fraudulent statement or representation about identity or place of residence was made in order to receive duplicate benefits (there do not have to be benefits issued in order for this rule to apply). Unsuccessful attempts to commit fraud in this manner will be dealt with in the same manner as successful attempts;

Permanently for a conviction(s) of trafficking offense of $500 or more (this rule applies whether the trafficking of $500 occurred in a single transaction or multiple transactions);

Permanently for the second finding by a court for purchasing a controlled substance with SNAP benefits; or

Permanently for the first finding by a court for purchasing firearms, ammunition or explosives with SNAP benefits.

For TANF:

First occurrence results in a six-month disqualification;

Second occurrence results in a twelve-month disqualification;

Third occurrence results in permanent TANF ineligibility.

Note: A court-imposed disqualification period different from the above listed periods would take precedence and supersede any administratively established disqualification period.

In instances where the court does not determine a period of ineligibility, the following penalties are to be applied for treatment group members: (f40a)

For an individual who is convicted of a misdemeanor;

- The first occurrence will result in a twelve (12) month disqualification;

- the second occurrence will result in a twelve (12) month disqualification;

- the third occurrence will result in a permanent disqualification.

For an individual who is convicted of a felony;

- The first occurrence will result in a ten (10) year disqualification;

- the second occurrence will result in a ten (10) year disqualification;

- the third occurrence will result in a permanent disqualification.

Note: A ten year disqualification is entered in ICES on BVFV or BVPI the appropriate ~~E~~eligibility ~~S~~system screens as 97 (months) and a permanent disqualification is entered as 99 (months).

The period of disqualification begins the first month following the date the assistance group member received the written notice of the hearing decision. If the individual is not currently in TANF eligible status, the penalty will be delayed until the individual has applied and is determined eligible for program benefits.

4215.45.05 Continuation of the Disqualification Period

Once a disqualification penalty has been imposed, it will continue uninterrupted until completed regardless of the eligibility of the disqualified individual's AG. However, the disqualified individual's AG will continue to be responsible for the repayment of any overissuance. (f41)

4215.50.00 COURT IMPOSED DISQUALIFICATIONS (S) (C)

DFR must disqualify an individual found guilty of IPV for the length of time specified by the court. If the court fails to impose a disqualification period, DFR must impose a disqualification period in accordance with the provisions in Section 4215.45.00, unless this contradicts the court order.

If the court imposes a disqualification period for an individual and does not specify the start date, DFR must

initiate the disqualification period within 45 days of the date the disqualification was ordered. Any other court imposed disqualification will begin within forty-five (45) days of the date the court found the individual guilty of civil or criminal misrepresentation or fraud. See Section 4215.45.00 for TANF court determined fraud penalties.

4215.55.00 REVERSED DISQUALIFICATION

In cases where the determination of IPV is reversed by a court of appropriate jurisdiction, the DFR must reinstate the individual if he is eligible. The DFR must restore any benefits that were lost as a result of the disqualification in accordance with Benefit Recovery procedures. See Section 4600.00.00.

4215.55.05 Lost Benefits - IPV

Individuals disqualified for IPV are entitled to restoration of any benefits lost during the months that they were disqualified only if the disqualification decision is subsequently reversed.

The restoration amount is determined by subtracting the amount the individual actually received from the amount for which the individual was eligible.

4299.00.00 FOOTNOTES FOR CHAPTER 4200

Following are the footnotes for Chapter 4200:

(f1) 470 IAC 1-4-3;
(f2) 7 CFR 273.15(h) - SNAP
(f4) 7 CFR 273.15(f) - SNAP
(f6) 470 IAC 1-4-3;
7 CFR 273.15(f) - SNAP;
(f7) Social Security Act, Section 402(9)(4) - TANF
(f11) Social Security Act, Section 1924(a)(3)
(f12) 7 CFR 273.15(e) - SNAP
(f13) 7 CFR 273.15(j) - SNAP;
(f14) 7 CFR 273.15(g) - SNAP
(f15) 470 IAC 1-4-3; IC 4-21.5-5-5
(f16) 405 IAC 1.1-1-3
(f18) 7 CFR 273.15(k) - SNAP
(f19) 7 CFR 273.15(k)(2) - SNAP;
(f19a) 7 CFR 273.15(k)(2)(v) - SNAP

(f21) 470 IAC 1-4-3
405 IAC 1.1-1-3
(f24) 7 CFR 273.15(l)(2) - SNAP;
IC 4-21.5-3-24
(f25) 7 CFR 273.15(l)(4) - SNAP
(f26) 7 CFR 273.15(p) - SNAP
(f29) 7 CFR 273.15(q) - SNAP;
(f30) 7 CFR 273.15(r) - SNAP;
(f31) IC 4-21.5-5-16
(f32) 7 CFR 273.15(q)(3) - SNAP;
470 IAC 1-4-6 - TANF
(f33) 7 CFR 273.16(c) - SNAP
(f34) 7 CFR 273.16(d)(2)(iv) - SNAP
(f35) 7 CFR 273.16(e)(3) - SNAP
(f36) 7 CFR 273.16(e)(3) - SNAP
(f37) 7 CFR 273.16(e)(5) - SNAP
(f38) 7 CFR 273.16(e)(1) - SNAP
(f39) 7 CFR 273.16(f) - SNAP
(f40) 7 CFR 273.16(b; Section 13942 of P.L.103-66 - FS
(f40a) 470 IAC 10.3-7-1 (TANF)(f41) 7 CFR
273.16(g)(2)(ii) - SNAP

4400.00.00 DATA EXCHANGE

4405.00.00 DATA EXCHANGE PURPOSE

4405.05.00 DATA EXCHANGE PROCESS

4405.10.00 SOCIAL SECURITY NUMBER EXCHANGE

4405.15.00 INDIVIDUALS REQUIRED TO PARTICIPATE IN DATA EXCHANGE

4410.00.00 DATA EXCHANGE SOURCES AND TYPES

4415.00.00 REVIEW REQUIREMENTS

4415.05.00 IEVS COMPLIANCE TRACKING

4415.10.00 TIME STANDARDS FOR REVIEW OF MATCHES

4420.00.00 DATA EXCHANGE DISCREPANCY NOTICES

4420.05.00 ERROR REPORTS

4425.00.00 SECURITY

4425.05.00 PENALTIES FOR DISCLOSURE OF INFORMATION

4425.05.05 Internal Revenue Code Penalties

4425.10.00 IRS AND BEER DATA SECURITY REQUIREMENTS

4425.15.00 SDX DATA SECURITY REQUIREMENTS

4430.00.00 OUTLINE OF INDIVIDUAL DATA EXCHANGE MATCHES

4430.05.00 BENEFICIARY EARNINGS EXCHANGE RECORD (BEER)

4430.10.00 BENEFICIARY DATA EXCHANGE (BENDEX)

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4499.00.00 FOOTNOTES FOR CHAPTER 4400

4400.00.00 DATA EXCHANGE

Data exchanges are a process of sharing information between DFR and other agencies or systems. This chapter contains information about the following:

Data Exchange Purpose (Section 4405);
Data Exchange Review Types (Section 4410);
Review Requirements (Section 4415);
Data Exchange Notices (Section 4420);
Security (Section 4425);
Sources of Data Exchange Information (Section 4430); and
Footnotes for Chapter 4400 (Section 4499).

4405.00.00 DATA EXCHANGE PURPOSE

Data exchanges are performed to comply with Income Eligibility Verification System (IEVS) regulations and to:

validate and/or identify multiple SSNs;
verify the receipt of benefits from other sources;
verify reported information; and
obtain previously unreported information.

4405.05.00 DATA EXCHANGE PROCESS

A data exchange is initiated when the eligibility ~~S~~system sends a request for information to another agency or system and a response is received with information from their data files.

The eligibility system automatically selects the proper individuals, applicants and recipients, and using their SSN, matches reported data with the data exchange source. The ~~E~~eligibility ~~S~~system continually exchanges data with other systems to confirm and update information known to DFR about individuals receiving benefits and services.

The frequency of data exchanges vary depending on the data exchange source, the type of match, and the timing of updates to data in other files. For active cases, the response frequency is noted in the outline of each match (see Section 4430).

If a match is found through the data exchange process, the system compares the exchange response with the information already on file. The system determines which cases exceed

the matched targeting limits and alerts the caseworker which information needs to be reviewed. If the matched information does not meet the targeting limits, it is stored on the DE subsystem. To find these matches, the worker must review the Data Exchange Recipient List (DERL) by each AG member's SSN or RID.

The ~~E~~eligibility ~~S~~system tracks and reports compliance with the IEVS data exchange requirements. Detailed reports are provided to support the review process, monitor compliance, and report findings. See Section 4415 for reporting requirements.

4405.10.00 SOCIAL SECURITY NUMBER EXCHANGE

The individual's SSN is used as the basis for identifying common individuals between the ~~E~~eligibility ~~S~~system and all sources.

If multiple SSNs for the same individual are discovered, all SSNs are used.

4405.15.00 INDIVIDUALS REQUIRED TO PARTICIPATE IN DATA EXCHANGE

The ~~E~~eligibility ~~S~~system will request matches on all FS, TANF and Medicaid program applicants and recipients as required by IEVS or specific program regulations. These requests will include persons whose SSN is listed in the ~~E~~eligiblity ~~S~~system although they are not applying for or receiving assistance themselves. Matches will be recorded if these persons:

are applying for or receiving assistance; or

must have their income or resources counted or deemed to an AG that is receiving or applying for benefits.

4410.00.00 DATA EXCHANGE SOURCES AND TYPES

Social Security Administration:

BEER - Beneficiary Earnings Exchange Record
BENDEX - Beneficiary Data Exchange
SDX - State Data Exchange
XRPIEN - Verifies SSN provided by client
NUMIDENT - Verifies new SSN for clients referred by caseworker

Internal Revenue Service:

UUIDX - Unverified Unearned Income Data Exchange

Indiana Workforce Development:

WDX - Wage Data Exchange
UI - Unemployment Insurance

Child Support Bureau of the Division of Family and Children:

CSE - Child Support Enforcement - Payment Information
CSE - Child Support Enforcement - Absent Parent Information

Indiana Advanced Information Management (Indiana AIM):

Daily Exchange of new and updated eligibility data to AIM

Medicare Part B Premium paid by Indiana (Buy-In) from AIM to the ~~E~~eligibility ~~S~~system

Additional Third Party Liability (TPL) verified by Medicaid Contractor from AIM to theeligibility ~~S~~system

Restricted Utilization on IQRM from AIM to the ~~E~~eligibility ~~S~~system

4415.00.00 REVIEW REQUIREMENTS

The ~~E~~eligibility ~~W~~worker must review the data exchange responses when alerts or Mass Change Exception reports are received and resolve any discrepancies. This may require a contact with the individual, collection of additional verifications, correction of the information entered in the system, and/or a referral to the Claims unit.

Data Exchange matches can be divided into two categories. These are IEVS matches that require the completion of DECT to track when the match was reviewed and the impact of the match on the AG. All IEVS matches are listed in the ~~E~~eligibility system. Some may be implemented by mass change which updates the appropriate screen(s) in AE and completes DECT:

IEVS	NON-IEVS
BEER	NUMIDENT
BENDEX	XRPT
SDX	CSE
UUIDX	CSE
WDX	IMMIS
UUIDX	

Non-IEVS matches do not require completion of DECT and, in most cases, they update the appropriate AE screens automatically with the new/verified information via mass change. If the mass change is unable to update the appropriate screens, Discrepancy Alerts or Error reports are

generated to the caseworker. The discrepant match results must be reviewed and verification of discrepant information must be obtained from the client, the source of the match, or a third party.

4415.05.00 IEVS COMPLIANCE TRACKING

Alerts will be generated on all IEVS matches that are not automatically updated (AE and DECT) by Mass Change because the matched information is discrepant or the amount(s) exceed the targeting guidelines for each specific match. For pending cases Mass Change will update the income screen(s) in AE and then generate an alert to the caseworker to complete DECT.

The BEER, UUIDX and WDX matches will not be updated by Mass Change because the information must be verified with the income source. Instead, alerts will be generated when the results of these matches exceed the targeting guidelines.

Targeting serves to eliminate information that has little or no impact on eligibility or benefit levels. Matches that exceed the targeting limits must be reviewed by the caseworker and the results entered on DECT. Caseworkers must review and complete DECT for 80% of the BEER, UUIDX, WDX, and UUIDX within 45 days of the match date. The 20% not processed must only result from pending third party verifications. Due to security guidelines BEER and UUIDX matches will be deleted from the ~~E~~eligibility ~~S~~system(screens DEBR and DEUX) after 45 days. Therefore, caseworkers must review these screens and generate a notice to client and the third party if the information is discrepant so that DECT can be completed after 45 days if necessary.

4415.10.00 TIME STANDARDS FOR REVIEW OF MATCHES

The caseworker must review 80% of the IEVS matches within 45 days of the date the response is received.

> If the review cannot be completed within 45 days because verification necessary to resolve the discrepancy has not been received, the review must be completed within five days of receipt of the verification or during the next case action, whichever is sooner.

The caseworker must review and resolve all non-IEVS matches within 30 days of the date the response is received.

If the review cannot be completed within 30 days because verification necessary to resolve the discrepancy has not been received, the review must be completed within five days of receipt of the verification or during the next case action, whichever is sooner.

4420.00.00 DATA EXCHANGE DISCREPANCY NOTICES

When a discrepancy between the following data matches and the ~~E~~eligibility ~~S~~system are discovered, the Discrepancy Notice DEO1 may be sent to the client by checking "Y" on the appropriate DX screen:

BEER - DEBR
NUM or XRPT - DENB
UIX - DEUI
WDX - DEWX
UUIDX - DEUX

The discrepancy notice informs the AG that information different from the information on file was discovered from a source outside the AG. The AG is asked to contact the ~~E~~eligibility ~~W~~worker to resolve the discrepancy within 10 days, and that if the AG fails to contact the ~~E~~eligibility ~~W~~worker current benefits may be discontinued or the AG may be determined ineligible for previous benefits. The ~~E~~eligiblity ~~W~~worker should also mail an authorization for the AG member to sign to begin verification with the third party who paid the income or resource listed on the BEER, UUIDX or WDX.

Information on these three matches must be verified prior to taking adverse action. Unemployment Compensation and the SSN are considered verified because these matches are with the source; however, discrepancy notices may be requested on the DX screens for these matches to resolve discrepancies in demographic or other income data.

Adverse action can be taken on information supplied by the BENDEX, SDX and UUIX without verification or a client response because these matches are made with the income source.

4420.05.00 ERROR REPORTS

NUMIDENT, SDX and BENDEX error or activity reports are generated when a match occurs but Mass Change cannot update the appropriate AE screen because the name, date of birth or SSN does not match.

In this situation, the worker must review the ~~E~~eligibility ~~S~~system data and pursue other forms of verification. The

Mass Change may not update the DX screens with the NUMIDENT, BENDEX or SDX match because demographic data is discrepant.

4425.00.00 SECURITY

The Internal Revenue Service (UUIDX) and Social Security Administration (BEER) matches exchange confidential tax and benefit information with state agencies only under the condition that strict security guidelines will be followed by the state in the storage, use, and disclosure of that information. This sensitive data is available to authorized DFR employees through the data exchange process for the purpose of making accurate eligibility determinations. Each employee is personally liable for any willful disclosure or misuse of the data and, therefore, must be aware of the security procedures and penalties for improper use or disclosure. Some security controls are built into the automated system. Other controls are assured through manual procedures. See Section 4425.10.00 for security procedures and Sections 4425.05.00 and 4425.05.05 for the penalties.

4425.05.00 PENALTIES FOR DISCLOSURE OF INFORMATION

Federal regulations require that security and confidentiality be maintained for all data received from the IRS. The DFR has been provided with the IRS publication number 1075 titled "TAX INFORMATION SECURITY GUIDELINES" as a reference. The following information applies to both the UNVERIFIED UNEARNED INCOME DATA EXCHANGE (UUIDX) and the BENEFICIARY EARNINGS EXCHANGE REPORT (BEER).

Section 7213(a) of the Internal Revenue Code makes unauthorized disclosure of information from a Federal income tax return a crime that may be punishable by a $5000 fine, five years imprisonment, or both. A copy of Section 7213(a) is in Section 4425.05.05.

Section 7431 of the Internal Revenue Code permits a taxpayer to bring suit for civil damages in a United States District Court for unauthorized disclosures of return information. A copy of Section 7431 is in Section 4425.05.05.

Employees must be aware that these civil and criminal penalties apply even if the unauthorized disclosures were made after their employment with the agency has terminated.

In addition to the penalties described in Section 4425.05.05, an employee shall be discharged from employment upon conviction.

4425.05.05 Internal Revenue Code Penalties

The Internal Revenue Service (IRS) exchanges Federal Tax Information (FTI) with the Division of Family Resources

(DFR) through the UUIDX and BEER matches. This information is provided under the condition that strict security guidelines will be followed in the storage, use and disclosure of the FTI. FTI must be restricted to employees within the agency whose duties or responsibilities require access to determine eligibility. FTI obtained through the UUIDX and BEER matches may not be viewed on line, revealed in writing or verbally to unauthorized persons. Any DFR staff who disclose FTI to an unauthorized person will be subject to the penalties described in Internal Revenue Code (IRC) Sections 7213, 7213A and 7431 that are copied in this manual section. Therefore, all eligibility staff must be aware of the safeguarding procedures and penalties for disclosure of FTI that is found on DEUX and DEBR. Safeguarding procedures include the following:

- Do not print the DEUX or DEBR screens
- Secure copies of FTI in secure rooms or containers
- Properly destroy FTI
- Use the "Cover Letter For FI 0014 and FI 0065" (FI 0023) when verifying FTI
- Do not mention "IRS" as the source of information
- Do not disclose unverified FTI to third parties
- Do not file FTI in case files

These safeguarding procedures are explained in the Internal Revenue Service (IRS) Safeguard Procedures administrative letter dated September 28, 2001 and the FTI Awareness Training packet.

Following is a copy of IRC **Section 7213. Unauthorized disclosure of information:**

(a) Returns and return information:

(1) Federal employees and other persons.-It shall be unlawful for any officer or employee of the United States or any person described in section 6103(n) (or an officer or employee of any such person), or any former officer or employee, willfully to disclose to any person, except as authorized in this title, any return or return information (as defined in section 6103(b)). Any violation of this paragraph shall be a felony punishable upon conviction by a fine in any amount not exceeding $5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution, and if such offense is committed by any officer or employee of the United States, he shall, in addition to any other punishment, be dismissed from office or discharged from employment upon conviction for such offense.

(2) State and other employees.-It shall be unlawful for any person (not described in paragraph (1)) willfully to

disclose to any person, except as authorized in this title, any return or return information (as defined in section 6103(b)) acquired by him or another person under subsection (d)(i)(3)(B)(i)(l)(6), (7), (8), (9), (10), or (11) or (m)(2) or (4) of section 6103. Any violation of this paragraph shall be a felony punishable by a fine in any amount not exceeding $5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution.

(3) Other persons.-It shall be unlawful for any person to whom any return or return information (as defined in section 6103(b)) is disclosed in a manner unauthorized by this title thereafter willfully to print or publish in any manner not provided by law any such return or return information. Any violation of this paragraph shall be a felony punishable by a fine in any amount not exceeding $5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution.

(4) Solicitation.-It shall be unlawful for any person willfully to offer any item of material value in exchange for any return or return information (as defined in section 6103(b)) and to receive as a result of such solicitation any such return or return information. Any violation of this paragraph shall be a felony punishable by a fine in any amount not exceeding $5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution.

(5) Shareholders.-It shall be unlawful for any person to whom a return or return information (as defined in section 6103(b)) is disclosed pursuant to the provisions of section 6103(e)(1)(D)(iii) willfully to disclose such return or return information in any manner not provided by law. Any violation of this paragraph shall be a felony punishable by a fine in any amount not to exceed $5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution.

Following is a copy of IRC **Section 7431. Civil damages for unauthorized disclosure of returns and return information:**

(a) In general.-

(1) Inspection or Disclosure by employee of United States.- If any officer or employee of the United States knowingly, or by reason of negligence, discloses any return or return information with respect to a taxpayer in violation of any provision of section 6103, such taxpayer may bring a civil action for damages against the United States in a district court of the United States.

(2) Inspection or Disclosure by a person who is not am employee of United States.-If any person who is not an officer or employee of the United States knowingly, or by reason of negligence, discloses any return or return information with respect to a taxpayer in violation of any provision of section 6103, such taxpayer may bring a civil action for damages against such person in a district court of the United States.

(b) Exceptions. -No liability for good faith but erroneous interpretation.-No liability shall arise under this section with respect to any disclosure which results from a good faith, but erroneous, interpretation of section 6103.

(c) Damages.-In any action brought under subsection (a), upon a finding of liability on the part of the defendant, the defendant shall be liable to the plaintiff in an amount equal to the sum of

(1) the greater of-
(A) $1,000 for each act of unauthorized disclosure of a return or return information with respect to which such defendant is found liable, or
(B) the sum of-
(i) the actual damages sustained by the plaintiff as a result of such unauthorized disclosure, plus
(ii) in the case of a willful disclosure or a disclosure which is the result of gross negligence, punitive damages, plus
(2) the costs of the action.

(d) Period for bringing action.-Notwithstanding any other provision of law, an action to enforce any liability created under this section may be brought, without regard to the amount in controversy, at any time within 2 years after the date of discovery by the plaintiff of the unauthorized disclosure.

(e) Notification of Unlawful Inspection and Disclosure. -If any person is criminally charged by indictment or information with inspection or disclosure of a taxpayer's return or return information in violation of-

(1) paragraph (1) or (2) of Section 7213(a),

(2) Section 7213(a), or

(3) Subparagraph (B) of Section 1030(a)(2) of title 18, United States Code, the Secretary shall notify such taxpayer as soon as practicable of such inspection or disclosure.

(f) **Definition.** -For purposes of this section, the terms "return" and "return information" have the respective meanings given such terms in Section 6103(b).

(g) Extension to information obtained under section 3406.- For purposes of this section:

(1) any information obtained under section 3406 (including information with respect to any payee certification failure under subsection (d) thereof) shall be treated as return information, and
(2) any use of such information other than for purposes of meeting any requirement under section 3406 or (subject to the safeguards set forth in section 6103) for purposes permitted under section 6103 shall be treated as a violation of section 6103.

For purposes of subsection (b), the reference to section 6103 shall be treated as including a reference to section 3406.

Following is a copy of **IRC Section 7213A. Unauthorized Inspection of Returns or Return Information**.

(a) Prohibitions. -

(1) Federal Employees and Other Persons. -It shall be unlawful for-

(A) any officer or employee of the United States, or

(B) any person described in Section 6103(n) or an officer willfully to inspect, except as authorized in this title, any return or return information.

(2) State and Other Employees. -It shall be unlawful for any person, not described in paragraph (1), willfully to inspect, except as authorized by this title, any return information acquired by such person or another person under a provision of Section 6103 referred to in Section 7213(a)(2).

(b) Penalty. -

(1) In General. -Any violation of subsection (a) shall be punishable upon conviction by a fine in any amount not exceeding $1000, or imprisonment of not more than 1 year, or both, together with the costs of prosecution.

(2) Federal Officers or Employees. -An officer or employee of the United States who is convicted of any violation of subsection (a) shall, in addition to any other

punishment, be dismissed from office or discharged from employment.

(c) Definitions. -For Purposes of this section, the terms "inspect", "return" and "return information" have respective meanings given such terms by Section 6103(b).

4425.10.00 IRS AND BEER DATA SECURITY REQUIREMENTS

The ~~E~~eligibility ~~W~~worker should not print information from BEER or IRS responses. The IRS mandates any agency obtaining IRS Tax and BEER Data maintain strict security guidelines. If this information is printed, the following procedures must be followed:

Any hard copy or screen print of IRS or BEER data obtained through the system must be secured under lock and key and destroyed immediately after review with the individual.

The time from initial receipt to destruction of the data may not exceed 45 days.

The data must not be photocopied.

Only the results of the review of the data may be recorded. Recording of IRS as the source of the information is prohibited.

Under no circumstances may a copy of the IRS tax data be placed in the case record. When destroyed, the hard copy must be cut into strips not larger than 5/16th of an inch wide and must be cut perpendicular to the printing.

Any third party request for additional verification on IRS or BEERS data cannot be retained in the case record and must be treated with the same security provisions as the actual IRS or BEERS hit. The third party <u>response</u> may be retained in the case record so long as it does not contain return information. Return information is defined as information obtained through IRS or BEERS match that contains data not otherwise available to the agency.

4425.15.00 SDX DATA SECURITY REQUIREMENTS

Information obtained from SDX must be used only for the following purposes:

Establishment and maintenance of state supplementation; and

Support for administration of other federally funded programs (SNAP, social services, and so forth).

4430.00.00 OUTLINE OF INDIVIDUAL DATA EXCHANGE MATCHES

This section discusses each data exchange and provides the following information:

timeliness of data;
file contents;
match frequency;
match type;
notice requirements;
review time standards;
source; and
verification requirements.

4430.05.00 BENEFICIARY EARNINGS EXCHANGE RECORD (BEER)

BEER data is subject to the special security requirements described in Sections 4425.00.00 and 4425.15.00.

Timeliness of Data:

The prior tax year is usually available by mid-year.

File Contents:

Earnings or wage data of all individuals for whom W-2 forms were submitted to IRS.

Frequency:

Matches are performed monthly for new applications and annually for all open cases when SSA updates their file.

Match Type:

IEVS

Notice Requirement:

Thirteen (13) days adverse action notice after verification is received. Refer to Section 4420.00.00 for additional information.

Review Time Standards:

Forty-five days from the date of response. If the review cannot be completed within 45 days because verification necessary to resolve the discrepancy has not been received, the review must be completed within five days of receipt of the verification or during the next case action, whichever is sooner.

Source:

United States Department of Health and Human Services, Social Security Administration

Verification Requirement:

If there is a discrepancy, the amount of income and dates received must be verified.

4430.10.00 BENEFICIARY DATA EXCHANGE (BENDEX)

Timeliness of Data:

Current information for the month following the run date.

File Contents:

Payment status and amount of Social Security, Railroad Retirement, and Black Lung benefits.

Frequency:

Matches are performed monthly and when SSA makes the annual (COLA) adjustment in November or December.

Match Type:

IEVS.

Notice Requirement:

Thirteen (13) days adverse action notice. Refer to Section 4420.00.00 for additional information.

Review Time Standards:

Forty-five days from the date of response. BENDEX information is considered verified upon receipt and does not require third party verification.

Source:

United States Department of Health and Human Services, Social Security Administration.

Verification Requirement:

No further verification is required unless the individual contests the amount.

4430.15.00 STATE DATA EXCHANGE (SDX)

Timeliness of Data:

Current information for the month following the run date.

File Contents:

Payment status and amount of SSI benefits for aged, blind, or disabled individuals.

Frequency:

Matches are performed monthly for all members of pending and open cases.

Match Type:

IEVS.

Notice Requirement:

Thirteen (13) days adverse action notice. Refer to Section 4425.15.00 for additional information.

Review Time Standards:

Forty-five (45) days from the date of response. SDX information is considered verified upon receipt.

Source:

United States Department of Health and Human Services, Social Security Administration.

Verification Requirement:

No further verification is required unless the individual contests the amount.

4430.20.00 XRPIEN

Timeliness of Data:

Current data.

File Contents:

Results of SSN application filed by applicants or recipients referred by DFR.

Frequency:

Monthly report of SSA action on all applications.

Match Type:

Not an IEVS match; tracking on DECT not required.

Notice Requirement:

Discrepancy notice sent to client if there is a discrepancy in the name or SSN that prevents Mass Change from updating verification on AEIID. Thirteen (13) day adverse action notice required before the individual who failed to apply for an SSN is disqualified.

Review Time Standards:

All discrepant matches must be resolved within 30 days.

Source:

United States Department of Health and Human Services, Social Security Administration.

Verification Requirement:

Discrepancies that prevent verification of the Social Security Number must be resolved. Contact client or the SSA to verify the correct SSN.

4430.25.00 NUMIDENT

Timeliness of Data:

Current data.

File Contents:

Verification of SSN, additional SSNs, or error codes indicating the reason an SSN submitted could not be validated. This includes all possible combinations of names/alias names and SSN/alias SSNs.

Frequency:

Matches are performed at application, whenever changes occur in the SSNs reported, or every 60 days until the SSN is validated.

Match Type:

Not an IEVS match; no tracking on DECT.

Notice Requirement:

Discrepancy notice sent to client requesting a response within 10 days. Thirteen (13) day adverse action notice required before disqualifying an individual who failed to provide a valid SSN.

Review Time Standards:

All discrepancies must be resolved within 30 days.

Source:

United States Department of Health and Human Services, Social Security Administration.

Verification Requirement:

Discrepancies in demographic data must be researched and resolved. Any individual failing to provide a valid SSN will be disqualified.

4430.30.00 UNEMPLOYMENT INSURANCE (UI)

Timeliness of Data:

Data may be from the prior week to the past 12 months for AG members. If data is required for unreported non-AG members the Local Office designee may obtain the information from CICS if it is less than 1 1/2 years prior to the current data. If it is more than 1 1/2 years old, it must be requested in writing. (See Section 2890.10.40).

File Contents:

Claim type, date and maximum benefit amount to be paid weekly. Voucher dates and amounts and a reason code to explain why the full weekly amount was not paid.

Frequency:

At time of application; quarterly if no benefits received; monthly as long as benefits are received. Monthly for three months following application or loss of employment.

Match Type:

IEVS match listed on DECT must be completed with impact of match on AG status.

Notice Requirement:

Thirteen day notice of adverse action taken on verified information provided by this match.

Review Time Standards:

Eighty percent of matches must be reviewed within 45 days of the match. Mass Change will automatically update DX and AE screens when the matched amount equals the amount in ICES. The caseworker only needs to review discrepant matches and complete DECT when the discrepancy is resolved.

Source:

Indiana Workforce Development, formerly Indiana Department of Employment and Training.

Verification Requirement:

No further verification of Unemployment Insurance is required because IN Workforce Development is the income source. An unreported change in unemployment benefits may indicate another change has occurred in the case.

4430.35.00 WAGE DATA EXCHANGE (WDX)

Timeliness of Data:

Wages for the quarter ending three months prior to the match and the three previous quarters for AG members. Some information for the current quarter is available from employers who report electronically to Workforce Development. If information is needed for unreported members, the Local Office designee may obtain the information from CICS. If the required information is for more than 1 1/2 years prior it must be requested in writing from DWD. (See Manual Section 2890.10.40).

File Contents:

Gross quarterly earnings paid from each employer.

Frequency:

Weekly for new applications and quarterly for all active AG members.

Match Type:

IEVS match listed on DECT must be completed with results of the match on the AG.

Notice Requirement:

Client must be notified of discrepancy and asked to assist in obtaining verification. When verification is obtained, 13 day notice must be provided of any adverse action.

Review Time Standards:

Eighty percent of matches must be reviewed and results listed on DECT within 45 days of the match.

Source:

Indiana Workforce Development.

Verification Requirement:

Primary verification from the payor must be obtained before any action is taken.

4430.40.00 UNVERIFIED UNEARNED INCOME DATA EXCHANGE (UUIDX)

IRS data is subject to the special security requirements described in Section 4425.10.00.

Timeliness of Data:

The prior tax year available in July of each year. (1993 income will be available July 1994.)

File Contents:

Unearned income as reported to IRS on the 1099 form and other source documents. Amounts that exceed the tolerance limit will appear with the name and address of the payor.

Frequency:

Matches are performed monthly for new applications and annually thereafter for all cases, usually in August.

Match Type:

IEVS match listed on DECT must be completed with the results of the match on the AG.

Notice Requirement:

The client must be notified of the discrepancy and allowed 10 days to respond. Thirteen (13) days adverse action notice must be provided if benefits are decreased. Refer to Section 4420.00.00 for additional information.

Review Time Standards:

Eighty percent of the matches must be reviewed and results entered on DECT within 45 days from the date of the match. If the review cannot be completed within 45 days because verification necessary to resolve the discrepancy has not been received, the review must be completed within five days of receipt of the verification or during the next case action, whichever is sooner. Match information on DEUX will be deleted 45 days after the match.

Source:

United States Internal Revenue Service (IRS).

Verification Requirement:

If there is a discrepancy, the amount of income or assets received must be verified. Do **not** contact IRS or the Treasury Department to verify income or assets. Income or assets must be verified by the payor or payee before action is taken.

4430.45.00 INDIANA ADVANCED INFORMATION MANAGEMENT SYSTEM (INDIANA AIM)

Timeliness of Data:

Updated daily or monthly as information becomes available.

File Contents:

Information obtained by AIM in addition to data obtained by the eligibility worker may include Buy-In effective date, restricted utilization provider(s) effective date(s), and third party liability updates.

Frequency:

Buy-In tapes are matched monthly with the SSA. The other sources will be updated as information is available to the contractor.

Match Type:

Non-IEVS.

Notice Requirement:

Thirteen day adverse action will be generated if Buy-In results in decreased benefits or termination. Notification of restricted utilization will be provided by the AIM contractor.

Review Time Standards:

Alerts of Buy-In status change must be reviewed and processed within 10 days.

Source:

The contractor who administers AIM is EDS.

Verification Requirement:

None. Information provided by AIM has been verified.

4430.50.00 CHILD SUPPORT ENFORCEMENT (CSE) PAYMENT INFORMATION

Timeliness of Data:

Previous month's collection(s) will be available midway through the current month.

File Contents:

Support collected over the four months immediately preceding the current month.

Frequency:

Collections will be updated each month.

Match Type:

Non-IEVS.

Notice Requirement:

Thirteen day notice of adverse action will be provided by system when updated information is entered.

Review Time Standards:

Discrepancy alerts will inform the worker which matches could not be completed by mass change. These discrepancies must be reviewed within 10 days.

Source:

Child Support Bureau, the IV-D agency.

Verification Requirement:

Information provided by CSE is considered verified because the Child Support Bureau is the payor.

4499.00.00 FOOTNOTES FOR CHAPTER 4400

4600.00.00 BENEFIT RECOVERY

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4699.00.00 FOOTNOTES FOR CHAPTER 4600

4600.00.00 BENEFIT RECOVERY

This chapter presents policy and procedures on the following:

Identifying Over Issuances (Section 4605);

Types of Over Issuances (Section 4610);

Time Limits for Over Issuance Referrals (Section 4615);

Over Issuance Calculation (Section 4620);

Persons Responsible for Repayment (Section 4625);

Initiating Collection Action (Section 4630);

Recovery Methods (Section 4635);

Transmittal of Repayment (Section 4640);

Ending Collection Activity (Section 4645);

Claim Against Estate (Section 4650); and

Tracking IPV Disqualifications (Section 4655); and

Footnotes for Chapter 4600 (Section 4699).

4605.00.00 IDENTIFYING OVER ISSUANCES

An over issuance exists when an AG received benefits when it was not eligible to receive benefits, when the AG received benefits in an amount greater than it was eligible to receive or, for SNAP only, when any benefits were trafficked. Trafficking is the buying or selling of Food Stamp coupons or EBT Food Stamp benefits for cash or consideration other than eligible food. (f1)

The claims process begins with the identification of an over issuance. This occurs when the caseworker receives or

discovers information which appears to contradict information previously used to determine eligibility.

The caseworker may receive information that an over issuance has occurred as a result of:

- An untimely reported change;
- Information from individuals inside/outside the AG;
- Fair hearing decision;
- Quality Control (QC) referral;
- Management Evaluation (ME) review;
- Office of Inspector General (OIG) investigation/audit report (referred through Central Office); or
- Central Office referral.

The source reporting information may have already conducted a case file review and obtained documentation to resolve the discrepancy and determine the time period and amount of any over issuance.

The caseworker may also discover information contrary to what is in the case file from review of reports from one of the following sources:

- Department of Workforce Development (through data exchange);
- Social Security Administration (SSA) (through data exchange);
- Internal Revenue Service (IRS) (through data exchange);
- State generated computer printouts (FSPR 7-02);
- Bureau of Motor Vehicles (BMV); or
- Financial institutions.

Over issuances may also occur in the following situations:

Action on a reported change which was not implemented or was not implemented timely;

Data input errors are identified;

Errors in benefit calculation are discovered;

Continued benefits received pending release of a hearing decision; or

Failure to implement a change in regulation.

4605.05.00 STAFF RECOVERY RESPONSIBILITIES

Recovery responsibilities of the eligibility worker and supervisor, the benefit recovery (BV) worker and BV supervisor and the Fraud Referral Coordinator are provided in the following sections. In some counties the eligibility workers and supervisors may also have the benefit recovery worker or BV supervisor or Fraud Referral Coordinator profile.

4605.05.05 Eligibility worker Responsibilities

When a possible over issuance is identified, the eligibility worker must gather and record the following information in running record comments or in the paper case file:

The cause of the over issuance;

How the over issuance was discovered;

The date the agency became aware of an over issuance;

Who received the income/resource/status change;

The date the income or change started and/or stopped;

The estimated length of over issuance;

Any explanation given for failure to provide information accurately or in a timely manner;

Corrective action taken and the date such action was taken; and

Instances involving misuse of SNAP benefits or EBT cards (the dates and source of the referral must be recorded).

Before completing a referral to the BV unit the eligibility worker must review the above information to determine what further information/verification is still needed and take the actions listed below.

Obtain verification necessary to determine the time period and the amount of over issuance;

Adjust the current benefit, if appropriate, prior to referral to Benefit Recovery;

Verify that the individual was actually receiving assistance, using screens IQFS, IQCH, and IQMD, during the time the claim was presumed;

Advise the AG in writing that a discrepancy exists, that the source of the discrepancy is from outside the AG and that a referral to BV will be made regarding the overpayment if the discrepancy cannot be resolved. If discrepancy is identified through the data exchange (DE) subsystem, the discrepancy notice can be generated through the DE screen. Form 2244 can be used for other discrepancies.

If the over issuance is referred to the prosecutor, do not discuss the possibility of repayment with any member of the AG before the final court disposition.

The AG will be allowed 10 days to rebut the allegation prior to referral to BV. The caseworker must allow the AG an opportunity to provide information which clarifies the situation.

The caseworker must also:

Complete the Benefit Recovery Referral (BVBR) screen within 30 calendar days of the day the agency became aware of the overpayment (refer to Section 4620.00.00, completing the Benefit Recovery Referral);

Respond to the BV unit requests for any additional information within 10 calendar days;

For SNAP and TANF rerun the eligibility determination/benefit calculation (ED/BC) when alerted by BV to initiate automatic benefit reduction effective no later than 10 calendar days from receipt of the alert;

Rerun the benefit calculation to implement an AG member's disqualification within 10 working days of receipt of BV's alert to disqualify the AG member;

If notified that a payment has been received and no referral exists, determine if over issuance occurred and enter information on BVBR (refer to Section 4620.00.00, completing the Benefit Recovery Referral);

If notified that a payment has been received and no over issuance exists, the payment must be returned to the individual;

When notified that attendance is required, prepare for appearance in court, a hearing, or for SNAP and TANF, an Administrative Disqualification Hearing (ADH).

If over issuance was discovered as a result of Data Exchange, follow the policy in Section 4415.05.00, IEVS Compliance Tracking, prior to referral to Benefit Recovery (BV).

4605.05.10 Benefit Recovery Worker Responsibilities

The Benefit Recovery (BV) worker is responsible for the establishment of all over issuance claims and the maintenance of all recoupment and recovery activities except the receipt of any repayments.

4605.05.15 Fraud Referral Coordinator Responsibilities

Each local office has identified a Fraud Referral Coordinator (FRC) to serve as the contact for all fraud, investigation and referral activity.

The responsibilities of the Fraud Referral Coordinator are:

Review all claims purported to be fraud before they can be opened. Decide on further action.

Monitor all fraud referral and investigation activities conducted within the local office.

Serve as contact for central office staff on matters related to claims, collections, adjudications and investigations.

Maintain all fraud activity records including Fraud Hotline Referrals, other program abuse complaints, and referrals for investigations, prosecutions, Administrative Disqualification Hearings, and criminal court results. Assign CODY investigation numbers to all referrals to be investigated by county or Compliance Division.

Review all referrals for investigation. When appropriate, make a referral to the Compliance Division via CODY through the designated county CODY user.

Review any requests for EBT transactions needed for claims purposes. The most current six months of benefits can be viewed in the EBT Web based system and can be accessed by the county EBT designees. If a transaction history is needed for an earlier time, e-mail the State BV Coordinator with the name, RID, Program(s), and time period needed. Transaction history is not necessary to prove benefits were "issued". See Section 4620.10.00 under 'NOTE'.

Review all completed investigations to determine the appropriate action to be taken on the case. Whenever possible, seek adjudication. Review resulting claims and enter in CODY along with adjudication results.

4610.00.00 TYPES OF OVER ISSUANCES

Once an over issuance is identified, the reason for the over issuance must be identified.

An over issuance may be the result of:

Agency Error;
Inadvertent Error;
Intentional Program Violation (fraud); or
any combination of the above.

In addition, there is one sub-type, PPV (Pending Program Violation.) This type is used for SNAP only in just one situation:

- The claim is scheduled to go for an Administrative Disqualification Hearing, not to the county Prosecutor

- The client is currently receiving benefits

In that situation, the claim is opened prior to the ADH as PPV and recoupment is initiated as an IE claim until the adjudication process is completed and the type is changed to IPV.

4610.05.00 AGENCY ERROR DEFINITION

An Agency Error (AE) claim is any claim for an overpayment caused by an action or failure to take action by the Division of Family and Children.

An agency error over issuance can occur as a result of:

A misapplication of policy;

A calculation error;

A computer processing error;

Failure to take prompt action on available information;

Some other error over which DFR has control.

4610.05.05 Agency Errors Not Requiring A Referral (S)

A claim will not be established for the sole reason that the Local Office failed to ensure that an AG:

Signed the application form;
Completed a current work registration form;
Was certified in the correct project area;
Completed a timely review; or
Was asked to provide a required form for completion

In addition, a claim will not be established for the reason that the AG failed to report a change that it was not required to report, including Simplified Reporting Changes.

4610.10.00 INADVERTENT ERROR DEFINITION

Inadvertent error is an over issuance caused by a misunderstanding or an unintended error on the part of the AG. Eligibility workers can help to eliminate this type of error by making sure the client understands what is needed and by what date. Eligibility workers can also help by being well organized, so that reported changes are always acted upon and never lost. ICES coding remains unchanged. A TANF error of this type is coded CE and a SNAP error of this type is coded IHE. SNAP letters sent to clients now use the new nomenclature.

For TANF or SNAP, a claim in which fraud is suspected is categorized as an inadvertent error until a fraud finding is established by an administrative hearing decision or a court of appropriate jurisdiction.

An inadvertent error can occur as a result of:

AG failure to provide correct or complete information;

AG failure to report required changes in the AG's circumstances; and

AG receipt of benefits (or more benefits than it was entitled to receive) pending a fair hearing decision.

4610.15.00 SUSPECTED FRAUD DEFINITION

Fraud is the act whereby a person willfully and deliberately makes false statements or suppresses facts or gives information which misrepresents the true circumstances regarding himself or others for the purpose of receiving assistance to which there is not entitlement.

Suspected fraud over issuances can occur as a result of the AG:

Misrepresenting information;

Concealing information;

Withholding information pertinent to determining eligibility, including untimely reporting;

Failing to report a change in order to continue to receive benefits for which the AG was not entitled; or

Intentionally altering or changing documents to obtain benefits to which the AG was not entitled.

Fraud, in all of its aspects, is a matter of legal determination. Therefore, fraud does not exist until this legal determination has been made through the criminal or civil court or the administrative hearing system.

Once the suspected fraud claim has been calculated **but not yet opened**, the entire claim case file will be submitted to the Fraud Referral Coordinator for review and approval.

4610.15.05 Intentional Program Violation Definition (S, C)

An Intentional Program Violation (IPV) is the act of deliberately, intentionally making a false or misleading statement or misrepresenting, concealing, or withholding facts from the Local Office for the purpose of establishing or maintaining benefit eligibility or increasing or preventing a reduction in the amount of the benefit. (f2)

In addition to those examples of suspected fraud listed in the preceding section, an alleged SNAP IPV may also exist if the AG:

Intentionally used EBT card to buy nonfood items (such as alcohol, cigarettes, drugs, weapons, ammunition or explosives);

Intentionally used or possessed improperly obtained EBT card;

Intentionally traded or sold EBT SNAP benefits for cash or consideration other than eligible food. (This is client trafficking); or

Intentionally committed any act that constitutes a violation of the Food Stamp Act, the SNAP Program Regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of EBT SNAP benefits.

An IPV determination must be made through court action or an Administrative Disqualification Hearing (ADH) or a signed ADH waiver. For lengths of disqualification, refer to Section 4610.40.10 for SNAP penalties and Section 4610.40.15 for TANF penalties.

4610.15.10 Deterrents Against Fraudulent Activity

The Local Office is to establish deterrents against fraudulent activity through:

Skilled investigation;

Careful explanation of all eligibility requirements to applicants/recipients;

Diligent use of collaterals and other sources of information;

Verification of facts;

Alertness to possible misunderstandings;

Follow-up investigations where indicated; and

Establishment of procedures for handling cases of suspected fraud to ensure thorough investigation and proper referrals to the County Prosecutor or Administrative Disqualification Hearing.

4610.15.15 Establishment And Investigation Of Possible Fraud

Documentation of the applicant's/recipient's apparent ability or inability to understand questions regarding eligibility, especially with regard to income and resources, must be entered in the running record comments. It is unlikely that fraud can be established and substantiated if the documentation shows that the individual's mental or physical condition resulted in his inability to understand eligibility requirements and his responsibility to provide information to the Local Office.

The eligibility worker may suspect fraud exists within an AG. Some clues which may indicate unwarranted receipt of assistance are:

Purchase of items which indicate that more income exists than is known;

Living at a higher standard than known income would permit;

Unexplained absences or difficulty in seeing the recipient to complete necessary redeterminations;

Reluctance to provide needed information about income and/or resources;

Unexplained and continued refusal to have certain pertinent references or relatives contacted; or

Complaints or remarks of other persons.

The worker should be alert to any information that can lead to the identification of a case discrepancy. If such information becomes available, the worker should take the action listed in Section 4605.05.05, eligibility worker Responsibilities, then enter a referral to the BV unit on BVBR if appropriate.

The worker is responsible for completing all investigations that can be done from the office: By phone, mail or interview. This includes data matches. Use Subpoena (Form FI0018/State Form 48133) to obtain needed verification when a signed client "Release of Information" is not available or appropriate. If it appears that the investigation cannot be completed in the office, a referral to the Bureau of Investigation is to be made by the worker and sent to the Fraud Referral Coordinator to review and enter into CODY.

4610.15.20 Investigation Of Possible Fraud

If the AG is currently eligible, assistance is not to be discontinued solely because an investigation of suspected fraud is being conducted, nor is the worker to discuss an investigation by the Bureau of Investigation with the client.

The Local Office is required to pursue suspected fraud. It is the responsibility of the eligibility worker to do the initial investigation and then, if appropriate, refer the case to the Bureau of Investigation (B of I). Based on the eligibility worker’s and the B of I investigator's findings, and if the case meets the Local Prosecutor's criteria, the individual may be referred for prosecution to the County Prosecutor. For SNAP and TANF, the individual may be referred for an Administrative Disqualification Hearing (ADH) instead.

The methods used in investigating possible fraud should be adapted to the situation of the AG and the eligibility factors concerned. The investigation must be conducted in such manner that:

The legal rights of the AG are preserved;

The privacy of the home is not invaded without consent;

Search and seizure are not committed;

The AG's right to due process of law is protected;

The right to legal counsel is not obstructed; and

Confidential information is used only for the administration of assistance.

4610.15.25 Report Of Fraud Investigations and Adjudications

When the investigation is completed, a report of all facts in the case is to be made. If the report reveals no basis for the suspicion of fraudulent activity, such decision is to be entered in the case record. Exoneration of the innocent is as important as prosecution of the guilty. If the report indicates a basis for suspected fraud, the period of time during which it is believed that the AG fraudulently obtained assistance is to be made a part of the record.

It is important that **all** investigations for **all** programs be entered in CODY System. Eligibility worker initial desk investigations should be entered as well as referrals to the Bureau of Investigation. Update and add information as changes occur.

All individuals referred for prosecution or an ADH must be reported in CODY. CODY must be updated as each case progresses through the legal system.

4610.15.30 Referral To County Prosecutor

The Bureau of Investigation (B of I) will decide whether to refer a case for prosecution. The County Prosecutor has the final word concerning the type and number of cases against which criminal charges will be filed or whether

criminal charges will be filed at all. Once the criteria is established the Fraud Referral Coordinator should, in most cases, be able to determine the appropriate action upon case file review. The Local Office should have an agreement with the Prosecutor and knowledge of the documents and procedures which the Prosecutor will request. All available evidence must be provided with the referral. Repayment of a claim must never be discussed with the AG pending the outcome of the Criminal Court action therefore; claims intended for prosecution should not be opened until adjudication is completed.

Once the decision has been made to refer the claim(s) for prosecution, 'prosecutor information' must be entered on BVRC. Then change the claim status from 'PD' (pending) to 'RP' (referred for prosecution). When the adjudication process is completed, the results must be entered on BVRC and the claim is opened (established) by changing the status to 'OA" (open awaiting client response).

A specific criminal statute exists for acts of welfare fraud committed September 1, 1984 or after, and is applicable for all programs. There are five separate areas of welfare fraud and abuse listed.

The accused person must knowingly or intentionally:

Obtain public relief (or assistance) by impersonation, false statement or other means;

Acquire, possess, use, transfer, sell, trade, issue or dispose of public relief or an authorization document used to obtain public relief;

Use, transfer, acquire, issue or possess a blank or incomplete authorization document to secure public relief;

Counterfeit or alter an authorization document to receive public relief or use, transfer, acquire or possess a counterfeit or altered authorization document; or

Conceal information for the purpose of receiving public relief or assistance.

4610.15.40 Referral For Administrative Disqualification Hearing

For suspected fraud involving SNAP and/or TANF, the Local Office may elect to refer the fraud to the Hearings and Appeals Section. A Form 2235, Request for Administrative Disqualification Hearing, must be sent to Hearings and Appeals, Mail Stop (MS) 04, IGCS, itemizing all evidence to be presented at the Hearing. ICES screen HERQ, Hearings Request/Receipt must also be completed for each Program for which you are requesting an ADH (See Section 4215.00.00).

The Local Office has the option of offering the client a waiver of the ADH **before** the request is filed with Hearing and Appeals and they have scheduled a hearing. After the 2235 has been prepared it may be presented to the client along with Form 2236, "Client Waiver Notice", "Information Concerning Administrative Disqualification Hearing" and "Waiver of Right to an Administrative Disqualification Hearing". If the client wishes to accept the disqualification penalty and give up the right to an ADH he/she must sign the Client Waiver Notice.

For SNAP only, when using an ADH to establish the IPV category, the local office shall change the error type to PPV (Pending Program Violation) and open the claim when completed, before the ADH. If the AG is currently receiving the benefit, an Allotment Reduction should be started immediately.

> If possible, the request for an Administrative Disqualification Hearing should be entered on screen HERQ on the same day the notice of overpayment is generated by changing the BV status to "OA".

Sending the notice of overpayment and requesting the ADH may be done concurrently so that an IPV hearing may be consolidated with a fair hearing if requested. Should the AG contact the Local Office requesting a fair hearing, the supervisor is responsible for informing the Hearings and Appeals Section of the request. Refer to Section 4215.00.

If the claim is for TANF benefits, leave the error type as CE (Client Error) when opening the claim and requesting the IPV hearing. The recoupment can be entered 30 days from opening the claim for active cases.

If the ALJ (Administrative Law Judge) sustains the request for the IPV, the supervisor must change the type of claim to IPV before entering the disqualification information on BVRC and BVFV.

4610.20.00 EVIDENCE USED TO SUBSTANTIATE FRAUD

When preparing a case for a court or administrative hearing, evidence is necessary in order to prove the Local Office's allegation of fraud. Evidence can include written records or statements or verbal testimony. Information received through Data Exchange is not verified unless the agency providing the information is the source of the payment. It is necessary to secure verification directly from the employer, bank or other source of the income.

It is also necessary to prove the intent to fraud. Verification that the AG member understood his responsibility for reporting the information in question may be used to substantiate intent. This verification could include:

- The completed Rights and Responsibilities form;
- The signed application;
- Previously submitted Change Report forms; or
- Recorded and/or verified instances of other changes reported by the AG which could or did affect the benefits received.

An application or Change Report form submitted during the period fraud is suspected which omits the information that resulted in the over issuance may be used to substantiate intent.

Recorded instances which indicate that the AG visited/called the office during the period fraud is suspected and did not report the change which resulted in over issuance may be used to substantiate intent. These instances might include a record of the dates benefits were issued to the AG, redetermination interviews with applications or CAFs, signed Notice of Rights and Responsibilities or Personal Responsibility Agreement, or reports of beneficial changes but not the adverse change.

These examples are not all inclusive; other types of evidence of intent may also be used.

4610.25.00 COURT DETERMINATION OF FRAUD

Fraud must be determined by a court of appropriate jurisdiction. This may be through criminal or civil court or an Administrative Disqualification Hearing. An ADH can only be for SNAP or TANF. The court may designate a repayment schedule. This schedule may be in conjunction with probation. If this occurs the judge may order repayment be made through the County Court or probation system. The judge may also order the AG not to receive assistance for a period of time that court will determine. A court ordered disqualification penalty takes precedence over the standard disqualification penalty. If the ordered restitution is less than the claim, unless the court order strictly forbids any further collection after the restitution is paid, the balance should be collected. The remainder should be collected as an IHE rather than an IPV claim, since the court did stipulate the IPV to be satisfied by the judgment amount. Court Probation (CP) must be entered on BVCP under "repayment method".

Since June 1999, Small Claims Court can no longer be used to determine fraud but it can be utilized to assist in collection efforts (See Section 4635.25.00). If there is a judgement from Small Claims Court, "SC" must be added on BVCP under "repayment method" (see Section 4635.40 for more information).

4610.30.00 OFFICIAL DETERMINATION OF FRAUD

Fraud **must** be determined by one of the following:

A court with appropriate criminal jurisdiction, (Note: Small Claims Court does not have appropriate jurisdiction to determine fraud)

A disqualification consent agreement;

An administrative disqualification hearing;

A waiver of administrative hearing.

Only the above circumstances can determine if a person has committed fraud. In all these cases an IPV disqualification must be imposed.

NOTE: The Hearings and Appeals Section will offer a waiver to the accused individual after the Local Office has requested an ADH. The local office may choose to call the client in and offer a waiver **before** requesting an ADH. If

the client signs the waiver, it will not be necessary to schedule an ADH; however, the waiver will still need to be reported as an ADH waiver on the CODY System.

In addition, for TANF only, the incident of alleged fraud must have occurred on or after May 1, 1995, when the regulation allowing TANF ADH IPVs took affect. (f4)

4610.40.00 IPV DISQUALIFICATION

An IPV disqualification is a penalty or period of ineligibility imposed on an individual who has been found guilty as a result of a court decision of fraud or who has been found guilty of an IPV through an Administrative Disqualification Hearing decision or signed waiver. Since ICES sends all notices to the AG (assistance group); the individual Notice of Disqualification (F1 2246 R/4 5/02) must be done manually. This form covers both TANF (active and inactive cases) and FS inactive cases and all various disqualification penalties. It must be mailed within one day of imposing the penalty on BVFV, and a copy put in the claim file.

4610.40.05 Imposing The IPV Disqualification

The IPV penalty is imposed after:

The eligibility worker learns, from accessing the Hearing Decision Screen (HEDE) or off-line that an Administrative Disqualification Hearing has resulted in the finding that an IPV was committed;

The local office receives a waiver signed by the client; or

The local office is notified (off-line) of a civil or criminal court determination that fraud was committed. Both a misdemeanor and a felony are considered fraud.

Note: If the IPV determination took place at an Administrative Disqualification Hearing, the Hearing Request Type field on HEDE will be coded AH. The Hearing Decision field will show an "S" (county sustained) indicating that the Administrative Law Judge found that an IPV had taken place.

To establish the disqualification, the Benefit Recovery Claim Screen (BVRC) must be completed. An IPV claim type

requires that a supervisor code "OA" (Open-Awaiting) in the "Status" field. The Benefit Recovery Intentional Program Violators Screen (BVFV) appears after BVRC has been completed. BVFV actually establishes the disqualification, displaying begin and end dates and allowing for the coding of information on the IPV decision. After BVFV is completed, if the claim amount is zero, the worker returns to BVRC to change the claim status to "closed" (CL). The system will begin the disqualification at the appropriate time.

For SNAP, the period of disqualification begins the first month following the month that the Agency received the written notice of the hearing decision, waiver or court judgment, regardless of whether the individual is currently receiving SNAP.

For TANF, the period of disqualification may not be imposed on an individual who is not currently in TANF-eligible status. Therefore, if other program sanction periods (such as IMPACT or IV-D) are already in place, they must be served and the individual returned to TANF eligible status before a TANF IPV disqualification period can be established. The begin and end dates do not display unless the individual is currently in a TANF AG and will be disqualified. Otherwise the IPV information is entered and dates remain blank until the individual reapplies. The system will begin the disqualification at the appropriate time (no later than the first day of the second month which follows the date of notice) if the client is currently eligible for TANF. (f5)

The disqualified person’s income continues to be used in the TANF eligibility determination; his needs however, are not taken into consideration in the budgeting. The remaining assistance group member’s eligibility is affected only insofar as the removal of the disqualified person’s needs for the TANF budget reduces the grant amount or causes the assistance group to lose financial eligibility. (f6) For more information see Section 4630.30.00.

The budgeting procedure is identical to that utilized for other sanctioned individuals (outlined in IPPM Section 3450.45.10).

4610.40.10 SNAP IPV Disqualification Periods (S)

The length of disqualification for a FS IPV will be will be

determined as follows: (f5a)

One year for the first violation;

Two years for the second violation;

Permanently for the third violation;

Two years for a first finding by a court for purchasing a controlled substance with SNAP;

Permanently for the second finding by a court for purchasing a controlled substance with SNAP;

Ten years for a finding that a fraudulent statement or representation about identity or place of residence was made in order to receive duplicate benefits (there do not have to be benefits issued in order for this rule to apply). Unsuccessful attempts to commit fraud in this manner will be dealt with in the same manner as successful attempts;

Permanently for a conviction of a trafficking offense of $500 occurred in a single transaction or multiple transactions;

Permanently for the first finding by a court for purchasing firearms, ammunition or explosives with SNAP; or

Note: A ten year disqualification is entered in ICES on BVFV or BVPI as 97 (months) and a permanent disqualification is entered as 99 (months).

4610.40.15 TANF IPV Disqualification Periods (C)

When the IPV is determined by an ADH or and ADH Waiver:

First occurrence results in a six-month disqualification;

Second occurrence results in a twelve-month disqualification; or

Third occurrence results in permanent TANF ineligibility.

For an individual who is convicted of a misdemeanor:

The first occurrence will result in a twelve month disqualification;

The second occurrence will result in a twelve month disqualification; or

The third occurrence will result in a permanent disqualification. (f5b)

For an individual who is convicted of a felony:

The first occurrence will result in a ten year disqualification;

The second occurrence will result in a ten year disqualification;

The third occurrence will result in a permanent disqualification. (f6b)

Note: A ten year disqualification is entered in ICES on BVFV or BVPI as 97 (months) and a permanent disqualification is entered as 99 (months).

4615.00.00 TIME LIMITS FOR OVER ISSUANCE REFERRALS (S)

For agency error and inadvertent error cases, a benefit recovery (BV) referral will be made and a claim for over payment established when 36 months or less have elapsed between the month the over issuance occurred and the month the agency became aware of the over payment. An AE or IE claim may go back 3 years or to the beginning of the overpayment, whichever is less.

For alleged fraud cases, a BV referral will be made when 72 months or less have elapsed between the month the over issuance occurred and the month the agency became aware of the over payment. An IPV claim must go back 6 years or to the beginning of the over payment, whichever is less. (f7)

4615.05.00 TIME STANDARDS FOR INITIATING RECOVERY (C)

The Local Office must take one of the following actions by the end of the quarter following the quarter in which the overpayment is first identified:

Recover the overpayment in full;

Initiate action to locate and/or recover the overpayment from a former recipient; or

Execute a monthly recoupment from the current recipient's grant. (f2)

4615.10.00 TIME STANDARDS FOR INITIATING RECOVERY (S)

Claims must be established (opened) by the end of the quarter after the quarter in which the claim was discovered. No claim referral is to be cancelled because it was not completed timely. The discovery date is defined differently for AE and IE than it is for IPV claims. For AE, IE, or PPV claims, the discovery date is the date that documentation was received by the agency which verified there was indeed an overpayment. For IPV claims, the discovery date is the date that the agency received information regarding the completion of the adjudication process with a finding of fraud/IPV. (f8)

When entering a referral on BVBR, the "discovery date" is blanked out. BV workers must be sure the discovery date is accurately added before opening a claim. If or when the discovery date is corrected, a comment should be entered on ICES screen CLSC (using PF2) to inform the reader as to why and when the discovery date was changed. An ICES report tracks the discovery date on all newly opened claims.

EXAMPLE:

A DENH data match dated 4/9/04 showed a new job for client X. The eligibility worker worked alerts the next day and sent out a FI0065, Request for Earnings Information, and it was filled out and returned and reached the eligibility worker on 7/16/04. The 65 showed that the client had been employed full time since April 3, 2004 and was over the gross income limit from April on. The next week the eligibility worker used the information to calculate the claim, using the discovery date of 7/16/04, and opening the claim as type “PPV". The Administrative Disqualification Hearing was held in October, and on December 3, the caseworker received a copy of the decision, in which the IPV was sustained. The caseworker changed the type to “IPV" and changed the discovery date to 12/3/04, putting a comment on CLSC to explain the change.

A data match on wages or new hire does not mean that the information has been verified, therefore a “match date" is not the discovery date. Exceptions to this statement are matches on DEUI or DECB and the Social Security screens DENB, DEBN and DESX. These data matches are with the agencies that actually dispense the benefits, and therefore no further verification is necessary.

4615.15.00 PENDING CLAIM REFERRAL TIME PRIORITIES (S)

In order to ensure that claims are established by the end of the quarter following the quarter in which they were discovered, pending claims are to be worked from the newest referral to the oldest referral.

A QC pending claim referral remains the first priority and must be completed within 30 days of the assignment. All months effected by the QC discrepancy must be reviewed and included in the claim or restoration. If the claim is truly for only the QC review month, the explanation must be entered on the PF2 "comments" screen. The discovery date will be the date the BV worker received the documentation necessary to complete all months of the claim.

The remaining pending claim referrals will be worked from the most recently received to the oldest, always working referrals on any open SNAP cases before those referrals on

closed SNAP cases. The reason for this is better chance of collection. For SNAP only, allotment reduction should be entered the same day the claim is opened. Once the claim has been "OA"d, the status can be changed without interfering with the generation of the Notice of Overpayment – Demand Letter (BV01).

If the claim referral does not contain enough information to show that an overpayment exists, the referral should be cancelled and a message sent to the referring worker requesting more information/documentation with a new referral.

NOTE: Pending Claim Referral time priorities applies only to SNAP claims. However, when an error results in multiple program claims, it is practical to complete all claims at the same time.

4620.00.00 COMPLETING THE BENEFIT RECOVERY REFERRAL

Once it has been determined that an over issuance referral is necessary and that the over issuance occurred within the appropriate time period as listed in the previous section, the eligibility worker is to complete the Benefit Recovery Screen BVBR including the comments screen which is accessed by using the PF2 key. Refer to Section 4605.05.05, eligibility worker Responsibility, as to the necessary information which must be entered on the comment screen. If incorrect dates are entered, the BV worker can correct these dates later on BVRC.

If the eligibility worker is also the BV worker, the worker completes all of BVBR. If the eligibility worker is not the BV worker, the eligibility worker completes all but the Referral Assignment portion of BVBR.

4620.05.00 ASSIGNING THE REFERRAL TO THE BENEFIT RECOVERY WORKER

After a BV referral has been made an alert is generated. If a BV worker is to complete benefit recovery, the alert is generated to the BV coordinator. If the eligibility worker is also the BV worker, the alert is generated to the caseworker's supervisor. It is at this point that the BV coordinator will assign the case to the BV worker. All claim referrals are to be assigned to a worker within fifteen working days of the referral being made.

4620.05.05 Over Issuance Calculation

Once the case has been assigned on BVBR, claims calculation can begin. In order for the BV worker to do the claims calculations, that worker can put the case in Scratchpad. It is important however, to notify the eligibility worker whenever a case is put in Scratchpad. Scratchpad is activated on screen MNSC by entering start and the case number. Once the case is in Scratchpad the BV worker can begin manual calculations which will then be entered on BVCC.

The BV worker is to complete a budget for each month an over issuance is identified. Calculations to determine over issuances must be in accordance with eligibility requirements and budgetary procedures and allowances in effect at the time of the over issuance (not at the time of discovery and computation). See Section 4620.10.00 for determining the amount of over issuance for SNAP and Section 4620.30.00 for determining the amount of over issuance for TANF.

There is a calculator available on the web that calculates food stamp benefits utilizing the correct standards and allowances in effect for the months of the claim. Contact the State BV Coordinator for more information.

4620.05.05.05 Determining The First Month Of Over Issuance

The determination of the first month of over issuance is based upon when the AG had knowledge of the change and the eligibility worker’s requirement to act upon reported information. The first month of the claim will be the first of the month following the 33rd day after the date the AG had knowledge of the change. The reason for this is as follows:

- 10 days for client to report change;
- 10 days for caseworker to act upon change; and
- 13 days for the mailed adverse action notice.

For employment, the date of knowledge is defined as the first day worked.

EXAMPLE:

Client began employment on July 15th and the 33rd day would be August 17th, so the first month of the claim would be September 1.

Exception: If the client withholds information or gives erroneous information at the application or redetermination interview, the claim starts with the beginning of the new certification period, whether or not it is 33 days later.

4620.05.05.10 Determining The First Month Of Over Issuance – Simplified Reporting (S)

The simplified reporting waiver allows for SR households to report income changes ten days after the month in which the change occurs. Because households do not know the income amount in many situations until the end of the month, this gives the household time to determine if a change has occurred. Therefore, if reported by the 10th day of the following month, no error or claim will be involved.

EXAMPLE:

Client gets a raise on July 1 that will take effect the next week. She calculates that the raise will not put her over the 130% FPL. With the raise comes an increase in hours worked, so that at the end of August she adds up her gross pays and she is over the 130%. If she reports this by the 10th of September, there is no error and no claim even though she knew of the raise on July 1 and even if the verification does not arrive in time to make the budget change until after adverse action for October.

A claim will not be established for the reason that the AG failed to report a change that it was not required to report. (See 4610.05.05) However, all information reported by the client must be worked. All data match alerts must be worked. If the information or alert is worked late, there may be an AE claim because the worker failed to act timely – not because the client “failed to report”.

In the situation where the income over 130% was not reported and the income fluctuates over and under the limit in succeeding months, a claim must be done for all months, using actual income, so that some months have decreased

benefits and some months may have total ineligibility.

4620.05.10 Total Ineligibility

Failure to meet certain eligibility requirements will render an AG totally ineligible, thus negating the necessity for individual monthly calculations. These eligibility factors are:

State residency;

Excess resources;

Excess gross income;

Duplicate participation of an AG;

Entire AG made up of ineligible aliens and/or ineligible students or individuals who fail to comply with SSN requirements;

AG's refusal to provide requested information/verification (use Form 2244) concerning AG composition, income, or resources

If the circumstances involved support a conclusion of IPV, the decision must be made whether to refer the case to the prosecutor, or for an ADH. This decision will be made based on criteria listed in Sections 4610.15.30 through 4610.15.40. If an ADH is selected, the BV worker will request the hearing using HERQ and list all evidence to be presented on the Form 2235, Request for Administrative Disqualification Hearing. An ADH can only be done for TANF and SNAP.

The entire claim case file will be submitted to the Fraud Referral Coordinator for review and approval prior to the notice of over issuance being sent to the AG.

4620.10.00 DETERMINING THE AMOUNT OF OVER ISSUANCE (S)

The following procedures shall be followed in determining the amount of over issuance:

Procedure:

Eligibility factors that require individual monthly budgetary calculations to determine

eligibility and allotment amounts will be figured and monthly amounts entered on screens BVCC or BVMC as stated in Section 4620.05.05, Over Issuance Calculation.

If an over issuance was caused by the AG's failure to report income, the worker will not include any newly reported deductions from that income such as dependent care. Do not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner when this act is the basis for the claim.

Note: Actual participation is required for each month in order for an over issuance to have occurred in that month. If a certified AG did not pick up their SNAP benefits, no over issuance occurred. **Regarding EBT accounts, the benefits are considered "issued" when they are entered in the client's account.**

Recalculation by Element:

Household Composition other than ineligible member (including reclassification of AG members to non AG members):

- Add or subtract the individual from the AG.
- Add or subtract resources owned by the individual.
- Add or subtract the income of the individual.
- Add or subtract expenses billed to the individual. Certain deductions, such as shelter, will normally remain as an AG expense even though they were billed to/paid by an individual who leaves the AG.

Household Composition - Ineligible Member due to IMPACT for CWEP sanction or IPV disqualification:

- Subtract the individual from the AG size.

- Retain income, resources, and expenses of disqualified member. Recheck gross/net income limits based on revised AG size.

- Determine the AG totally ineligible if it fails the gross/net income test.

- Determine the corrected allotment if the AG passes the gross/net income tests.

For other ineligible members (SSN, non-compliance and ineligible aliens):

- Subtract the member from AG size. Retain their entire resource amount.

  Recalculate the gross income.

  Recalculate the net income prorating the ineligible member's income/expenses.

  Determine the corrected monthly allotment if the AG passes the gross/net income limits.

Income:

- Include actual TANF benefits received, even if there will be a TANF overpayment also.

- Compute correct actual gross income. Actual unconverted income for the month of claim is used if this income is the reason for the claim. Reported income or other elements do not need to be re-verified or re-calculated using actual amounts.

- Determine if the AG is gross income ineligible and therefore over issued the total allotment.

- Determine correct net income, if the AG is not gross income ineligible. Do not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner when this act is the basis for the claim. NOTE: Claims calculated in Scratchpad can now be calculated without the 20% disregard.

The 20% Earned Income Deduction is not allowed on any claim type for over issuance caused by an AG's failure to report earned income timely.

- Determine the corrected allotment if the AG is net income eligible.

Deductions:

- Replace the previously used deduction with the correct figure only if the deduction is part of the reason for the claim. If that is not so, there is no need to re-verify this figure. Keep in mind that an unreported deduction from unreported income is not allowed.

- Recalculate the net income based on the changed deduction. The actual deduction for the month of the claim is used. Deductions paid weekly or biweekly are not converted to a monthly amount.

- Determine if the AG was over the net income limit.

- Calculate the correct allotment if net income eligible.

AGs will be allowed the standard deductions in effect during the over issuance month.

Dependent care and medical expense deductions that were previously verified are to be included in calculating the budget provided that the verification for these is recorded. The BV worker is not required to re-verify all factors pertaining to the household, only the discrepant data that the worker becomes aware of due to the circumstances regarding the claim.

4620.10.05 Determining the Amount of Over Issuance From DWD Data Matches (S)

When unreported earnings are identified by a data match with the Department of Workforce Development (DWD) on ICES DEWX screen, a letter should be sent to the client advising them of the discovery and giving them a 30 day period in which to provide verification of the earnings from the identified source and also telling them that if a response is not received, the agency will calculate and open a claim

using the information available. This '30 day' letter will become a state form on the internet. In the meantime, copies may be obtained from the BV Coordinator in the SNAP Policy Unit.

The client is solely responsible for obtaining the wage information. The 10-10-13 rule does not apply in this process.

After 30 days with no response from the client, the agency will calculate the over issuance by dividing the quarterly wage data into three equal parts and multiplying each by 30 percent. This is the over issuance amount for each month, up to the amount of issuance for that month. This method approximates the 30 percent reduction formula upon which Food Stamp allotment amounts are based.

A new code has been added to the reason codes on table TBRC. These reasons are printed in the Notice of Over Issuance/Demand for Repayment Letter (BV01). The new code (916) advises the client of the approximated over issuance and gives the client 90 days to provide the information requested. Always add this code when using this process.

The agency should then open the claim to 'OA' status and ICES will generate the BV01. If the client provides the required verification, the claim will need to be re-calculated and re-opened. If the client does not provide this within 90 days, the established amount becomes final.

4620.10.10 Determining the Amount of Over Issuance in Trafficking-Related Claims (S)

"Trafficking" means the buying or selling of SNAP or other benefit instruments for cash or consideration other than eligible food. Claims arising from trafficking-related offenses will be the value of the trafficked benefits as determined by a signed waiver of ADH or an ADH or court decision. If the court or Administrative Law Judge (ALJ) determines there was no trafficking, then the claim will be cancelled.

There is no claim if trafficking was not proved. Therefore, trafficking claims should not be opened before adjudication.

4620.10.15 Claim Thresholds (S)

In order to process claims faster and more efficiently, overpayment referrals on claims for non-recipients are to be cancelled if the claim will be under $125.00. Overpayment referrals on claims for SNAP recipients are to be cancelled if the claim will be under $75.00. At any point that the worker can determine that the claim will be under the threshold, the worker may cancel the claim referral.

The exceptions to the claim referral thresholds are two: QC and IPV. All QC overpayments are to be established. Thresholds are ignored for QC claims. A claim of any amount (even zero) may be referred for an Administrative Disqualification Hearing (ADH) because IPV disqualifications are a deterrent to future fraud attempts. (f10)

4620.15.00 AGENCY AND INADVERTENT ERROR IN SAME MONTH

Follow the steps below to determine claims in which both an agency and inadvertent error occur for the same issuance. In the unlikely event that there is also an IPV the same month, the IPV would be done after the IE claim and calculated in the same manner.

Secure the actual calculations for the month of possible over issuance.

Determine the eligibility/allotment after correcting only on the factors which were agency error(s).

Determine the total over issuance caused by agency error.

Use the budget which was just recalculated which contains the corrected agency error information and recalculate that budget using the information which was originally incorrect due to Inadvertent Error (IE) or Intentional Program Violation (IPV).

Compare the allotment recalculated in the first step to the allotment recalculated in the second step. The difference will be the amount of over issuance used to calculate an IE/IPV claim.

NOTE: The total over issuance due to AE, IE or IPV error cannot exceed the actual amount originally issued.

4620.20.00 CATEGORICALLY ELIGIBLE AGs WITH OVER ISSUANCES (S)

AGs cannot be retroactively determined to be not categorically eligible for SNAP. However, when it is determined that the entire AG was not eligible for TANF or included as a member of the TANF AG (see Section 2414.10.05) or SSI for a period of time when the AG was receiving SNAP as a categorically eligible AG, the worker needs to determine if the reason the AG was ineligible for TANF or SSI is because of inaccurate AG composition or income being budgeted. If the AG received an over issuance during this period because a change in AG composition or income was not reported or reflected in the budget calculations, a claim based on a change in net income or AG size will be computed based on correct AG size and net income.

4620.25.00 PENDING IPV DETERMINATION (S)

A claim calculation for an AG which contains an AG member believed to be guilty of an IPV may be opened before adjudication if the claim is going to ADH, not court prosecution, and the AG is currently receiving SNAP. The only reason to do this is to start the allotment reduction as soon as possible. Claim Error Type on BVRC is PPV, Pending Program Violation. This allows recovery activity to begin before an official determination of Intentional Program Violation (IPV). For most over issuances it is essential to begin recovery efforts as soon as possible. If the overpayment is being sent to Prosecution/Criminal Court, do NOT open the claim.

When claim collection is to be delayed until after the court determination of IPV, the BV worker will compute the claim using IPV guidelines as listed in Section 4620.10.00. The amount of over issuance will be needed for the court action. No overpayment notice is to be sent to the AG prior to an official determination of IPV. To keep the notice from being issued, the worker refrains from entering OA for Open Awaiting Client Response on screen BVRC in the status field. When the claim calculation has been completed and the FRC knows the case will be referred to the prosecutor, the worker should enter "Y" and the date the decision was made to refer on BVRC, on the right hand side of the screen under "Prosecutor Information".

When claims recovery is begun as type PPV pending an ADH, and a determination of IPV is then made, the claim must be changed to claim type IPV and the disqualification information added on BVFV.

4620.30.00 DETERMINING THE AMOUNT OF OVER ISSUANCE (C)

The Local Office is to recover any over issuance identified when:

The AG or any member thereof is ineligible for any payment month; or

A benefit reduction would have occurred had a change of circumstances been appropriately budgeted.

In determining over issuances for past time periods, reflect the actual income and circumstances which existed during that time period.

4620.30.05 Budgeting Improperly Retained Support Payments (C)

If assigned support is not sent to the Indiana Child Support Bureau, that income must be included in the TANF budget to determine the AG's award. All monthly support payments received directly must be shown as unearned income to the AG in the month of receipt.

4620.30.10 Reducing An Overpayment With Child Support Collections (C)

When child support collections have been made for a month when a TANF over issuance has been calculated, it is necessary to determine whether the support retained by the Child Support Bureau completely reimbursed the TANF grant in that month. If the child support payment fully reimbursed the original TANF grant, no TANF over issuance exists. However, child support payments that partially repay the TANF grant require further consideration as follows:

Child support collections which equal or are less than the corrected TANF grant do not result in a reduction in the TANF over issuance as the support did not fully reimburse the corrected grant.

Child support collections which are greater than the corrected TANF grant require an adjustment in the over issuance calculation. The over issuance is reduced by the amount of surplus support which was left after the corrected grant was reimbursed.

4620.30.10.05 Computation Of The Adjusted Overpayment (C)

Form 2070, Child Support Offset for the Overpayment Calculation, may be used in completing this calculation manually.

Compute the corrected grant amount.

Determine the gross over issuance:

- Total incorrect TANF entitlement;
- Subtract the corrected grant amount;
- This equals the gross over issuance.

Determine the amount of surplus child support:

Net child support collection;
Subtract corrected TANF grant amount;
This equals surplus child support available.

If this amount is zero or less, no further calculations are necessary.

Determine the adjusted over issuance:

- Gross over issuance;
- Subtract surplus child support;
- This equals the adjusted over issuance.

EXAMPLE:

The TANF AG received a grant of $171 in November. It was later determined that the grant amount should have been zero. The November child support collection was $150.

Corrected Grant amount	$ 0
Gross over issuance:	
Incorrect entitlement	$171
Minus the correct grant	- 0
Gross over issuance	$171
Child support collection	$150
Surplus child support:	
Child support	$150
Minus corrected grant	- 0
Surplus child support	$150
Adjusted over issuance:	
Gross over issuance	$171
Minus surplus child support	-150
Adjusted over issuance	$ 21

4625.00.00 PERSONS RESPONSIBLE FOR REPAYMENT

The individuals who are responsible for repayment of an over issuance vary by program. The following sections discuss these differences.

4625.05.00 PERSONS RESPONSIBLE FOR REPAYMENT (S)

All adult AG members, 18 years or older, who were adult members of the AG at the time the over issuance occurred will be jointly and individually liable for the value of any over issuance of benefits. If the claim is because an adult was not in the household, they are not liable. Always check BVLI after opening a claim and delete or add as necessary.

In addition, the sponsor of an alien household member is liable if the sponsor is at fault. Also liable is a person connected to the household, such as an authorized representative, who actually traffics or other wise causes an overpayment or trafficking. (f11)

If there were no AG members age 18 or older at the time the over issuance occurred, the payee will be held liable. If an AG member under age 18 is found guilty of an IPV, that member will also be held liable for the associated claim. In order to add a liable individual to the claim, use screen BVAP.

The BV unit may pursue recovery action against any AG which contains a member who was an adult member of the original AG at the time the over issuance occurred.

The BV unit will pursue recovery action against an AG which contained an AG member found guilty of committing an IPV and which received the over issuance for which the claim was established.

If a change in AG membership occurs, the BV unit will pursue recovery action against all current AGs containing at least one adult who was in the AG when the overpayment occurred.

Occasionally all liable individuals move to other SNAP households or become non-recipients while the original AG continues with a non-liable individual as head. ICES can be corrected by using screen BVAA with the liable individual's RID, so that the claim follows the liable individual rather than the original AG sequence.

4625.10.00 PERSONS RESPONSIBLE FOR REPAYMENT (C)

There are two categories of claims, and they must be treated differently. The first category includes claims that occurred prior to 1996 and the second category is for claims that have occurred after 1996 or PRWORA.

ADC claims occurred for months before the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) which is date August 22, 1996.

For all ADCR and ADCI claims from before PRWORA, **all** members of the AG are liable individuals. To recover an overpayment to an ADC AG, seek recovery from the caretaker relative. Once the caretaker relative is located, the responsibility of the other members of the overpaid AG is discharged. (f12) Therefore, the other members (children at the time of the claim) should be deleted from BVLI. They are no longer liable individuals. If the caretaker relative is deceased or bankrupt, they are considered to be

located and the claim should be terminated as ‘TD’ or ‘TB’.

NOTE: The caretaker relative is considered a member of the AG even while sanctioned. If in doubt, check AEACC. After establishing a claim, always check BVLI to make sure it accurately reflects the situation at the time of the overpayment. Use screen BVAP in order to add a liable individual to the claim.

For TANF claims (claims from months after PRWORA), all adult AG members, 18 years or older, who were adult members of the AG at the time the over issuance occurred will be jointly and individually liable for the value of any over issuance of benefits.

If there were no AG members age 18 or older at the time the over issuance occurred, the payee will be held liable. If an AG member under age 18 is found guilty of an IPV, that member will also be held liable for the associated claim.

For TANF and ADCU claims, all children at the time of the overpayment can be deleted from the claim as the cases become known to BV workers. Deletions must be done manually until ICES is reprogrammed.

4625.15.00 RESPONSIBILITY FOR REPAYMENT IN ALIEN/SPONSOR CASES

Any individual sponsor of an alien, and the alien, will be jointly and individually liable for any over issuance made to the alien during the three years after the alien's entry into the United States due to the sponsor's failure to provide correct information. (f13)

For ADCI, ADCU and ADCR, if the sponsor had good cause, he will not be held liable for the over issuance and recovery will not be made from him. (f14) Good cause for the sponsor's failure to provide correct information regarding his income and resources is limited to the legal incompetence of the sponsor at the time the information was provided to the Local Office. (f15)

For SNAP, if the alien's sponsor had good cause or was without fault for supplying the incorrect information, the alien's unit shall be solely liable for repayment of the over issuance.

4625.25.00 OVER ISSUANCES AGAINST CWEP PARTICIPANTS (S)

When an over issuance occurs for an AG which has ongoing CWEP involvement, the Local Office will calculate a claim and the subsequent month's work requirement will be reduced by the number of additional hours spent in CWEP the month the claim occurred. The number of hours worked in excess will be calculated by dividing the over issued amount by the federal minimum wage and dropping the remainder.

When an over issuance occurs and the AG is **no longer participating** in CWEP, a claim would be established. If the over issuance is the result of an inadvertent household error or an agency error, a claim would be calculated in the amount of the over issuance minus an amount equivalent to the additional hours spent in CWEP. To determine the amount of the claim, use the formula below:

> Amount of over issuance - (number of hours worked in excess of requirement x federal minimum wage) = amount of claim

If the over issuance is the result of an IPV, no credit is given for the additional number of hours spent in CWEP. The claim would be established in the entire amount of the over issuance.

4625.30.00 OVER ISSUANCES AGAINST DRUG/ALCOHOLIC TREATMENT CENTERS (S)

The drug/alcoholic treatment center is "strictly liable for all losses or misuse of SNAP benefits held on behalf of residents and for all over issuances which occur while the individuals are residents of the treatment center". (f16) This means that individual claims against center residents cannot be filed and collection action cannot be taken against the resident. The name of the resident shall be retained, however, for audit/review purposes.

If it is determined that a drug/alcoholic rehabilitation center has misused the SNAP benefits in its possession, the Central Office will notify the Local Office and request that a claim be prepared.

4625.35.00 OVER ISSUANCES AGAINST GROUP LIVING ARRANGEMENT PERSONS (S)

Individuals in a group living arrangement who apply for benefits on their own behalf are solely responsible should an over issuance occur.

If a group living arrangement is designated as the authorized representative and applies for benefits on behalf of an individual, it will be solely responsible should an over issuance occur.

4627.00.00 CANCELING A CLAIM

A claim which was entered in error or must be canceled based on a hearing decision may be canceled on BVRC by changing the status to "CA" and entering the reason code from table TBRC.

A claim may also be canceled on BVCP by entering "Y" for the field "cancel claim?" and entering the reason code.

If the claim is to be canceled, but the payments are not to be refunded; the BV worker should access BVRC and change the status to “TR” (terminate-other) rather than cancel.

When a claim is canceled by entering a "Y" in the cancel claim field and payments are not backed out first, the reason code must be 914. The system will generate an auxiliary for any payments which had been made against the claim. The supervisor will receive an alert to authorize the auxiliary.

4630.00.00 INITIATING COLLECTION ACTION

Collection activity will begin when the BV worker changes the status code on screen BVRC to OA, Open Awaiting Client Response. This will generate the demand notice (BV01) to the payee of the AG for repayment of the claim.

Claims against an AG with multiple claims will be collected in sequence. When a collection or allotment reduction is received, the payment will be posted on the “01” claim until it is paid in full, then the “02” claim, etc. It is possible to rearrange the sequence for repayment on ICES screen BVCA.

The maximum amount which can be recouped involuntarily in a month is contained in Sections 4635.10.10 (F) and 4635.10.15 (C).

FS recoupments should be entered (“RC” on BVCP) as soon as the claim is established (“OA”d on BVRC). TANF recoupments must wait to be entered until the recipient has time to respond (28 days).

4630.05.00 RECIPIENT NOTIFICATION OF OVER ISSUANCE (S)

Collection activity on any claim, regardless of type, begins with a notification to the AG. The notice (BV01) contains:

A statement that a claim due to an over issuance of Food Stamp benefits exists;

The amount of the over issuance;

The reason for the claim;

The name(s) of the liable individuals(s);

The AG's right to a fair hearing;

A demand for repayment; and

A statement that allotment reduction is mandatory while any liable individual is receiving SNAP; and

The available methods of repayment. (f17)

Allotment reduction should be entered on BVCP immediately after opening the claim. This will not interfere with the BV01 being generated by ICES.

IPV claims may require preliminary steps before notification of the AG. See Section 4630.10.00 for more detailed information.

There is no Federal requirement to send more than one Notice (BV01) of an overpayment claim.

There is no Federal requirement that all liable individuals (who may not be in the AG when the notice is mailed) be sent a notice.

There is no requirement that the AG actually receive the notice, only that it be mailed to the last known address.

4630.10.00 OFFICIAL DETERMINATION OF IPV CATEGORY

The Local Office will receive notification that the individual has been found guilty of IPV by one of the following methods:

The Administrative Law Judge decision granting the Local Office's request for disqualification;

A copy of the Waiver of an ADH; (For information on the county option of offering the waiver before scheduling an ADH, see Section 4610.15.40.)

A court document which either finds the individual guilty of fraud or finds that the individual must repay an over issuance which was caused by the individual's failure to provide true and accurate information; or

A judicial disqualification consent agreement. A judicial consent agreement is similar to a waiver of an ADH, only it is signed prior to, and in place of, the court appearance.

Once the official administrative or judicial decision is received, the Local Office must send the AG a Notice of Disqualification within one working day. A Manual Notice of Disqualification, Form 2246, must be sent to the individual regardless of that individual’s current participation status. Keep a copy in the claim section.

Collection action as an IPV claim is to be implemented the month after the Notice of Disqualification is received by the AG. If the claim error type of the related claim is PPV, it must be changed to IPV.

Screen BVFV must be completed on the individual found guilty of IPV. This screen is used for State and Federal tracking of IPV disqualifications. Once this screen is completed ICES can identify the individual and impose the disqualification regardless of the county in which the individual ultimately applies.

SNAP disqualification data from BVFV is electronically relayed to Disqualified Recipient Subsystem (DRS). DRS then makes the data available to every State. This will insure that when an individual with a SNAP IPV disqualification from one State applies in another State the disqualification will be imposed on that person. The County Office is to maintain a copy of the Notice of Disqualification and the instrument, either the ADH decision, judicial review, waiver of an ADH or Disqualification Consent Agreement. No IPV disqualification can take place if these documents are not

present in the disqualifying county. Copies of these documents must be provided to other states/counties upon request.

If the request for disqualification is denied or the individual is found not guilty in criminal court collection activity will continue based on the IE category requirements. Change the type of claim to IE.

4630.10.05 Collection Of IPV Claim Pending ADH/Waiver (S)

Pending an official administrative determination of IPV, SNAP cases referred for ADH which involve an over issuance will be categorized as PPV, Pending Program Violation, on BVRC and collected as if they were IE claims. When the status is changed to OA, (Open Awaiting Client Response), on BVRC, ICES will generate the notice of over issuance to the AG and the recoupment should be initiated the same day. The only reason to open a claim as PPV is to initiate allotment reduction as soon as possible. Once a determination of fraud is received, the claim error type is changed to IPV.

4630.10.10 Beginning Collection Upon Determination of Criminal/Civil Fraud

Collection action is not initiated pending the outcome of criminal or civil action. The Fraud Referral Coordinator may establish a pending further disposition (referral to prosecutor) file. Claim status should be changed to “RP” (referred for prosecution) when the prosecution referral and date is entered on BVRC.

When fraud has been determined by a court of appropriate jurisdiction, screen BVRC is to be updated by entering prosecutor information in results/date and changing the status to 'OA'. This will cause a notice of overpayment to be generated. Screen BVFV is then completed which generates an alert to the eligibility worker to run eligibility determination/benefit calculation (to remove the disqualified individual) if an active case exists. Disqualification periods are listed in Section 4610.40.10 for SNAP and in Section 4610.40.15 for TANF.

A manual notice (FI2246) must also be sent to inactive recipients informing the AG of the name of the individual who has been disqualified and the reason for his removal.

The system will generate a Disqualification Notice to active recipients. The reduction of benefits is appealable; the removal of the disqualified individual is not.

4630.15.00 MONITORING RESPONSES TO NOTICES (S)

The purpose of monitoring an AG response or lack of response to the notice of over issuance is to assure adequate follow-up on financial recovery activities.

The Notice of Overpayment (BV01) requires that an AG select a method of repaying the claim within 30 days of the notice. Mandatory allotment reduction will be imposed on cases currently certified. These will be system entered for SNAP.

For non-recipients, either no response to the notice of over issuance will be received or responses will fall into one of the three categories listed below:

- Mail is returned as undeliverable;

- A partial payment or a repayment in full is returned; or

- A request for a fair hearing is received.

  NOTE: If an ADH was requested, send a memo noting this to the Central Office Hearings Section with the request for fair hearing so that the hearings can be consolidated.

The BV worker is responsible for monitoring these responses and entering the appropriate repayment method on BVCP. Update BVCP with the amount and type of payment chosen. If the client requests a Repayment Agreement send it (Form FI0047, for all three programs). The Repayment Agreement states that acceptable monthly payments will be $50 or 3% of the original claim amount, whichever is greater. Emphasize that the 'agreement' means nothing without the 'repayment'.

The **mandatory** allotment reduction will begin with the allotment after the next recurring run following the entry of "RC" on BVRC. No further notice of allotment reduction will be sent.

4630.20.00 RECIPIENT NOTIFICATION OF OVER ISSUANCE (C)

After determining the amount of over issuance, the Local Office must notify the AG of the over issuance. There are two TANF versions of the Notice of Overpayment (BV01). One is sent to current TANF recipients and the other is sent to individuals whose TANF is closed.

By the use of this notice, the AG (or former AG) is given the opportunity to indicate a method and amount of voluntary repayment.

Thirty days are to be allowed for the completion and return of the form.

> If a current AG fails to return the form, the Local Office is to initiate recovery by recoupment wherever possible.
>
> If a former AG fails to return the form, the Local Office may initiate legal action.

4630.20.05 Repayment Negotiation (C)

If the Local Office and a current AG cannot reach an agreement on a repayment schedule or the AG fails to sign a repayment agreement, the Local Office is to begin mandatory recovery procedures. Timely notice must include the reason for the mandatory recoupment.

The guidelines for an acceptable repayment schedule are:

> A minimum monthly payment of $50; or
>
> A monthly payment of 3% of the original claim amount (that would allow for complete repayment within three years), whichever is greater.

If the Local Office is unable to negotiate a repayment agreement with an AG who is no longer a recipient, appropriate action under state law is to be taken. Securing a judgment through the Small Claims Court, for example, may be effective in recovering an over issuance of TANF. Information regarding proper procedures may be obtained from the Small Claims Court Clerk.

4630.20.05.05 Action Taken When Payor Defaults (C)

Default occurs when an AG fails to perform as he has agreed under the repayment agreement.

Active Cases:

When an individual or a current AG defaults on the repayment agreement, the Local Office is to initiate mandatory recoupment. Timely notice must include the reason for initiating recoupment.

Inactive Cases:

When an individual or an AG who is not currently active defaults on the repayment agreement, the Local Office may take legal action. Legal action includes a judgment through Small Claims Court. Information regarding such action may be secured from the Clerk of the Small Claims Court.

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4630.30.00 TANF IPV AND BUDGETING PROCEDURES (C)

A mandatory TANF assistance group member who is under IPV disqualification acquires the status of non-participating assistance group member. This means that although his income will be counted in the budget calculation, he will not participate as a recipient of the benefit. (His needs will not be considered in the financial eligibility determination nor will he receive any program benefit.) The disqualified person's income is budgeted as deemed income in determining the participating assistance group members' continuing TANF eligibility. The budgeting procedure is identical to that utilized for other sanctioned assistance group members. The following income deductions are <u>not</u> allowed:

A deduction from his gross income to meet his needs;

A deduction from his gross income to meet the needs of his non-recipient dependents;

The disregard from his income of IMPACT payments and reimbursements;

If he is a student/dependent child, the 6-month disregard of his earnings; and

The allowable deductions from the disqualified person's earned income are:

The $90 work disregard;

The $30 + 1/3 and the $30 disregards; and

The disregard of out-of-pocket dependent care costs.

An IPV disqualification does not affect a caretaker relative's eligibility for a child care referral.

4635.00.00 RECOVERY METHODS

Recovery of amounts of over issuance will be made by one or more of the following methods:

Lump sum and/or installment payments;

Benefit reduction; (TANF and SNAP)

Offset of lost benefits (restorations); (SNAP and TANF) (f18)

Child support credit (TANF only);

Interception of lottery winnings;

Federal pay and/or State tax refund interceptions; or

A combination of the above.

The BV worker must notify the overpaid AG of the amount and cause of over issuance as well as the various repayment methods available. This is done when opening the claim by putting it in 'OA' status on BVRC. ICES then generates the BV01, Notice of Overpayment. For SNAP the BV worker shall initiate allotment reduction immediately, when possible. For TANF, the BV worker must allow a minimum of 30 days for the AG to respond prior to initiating recovery activity.

Sections 4635.05.00 through 4635.10.30 describe methods of repayment.

4635.05.00 LUMP SUM AND INSTALLMENT PAYMENTS

AGs will be given the option of repaying an over issuance either in a lump sum or in regular installments. This includes former AGs who are under court order to repay, as long as the order does not require repayment in a specific manner.

The BV unit will negotiate a payment schedule with the AG and accept regular installments for repayment of any amounts of the over issuance not repaid through a lump sum payment. Any payment will be accepted and credited to the claim, but unless the repayment plan is acceptable, it will not prevent the claim from being delinquent. Payments are due by the 28th of each month. If the minimum acceptable payment is not made by that date, the claim is delinquent. When a SNAP claim is delinquent for 6 months, federal payments can be intercepted. See Treasury Offset Program (TOP) section 4635.40.00.

If the client has both a TANF and/SNAP overpayment and does not specify to which claim a repayment should be applied, the payment is to be divided equally between each program. (f18a)

Minimum acceptable payments will repay any claim within three years. For both TANF and SNAP, the amount of acceptable monthly repayment is $50 or 3% of the original overpayment, whichever is greater.

Screen BVPC records lump sum and installment payments made by the individual against an over issuance claim. When the claim is paid in full, the system will automatically close the claim and send an alert to the worker. All payments can be seen on screen BVTH. Through screen BVTR, the BV Coordinator can reverse any payment that has already been posted. For example, if an incorrect payment amount was entered by the Accounting Section, payment reversals entered on BVTR will automatically debit claim payments and adjust the claim balance.

4635.05.05 EBT Voluntary Repayments (S,C)

Voluntary repayments of over issued benefits can be deducted from benefit accounts on the EBT Administrative Terminal (AT). The client must provide a written or verbal statement approving the repayment and the EBT Coordinator or their designee will enter the repayment amount into the AT and Debit the SNAP or TANF account. For TANF, use a note on agency stationery acknowledging the return. The

county must post this on the claim in ICES on BVPC using payment code "EB", (EBT transaction).

In cases where the over issuance claim has not yet been established (opened) the return transaction can be recorded on ICES screen SFRF by the county BV Coordinator. This will then show on IQFS or IQCH that the benefits were returned and a claim will not be necessary. It is important that one of these two screens (SFRF or BVPC) show all "repayments" listed on the Monthly Administrative Transaction Detail Report (ARADMTM on EBT Cognos reports).

4635.10.00 BENEFIT REDUCTION

Benefit reduction is used to recover over issuance from active AGs.

4635.10.05 Benefit Reduction (S)

ICES will determine the maximum amount of the recoupment and alert the BV worker that a repayment method has not been chosen. The BV worker must enter 'RC' in the repayment method field on BVCP. Then the eligibility worker will receive an alert to run AEABC for the system to begin benefit reduction the next recurring month. If a non-recipient again receives SNAP, ICES will generate the 'RC' and record the new case/category/sequence on BVCP if necessary. This occurs at Mass Change and is triggered by authorization of the SNAP. The case worker will then receive an alert to run AEABC.

The amount of the monthly recoupment will change if the AG's allotment changes. ICES will automatically adjust the recoupment amount when the allotment changes.

The minimum benefit for a one or two person AG is not applicable when benefit reduction is applied.

4635.10.10 Amount To Be Recovered In Benefit Reduction (S)

The amount of SNAP to be recovered each month through benefit reduction will be determined using the following methods:

For non-fraud (AE, IE and PPV) claims, the amount of SNAP recovered each month will be 10% of the AG's monthly allotment or $10 per month, whichever is greater.

For cases in which a fraud determination has been made, the amount will be 20% of the AG's entitlement (which is computed by the system and is based on what the benefit would be with the disqualified individual included in the household) or $20, whichever is greater. (f20)

4635.10.15 Benefit Reduction (C)

Benefit reduction may be used to recover over issuances from current AGs. This may be a voluntary arrangement. In some situations it is a mandatory process. ICES will alert the BV worker to initiate benefit reduction. This is done by adding 'RC' on BVCP. If a liable individual is receiving TANF in a different AG, the new case/category/sequence can also be added on BVCP. All categories of TANF may be recouped from each other.

The BV worker will request the eligibility worker to rerun ED/BC in order to start the benefit reduction, and the AG will be given at least 13 days advance notice of the benefit reduction.

When the amount of the TANF payment for a month prior to any recoupment is $10 or more but recoupment reduces the amount of the TANF payment to under $10, a TANF benefit is to be issued for the under $10 amount.

If the recoupable amount exceeds the TANF grant, the entire grant must be recouped. If, through recoupment, the amount payable to the TANF AG is reduced to zero, members of the TANF AG are still considered TANF recipients. (f21) (Refer to Section 4635.10.20, Amount To Be Recovered In Benefit Reduction (C))

4635.10.20 Amount To Be Recovered In Benefit Reduction (C)

If recoupment is made from the TANF grant, the AG must retain from a combination of the assistance payment, liquid resources, and gross income, 90% of the amount a family of

the same composition with no income would receive in TANF benefits. (f22)

Prior to initiating recoupment procedures, the eligibility worker should ascertain whether the Child Support Bureau has already repaid all or part of the TANF grant for the month in question.

4635.10.20.05 Computation Of The Amount Of Recoupable Income (C)

Computing the amount of recoupable income an AG has is a six step procedure:

Step 1: Compute the amount of the over issuance by comparing the corrected trial budget to the original TANF budget for the month the over issuance occurred. The difference between the correct trial budget and the TANF budget for the month in which the over issuance occurred is the amount of over issuance.

Step 2: Determine the amount the family is to retain each month from all sources:

a) Total adjusted needs;
b) Compute TANF grant without counting income;
c) Multiply the above figure by .90;
d) This equals the amount to be retained.

Step 3: Determine the amount of the TANF grant before recoupment:

a) Total adjusted needs;
b) Subtract countable income;
c) This equals the TANF grant.

Step 4: Determine the total income:

a) TANF grant from Step 3;
b) Add gross income;
c) Add liquid resources;
d) This equals the total income.

Step 5: Determine the monthly income available for recoupment:

a) Total available income from Step 4;

b) Subtract amount to be retained from Step 2.

Step 6: Determine the amount of grant to which the family is entitled:

a) TANF grant from Step 3;
b) Subtract income available for recoupment Step 5 from Step 3.

The system will alert a worker at the time of reapplication when there is an outstanding claim balance. It will also calculate the monthly recoupment amount.

EXAMPLE 1

A mother received unemployment compensation benefits of $120.00 per month for 2 months prior to reporting the income. She started receiving benefits on 1-10 and the reduction would have been budgeted for February. For February and March she was overpaid $120.00 per month, for a total of $240.00. She failed to respond to a notice of overpayment and failed to sign a repayment agreement, so a mandatory recoupment was initiated.

(1) Amount of overpayment $240.00
(2) Amount to be retained
    (a) Adjusted needs $346.50
    (b) Grant without income $346.00
    (c) Grant x .90 = $311.40
(3) Grant before recoupment
    (a) Adjusted needs $346.50
    (b) Income -$120.00
    (c) TANF grant $226.00
(4) Income
    (a) TANF grant $226.00
    (b) Add income of +$120.00
    (c) Add liquid resources of +$0
    (d) Total $346.00
(5) Income available for recoupment
    (a) Income $346.00
    (b) Subtract amount to be retained of -$311.40
    (c) Amount available $34.60
(6) Amount of grant entitled to
    (a) TANF grant $226.00
    (b) Amount to be recouped -$34.00
    (c) Current grant entitlement $192.00

If no other changes occur, $34.00 would be recouped from the TANF grant for 7 months. In the 8th month the remaining $2.00 would be recouped.

If the recoupable amount exceeds the TANF grant, the entire grant must be recouped. If, through recoupment, the amount payable to the TANF assistance group is reduced to zero, members of the AG are still considered TANF recipients.

EXAMPLE 2

For one month, a TANF unit had resources totaling $1,300.00, making them totally ineligible. The TANF payment was $288.00. The unit now has $700.00 savings and is otherwise eligible.

(1) Amount of overpayment $288.00
(2) Amount to be retained
    (a) Adjusted needs $288.00
    (b) Grant without income $288.00
    (c) Grant x .90 = $259.20
(3) Grant before recoupment
    (a) Adjusted needs $288.00
    (b) Income -$0
    (c) TANF grant $288.00
(4) Income
    (a) TANF grant $288.00
    (b) Income +$0
    (c) Liquid resources +$700.00
    (d) Total $988.00
(5) Income available for recoupment
    (a) Income $988.00
    (b) Amount to be retained -$259.20
    (c) Amount available $728.00
(6) Amount of grant entitled to
    (a) TANF grant $288.00
    (b) Amount available $728.00
    (c) New grant $0

The entire TANF grant would be recouped for one month, and the case would remain at MA only for that month.

The monthly amount of recoupment is subject to change. If income or liquid resources fluctuate, the caseworker must recompute to determine the amount of money available for recoupment. Grant reductions due to recoupment must receive timely and adequate notice.

When a former AG with an outstanding over issuance reapplies and is found to be eligible, the Local Office must recover the over issuance. If recoupment is necessary, current income, liquid resources, and the TANF payment are to be used to determine the monthly recoupment amount.

4635.15.00 OFFSET OF OVER ISSUANCE (S,C)

An under issuance results when an AG receives fewer benefits than it should receive in a month.

For the current month, the restoration must be done by Aux. For previous months, the restoration must be done by the BV under issuance system, starting with screen BVUI and completing on screen BVUO. Restorations and Auxiliaries must be completed by the eligibility worker, never referred to the BV section for completion.

Federal regulations stipulate that in the event a claim has been established against a household, any benefits to be restored due to an under issuance to the AG at a later date can be offset against the claim amount. If the amount of benefits to be restored exceeds the claim amount for an over issuance, the remaining balance will be restored to the AG and the claim will be satisfied. In any case, ICES generates a notice to the household if the BV under issuance system is utilized. If the restoration is done by ordinary auxiliary, neither offset nor notice will be generated.

For TANF, the Local Office is required to restore benefits to an AG that was under issued benefits. (f23)

For SNAP, the Local Office is to restore benefits to an AG that was under issued benefits only when the under issuance was the result of an agency error or an administrative disqualification which was later reversed. Restoration must not go back further than 12 months from the time the agency knew or was told of the under issuance (f24)

<u>EXCEPTION</u>: Retroactive initial benefits are not to be offset against outstanding claims.

For TANF, retroactive corrective payments are not to be considered as income or as a resource to the AG in the month of receipt or the following month. (f25)

A referral to the BV unit for the determination of possible over issuance does not constitute an outstanding claim. The restoration of benefits to a household must not be delayed on the basis of a referral to BV.

4635.20.00 COMMUNITY SERVICE CREDIT HOURS (S)

AGs who have been court ordered to complete community service hours as part of their restitution may have the amount of their over issuance reduced by the dollar value of the service they perform. Each hour is assumed to be worth federal minimum wage unless specified otherwise by the court. When all hours ordered have been completed, documentation must be received by the County Prosecuting Attorney's office prior to adjusting the over issuance amount.

4635.25.00 CIVIL ACTION

All steps necessary to institute civil action are taken when the BV unit determines that such action is required to recover over issuances from former AGs.

If a case is returned indicating that civil action cannot be taken against an AG, the BV unit will notify the referring eligibility worker that there is an unpaid over issuance which cannot be collected at this time. If the former AGs receive SNAP or TANF benefits at a later date, appropriate recoupment action must be taken.

4635.35.00 HEARING REQUESTED ON OVER ISSUANCE

When an AG requests a fair hearing in written form or verbally for the FS AG, regarding the circumstances of an over issuance, the amount of over issuance, or the repayment plan established by the BV unit, the Request for Hearing Screen HERQ must be completed. When the individual's request is in writing, a copy must be sent to Hearings and Appeals, 402 West Washington Street, Room E034, Indianapolis, IN 46204. A copy may also be faxed to 317-232-4412.

When an AG requests an appeal of the claim, the worker needs to code BVCP with a repayment agreement type of “AP” to show the claim is under appeal. This will keep the claim from being referred to TOP. When the hearing decision is issued, an alert will be generated so the worker is aware of the results. If the county is sustained, the worker will request a new notice be generated to the AG giving them another 30 days to sign a repayment agreement and make their first payment. If the county is not sustained, the claim will need to be terminated and any payments that had been collected will need to be refunded. The Administrative Law Judge may

remand it back to the county to make adjustments in which case a new Notice of Overpayment (BV01) would be sent.

For TANF only: When an AG requests a hearing in response to the notice regarding the amount of repayment, the caseworker is responsible for submitting the request for hearing to Hearings And Appeals Section. For SNAP and TANF, if the AG requests a hearing within 13 days from the date of the Notice of Case Action, the benefit reduction will be removed and the previous benefit continued pending the hearing. When the final hearing decision is received, repayment will begin the following month in the amount specified by the hearing decision.

4635.40.00 TREASURY OFFSET PROGRAM (TOP) (S)

TOP is the name for Treasury Offset Program (TOP). In addition to tax refunds, TOP can intercept portions of Federal salaries and future collections from RSDI and other Federal payments.

Persons who do not sign a repayment agreement, have an allotment reduction, or make a minimum payment within 30 days of the mail date of the Notice of Overpayment (BV01) will be referred to Financial Management. Financial Management will verify the case status. If the client does not have an active case Financial Management will conduct an address verification check. For all valid addresses, a 60 day demand letter will be sent by Financial Management.

If an agreement has not been made by the 60th day, the claim may be eligible for the Treasury Offset Program (TOP). After 120 days of delinquency these debts will be referred to TOP for collection.

A separate 60 day notice will be sent for each claim. ICES screen BVCP shows whether a 60-day letter was sent. Refunds intercepted by TOP will be electronically posted in ICES. If the Financial Management Section receives voluntary payments that are made to avoid offset, they will be posted also.

4635.40.05 Benefit Recovery Responsibility for TOP (S)

Each established claim must be supported by Benefit Recovery records. The Benefit Recovery worker must insure that the correct liable individuals are listed for each claim. If a claim is appealed or a notice is returned in

the mail, the proper coding must be entered to prevent a referral to TOP. Also, any claim that is being paid to the Prosecutor/Probation office must be coded properly to prevent referral to TOP. If a claim that is being cancelled has been previously sent to Financial Management for TOP collections, Financial Management must be notified of the cancellation.

Benefit Recovery should ask for payment in full or a minimum payment per month of $50 or 3% of the original claim amount, whichever is greater, until the claim is paid in full. All payments of any amount will be accepted, however the claim will still be considered delinquent if less than the monthly minimum is paid.

4635.40.10 Request For TOP Review (S)

A Fair Hearing Request should **not** be accepted for TOP collection efforts. The former recipient's right to a Fair Hearing on any claim is limited to the time frame on the initial BV01. Instead, a state review should be done per the following instruction.

Benefit Recovery should review all past due SNAP claims to determine if they are legally enforceable and meet the following criteria for TOP:

- Claims have a balance of at least $25, and
- The liable individuals are not actively receiving SNAP in Indiana, and
- Collection is not barred by bankruptcy, and
- The former recipient is not making claim payments according to a current agreement.

Provide the former recipient with written notification of the results of your review with the State Form FI-0044, Results of Treasury Offset Program (TOP) Review.

This notice informs the former recipient that the DFR was either correct to pursue a Treasury Offset because the debt is past due and legally enforceable, or it was incorrect and any money inadvertently withheld through a Treasury Offset will be refunded. It also informs the former recipient that they may ask for a federal review by writing to:

Treasury Offset Program
Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591

The request must be received within 30 days of the date of this letter and include the name and Social Security Number or case number. While FNS is reviewing the case the claim will not be referred to TOP for collection. When the review is completed FNS will provide a written notice stating its decision and the reason(s) for the decision.

FNS will contact Benefit Recovery for copies of the claims material to review the claim. FNS will send a written notice of the decision to Benefit Recovery.

The FNS will review the claim only once. Benefit Recovery will send a copy of the FNS decision letter to the Financial Management Section.

4635.45.00 STATE TAX INTERCEPT PROGRAM

State tax refunds are calculated by IDOR (Indiana Department of Revenue). IDOR then reviews the file to determine a match/no match of certified candidates provided by FSSA Financial Management (FM) for an offset of taxpayer's refunds. Priorities as established by IDOR and FSSA are:

IDOR
Child Support
DWD
TANF
SNAP
CCDF
Housing

The state program is similar to TOP with these exceptions. The letter to the former recipient has a 30 day deadline. The 30 day letter is sent each time the former recipient is certified for intercept and includes a repayment agreement which states the minimum amount acceptable. However, if a repayment agreement was previously signed and all payments have not been made, the former recipient does not have the option to sign another agreement. ALL payments must be current from the previous agreement in order to prevent an offset of their tax return. It is therefore important that repayment agreements be noted in the claim comments so that

refunds will not be erroneously released in the future. If a repayment agreement has never been signed the former recipient may sign the repayment agreement and make the required minimum repayment amount to avoid the tax offset. It is important the former recipients are informed that payments must be made each and every month by due date to avoid tax offset and that they have only one opportunity to sign the repayment agreement.

The former recipient has the right to appeal the tax offset. (f27a) Appeals will not stop the offset, but if the decision is favorable to the former recipient, they will receive a refund from Financial Management after a hard copy of the decision is received, unless another category is delinquent and notice has been issued, i.e. SNAP tax offset appeal was found favorable to client, but there was a delinquent debt owed for Section 8 Housing, the offset would then be applied to it.

4640.00.00 TRANSMITTAL OF REPAYMENT

Payments must be mailed to:

FSSA Claim Repayment
P.O. Box 621007
Indianapolis, IN 46262-1007

All checks or money orders should be made payable to “State of Indiana”. The person’s name, claim number, RID number or Social Security Number should be on the payment. The check and/or money order are receipts of payment. Financial Management will post all payments.

Payments will be refunded if no claim exists.

4645.00.00 ENDING COLLECTION ACTIVITY

Collection activity is terminated when certain events occur which make it virtually certain no further payments will be received.

4645.10.00 TERMINATING COLLECTION

Bankruptcy:

FSSA Attorneys shall act on behalf of, and as, USDA-FNS in any bankruptcy proceeding against bankrupt AGs owing SNAP claims. FSSA shall possess any rights, priorities, interests, liens, or privileges, and shall participate in any distribution of resources, to the same extent as USDA. Acting as USDA-FNS, FSSA Attorneys shall have the power and authority to file objections to discharge, proofs-of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions, or objections which USDA-FNS might have filed. FSSA has this authority for TANF claims, too.

- When an overpayment claim is listed as a debt in a bankruptcy proceeding, the Local Office or the Central Office will receive a notice entitled Order for Meeting of Creditors and Fixing Times for Filing Objections to Discharge and for Filing Complaints to Determine Dischargeability of Certain Debts, Combined with Notice Thereof and of Automatic Stay.

  Upon receipt of this notice Benefit Recovery should stop collection immediately and send a copy of this order to the Central Office Financial Management Section, 402 West Washington Street, Room E442, Indianapolis, Indiana 46204. Certain acts and proceedings against the debtor are automatically stayed. (11 USC Section 364(a)) Before further collection activity is continued or initiated, FSSA must get an exception to the stay. The criteria for obtaining an exception to the stay are set forth in 11 USC Section 362(b). Under the provisions of this subsection, it is unlikely that an exception to the stay could be sought in good faith and it most likely would not be granted even if sought, unless the claim is IPV.

- Benefit Recovery will consult with FSSA Office of General Counsel regarding the filing of an objection to the discharge of the debt or the filing of a complaint to determine dischargeability. 11 USC Section 523 provides for certain exceptions to discharge. Subsection (a)(2)(B) might cover the SNAP claims determined to be IPVs if all criteria set out therein were

met. The Order referenced in the above subsection will specify deadlines by which objections and complaints must be filed.

- Claims **other than IPV/fraud** will most likely be dischargeable. For IPV/frauds, contact Office of General Counsel, W-451, IGCS.

- Whether to seek an exception to the discharge **must be carefully evaluated** because 11 USC Section 523(d) provides for a judgment against the creditor for costs and attorney's fees if the court finds the position of the creditor in requesting a determination of dischargeability was not substantially justified.

- If the bankruptcy results in discharge of the claim (release of the debt) and all liable individuals are parties to the Bankruptcy, then Benefit Recovery will list this claim as terminated (status 'TB' on BVRC). If there is a liable individual who is not a party to the bankruptcy, do **NOT** use status 'TB'. Instead, go to BVLI and use 'BD' to delete the bankrupt individual; this leaves the claim open for the non-bankruptcy liable individuals.

- If the bankruptcy results in a distribution of assets where the DFR is allotted an amount of that distribution, the amount collected shall be credited against the claim overpayment. Claims in 'TB' status can be re-opened if necessary.

- If an exception to the discharge is obtained, Benefit Recovery and Financial Management will be informed and shall resume collection.

- Bankruptcy does not terminate pending SNAP IPV disqualifications.

Paid-in-Full:

When a claim is paid in full an alert will be generated to the eligibility worker who will run AEABC to authorize the change if no further claims exist. If other claims exist, recoupment is to be initiated on the next claim(s).

NOTE: FSSA/DFR may not collect more than the total amount of over issued benefits unless a court orders interest payment. In the event of court ordered interest, Benefit Recovery should contact the Central Office Financial Management Section for instructions.

Death of All Adult AG Members:

Benefit Recovery will terminate a claim against an AG when all liable individuals who were members of the AG at the time the over issuance occurred have died, leaving no estate or redeemable property.

Terminated Claims:

A SNAP claim may be determined uncollectible and subject to termination when it is ten years old and there is no court judgement. The ten years are counted from the establishment of the claim (the date the initial BV01 notice is sent). No claims which have been referred for TOP will be terminated. There is no time limit for TANF and Medicaid claims, however all claims over 10 years old with a balance under $25.00 will be terminated. Voluntary payments on this type of terminated claim will be accepted or restorations due an AG may be used to offset a terminated (status TR) claim.

If the liable individual on a TR-terminated claim again becomes a recipient, allotment reduction will be resumed. On BVRC, the "TR" status should be changed to "OP". Then the recoupment can be added on BVCP.

4645.20.00 TRANSFER OF CLAIMS

When Benefit Recovery learns that an uncollected claim exists in another state that claim may be transferred to the state where a liable person is currently receiving assistance. There is no procedure for transferring a TANF claim to or from another state but see 4655.05.20 for entering an out of state TANF IPV disqualification.

4645.20.10 Inter-State Claims Transfers (S)

SNAP claims may be transferred from one State to another to increase the possibility of full claims collection.

If another State with a claim against an individual or group of individuals, learns that they are receiving SNAP benefits in Indiana, that State may contact Benefit Recovery. They will inquire as to whether Indiana will accept the claim. If Indiana agrees to accept the claim, the other State will send copies of all claim material, including any recomputed budgets. When the material is received, the claim is to be converted to ICES being sure to complete the TF field on BVBR.

If it is discovered that an individual or group of individuals for whom a claim exists in Indiana is receiving SNAP benefits in another State, Benefit Recovery is to contact the state where the liable individuals are receiving SNAP and ask if they will accept the claim. Benefit Recovery will copy all related claim material and send it to the other state. The claim status on ICES (BVRC) should be changed to "TT" - transfer to another State. If a review of the claim material indicates that sufficient documentation does not exist, the claim should be cancelled and no effort made to transfer the claim.

Once a claim is transferred to another State, any funds collected by the receiving State belong to that State and the USDA-FNS. None of the repayment will be diverted to the State that originated the claim.

4645.25.00 REVERSED DISQUALIFICATION

In cases in which the determination of IPV is reversed by a court of appropriate jurisdiction, the disqualification must be reversed and Benefit Recovery must initiate reinstatement of the individual in the program if the AG is otherwise eligible. If benefits were lost as a result of the disqualification they must be restored.

In order to reverse the disqualification the BV worker should go to ICES screen BVCP and enter "Y" in the “Cancel Claim?” field. The "reason for cancel" field must be completed with a reason code from ICES table TBRC. Reason code 914 causes a refund in payments collected and should not be used unless the reversal order contains an order to invalidate the claim. If the claim is to be re-entered as an inadvertent or agency error, the payments must first be reversed out on BVTR by Financial Management <u>before</u> the claim is cancelled. After the claim has been re-entered and opened, the payments can be added to the new claim on BVPC. The worker should then access screen BVFV and put an

"X" in the "delete latest violation" field. This will delete the IPV information from ICES. The disqualification will be deleted from the DEDR screen the following month.

4655.00.00 TRACKING IPV DISQUALIFICATIONS

The Disqualified Recipient Subsystem (DRS) is a Federal program in which States are required to participate. The purpose of DRS is to track IPV disqualifications both pending and already served, nationwide.

In Indiana, data for DRS is tracked on BVFV. This screen is completed by the BV worker and provides information about pending disqualifications including the disqualification number and the number of months in the disqualification period. Screen BVPI which may also be completed by the BV worker supplies information about IPV disqualifications established and served prior to the individual’s entry into ICES. The information on BVPI is necessary to determine the length of any future disqualification periods. The information on BVFV is used by ICES to generate an alert informing the worker to run ED/BC to disqualify the individual. In order for an IPV disqualification to be imposed Benefit Recovery must have a copy of the ADH decision, Waiver of ADH, judicial review or Disqualification Consent Form, and a copy of the Notice of Disqualification.

If an IPV disqualification is in effect in Indiana or in another State that information will appear on DEDR. An alert will appear to inform the worker that a disqualification may exist. During application processing, screen DEDR will appear on any case containing an individual with a disqualification.

DEDR must be reviewed to determine if the person listed as disqualified in another State is the same individual that is appearing in ICES. If it is determined that there is a match Benefit Recovery must immediately contact the contact person in the other State and request a copy of the decision and the notice of disqualification. The contact person and the contact person’s phone number are listed on DEDR. The disqualification cannot occur until Benefit Recovery receives this documentation. Authorization of the case may not be delayed in order to receive this

information so it is vital to request this documentation as soon as the pending IPV is discovered.

Benefit Recovery should also ask the other State if a claim exists and the status of the claim. The other State has the option of transferring the claim to Indiana. See Manual Section 4645.20.00.

4655.05.00 ENTERING IPV DISQUALIFICATIONS (S)

Once it has been determined that an IPV disqualification exists the BV worker must enter this information in ICES. A new IPV disqualification cannot be entered unless a claim already exists. If there is no claim balance to enter, a $0 claim must be established. IPV is the only claim status which allows $0 claims. Care must be taken to close the zero balance claim after the disqualification has been entered. A previous disqualification from another state can be entered on BVPI without entering a claim.

4655.05.05 Entering Disqualifications At Application (S)

When an IPV disqualification is discovered at application processing and the disqualified individual has applied for the program for which the IPV exists, and ICES does not already contain a claim for the pending IPV disqualification Benefit Recovery is to enter the claim while the application is still pending. This is the only situation in which this may be done. This will allow entry of IPV information discovered through the DEDR screen while the case is still pending. Once the case is authorized, the IPV disqualification can then begin. Recoupment is not to be deducted from the initial benefits including the current month and any previous months authorized at application.

4655.05.10 Entering Disqualifications During Certification (S)

If the individual is already certified for SNAP when a current IPV is discovered use standard claims procedures when entering the claim unless no claim amount exists. In this situation use BVPI to enter the disqualification.

4655.05.15 Entering Prior Disqualifications (S)

Individuals who have served an IPV disqualification before they became know to ICES, whether in Indiana or in another State as shown on screen DEDR are to have the disqualification(s) entered on BVPI. BVPI is to be accessed directly, BVBR and BVRC are not accessed and a claim is only to be established if there is an outstanding claim balance. BVPI is used to determine the length of any subsequent IPV disqualification.

4655.05.20 Entering Out-Of-State IPVS (C)

If an individual has been found guilty of a TANF Intentional Program Violation (IPV) in another state, the disqualification(s) must be entered into BVPI after copies of the disqualification findings and notices of disqualification have been obtained from the other state. The disqualification for these IPVS cannot be imposed; but if the individual is found guilty of committing an IPV in Indiana, the violations committed in other states will be used in determining the length of any subsequent TANF IPV disqualification. (f35)

4655.10.00 REQUESTS FROM OTHER STATES REGARDING DISQUALIFICATIONS (S)

Disqualification information from Indiana is being made available from ICES to the DRS - Disqualified Recipient Subsystem, for distribution to other State agencies. (f36) Representatives from these agencies will phone requesting copies of disqualification findings and notices of disqualification. It is important that copies of these documents be sent within 24 hours of the request. The original documents must be retained with the state.

4699.00.00 FOOTNOTES FOR CHAPTER 4600

Following are the footnotes for Chapter 4600:

(f1) 7 CFR 273.18(a)(ii)
(f2) 470 IAC 10.1-12
(f3) 470 IAC 14-3-7
(f4) IC 12-15-2-19
(f5a) 45 CFR 233.20;
(f5b) 470 IAC 14-3-7
(f6) 42 CFR 431.230
(f6a) 7 CFR 273.16(b); Section 13942 of P.L. 103-66
(f6b) 470 IAC 14-3-7
(f7) 7 CFR 273.18(c)(1)(i)

(f8)	7 CFR 273.18(d)(1)
(f9)	7 CFR 273.18(c)(2)
(f10)	7 CFR 273.18(e)(2)
(f11)	7 CFR 273.18(a)(4)
(f12)	45 CFR 233.20 (a)(13)(i)(A)(1) and (B)
(f13)	Social Security Act, Section 415; 45 CFR 233-52
(f14)	45 CFR 233.52
(f15)	470 IAC 10.1-5-2
(f16)	7 CFR 273.11(e)(6)
(f17)	7 CFR 273.18(e)(3)
(f18)	470 IAC 10.1-5-2
(f18a	7 CFR 273.18(g)(9)
(f19)	7 CFR 273.18(g)(2)
(f20)	7 CFR 273.18(g)(1)(ii)
(f21)	Social Security Act, Section 402 (a)(22); 45 CFR 233.20
(f22)	470 IAC 10.1-5-2
(f23)	45 CFR 233.20
(f24)	7 CFR 273.17
(f25)	Social Security Act, Section 402 (a)(22); 45 CFR 233.20
(f26)	42 CFR 433.36
(f27)	IC 33-11.6-4-13
(f28)	IC 12-15-9-1; Social Security Act, Section 1917(b)(1) as amended by P.L. 103-66 (OBRA-93)
(f29)	IC 12-15-2-19
(f30)	IC 12-15-9-5
(f31)	IC 12-15-9-2
(f32)	405 IAC 2-8-1(e)(2)
(f33)	IC 29-1-8-1
(f34)	IC 12-15-9-6; 405 IAC 2-8-2
(f35)	45 CFR 235.112(c)(3)
(f36)	7 CFR 273.16(h)(2)(i)

4800.00.00 BURIAL ASSISTANCE (C)

4805.00.00 ESTATE OF THE DECEASED (C)

4805.05.00 RESOURCES OF THE DECEASED (C)

4810.00.00 MAXIMUM PAYMENTS FOR BURIAL EXPENSES (C)

4810.05.00 PAYMENT FOR FUNERAL DIRECTOR'S EXPENSES (C)

4810.05.05 Computation of Funeral Director's Payment (C)

4810.05.05.05 Contributions/Resources of $2350 or More (C)

4810.05.05.10 Contributions/Resources of $1750 to $2,950 (C)

4810.05.05.15 Contributions/Resources of $1750 or Less (C)

4810.10.00 PAYMENT FOR CEMETERY EXPENSES (C)

4810.10.05 Computation of Cemetery Payment (C)

4810.10.05.05 Contributions/Resources of $400 or More (C)

4810.10.05.10 Contribution/Resources Of $800 To $1,200 (C)

4810.10.05.15 Contributions/Resources of $400 or Less (C)

4815.00.00 SUBMISSION OF BURIAL CLAIMS TO THE DFR (C)

4815.05.00 SUBMISSION OF CEMETERY CLAIM BY FUNERAL DIRECTOR (C)

4820.00.00 CONSIDERATION OF BURIAL CLAIMS BY THE DFR (C)

4825.00.00 VERIFICATION BY THE DFR OF BURIAL CONTRIBUTIONS (C)

4830.00.00 PAYMENT FOR BURIAL EXPENSES (C)

4835.00.00 INSURANCE SETTLEMENTS (C)

4899.00.00 FOOTNOTES FOR CHAPTER 4800

4800.00.00 BURIAL ASSISTANCE (C)

This chapter includes policy and procedures on the following:

Estate of the Deceased (Section 4805);

Maximum Payments for Burial Expenses (Section 4810);

Submission of Burial Claims to the DFR (Section 4815);

Consideration of Burial Claims by the DFR (Section 4820);

Verification by Central Office of Burial Contributions (Section 4825);

Available Death Benefits (Section 4830); and

Footnotes for Chapter 4800 (Section 4899).

Deceased TANF recipients are eligible for Burial Assistance. Payment is made by the Local Office of the Division of Family Resources. The State reimbursement is 60% of the amount expended by the Local Office.

A recipient is eligible for Burial Assistance regardless of where their death occurs or whether the funeral and interment takes place in Indiana or elsewhere.

An individual who was receiving TANF cash assistance at the time of death, or who applied for benefits prior to his death and was subsequently determined eligible is eligible for Burial Assistance. (f1)

4805.00.00 ESTATE OF THE DECEASED (C)

The estate consists of all assets, including both real and personal property, owned by the deceased recipient. An estate need not be established by formal legal proceedings. However, the value of the estate may be established by the DFR and a determination made of the total amount payable for burial expenses. The total value of the real and personal property may be considered, but the DFR will not sell such property since this exceeds its legal authority.

If it is determined that the estate can make full or partial payment, the funeral director and/or cemetery representative are to be advised that they should file a claim against the estate.

4805.05.00 RESOURCES OF THE DECEASED (C)

The resources of the deceased recipient, such as a burial trust, bank account, or personal funds remaining on account in a nursing home, shall be used to meet burial expenses. The funeral director and/or cemetery representative must obtain these funds as payment for burial expenses in accordance with Indiana Probate Code (IC 29-1-1 et seq.).

Nursing home administrators should be guided by their own legal counsel regarding the disposition of deceased residents' resources. The DFR will not offer advice in this area.

4810.00.00 MAXIMUM PAYMENTS FOR BURIAL EXPENSES (C)

The maximum allowable burial assistance payments are $1,200 for the funeral director's expenses and $800 for cemetery expenses, for a total of $2,000. The age of the deceased is not a factor in the amount of any payment.

4810.05.00 PAYMENT FOR FUNERAL DIRECTOR'S EXPENSES (C)

If there are no other resources, payment not to exceed $600 (including sales tax) will be paid to meet the expenses of the funeral director.(f2)

The funeral director's expenses include:

- reasonable expenses connected with preparation of the body, including cremation;
- purchase of necessary clothing;
- purchase of a casket;
- funeral services;
- transportation of the body; and
- professional services of the funeral director.

4810.05.05 Computation of Funeral Director's Payment (C)

Relatives and/or friends may contribute as much as they wish toward the funeral expenses of the deceased recipient. However, all contributions and the resources of the deceased

must be considered when determining the amount, if any, of the funeral expenses to be paid by the DFR.

An amount of $1750 in contributions and resources is exempted in the computation of the amount of the payment to the funeral director. (f3) Contributions and payments made from the estate of the deceased recipient in excess of the $1750 exclusion are subtracted from the statutory maximum of $1,200. The balance of the funeral director's unpaid expenses, up to the statutory maximum of $1,200, will be paid.

4810.05.05.05 Contributions/Resources of $2350 or More (C)

If all contributions plus the resources of the deceased total $2,950 or more, none of the funeral director's expenses will be paid.

4810.05.05.10 Contributions/Resources of $1750 to $2,950 (C)

If all contributions plus the resources of the deceased exceed $1750, but are less than $2,950, the $1,200 maximum payment from state funds to the funeral director will be reduced dollar for dollar by the amount in excess of $1750. The funeral director will be paid up to $1,200 or the amount of his unpaid expenses, whichever is less.

EXAMPLE 1: Contributions = $1850 Funeral Expenses = $3,000 $1850 - $1750 (exclusion) = $100 $1,200 (maximum payment) - $100 = $1,100 Payment to Funeral Director = $500
EXAMPLE 2: Contributions = $1850 Funeral Expenses = $2000 - $1850 paid = $150 still owed $1850 - $1750 (exclusion) = $100 $1,200 (maximum payment) - $100 = $1,100 Payment to Funeral Director = $150 (Unpaid balance of funeral expenses.)

4810.05.05.15 Contributions/Resources of $1750 or Less (C)

If all contributions plus the resources of the deceased total $1750 or less, the funeral director's payment will be

$1,200 or the amount of his unpaid expenses, whichever is less.

EXAMPLE 1: Resources = $1750 Funeral Expenses = $2200 - $1750 paid = $450 still owed $1750 - $1750 (exclusion) = $0 Payment to Funeral Director = $450 (Unpaid balance of expenses.)
EXAMPLE 2: Contributions = $1500 Funeral Expenses = $2500 $1500 - $1750 (exclusion) = $0 Payment to Funeral Director = $600 (Maximum)

4810.10.00 PAYMENT FOR CEMETERY EXPENSES (C)

Cemetery expenses include all expenses connected with the interment of the body or remains in a cemetery, such as:

purchase of a burial plot;

opening and closing the grave;

purchase of a cemetery vault;

purchase of a special wooden box or concrete slab when required by cemetery authorities;

the cost of renting a lowering device; and

tent and artificial grass, if required by cemetery authorities.

Cremated remains must be buried in a cemetery in order to receive payment for burial expense. A cremation vault on its own will <u>not</u> be considered a cemetery expense.

A monument or headstone is <u>not</u> considered a cemetery expense.

If there are no other resources, payment not to exceed $400 shall be paid to meet the cemetery expenses.(f4)

4810.10.05 Computation of Cemetery Payment (C)

Relatives and/or friends may contribute as much as they wish toward the cemetery expenses of the deceased recipient. However, all contributions and the resources of the deceased must be considered when determining the amount, if any, of the funeral expenses to be paid.

An amount of $400 in contributions and resources is exempted in the computation of the amount of the payment to the cemetery.(f5) Contributions and payments made from the estate of the deceased recipient in excess of the $800 exclusion are subtracted from the statutory maximum of $400. The balance of the cemetery's unpaid expenses, up to the statutory maximum of $800, will be paid.

4810.10.05.05 Contributions/Resources of $400 or More (C)

If all contributions plus the resources of the deceased total $1,200 or more, the cemetery representative's expenses will not be paid.

4810.10.05.10 Contribution/Resources Of $800 To $1,200 (C)

If all contributions plus the resources of the deceased exceed $400 but are less than $1,200, the $800 maximum payment from state funds to the cemetery will be reduced dollar for dollar by the amount in excess of $400. The cemetery representative's payment will be up to $800 or the amount of his unpaid expenses, whichever is less.

EXAMPLE 1:

Contributions = $500 Cemetery Expenses = $1,200

$500 - $400 (exclusion) = $100
$800 (maximum) - $100 = $700 payment to cemetery

4810.10.05.15 Contributions/Resources of $400 or Less (C)

If all contributions plus the resources of the deceased total $400 or less, the cemetery representative's payment will be $800 or the amount of his unpaid expenses, whichever is less.

EXAMPLE 1:

Resources = $300 Cemetery Expenses = $1,500

$300 - $400 (exclusion) = $0

Payment to cemetery = $800 (maximum)

4815.00.00 SUBMISSION OF BURIAL CLAIMS TO THE DFR (C)

Except as provided in Subsection 4815.05.00, the funeral director and the cemetery representative are to file separately for payment of the deceased recipient's burial expenses.(f6) The form used for this purpose is State Form 35937 (R3/3-04)/ FM0033 Application and Claim for Funds to Defray Burial Costs of Medicaid Aged, Blind, and Disabled Recipients.(When a determination has been made by the DFR that the estate of the deceased recipient could make full or partial payment for burial expenses, the claimant must attach documentation to the claim to substantiate that the estate was insufficient to pay the burial expenses.

4815.05.00 SUBMISSION OF CEMETERY CLAIM BY FUNERAL DIRECTOR (C)

A funeral director may file and receive payment for cemetery expenses if he attaches proof to the claim that:

he is the cemetery representative; or
he has been designated such by the cemetery representative.

In addition, the funeral director must attach a receipt for the cemetery expenses to the claim form. If there was no charge for opening and closing the grave, a notation to this effect must be entered on the claim by the funeral director. If the funeral director is designated as the cemetery representative, cemetery claims submitted by any other party will <u>not</u> be paid.

<u>4820.00.00 CONSIDERATION OF BURIAL CLAIMS BY THE DFR (C)</u>

The payment of funeral and cemetery expenses is based upon the charges for burial expenses, the existence of other funds to meet such expenses, and the legal maximum payments from public funds. The DFR is to investigate the resources of the deceased recipient and record a summary of the findings and any additional pertinent information on the reverse side of the burial claim form. The amounts paid by all other sources toward burial expenses should be verified by the DFR before a recommendation for payment is made.

If the DFR determines that payments made toward burial expenses are insufficient to cover the costs, and payment of the claim is to be approved by the DFR, the Director of the DFR shall:

Certify that State Form 35937 (R3/3-04)/ FM0033 is in proper form and that the amount being recommended for payment is correct based on information submitted by the funeral director or the cemetery representative;

sign the form; and

file copies in the deceased recipient's case record.

4825.00.00 VERIFICATION BY THE DFR OF BURIAL CONTRIBUTIONS (C)

In the event inaccurate information was recorded on the funeral and/or cemetery claim regarding the amount of the individual contribution, the DFR will follow up. If it is determined that there was collusion, misrepresentation, or apparent fraud on the part of the funeral director and/or the cemetery representative to obtain more payment, the DFR will refer the case for prosecution.

4830.00.00 PAYMENT FOR BURIAL EXPENSES (C)

Recommendations for payment of funeral and cemetery expenses of deceased recipients are to be submitted for final approval to the Director of Medicaid Burials, 702 Goodwin Place, Suite A, Kendallville, IN 46755. After final approval claims will be submitted for payment to FSSA Administrative Services-Burials, 402 W Washington Street PO Box 28, Indianapolis, Indiana 46204 Any business receiving payment from the Auditor of State must have a Vendor Information Form, State Form 53788 (R2/10-09)., Request For Taxpayer Identification Number and Certification, on file in the State Auditor's office. If a business has never received payment through the State Auditor's office, a State Form 53788 (R2/10-09). W-9 must be attached to each business' initial claim form. Remittance will be made directly to the claimant.

After the Director of the DFR has approved the claim as explained in section 4820.00.00, he enters the date the County Board approved the payment, signs the form, and files the original with the County Auditor for payment. Copies are filed in the deceased recipient's case record.

Once payment has been made by the County Auditor for the DFR, Form FM0039, Claim for Reimbursement of Burial Expenses under Part III of The Welfare Act of 1936, is to be completed in triplicate with the Director's signature for reimbursement. The original is sent to FSSA Financial Management, PO Box 7128, County Reimbursement, Indianapolis, Indiana 46207-7128, the second copy is sent to the County Auditor and the third copy is retained in the Local Office.

Reimbursements of burial expenses are made to vendors by direct deposit in the account on file through completed vendor information form, State Form 53788 (R2/10-09).

4835.00.00 INSURANCE SETTLEMENTS (C)

A surviving relative of a deceased recipient may be the beneficiary of a cash settlement from a life insurance policy on the deceased.

The insurance settlement is the income or resource of the surviving relative. However, if all or part of the insurance settlement is used to meet the burial expenses of the deceased recipient, the funds used for burial expenses are to be considered a contribution from a relative.

If the surviving relative is also an applicant or recipient, the insurance settlement may affect his eligibility depending on the program involved.

4899.00.00 FOOTNOTES FOR CHAPTER 4800

(f1) 470 IAC 10.3-6-1; 405 IAC 2-4-1
(f2) IC 12-14-6-1; IC 12-14-17-2
(f3) 12-14-6-3; IC 12-14-17-4
(f4) IC 12-14-6-2; IC 12-14-17-3
(f5) IC 12-14-6-4; IC 12-14-17-5
(f6) IC 12-14-6-5; IC 12-14-17-6