

Objectives for Introduction



Participants will:

- ❑ Meet other participants/trainers
- ❑ Discuss standards, expectations, and attendance policy for the training course
- ❑ Examine topics of discussion for Phase III
- ❑ Implement a strategy for decision making

Topics For Discussion

Phase 3 New Worker Training

Day 1

- Introduction
- Using Other Resources

Day 2

- Using Other Resources
- Basic Interviewing Skills
- Identifying Red Flags

Day 3

- Management
- OIS Referrals
- ABAWD Identification

Day 4

- Periods of Eligibility
- Changes
- Shelter
- Skill Building

Day 5

- Skill Building (continued)
- Childcare Communication
- Knowledge Assessment
- Closing Discussion/Activity



EDUCATION AND TRAINING SERVICES SECTION

OFFICE OF FAMILY INDEPENDENCE SOCIAL SERVICES

TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in the Office of Family Independence (OFI) and Social Services training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping;
- personal attacks, use of offensive language, argumentativeness, or excessive talking;
- use of the Internet for reasons other than classroom activity;
- eating or drinking while in the computer lab;
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training.

The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave.

The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave, or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for OFI and Social Services training programs.

Signature _____ Date _____

Objectives for Other Resources



Participants will:

- ❑ Examine DOL, BENDEX and SDX screens
- ❑ Review the policy regarding excess medical deductions
- ❑ Demonstrate the ability to correctly enter medical deduction information into SUCCESS computer system
- ❑ Discuss Workers' Compensation payments
- ❑ Explore Section 8 and subsidized housing situations



Using Other Resources

There are a variety of other resources that provide valuable information to the case manager. Some of these resources, such as the interfaces available through Clearinghouse, are readily available, but require some explanation. Others are benefits such as Workers' Compensation and Section 8/HUD Housing that can provide valuable information to the case manager if you know what to look for. In the rest of this section you will learn how to retrieve this information.

Key “Y” to get name and address of employer

Quarter and year wages were earned

Wages earned during quarter

Next SSN
SSN 254 12 5409
Sel Y

DOL WAGE INQUIRY - WGEI

Benefit Year Begin Date

Employer Name Emplr Num

Qtr/Yr	Wages	Sur
1 06	3,859	WAT
2 06	2,794	WAT
3 06	3,954	WAT
2 06	651	WAT

First 3 letters of surname of employee

Qtr/Yr Qtr-Total

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/05		4/05		1/06	3,859	2/06	3,445

Tot Wages 7,304 **Potential Amount** 91 **Num of Wks** 20 **Max Amt**

Message

13-BENDEX 14-SDX1 16-UCBI

Total wages for the 4 indicated quarters

Potential payment and number of weeks of UCB for which the employee may be eligible

Total wages earned (if any) for the quarter

When you have an A/R who has lost their job, look for potential eligibility for UCB.

Compare the surname on DOL with the A/R's surname for discrepancies. The discrepancy can be for several different reasons. An incorrect SSN could have been entered by DOL or the employer. Or the A/R is using another name. This could be because of a recent marriage or divorce or because the A/R is working under another name. These discrepancies need to be resolved!

DOL WAGES – EXAMPLE

DOL WAGE INQUIRY - WGEI				WGEI	
Next SSN				01	
SSN	255 22 4500	Benefit Year Begin Date			
Sel	Employer Name	Emplr Num	Qtr/Yr	Wages	Sur
	BEVERLY HEALTH INC	05965114	1 06	3,859	SMI
	BEVERLY HEALTH INC	05965114	2 06	2,794	SMI
	KAISER INC	63251981	3 06	3,954	SMI
	KAISER INC	63251981	2 06	651	SMI
	CALDWELL TEMP	71298451	2 06	427	SMI

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/05		4/05		1/06	3,859	2/06	3,872

Tot Wages	7,731	Potential Amount	91	Num of Wks	20	Max Amt
Message						

13-BENDEX	14-SDX1	16-UCBI
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This A/R has wages from three different employers and wages from all of them in the second quarter of 2006. What are some of the possible reasons for this A/R's work history in the second quarter of 2006?

DOL WAGES – Exercise

DOL WAGE INQUIRY - WGEI		WGEI	
Next SSN		01	
SSN 255 01 4112	Benefit Year Begin Date		
Sel Employer Name	Emplr Num	Qtr/Yr	Wages Sur
HOPKINS CORP	05748116	4 05	1,987 JON
PRUDENTIAL	05561111	3 05	2,501 JON
PRUDENTIAL	05561111	2 05	4,901 JON
FAST TEMP	71298451	1 06	984 KIN

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
2/05	4,901	3/05	2,501	4/05	1,987	1/06	984

Tot Wages	10,373	Potential Amount	116	Num of Wks	24	Max Amt
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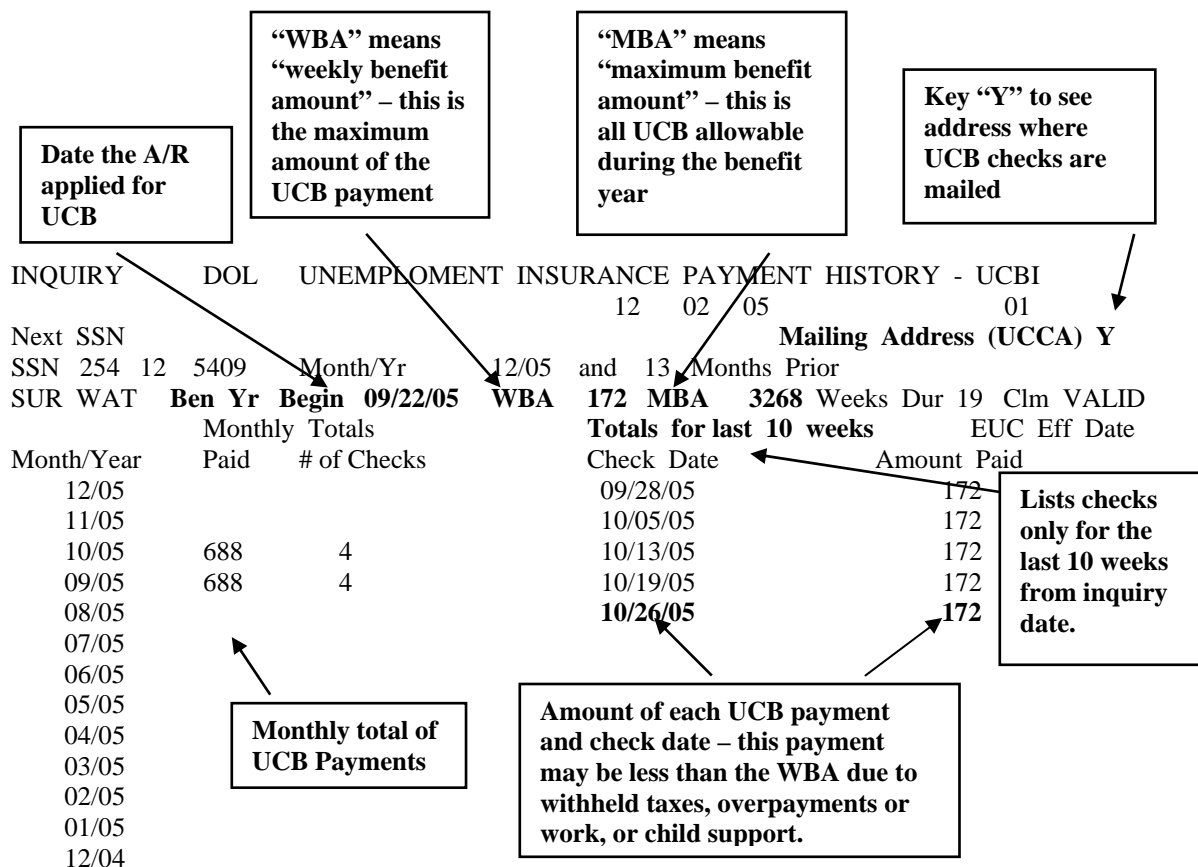
Message

13-BENDEX 14-SDX1 16-UCBI

You are looking at this DOL screen on 5/2/06 for your A/R, Pamela Jones. Answer the following questions:

- On 5/2/06, what is the latest qtr. that would be available on DOL?
- Approximately when did Ms. Jones work for Prudential?
- Is Ms. Jones still employed by Prudential?
- What are her total earnings from Fast Temp?
- Is Ms. Jones potentially eligible for Unemployment? How much? How many weeks?
- Are there any discrepancies in the DOL information?

CLEARINGHOUSE - DOL UNEMPLOYMENT



Message

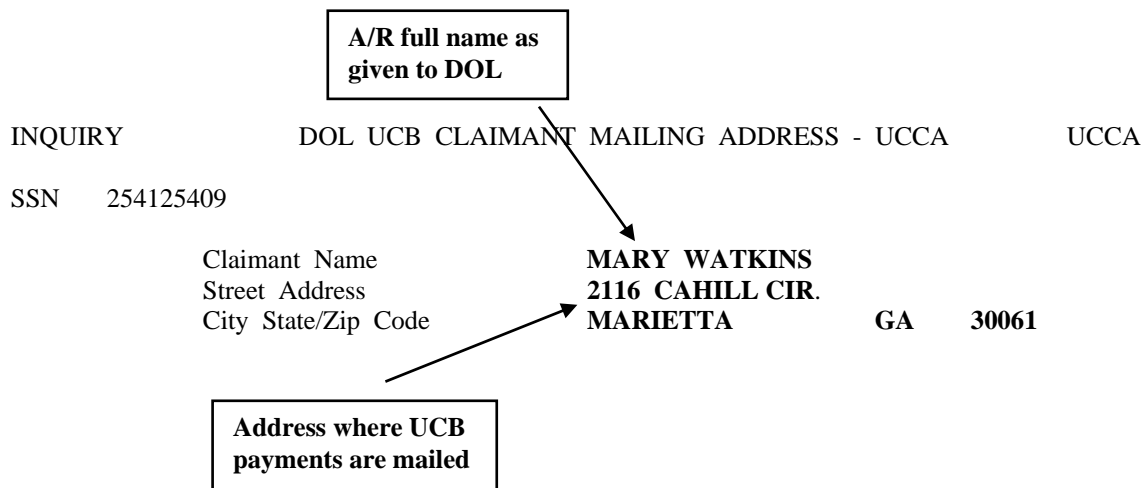
13 – BNDX 14 – SDXI 15 – WGEI

Always compare the UCB address with the address reported to you. No one reports a fake address to UCB because this is the address the UCB check is sent to!

The WBA is the maximum UCB payment that an employee is potentially eligible to receive. However, the actual UCB payment may be less. You will count the gross or the net UCB payment depending on the reason why a partial payment is being made. There are four reasons for a partial payment:

- 1) ***the A/R opted to have taxes withheld from their payment (the gross UCB payment is counted)***
- 2) ***the A/R is employed part-time and is eligible for a partial UCB payment (the net UCB payment is counted)***
- 3) ***a UCB overpayment is being deducted from the UCB check (the net UCB payment is counted unless the overpayment is the result of fraud)***
- 4) ***the A/R opted to have child support payments deducted from the UCB check (the gross amount is counted)***

CLEARINGHOUSE – UCB ADDRESS



Always resolve discrepancies between the address and name reported to you and the address and name reported to UCB.

The UCB address is where the UCB check is sent. Along with this check is a stub that must be completed by the recipient verifying their job search to DOL. If the recipient does not return this completed stub, he will not continue to receive UCB. So it is extremely rare for a recipient not to give their actual address to UCB.

The mailing address does not come up automatically. You have to select it on the previous UCB screen. Always look at the mailing address if the A/R is receiving or recently received or applied for UCB.

*If you have a discrepancy between the address reported to you and the UCB address, then you have a **questionable situation!***

INQUIRY		DOL	UNEMPLOMENT		INSURANCE			PAYMENT HISTORY - UCBI		
					01	04	06	01		
Next SSN						Mailing Address (UCCA) Y				
SSN	258	12	4498	Month/Yr	01/06	and	13	Months	Prior	
SUR	ROL	Ben	Yr	Begin	02/01/05	WBA	160	MBA	3040	Weeks
		Dur	19	Clm	VALID					
		Monthly	Totals			Totals for last 10 weeks			EUC Eff Date	
Month/Year		Paid	# of Checks			Check Date			Amount Paid	
12/05		725	5			12/27/05			145	
11/05		580	4			12/20/05			145	
10/05						12/13/05			145	
09/05						12/07/05			145	
08/05						12/01/05			145	
07/05						11/24/05			145	
06/05						11/18/05			145	
05/05						11/12/05			145	
04/05						11/05/05			145	
03/05		580	4							
02/05		290	2							
01/05										
12/04										

13 – BNDX 14 – SDXI 15 – WGEI

1. When did the benefit year for this UCB claim begin?
2. When will the benefit year for this claim end?
3. How much is the WBA?
4. How much is the MBA?
5. How much is the actual UCB payment?

6. Why isn't the A/R receiving the WBA?
7. When did the A/R receive her first check?
8. When did the A/R receive her last check?
9. What happened April through October?

						UNEMPLOMENT INSURANCE PAYMENT HISTORY - UCBI							
INQUIRY		DOL				12 21 06			01				
Next SSN						Mailing Address (UCCA) Y							
SSN	259 22	5499	Month/Yr		12/06	and 13 Months Prior							
SUR	JOH Ben	Yr Begin	03/14/06	WBA	199 MBA	3781 Weeks	Dur	19 Clm	VALID				
		Monthly Totals				Totals for last 10 weeks				EUC Eff Date			
Month/Year		Paid	# of Checks		Check Date				Amount Paid				
12/06													
11/06													
10/06													
09/06													
08/06													
07/06 796 4													
06/06 995 5													
05/06 796 4													
04/06 796 4													
03/06 398 2													
02/06													
01/06													
12/05													

13 – BNDX 14 – SDXI 15 – WGEI

1. What is the benefit year begin date?
2. What is the benefit year end date?
3. What is the maximum benefit amount for this A/R?
4. How can you determine if the UCB is exhausted?

INQUIRY																DOL	UNEMPLOMENT INSURANCE PAYMENT HISTORY - UCBI										
																		12	12	06					01		
Next SSN																	Mailing Address (UCCA) Y										
SSN 254 17 6921																	Month/Yr 12/04 and 13 Months Prior										
SUR SMI Ben Yr Begin 07/15/06 WBA																	201 MBA 5025 Weeks Dur 25 Clm VALID										
Monthly Totals																	Totals for last 10 weeks EUC Eff Date										
Month/Year Paid # of Checks																	Check Date Amount Paid										
12/06																	09/28/06									201	
11/06																											
10/06																											
09/06																	804									4	
08/06																	804									4	
07/06																	201									1	
06/06																											
05/06																											
04/06																											
03/06																											
02/06																											
01/06																											
12/05																											

13 – BNDX 14 – SDXI 15 – WGEI

1. How much UCB has this A/R received?
2. How much more UCB could this A/R receive?
3. In Food Stamps, what should you do if the A/R still has UCB available?
4. If the A/R becomes eligible again for UCB and receives the WBA, how much would you budget ongoing each month?

INQUIRY														DOL														UNEMPLOMENT INSURANCE PAYMENT HISTORY - UCBI																											
																												12 27 06														01													
Next SSN																												Mailing Address (UCCA) Y																											
SSN 253 17 2410														Month/Yr 12/06														and 13 Months Prior																											
SUR DUN Ben Yr Begin 10/27/06 WBA														150 MBA 2850 Weeks Dur 19 Clm VALID																																									
Monthly Totals														Totals for last 10 weeks														EUC Eff Date																											
Month/Year														Paid # of Checks														Check Date														Amount Paid													
12/06														536 4														12/22/06														134													
11/06														536 4														12/15/06														134													
10/06																												12/08/06														134													
09/06																												12/01/06														134													
08/06																												11/25/06														134													
07/06																												11/17/06														134													
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05/06																												11/03/06														134													
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03/06																																																							
02/06																																																							
01/06																																																							
12/05																																																							

13 – BNDX 14 – SDXI 15 – WGEI

This is an example of a difference in the WBA and the actual payment made to the UCB recipient. Answer the following questions:

1. What is the weekly benefit amount?
2. What is the actual UCB payment amount?
3. What are the 4 possible reasons for the difference between the WBA and the actual UCB payment?
4. What payment amount would be budgeted in the FS case if the A/R opted to have taxes withheld from their UCB payment?
5. Does the UCB screen tell you the reason the actual check is less than the WBA?

INQUIRY W-4 EMPLOYER REPORTING SYSTEM W4ER
NEW HIRE INFORMATION INQUIRY

SSN: 321-61-5800 A/R SSN and name

LAST NAME: PHILLIPS FIRST NAME: SAM MI:
ADDRESS1: 1902 LOWELL TERR
ADDRESS2:
CITY: STONE MTN STATE: GA
ZIP CODE: 30083

A/R address and date of birth D-O-B: 12/26/70 D-O-H: 01/21/06

EMPLOYER NAME: JO-MAC ENTERPRISES
FEDERAL ID: 246000085 ADDRESS1: 32 JOHNSON HWY.
PHONE: (770) 363-9251 CITY: CONYERS
ZIP CODE: 30064

STATE: GA

Date employee was hired

Message Employer name, business address and phone #

The employer address may be the actual site where the A/R works, but it may also be a central business office or corporate address.

SOCIAL SECURITY (RSDI) AND SSI

Social Security (RSDI) and SSI (Supplemental Security Income) are two very distinct programs, both of which are administered by the Social Security Administration (SSA). It is very important to understand the differences between the two programs.

RSDI

RSDI stands for **R**etirement, **S**urvivors, **D**isability Insurance. Each of these words explains what Social Security (RSDI) is.

- ✓ **Retirement** – an individual can receive retirement payments from Social Security starting at age 62. In addition, the spouse and dependent children of this person can also receive benefits through the retired person's account.
- ✓ **Survivors** – the spouse and dependent children of a deceased individual may receive SS benefits through the deceased person's account.
- ✓ **Disability** – an individual can receive disability payments at any age. In addition, the spouse and dependent children of the disabled person can also receive SS benefits through the disabled person's account.

The amount of the RSDI payment is determined by the contributions that were made to their account while employed. If the contributions do not produce a specified minimum amount (which changes annually), then the person can receive either a combination of RSDI and SSI payments, or SSI alone.

SSI

SSI stands for Supplemental Security Income. A disabled individual of any age (and a person who is 65 or older is defined as disabled) may be eligible for SSI if they are not eligible for RSDI because they have not paid enough contributions into their RSDI account. SSI benefits are paid only to an individual.

Important Facts

When a person applies for RSDI disability, he also applies for SSI. When a person is approved for RSDI disability, he is almost always approved for SSI first because processing for SSI is faster and after two or three months of SSI eligibility he then starts receiving RSDI. This means that almost everyone approved for Disability receives SSI for at least a few months.

A person approved for benefits by the SSA may receive them in one of three ways:

- ✓ **receive RSDI only**
- ✓ **receive SSI only**
- ✓ **receive a combination of RSDI/SSI**

SOCIAL SECURITY CLAIM SUFFIXES* ***(Or BICs - Benefit Identifying Codes)***

(Person's own #)	DI	=	Supplemental Security Income (SSI)
(Person's own #)	A	=	Wage earner (person paid in - is retirement)
(Spouse's #)	B	=	Spouse benefit - living wage earner
(Parent's #)	C	=	Child benefit (parent is dead or disabled - stops at age 18)
(Deceased person's #)	D	=	Widow/widower
(Deceased person's #)	E	=	Benefit for young widow with minor child (stops when youngest child turns 16)
(Child's #)	F	=	Parent's benefit - drawing on child's account
(Person's own #)	HA	=	Disability
(Person's own #)	J or K	=	Special age benefit (very few living)
(Person's own #)	T	=	Entitlement to hospital benefit (not enough quarters to draw a check - Medicare B only)
(Deceased person's #)	W	=	Widow under 60 who is disabled

*When a number follows the letter, more than one person is drawing on this claim number. Youngest is lowest number.



SOCIAL SECURITY – BENDEX INQUIRY

INQUIRY	1	BENDEX INQUIRY – BNDX	2	3	BNDX
NEXT SSN					01
Claimant Name JOHN		P NGUYEN	DOB 06 21 35		SEX M
County 050			Beneficiary's own SSN	256 21 4987	
SSA Claim Number 256 21 4987 A			Claimant SSN	256 21 4987	
Agency Code 110			Category of Assistance	A	
State Control Data		4	Old BIC	Payment Status CP	
Mo. Benefit Payable 150.00		5	Date of Initial Entitlement	07 93	
Gross Amount Payable 150.30		6	Date of Current Entitlement	07 93	
Net Monthly Amount 150.00			Communication Code	MAT	
Black Lung Acct. No. 00000000		7	Prev Gross Amt 150.30	Date 11 97	
BL Entit/Term Date 00 00 BL Status			SSI Entit/Term Dt 06 93	Status E	
BL Payment Amount 0.00		8	Monthly Overpymt Deducted	0.00	
RR Claim No RR Status			End Date Overpayment	00.00	
SMI Option Code Y		9	H.I. Option Code E	Amt 0.00	
SMI Premium Amt 93.50			H.I. Date Entit/Term	06 96	
SMI Premium Payer 110			Disab Onset 00 00	Direct Dep C	
SMI 3 rd Party DT Entit/Term		10	Trip Entit SSN	000 00 0000	
Dual Entit SSN 000 00 000					
Message					11
0020 INQUIRY COMPLETED SUCCESSFULLY					
14 – sdx 15 – wgei 16 – ucbi					

This is an example of a typical BENDEX screen. It contains some information that is self-explanatory, some information that is not useful and some information that is relevant. Following is an explanation of what the codes for the most useful information mean.

1 **SSA Claim Number** – This is the claim number that was entered in SUCCESS, but if the number doesn't match the info in the SSA files, then the number from SSA is entered.

2 **Beneficiary's own SSN** - This is the SSN for the A/R. What we call Social Security is officially named RSDI which stands for **R**etirement, **S**urvivors, **D**isability **I**nsurance. An individual can receive SS because he is retired or disabled. In addition, his spouse and children can also receive benefits through his account if he is retired, disabled or deceased.

3 **Claimant SSN** – If a child or spouse is receiving SS benefits through a parent's or spouse's account; this is the SSN of that person.

4 **Mo. Benefit Payable** – This is the net amount of the SS payment. If the A/R ever received SS, there will be an amount here.

5 Gross Amount Payable – This is the gross monthly SS payment due before any deductions for Medicare. This is the SS payment (including the cents) that you budget in your case unless an overpayment is being deducted from the SS. However, if the overpayment was due to fraud, then you would count the gross payment. Note that the gross amount usually includes cents. This payment, including the cents should be budgeted in the case.

6 SSI Entit/Term Dt and Status – The SSI entitlement/termination date indicates either the first month of SSI or the month after the last month of an SSI payment if SSI has been terminated. The status indicates whether the SSI is active or terminated. The codes A, E, and M indicate an SSI payment. D indicates denial. Codes T through Z indicate termination of SSI.

7 Monthly Overpymt Deducted – This indicates an overpayment withheld from the SS check. Remember that if the overpayment is the result of fraud, then you would count the gross amount payable.

8 SMI Option Code - This code indicates Medicare eligibility status. Codes G and Y show eligibility. Any other letters show ineligibility for Medicare.

9 SMI Premium Amount – This indicates the amount of the Medicare premium deducted from the SS check. In your budgeting, this is not deducted from the SS check. But remember that if the A/R is responsible for the Medicare payment, then this premium is budgeted as a medical deduction in FS.

10 SMI Premium Payer - This indicates who is responsible for paying the Medicare premium. If the A/R receives SSI or a low SS check, then the state may pay this premium for the A/R. This is indicated by the code 110. If the A/R does not pay this premium, then a medical deduction is not allowed for it. If the A/R is responsible for the premium, then the code should be “self”.

11 Direct Dep – This indicates whether there is direct deposit of the SS payment and the type of bank account that the check is deposited into. The code is C for checking and S for savings.

BENDEX INQUIRY – Exercise

INQUIRY	BENDEX INQUIRY – BNDX	BNDX
NEXT SSN		01
Claimant Name SAMUEL	JOHNSON	DOB 07 21 32 SEX M
County 050		Beneficiary's own SSN 254 31 7952
SSA Claim Number 254 31 7952 A		Claimant SSN 254 31 7952
Agency Code 110		Category of Assistance A
State Control Data		Old BIC Payment Status CP
Mo. Benefit Payable 746.00		Date of Initial Entitlement 07 93
Gross Amount Payable 839.50		Date of Current Entitlement 07 93
Net Monthly Amount 839.00		Communication Code MAT
Black Lung Acct. No. 00000000		Prev Gross Amt 839.50 Date 11 00
BL Entit/Term Date 00 00 BL Status		SSI Entit/Term Dt 06 96 Status E
BL Payment Amount 0.00		Monthly Overpymt Deducted 0.00
RR Claim No RR Status		End Date Overpayment 00.00
SMI Option Code Y Date Entitled 06 96		H.I. Option Code E Amt 0.00
SMI Premium Amt 93.50 Date Term 00 00		H.I. Date Entit/Term 06 96
SMI Premium Payer SELF		
SMI 3 rd Party DT Entit/Term 00 00		Disab Onset 00 00 Direct Dep S
Dual Entit SSN 000 00 000		Trip Entit SSN 000 00 0000

Message

0020 INQUIRY COMPLETED SUCCESSFULLY

14 – sdx 15 – wgei 16 - ucbi

You are looking at the BENDEX screen for Samuel Johnson. Answer the following questions:

1. Are Mr. Johnson's Social Security number and claim number different?
2. How much is his "monthly benefit payable"?
3. How much is his "gross amount payable"?
4. Is the A/R eligible for Medicare?
5. How much is the Medicare premium?
6. Who pays the Medicare premium?
7. What is the amount of Social Security that you would budget in the FS case?

SSI – SDX1 INQUIRY

INQUIRY		STATE DATA EXCHANGE - SDX1		SDX1	
NEXT SSN				01	
Client Name	JOHN NGUYEN	Client ID	152 21 0698		
DOB	05 19 1950	Race	W		
Date of Death	2	Sex	M	Sts	3
Appl Date	02 09 88	Denial Date		Appeal Date	
Chg Dt	02 88	Pay Stat	C01	Fed Liv	A
Adv	5	Bdgt Mo.	2	SSI/GPA	328.00
Mthly Asst	262.00				
----- OVERPAYMENT -----					
Ind	Balance	Waiver Amt	Waiver	Date	
Message					
----- RESOURCES -----					
House	MV	Lfe	Ins	Prop	
Z	B	Z	Z	Z	

The State Data Exchange Screens (SDX) contain information about the Supplemental Security Income (SSI) benefit amounts. There are three SDX screens for SSI. This is a typical example of the first screen (SDX1) of SDX. The screen contains some information that is self-explanatory, some information that is not useful and some information that is relevant. Below is an explanation of what the codes for the most useful information mean.

- 1 **Mrtl Sts** – This indicates the marital status of the SSI recipient. The codes are: 1 (married and living together), 3 (single, widowed or divorced) and 4 (married, but separated).
- 2 **Appl Date** – This indicates the application date for SSI.
- 3 **Denial Date** and **Appeal Date** - The denial date indicates when an SSI application has been denied. The appeal date indicates when the denial was appealed.
- 4 **SSI Elig Date** – This indicates the begin date of SSI eligibility.
- 5 **Chg Dt** – The change date indicates the latest change or update to the SSI.

6 Pay Stat - The payment status indicates whether the recipient is currently receiving SSI. This is coded in a letter and two number format (for example, T22). But since there are dozens of these codes, you can use just the letter prefix to determine the payment status. The letter codes are:

C – the A/R is currently receiving SSI; usually this is coded as C01

H – the case is in “hold” status while an action is pending

N – this means “non-pay” and indicates that the A/R is not receiving SSI

S – this means “suspense” and indicates that the A/R may be eligible for SSI, but the check is currently being withheld

T – this means that the SSI check has been terminated

7 Fed Liv – The “federal living arrangement” for the A/R in the budget month. The codes are A (own household), B (another’s household), C (parent’s household) and D (an institution).

8 SSI/GPA – This indicates the SSI gross payable amount. This is the gross amount that the A/R is entitled to receive before any overpayments are withheld. Budget the gross payment.

9 Mthly Asst – The monthly assistance is the actual amount of the SSI payment. If this payment is less than the SSI/GPA, then an overpayment is being withheld. The monthly assistance payment is budgeted unless the overpayment was the result of fraud. **Effective October 1, 2002 the monthly assistance payment amount should always be used in the budget.**

10 Overpayment – This concerns SSI overpayments. The codes for the Ind (indicator) are O (overpayment), U (underpayment) and B (both over and underpayment). The balance shows the current amount of the overpayment. The waiver indicates the amount of the overpayment that has been waived from repayment.

11 Resources – This concerns the resources of the A/R. The codes for house are A (owns residence) and Z (does not own home). The codes for MV, motor vehicles, are B (owns vehicle) and Z (no vehicle).

SSI – SDX2 INQUIRY

INQUIRY STATE DATA EXCHANGE – SDX2 SDX2

Client Name **1** JOHN NGUYEN Client ID 01

DOB 05 19 1950 Individual SSN 152 21 0698

EI Net Amt **UI Net Amt** Deemed Inc Amt **SSI/GPA** **Mthly Asst**

250.00 328.00 262.00

----- EARNED INCOME INFORMATION -----

Period Wage Est Self-em. Est Blind PASS

----- UNEARNED INCOME INFORMATION ----- **7**

Type	Recip Amt	Start Dt	Stop Dt	Claim Num	Freq	Cd
3 A	270.00	01 06		152409860	8	C
A	264.00	01 05	12 05	152409860	8	T
4 S	40.00	01 05	01 05	CASH FR SON		N

5 **6** **8**

Message

1 **UI Net Amt** – This indicates the unearned income budgeted for SSI after deductions. This income is used by SS to determine the SSI payment. This field and the **EI Net Amt** and **Deemed Inc Amt** fields are important because they show you income that the A/R has reported to SS.

2 **SSI/GPA** and **Mthly Asst** – These fields are a duplication of the same fields on SDX1.

Unearned Income Information – The SDX2 screen contains useful information about other income that the A/R may have. This information should be compared to what has been reported to you. Note that the screen also indicates information about earned income, but in the vast majority of cases, the other income is unearned, which is why we will concentrate on that.

3 Type - This indicates the type of unearned income. The codes for the most common types of unearned income are:

A – Social Security (RSDI)

C, E – Both of these codes are for VA (Veteran's Administration) income

H – In-kind Income. This refers to the support provided by someone that the A/R lives with. This is a monetary valuation that SS assigns to the assistance (usually the providing of housing) that the A/R receives. It is not actually income and would not be budgeted in FS. However, it usually indicates that there is another HH member.

N – Child Support

Q – Workers' Compensation

S - Other. This indicates income for which a code doesn't exist. It is usually explained under **Claim Number**. Note that in our example, this other income is documented as **Cash Fr(om) Son**.

4 Recip. Amt – The monthly amount of unearned income received. SS applies a \$20 exclusion to this income to produce the **UI Net Income**.

5 Start Date – This indicates the date the income started.

6 Stop Date – This indicates the last month that the income was received. Note that in our example, there are two Social Security payments (code **A**). The first one has no stop date, which indicates that it is ongoing. The second one has both a start and stop date, which indicates the period of time that this amount of Social Security was received. Since Social Security is increased every year, this will be seen very frequently. Note also that the start and stop date for the cash is the same month. This indicates that it was one-time only income.

7 Claim Num – This indicates either the claim number through which the income is received or documentation of what the income is. Note that in our example, the SS claim number is different from the A/R's. Note also the documentation of the contribution.

8 Freq Cd – The frequency code indicates how often the income is received. The codes for frequency are:

C – This indicates a continuous monthly payment. This is income that is currently being received.

N – This indicates that the income was one-time only.

T – This indicates terminated income. This, along with the stop date, shows you the last month that the income was received.

INQUIRY STATE DATA EXCHANGE - SDX3 SDX3
01
Client Name JOHN P NGUYEN Client ID
DOB 04 02 1942 Individual SSN 413 64 1625
Residential address of recipient
Payee Name and Address Residence Address
MARY NGUYEN FOR 105 CEDARS DRIVE
JOHN NGUYEN LAWRENCEVILLE GA
2561 JONES ROAD
ATLANTA 30045-6940
30331-9861 GA
**Address where the check
is being mailed and lists
a payee if applicable**

PF13 BNDX PF15 WGE1 PF16 UCBI

TM-23

SDX INQUIRY – Exercise

```

INQUIRY                STATE DATA EXCHANGE - SDX1                SDX1
NEXT SSN                01
Client Name EDITH      AYERS      Client ID
      DOB 10 19 1998      Race B      Individual SSN 289 21 5627
Date of      Mrtl Alien Es. Pers. --SDX Transaction--      Multiple
Death      Sex Sts Code Ind      Code      Date      SSN
      F 3 N 0      08 11 23 04      0
      Appl Denial Denial Appeal Appeal Onset Disab/ SSI Elig Medica
      Date      Date      Code      Date      Code      Blindness      Date      Test
02 09 99      02 09 99      02 09 99
Chg Dt Pay Stat Fed Liv State/Cnty      FS FS FS Input TPL Medica
02 99 C01 C 11530      Appl Stat Date Cd Eff Dt
      N N 02 99      N 02 09 99

----- STATE SUPPLEMENT -----
Adv Pay Bdgt Mo. SSI/GPA Mthly Asst      Amt Pd Elig Pd Grant
      2 512.00 512.00
----- OVERPAYMENT -----
Ind Balance Waiver Amt Waiver Date      House MV Lfe Ins Prop
      Z Z Z Z
  
```

Message

This is the SDX1 screen for Edith Ayers. Answer the following questions:

1. What is the A/R's birth date?
2. When did the A/R apply for SSI?
3. What is the begin date of SSI eligibility for the A/R?
4. What is the payment status for the A/R?
5. What is the "federal living arrangement" for the A/R?
6. What amount would you budget in the FS case?

SDX2 INQUIRY – Exercise

INQUIRY		STATE DATA EXCHANGE – SDX2				SDX2	
						01	
Client	Name	DENNIS		BERGKAMPF		Client ID	
	DOB	05	21	1949		Individual SSN 255 21 9598	
EI	Net Amt	UI	Net Amt	Deemed Inc Amt	SSI/GPA	Mthly Asst	
			440.00		52.00	52.00	
----- EARNED INCOME INFORMATION -----							
Period	Wage Est		Self-em. Est		Blind	PASS	
----- UNEARNED INCOME INFORMATION -----							
Type	Recip Amt		Start Dt		Stop Dt	Claim Num	Freq Cd
A	460.00		01 06			255219598 8	C
A	449.00		01 05		12 05	255219598 8	T
H	50.00		01 05		01 05		N

You are looking at the SDX2 screen for Dennis Bergkamp. Answer the following questions:

1. Is there any earned income currently budgeted in the SSI case?
2. Is there any unearned income currently budgeted in the SSI case?
3. What type of unearned income is currently budgeted in the SSI case?
4. What is the amount of the unearned income that the A/R currently receives?
5. What other type of unearned income has the recipient received?
6. When was the other type of income received?

SDX3 INQUIRY – Exercise

INQUIRY	STATE DATA EXCHANGE - SDX3	SDX3
		01
Client Name JANE	F CAMPION	Client ID
DOB 04 02 1996		Individual SSN 256 68 1794
Payee Name and Address		Residence Address
MARY CAMPION FOR		1562 CAMPBELLTON ROAD
JANE CAMPION		ATLANTA GA
1562 CAMPBELLTON ROAD		30331-6958
ATLANTA GA		
30331-6958		

Message

PF13 BNDX PF15 WGE1 PF16 UCBI

This is an SDX screen for Jane Campion. Answer the following questions:

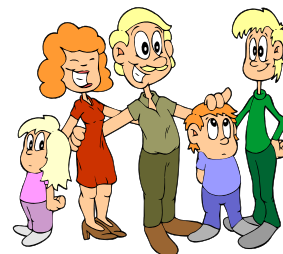
1. What is the birth date for the A/R?
2. Is there a payee for the A/R?
3. Are the payee and residential addresses the same?

MEDICAID AND MEDICARE

Medicaid

A recipient of SSI, no matter how small the SSI payment may be, is almost always eligible for Medicaid. There is no premium payment for Medicaid coverage. Medicaid usually pays all medical expenses.

Some RSDI recipients are also eligible for Medicaid. There are various Medicaid programs for which RSDI recipients with low RSDI payments or high medical bills may be eligible.



Medicare



All RSDI recipients who receive RSDI retirement are covered by Medicare. But if the recipient receives RSDI disability, he must usually wait two years for Medicare coverage. Dependents (children and spouses) who receive RSDI are not eligible for Medicare except for a spouse 65 or older.

Medicare usually does not pay all medical expenses. Normally the A/R has a Medicare premium, deductibles, a portion of bills and prescriptions that he is responsible for paying. **Currently (2007) the Medicare Part B premium is \$93.50 per month. The A/R may also have Medicare Part D for prescription drugs.**

FS MEDICAL DEDUCTIONS

AUs that have members who are age 60 or older or who meets the FS definition of disabled, are eligible for an excess medical deduction if the non-reimbursable portion of their medical bills exceeds \$35 per month. Recall that “disabled” is defined as the recipient of certain specified benefits that include RSDI and SSI. When you have an A/R who receives RSDI and/or SSI, then you should be careful to explore eligibility for an excess medical deduction.

Why This Is Important

Medical deductions are important for the obvious reason that this is part of policy.

Beyond that, however, we should remember that the people who are eligible for an excess medical deduction are the elderly and disabled. When they are eligible for FS, it is because they have fixed income, low income and sometimes, no income. These are some of the most vulnerable people in our society. Food Stamps are often a vital supplement to their low income.

This is especially true when they have medical expenses. If a person is eligible for an excess medical expense, then we need to allow them all of the deductions they are eligible to receive. It can make a major difference in the amount of Food Stamps that they can receive. We do not want to be responsible for someone making a decision between food and medicine because we have not done our job.

SSI Recipients

SSI recipients are always eligible for Medicaid. Medicaid usually pays all medical expenses, but the SSI recipient may have some medical expenses that Medicaid doesn't pay. Because an SSI recipient is potentially eligible for an excess medical deduction, always ask if the SSI recipient has any medical expenses for which they are responsible for paying.

Social Security Recipients

For FS budgeting, it is absolutely essential to determine if the RSDI recipient:

- ✓ is eligible for Medicare
- ✓ is responsible for paying the Medicare premium

If an RSDI recipient is eligible for Medicare and pays the Medicare premium, then the A/R is eligible for an excess medical deduction. The Medicare premium is currently \$93.50 (effective 1/07), which means that the A/R already has a \$58.50 excess medical deduction that must be budgeted in the FS case.

The information about the Medicare deduction is available to you via the BENDEX screens. The following examples of BENDEX screens will show you what to look for.

MEDICARE – BENDEX INQUIRY A/R Pays Medicare Premium

The Gross Amount Payable is the SS payment before the Medicaid premium is deducted. *If there are no overpayments, this is budgeted in the FS case.* The Mo. Benefit Payable is the SS payment after the Medicare deduction.

<p>INQUIRY NEXT SSN Claimant Name SALLY P County 113 SSA Claim Number 256 21 4092 A Agency Code 110 State Control Data Mo. Benefit Payable 541.00 Gross Amount Payable 634.50 Net Monthly Amount 634.50 Black Lung Acct. No. 00000000 BL Entit/Term Date 00 00 BL Status BL Payment Amount 0.00 RR Claim No RR Status SMI Option Code Y SMI Premium Amt 93.50 SMI Premium Payer SELF SMI 3rd Party DT Entit/Term Dual Entit SSN 000 00 000</p>	<p style="text-align: right;">BNDX 01</p> <p>DOB 06 21 52 SEX F Beneficiary's own SSN 256 21 4092 Claimant SSN 256 21 4092 Category of Assistance A Old BIC Payment Status C Date of Initial Entitlement 07 93 Date of Current Entitlement 07 93 Communication Code MAT Prev Gross Amt 621.50 Date 11 05 SSI Entit/Term Dt 06 93 Status E Monthly Overpymt Deducted 0.00 End Date Overpayment 00.00 H.I. Option Code E Amt 0.00 H.I. Date Entit/Term 06 93 Disab Onset 44 63 Direct Dep C Trip Entit SSN 000 00 0000</p>
--	---

Message

002

The SMI option code indicates whether the A/R is covered by Medicare; "Y" and "G" mean yes. The SMI premium amount indicates the amount of the Medicare premium. The SMI premium payer indicates who is responsible for paying the premium. "Self" means that the A/R pays and so is eligible for a medical deduction in FS.

MEDICARE – BENDEX INQUIRY

A/R Is Not Covered By Medicare

<p>INQUIRY NEXT SSN Claimant Name JOSEPH County 050 SSA Claim Number 254 22 9487 A Agency Code 110 State Control Data Mo. Benefit Payable 718.00 Gross Amount Payable 718.30 Net Monthly Amount 718.00 Black Lung Acct. No. 00000000 BL Entit/Term Date 00 00 BL Status BL Payment Amount 0.00 RR Claim No RR SMI Option Code N SMI Premium Amt 00 00 SMI Premium Payer SMI 3rd Party DT Entit/Term 00 00 Dual Entit SSN 000 00</p>	<p>P AYERS</p>	<p>DOB 07 21 50 SEX M Beneficiary's own SSN 254 22 9487 Claimant SSN 254 22 9487 Category of Assistance A Old BIC Payment Status CP Date of Initial Entitlement 07 98 Date of Current Entitlement 07 98 Communication Code MAT Prev Gross Amt 706.30 Date 11 05 SSI Entit/Term Dt Status E Monthly Overpymt Deducted 0.00 End Date Overpayment 00.00 H.I. Option Code E Amt 0.00 H.I. Date Entit/Term Disab Onset 00 00 Direct Dep Trip Entit SSN 000 00 0000</p>
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Message
20 INQUIRY COMPL
14 – sdx 15 – wgei

Note that the only difference in the two amounts is the result of rounding. Medicare is not being deducted.

The SMI option code is "N" which indicates that the A/R is not covered by Medicare. Note that premium amount and payer are blank. The A/R is not entitled to a deduction for a Medicare premium.

MEDICARE – BENDEX INQUIRY

A/R Does Not Pay Medicare Premium

<p>INQUIRY NEXT SSN Claimant Name JOAN N C ROLL County 050 SSA Claim Number 256 21 4561 A Agency Code 110 State Control Data Mo. Benefit Payable 397.00 Gross Amount Payable 397.00 Net Monthly Amount 397.00 Black Lung Acct. No. 00000000 BL Entit/Term Date 00 00 BL Status BL Payment Amount 0.00 RR Claim No RR Stat SMI Option Code Y SMI Premium Amt 93.50 SMI Premium Payer 110 SMI 3rd Party DT Entit/Term Dual Entit SSN 000 00 000</p> <p>Message 0020 INQUIRY COMPL 14 – sdx 15 – wgei</p>	<p style="text-align: right;">BNDX 01</p> <p>DOB 10 21 29 SEX F Beneficiary's own SSN 256 21 4561 Claimant SSN 256 21 4561 Category of Assistance A Old BIC Payment Status CP Date of Initial Entitlement 07 90 Date of Current Entitlement 07 90 Communication Code MAT Prev Gross Amt 397.00 Date 11 05 SSI Entit/Term Dt 06 93 Status E Monthly Overpymt Deducted 0.00 End Date Overpayment 00.00 H.I. Option Code E Amt 0.00 H.I. Date Entit/Term 06 93 Disab Onset 00 00 Direct Dep Trip Entit SSN 000 00 0000</p>
--	--

Note that there is no difference between the two amounts. Medicare is not being deducted.

The A/R has Medicare coverage. The code for the Premium Payer is "110". 110 is the code that indicates the state is paying the premium. The A/R is not eligible for a medical deduction for the Medicare premium because the premium is being paid for the A/R.

BENDEX INQUIRY – Exercise

INQUIRY	BENDEX INQUIRY - BNDX	BNDX
NEXT SSN		01
Claimant Name PENELOPE	M BENTON	DOB 10 10 35 SEX F
County 114		Beneficiary's own SSN 252 43 9434
SSA Claim Number 252 43 9434 A		Claimant SSN 252 43 9434
Agency Code 110		Category of Assistance C
State Control Data		Old BIC Payment Status CP
Mo. Benefit Payable 521.00		Date of Initial Entitlement 05 95
Gross Amount Payable 614.50		Date of Current Entitlement 05 95
Net Monthly Amount 614.50		Communication Code MAT
Black Lung Acct. No. 00000000		Prev Gross Amt 603.50 Date 11 05
BL Entit/Term Date 00 00 BL Status		SSI Entit/Term Dt 00 00 Status
BL Payment Amount 0.00		Monthly Overpymt Deducted 0.00
RR Claim No RR Status		End Date Overpayment 00 00
SMI Option Code Y Date Entitled 05 95		H.I. Option Code E Amt 0.00
SMI Premium Amt 93.50 Date Term 00 00		H.I. Date Entit/Term 00 00
SMI Premium Payer SELF		
SMI 3rd Party DT Entit/Term 00 00		Disab Onset 05 95 Direct Dep C
Dual Entit SSN 000 00 0000		Triple Entit SSN 000 00 0000

Message

14-sdx 15-wgei 16-ucbi

This is a BENDEX screen for Penelope Benton. Answer the following questions:

1. What is the amount of RSDI you would budget in the FS case?
2. Is the A/R eligible for Medicare?
3. How much is the Medicare premium?
4. Who is responsible for paying the Medicare premium?
5. Should the A/R have a medical deduction in the FS case?

BENDEX INQUIRY – Exercise

INQUIRY	BENDEX INQUIRY - BNDX	BNDX
NEXT SSN		01
Claimant Name BETTY M RICKS	DOB 01 26 29	SEX F
County 115	Beneficiary's own SSN 411 46 1942	
SSA Claim Number 254 48 7647 B6	Claimant SSN 254 48 7647	
Agency Code 110	Category of Assistance A	
State Control Data	Old BIC Payment Status CP	
Mo. Benefit Payable 397.00	Date of Initial Entitlement 02 82	
Gross Amount Payable 397.00	Date of Current Entitlement 02 91	
Net Monthly Amount 397.00	Communication Code MAT	
Black Lung Acct. No. 00000000	Prev Gross Amt 397.00 Date 11 05	
BL Entit/Term Date 00 00 BL Status	SSI Entit/Term Dt 09 98 Status E	
BL Payment Amount 0.00	Monthly Overpymt Deducted 0.00	
RR Claim No RR Status	End Date Overpayment 00 00	
SMI Option Code Y	Date Entitled 01 94	H.I. Option Code E Amt 0.00
SMI Premium Amt 93.50	Date Term 00 00	H.I. Date Entit/Term 00 00
SMI Premium Payer 110		
SMI 3rd Party DT Entit/Term	00 00	Disab Onset 02 82 Direct Dep C
Dual Entit SSN 000 00 0000		Triple Entit SSN 000 00 0000

Message

14-sdx 15-wgei 16-ucbi

This is a BENDEX screen for Betty Ricks. Answer the following questions:

1. What is the beneficiary's Social Security number?
2. What is the SSA claim number?
3. What is the amount of RSDI that you would budget in the FS case?
4. What other income would you anticipate that the A/R would have?
5. Is the A/R eligible for Medicare?
6. Who pays the Medicare premium?
7. Does the BENDEX screen indicate that the A/R could have a medical deduction in the FS case?

FSME SCREEN

CHANGE Month 04 06 1 FOOD STAMP MEDICAL EXPENSES - FSME 2 FSME 01
**30 12 02 05 01
Remarks

Client Name PATRICK S PEARSE 3 Client ID 733009654

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount
	R		IP	93.50	LE	12 01 05		
Provider Name MEDICARE			4					
Provider Name				5	6		7	8
Provider Name								
Provider Name			9					
Provider Name								
Provider			10					
Message								

15-lett More Med Exp 24-del

This is an example of a typical FSME screen with a Medicare deduction.
Below are the valid values for each field and explanations of the codes.

1 Freq(uency)

O-ONE TIME
P-PRORATED
R-RECURRING
Command ==> _____

This indicates how the expense will be budgeted in SUCCESS.

One time – the expense is a one-time expense AND will be budgeted in SUCCESS one time only.

Note: SUCCESS will not delete the one-time only expense correctly. The case manager must create an alert or make a note to delete the expense the next month.

Prorated – the expense is a one-time expense, BUT it will be prorated over the length of the POE.

Note: The AU makes the decision whether the expense is counted one time only or prorated. You should assist them by determining which method is most advantageous to them.

Recurring – this is a regularly occurring expense that is budgeted on a monthly basis. The most typical examples are regular monthly prescriptions, Medicare premiums and insurance premiums.

2

Pro(rate) Num(ber) Of M(on)ths

PRO.NUM OF MTHS = OVER HOW MANY MONTHS DO YOU WANT THIS EXPENSE TO BE PRORATED? (USE POLICY GUIDELINES.) IF THIS EXPENSE AND THE NUMBER OF MOS. FOR PRORATION IS ENTERED FOR THE ONGOING BENEFIT MONTH, THE PRORATED AMT. WILL BE DEDUCTED IN THE FOOD STAMP BUDGET UNTIL THE EXPENSE IS DELETED.

Command ==> _____

{More + }-+

If you prorate the expense, indicate the number of months of proration. This should equal the number of months remaining in the POE. For example, at review or application, the number of months would simply be the POE. But if the A/R reported a change in their medical expenses in the middle of their POE, then the expense would be prorated over the remainder of the POE.

3

Type

AC-ATTENDANT CARE
DN-DENTAL
DR-DOCTOR
EQ-EQUIPMENT
HO-HOSPITAL
IP-INSURANCE PREMIUM
OT-OTHER
RX-PRESCRIPTION
TR-TRANSPORTATION FOR MEDICAL

Command ==> _____

This indicates the type of medical expense. "Other" is a major category that includes such common expenses as eyeglasses and hearing aids and such uncommon expenses as Seeing Eye dogs and artificial limbs.

4

Am(oun)t

AMT = WHAT IS THE FULL AMOUNT OF THE MEDICAL EXPENSE?

Command ==> _____

{More -+ }-+

This indicates the full amount of the expense before any reimbursements have been deducted.

5

Verification

AV-AVERAGE ACTUAL AMOUNT	
BI-VERD BILL	
CH-VERD CHECK	
CO-NOT VERD CONVERSION	
CS-CLIENT STATEMENT	
LE-VERD LETTER	
NV-NOT VERD FAILED	
RC-RECEIPT	
TC-VERD PHONE	
Command ==>	

This indicates how the expense was verified. A bill must be current which means that the bill is not more than 30 days old. This is a method of ensuring that the expense is a current one.

6

Date Incurred

DATE INCURRED = WHEN WAS THE MEDICAL EXPENSE INCURRED? (MMDDYY)	
Command ==>	

{More -+ }-+

This is the date that the expense was incurred. This is different from the date of the bill. For example, an A/R may incur a dental expense on March 3, but provide verification of that expense as a bill dated June 10. The expense may be incurred at any time, but the bill must not be older than thirty days.

Note: an expense can only be allowed as a deduction once. Once it has been allowed as a deduction, even if the A/R still has the expense, it cannot be allowed again.

7

T(hird) P(arty) L(iability) Am(oun)t

TPL AMT = HOW MUCH OF THIS EXPENSE WILL BE COVERED BY MEDICARE OR OTHER HEALTH INSURANCE COVERAGE?	
Command ==>	

{More -+ }-+

The TPL refers to the portion of the bill that will be paid for by someone other than the A/R. An excess medical deduction can only be allowed for that portion of a bill that the A/R is responsible for paying and intends to pay. Usually the TPL is Medicare or other health insurance, but it can also be relatives or even a hospital writing an expense off. **An expense cannot be allowed until TPL payments have been verified.**

8

Prorated Amount

```
+-----+
| PRORATED AMOUNT = THIS IS THE PRORATED MEDICAL EXPENSE DEDUCTION FOR THIS |
| MEDICAL EXPENSE THAT WAS CALCULATED BY THE SYSTEM. THIS PRORATED AMOUNT |
| WAS DETERMINED BY THE FOLLOWING CALCULATION:                               |
| (FULL AMOUNT OF THE EXPENSE - AMOUNT OF EXPENSE PAID BY TPL)/NUMBER OF    |
| MOS. PRORATED                                                                |
| Command ==> _____                                                    |
+-----+-----{More -+>}-+
```

SUCCESSS will prorate the expense if you code the expense as “prorated” at the Frequency field and indicate the number of months of proration.

9

Provider Name

```
+-----+
| PROVIDER NAME = WHO PROVIDED THE MEDICAL SERVICE (HOSPITAL, DOCTOR,        |
| PHARMACY) THAT GENERATED THIS MEDICAL EXPENSE?                           |
| Command ==> _____                                                    |
+-----+-----{More -+>}-+
```

Indicate the source of the medical expense. This is a partial list of the most common allowable medical expenses:

- ◆ medical and dental services (including chiropractic and psychotherapy)
- ◆ hospitalization (including outpatient treatment and nursing care)
- ◆ prescription drugs (including over the counter drugs prescribed by a Dr.)
- ◆ eye care expenses (including eyeglasses, contacts and exams)
- ◆ health insurance premiums (including Medicare premiums)

10

Del(ete)

```
+-----+
| DEL = DO YOU WANT TO DELETE THIS EXPENSE FROM THE DATABASE TO BE EFFECTIVE |
| FOR THE BENEFIT MONTH LISTED ON THE SCREEN? IF SO, ENTER "Y", PRESS ENTER. |
| Command ==> _____                                                    |
+-----+-----{More + }-+
```

Delete the expense that you are no longer allowing as an excess medical deduction.
Note: it is vital to document medical expenses so that you do not allow an expense to be counted twice.



WORKERS' COMPENSATION

Workers' Compensation is a state program that provides payments to employees injured on the job. These payments currently have an estimated maximum benefit of \$450/week (2006). **These payments can be received for up to 400 weeks.**

If you have an A/R who is injured on the job, it is important to explore the possibility of their eligibility for Workers' Compensation. If you have an A/R who is receiving Workers' Compensation, it is important to be aware of the various ways that it can end because of the effect on the A/R's eligibility.

Usually if an employee receives Workers' Compensation there are four different possibilities when it ends:

- ✓ the employee returns to work and the Workers' Compensation is stopped
- ✓ the employee stops receiving weekly Workers' Compensation and is paid a lump sum settlement; this settlement can be a very large sum of money
- ✓ Workers' Compensation is terminated because the employer establishes that the employee is able to return to work; if the employee disagrees, this usually results in the employee being fired or quitting
- ✓ the employee returns to work on a reduced job or on a part-time basis; this employee may be able to receive reduced Workers' Compensation payments in addition to reduced earnings from the job

SECTION 8 / SUBSIDIZED HOUSING



Section 8 and subsidized housing are programs to assist people with low income obtain affordable housing. Both of these programs base the rental payment upon the income of the family minus specified deductions. **Rent is set at 30% of this adjusted income.**

INCOME

The household's income is "annualized" from an estimate of anticipated income. For example, if it is determined that the household's income is \$1000/month, then the annualized income would be \$12,000 (12 x \$1000).

DEDUCTIONS

For non-elderly households, the allowable deductions are:

- ✓ \$480 dependent allowance for each minor and handicapped family member
- ✓ childcare expenses
- ✓ handicap expenses

For elderly households, the allowable deductions are:

- ✓ \$400 elderly allowance per household
- ✓ medical expenses

BUDGETING EXAMPLE

Ms. Emily Watson earns \$1000/month (annualized to \$12,000). She has two minor children (each is allowed a dependent allowance of \$480; 2 x \$480 = \$960). She pays \$200/month for childcare (annualized to \$2400).

12,000 (income)
- 2400 (childcare allowance)
9600
- 960 (dependent allowance)
\$8640 = annualized income minus deductions

\$8640 divided by 12 = \$720 (monthly income)

\$720 x .3 = \$216

\$216 is the monthly rent payment for Ms. Watson.

MEDICAL DEDUCTION - Exercise

CHANGE FOOD STAMP MEDICAL EXPENSES - FSME FSME 01
Month 05 05 01
Remarks

Client Name **JAMES S CONNOLLY** Client ID 796144619

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount
	R		IP	78.20	LE	04 01 04		
Provider Name		MEDICARE						
	P	12	DR	256.00	TC	02 01 04	25.00	19.25
Provider Name		Dr. SAM SHEPHERD						

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett

24-del

Verified letter from SSA showing they deduct \$78.20 out of client's check for Medicare. Knorris v617 04-8-04

Verified medical expense from Dr. Shepherd by TC 4/951-9624, 4-8-04. Total expense was \$256. Medicare paid \$25. One-time only expense incurred on 2-1-04. Trial budget showed that A/R would do better to choose proration over POE than one time only. A/R chose this option.

KENORRIS ** OH 4-8-04

This is the FSME screen for James Connolly. He is in the office for his FS review. At the interview on 4/8/05, he provides verification of a new medical expense and of his RSDI Retirement check.

Instructions: Make the necessary changes to Mr. Connolly's FSME screen based on the information he provides at his FS review.

Georgia Health System

1523 Vernon Road

P.O. Box 1915

LaGrange, Ga., 30241

(706)568-9821

James Connolly
821 Green Haven St.

LaGrange Ga. 30240

Billing Date 04/01/04

Shepherd, Samuel, MD

Date of Service	Service Code	Charge Description	Patient Charge
2/1/04	4099624	Evaluation	256.00
		TOTAL OF CHARGES	256.00
		MEDICARE PAYMENT	- 25.00 3/17/04
		LESS PAYMENT	- 50.00 2/01/04
		LESS PAYMENT	- 30.00 3/01/04
		REMAINING CHARGES	151.00

PLEASE CONTACT US IMMEDIATELY TO ARRANGE PAYMENT

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: April 05, 2005
Claim Number: 255-98-5631HA

James S Connolly
821 Green Haven St.
LaGrange, Ga., 30240-6247

The State of Georgia will pay your Medicare medical insurance premium beginning May 2005.

What We Will Pay and When

- You will receive \$78.20 around May 14, 2005.
- This is the money due you for the Medicare insurance premiums that you already paid.
- You will receive \$654.00 for May 2005 around June 3, 2005.
- After that you will receive \$654.00 on or about the third of each month.

Your Benefits

We will no longer deduct the premium from your monthly payment.

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days begins the day after you receive this letter.

Medical and Health Resources
P.O. Box 2156
LaGrange, Ga., 30240 (770)241-9856

James Connolly
821 Green Haven St.
LaGrange, Ga., 30240

Statement Date 3/11/05

<i>Date</i>	<i>Description of Services</i>	<i>Amount</i>
2/24/05	Physical (Dr. Smathers)	\$175.00
3/6/05	Medicare	- 65.00
	<i>Your balance</i>	<i>\$110.00</i>

PLEASE REMIT YOUR BALANCE TO THE ADDRESS ABOVE

PLEASE CALL IF WE CAN BE OF ANY ASSISTANCE

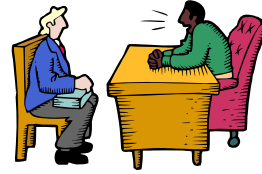
Objectives for Basic Interviewing Skills



Participants will:

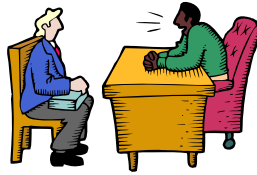
- ❑ Discuss appropriate greetings to begin an interview
- ❑ Develop open questions to get an overview of the situation
- ❑ Establish an agenda for different types of interviews
- ❑ Establish patterns of discussion for each interview topic
- ❑ Examine the need to summarize the interview
- ❑ Discuss appropriate ways to close the interview

Basic Interviewing Skills



- I Greet the Client Appropriately**
- II Ask Open Questions to get the "Big Picture" and Develop Rapport**
- III Set an Agenda for the Interview and Get Agreement with the Client**
- IV Follow the Open, Closed, Summarize, and Document Pattern for Every Topic**
- V Summarize Frequently to Clarify Information**
- VI Close Interview with Explanation of "Next Steps"**

Basic Interviewing Skills



3 Basic Fundamentals:

1. Build Trust
 2. Focus on Solutions
 3. Remain Positive
-

How can we build trust with our clients?

How can we focus on solutions?

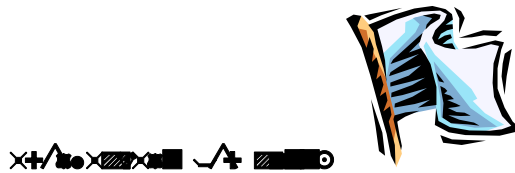
Why is remaining positive so important?

Objectives for Red Flags



Participants will:

- ❑ Discuss the definition of “red flags”
- ❑ Discuss five techniques to assist the case manager in identifying and resolving discrepancies
- ❑ Identify red flags in examples of verification



What is a Red Flag?

What may be behind a Red Flag?

*Five techniques to identify and resolve
Red Flags*

- ◆ Review _____ and the case record
_____ to the interview
- ◆ Use good _____ skills during the
interview
- ◆ Observe changes in _____ language
- ◆ Clarify _____ information
- ◆ Examine _____ closely

() I DO (do or do not) intend to continue giving this money to the above person(s).

If you do, please show amount you intend to give in the future: \$ 600 every MONTH
(Week/Month)

If you do not, please show last date you gave any money: _____

COMMENTS: I WILL HELP HER AS LONG AS SHE NEEDS IT

TO: _____ FROM: _____

Case Number _____

PLEASE READ CAREFULLY BEFORE SIGNING:

The information provided on this form reflects my total contribution. If any of this information is found to be intentionally inaccurate I may be subject to criminal prosecution for knowingly providing false information. (See Georgia Code Section 49-4-15 for the full reference.) I understand the meaning of this paragraph.

Melissa Haynes
Signature of Person Completing this Form

4-4-00
Date

I give this money directly to the above person(s) in the amount of \$ 600 per Month
(Weekly/Monthly)

City	State	Zip Code	Amount	in	Month/Year
			\$ 600		MARCH
			\$ 600		APR
			\$ 600		MAY

I pay the following bills directly to the provider/company for the above person(s): Mortgage company; Rent to landlord or Apartment office; Utilities (electric, gas, water, sewer, garbage collection, telephone companies); Finance companies; Bank or personal loans; Auto or truck payments; etc.

\$ 600 to _____
\$ 600 to _____
\$ 600 to _____

NOTE: If you need more room please use the reverse of this form and continue to tell us the amount you pay and to which provider/company.

CO. FILE DEPT. CLOCK NUMBER
CPB 004494 000758 FT 0000303462 1

ATLANTA BLOOD SERVICES REGION
AMERICAN RED CROSS
1925 MONROE DRIVE
ATLANTA, GEORGIA 30324

Social Security Number: 417-08-83
Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
State: 1 Plus 8 Dependents

Earnings Statement



Period Ending: 03/28/1999
Pay Date: 04/09/1999

SONYA Y. RAY
121 CHASE LANE
NORCROSS, GA 30093

Earnings	rate	hours	this period	year to date
Regular	9.5000	40.00	380.00	3,975.75
Vac / P T O	9.5000	8.92	84.74	600.40
Overtime				49.88
Holiday				275.50
Shift				15.75
Weekend				292.13
		Gross Pay	464.74	
				5,209.41

Other Benefits and Information	this period	total to date
Tda		210.00

Deductions	Statutory		
	Social Security Tax	-22.92	281.75
	Medicare Tax	-5.36	65.89
	Federal Income Tax		53.62
	Other		
	Aetna Den Pre	-10.01*	70.07
	Aetna Uni Life	-1.10	5.50
	American Fam L	-20.43	143.01
	Garnishment 1	-115.00	805.00
	Kal		573.02
	Net Pay	174.92	210.00
	Line		21.98
	S 1 D Pre		
	Net Pay		

* Excluded from federal taxable wages
Your federal taxable wages this period are \$339.73

STANDARD APARTMENT LEASE — GEORGIA

Date of Lease: 10-07-99
Lease Term: 9 MONTHS
Commencement Date of Lease Term: 10-07-99
Termination Date of Lease Term: 06-18-2000
Monthly Rent: \$579.00
Monthly Charges: \$24.00 WATER & \$4.00 TRASH
Early Termination Fee: \$579.00 + \$150.00
Non-Refundable Fee: \$287.00
Month-to-Month Fee: \$MARKET RENT + \$150.00
Type of Lease: NEW
Apartment Type: DIPLOMAT
Service Charge for Dishonored Check: 55.00
Late Charges: 10% OF RENT
Security Deposit: \$N/A
Security Deposit Acct. #: N/A
Remote Deposit: \$N/A
Non-Refundable Remote Fee: \$N/A

Resident(s): LETICIA PADIL Apartment #: 240

Address: 240 CLUB PLACE, DULUTH, GA, 30098

Lessor: Equity Residential Properties Management
Limited Partnership, an Illinois limited
partnership, as agent for the owner of
GWINNETT CROSSING Apartments

Swipe Card/Remote #: 634/00100

We are pleased to rent to you the above-described apartment. The Lease Term (both dates inclusive), Monthly Rent, Monthly Charges, security deposit and other deposits and fees are set forth above. As used in this Lease, the term "Community" means the apartment complex in which the apartment described above is located; the term "apartment" means apartment number 2403; the term "you" means the Resident(s) whose name(s) appear in this Lease, who are jointly and severally liable; the term "we," "our," and "us," means the person(s) or entity(ies) that holds legal title to the Community ("owner") and the Lessor (and all their employees and agents). The terms "we", "our", "us", "owner" and "Lessor" have the same meaning for purposes of this Lease and may be used interchangeably.

GENERAL PROVISIONS: This Lease, together with any written agreements and addenda executed simultaneously herewith, contains the entire agreement between the parties and shall not be changed, modified, or discharged in whole or in part except by an agreement in writing signed by Lessor and by Resident. THERE ARE NO ORAL UNDERSTANDINGS, terms or conditions and neither party has relied upon any representations, express or implied, not contained in this Lease or in written agreement(s), if any, executed simultaneously herewith.

Additional Agreements and Addenda

Your initials at the end of this sentence acknowledge that (i) you have received the Resident Handbook provided by us and except as modified by this Lease or an addendum to this Lease, you agree to abide by the policies as outlined in the Resident Handbook and (ii) any violation of the policies contained in the Resident Handbook shall constitute a default under this Lease and Lessor shall have the rights and remedies provided in Section 13 below of this Lease in addition to all other remedies available under this Lease or provided at law or in equity.

E.H. 2/8 (Initials)

Lessor shall pay for the following utilities (if checked) (subject to change as set forth below): ☐ electricity, ☐ gas, ☐ water, ☐ sewer, ☐ garbage removal, ☐ cable TV, ☐ master TV antenna, ☐ alarm systems. Resident shall pay for all other unchecked utilities and related deposits prior to move in and for all charges on Resident's utility bills. Resident shall not allow electricity to be disconnected by any means (including nonpayment of bill) until the end of the Lease Term or renewal period. Changes or installation of utility lines, meters, sub metering or load management systems, and similar electrical equipment serving the apartment shall be the exclusive right of the Lessor, provided such work does not substantially increase Resident's electric bills. Lessor shall have the right to install individual meters for measuring any or all utilities inside each apartment or to use any other method of measuring utility usage that Lessor reasonably deems to be appropriate. Lessor has the right to have the Resident billed all costs normally associated with such utility usage on a monthly basis. Should Lessor exercise this right, Lessor will notify Resident at least 30 days prior to commencement of such billing.

Move-In Checklist MIC
Guaranty
Pet Addendum

Storage Addendum
Concession Addendum
Utility Billing Service Addendum

SPARROWS' WALK APTS.
Norcross, GA

DATE 2-5 1996 N^o 26405

BLDG # 10 APT # 80 PD CASH ☐ PD CK ☐ PD M.O. ☒

RECEIVED FROM E. Henry DOLLARS

FOR MONTH OF Feb RENT \$ 635 CR FEE \$ LTR CHG \$

SECURITY \$ F-ADJ \$ LEGAL \$ APT REP \$

NSF/BK CHG \$ REPL OF BOUNCED CHECK \$

MISC.

DATE MOVED-IN 635

Total Amount Paid 635 THANK YOU, By [Signature]

RECEIVED
FEB 7 1996

Figure 30014
 (Rev. 7-1-67)

Objectives for Management

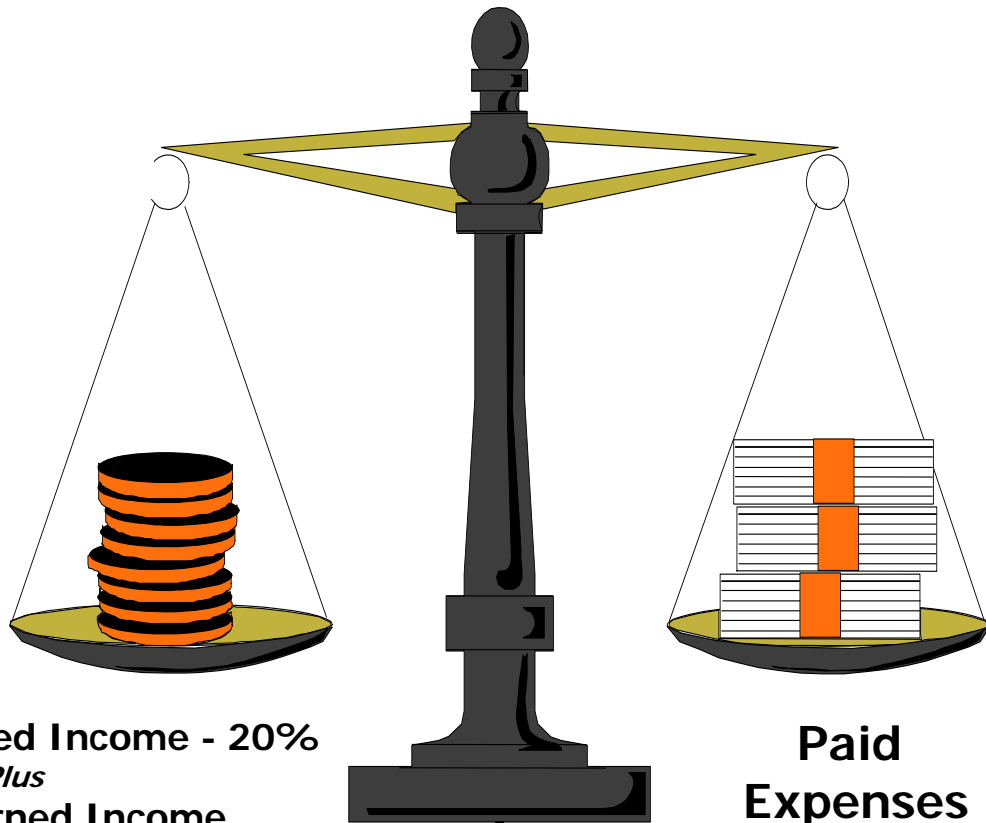


Participants will:

- ❑ Calculate amounts used to determine an Assistance Unit's management of income and expenses
- ❑ Review basic interview skills
- ❑ Discuss additional techniques to resolve discrepancies in AU management
- ❑ Demonstrate the use of interview techniques to resolve management issues
- ❑ Explore procedures to request verification
- ❑ Analyze difficult management situations

Management

Compare:



Gross Earned Income - 20%
Plus
All Unearned Income
Plus
Available Liquid Resources

**Paid
Expenses**

Use Expense Statement Form 354

GEORGIA DEPARTMENT OF HUMAN RESOURCES EXPENSE STATEMENT

☐ Application
 ☐ Review
 ☐ Change

Does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID	PAID BY WHOM
Rent / Mortgage				
Property Taxes				
Property Insurance				
Utilities				
a. Electricity				
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone				
SUBTOTAL				
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL				

EXPEDITED? ☐ Yes ☐ No

Does anyone pay any of these bills or any other household bills for you?

☐ Yes ☐ No

If yes, who pays the bills?

What bills are paid?

Do you share the costs of monthly bills with anyone?

☐ Yes ☐ No

If yes, who?

What costs?

Comments / Documentation

I certify that I have reviewed the information on this form with the applicant / recipient.

Signature (Case Manager)

Date

UNTY:

CASE NUMBER:

Georgia Department of Human Resources
VERIFICATION CHECKLIST

____ County Department of Family and Children Services

Case Number____
Case Manager / Caseload____
Telephone Number____
Date

The items checked below must be received by _____ (Due Date). If you cannot get the requested information and / or need more time, contact your case manager by phone or mail by _____ (Due Date). Your case manager may give you more time and may be able to help you get the information you need. Bring in or mail the items checked below or we will be unable to determine eligibility for an individual or the entire assistance unit.

TANF	Medicaid	FS		TANF	Medicaid	FS	
			Check stubs or statement from employer for:				Name and address of any person(s) giving you any child support, alimony, or any other contribution.
			Birth certificate / proof of citizenship/ proof of age for:				Address, social security number, phone number, and other information about the absent parent(s).
			Social Security card / application for:			NA	Proof you have applied for:
			Bank account statement – no more than 30 days old.				Statement from physician or health department to verify pregnancy and due date.
	NA	NA	Immunization Form 3231 for:				Letter of Award for Social Security, SSI, Veterans benefits, unemployment benefits, worker's compensation for:
			Other:				Other:

Bring in or mail proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF, Food Stamps, or Medicaid.

TANF	Medicaid	FS		TANF	Medicaid	FS	
	NA		Proof of rent /mortgage payment.		NA		Proof of the amount of your gas, electric, telephone and other utility bills.
	NA		Proof of homeowner's insurance / property taxes.				Written statement of child care expenses for:
			Medical bills on which you still owe – physician, prescription drugs, health insurance premium, hospitalization.		NA		Proof of the legal obligation and the amount of child support paid to someone not in your home.
			Proof of the amount your insurance paid on your medical bills.				Other:

MANAGEMENT



VS.



What is the purpose of discussing "management"?

In discussing management, we're comparing _____ income to _____ expenses.

Two specific interview skills (in addition to good basic skills) that must be used to point out a discrepancy are:

Stick to the _____

Use _____ statements

Another important interview skill to use is remaining _____ so that I don't explain the situation *for* the person.

When asking for verification, I need to:

_____ clearly

_____ obstacles

Get _____

Set _____

If the management explanation is vague or difficult to understand, two additional skills I can use are:

Sometimes, even if I do everything right, I still can't resolve the discrepancy. Some indications that it's time to end the interview include:

Some steps I can take to resolve the discrepancy if I've been unable to do so in the interview include:

If I've requested verification, it's important that I _____ it closely when I receive the information.

Objectives for OIS Referrals



Participants will:

- ❑ Discuss the importance of Intentional Program Violation (IPV) referrals
- ❑ Discuss the role of the Office of Investigative Services (OIS)
- ❑ Discuss the role of the Quality Control (QC)
- ❑ Examine the importance of distinguishing between an Overpayment (OP) Claim and Fraud
- ❑ Examine the OIS referral Form 5667
- ❑ Complete an OIS referral using Form 5667



OIS REFERRALS

An Intentional Program Violation (IPV) is an intentional action by an A/R to establish or maintain an AU's eligibility, or to increase or prevent a decrease in the AU's benefits by providing false or misleading information or withholding facts.

The Office of Investigative Services (OIS) is the state agency that is responsible for investigating suspected fraud. The case manager makes referrals to OIS via the Form 5667, Request for Investigation.

A case manager should refer cases to OIS if the case manager **suspects** that the A/R has **intentionally** committed fraud. The case manager does not have to establish that fraud was committed, but only have reasonable grounds to suspect it. Committing fraud is defined as:

- ✓ **making false or misleading statements**
- ✓ **providing false information or concealing information**
- ✓ **failing to report a change**
- ✓ **failing to provide verification necessary to establish eligibility for historical months**

A case manager must complete Form 5667 within 30 days of becoming aware that suspected fraud exists. The case manager must submit the completed Form 5667 to OIS immediately upon completion.

OIS will make a determination of the validity of the referral. OIS will dismiss the referral, establish a non-fraud OP, or determine that fraud was committed. If fraud was committed, then OIS will seek repayment and/or prosecution.

Overpayments

It is important for the case manager to distinguish between overpayments (OP) and fraud referrals.

If the case manager makes an error on the case that results in the A/R receiving more benefits than he is entitled to, then this is an **OP** (claim).

If the overpayment is the result of an error or misunderstanding on the part of the A/R, then this is an **OP** (claim).

If the overpayment is the result of an intentional action by the A/R to increase their benefits, then this is **suspected fraud** and a 5667 should be completed.

Quality Control (QC)

Quality Control is the federal agency that monitors Food Stamps accuracy. This is primarily done by a random reviewing of a statistically significant sample of FS cases across the state. Their review determines our Error Rate that, in turn, determines our funding by the federal government.

Fraud referrals can have a major impact on our Error Rate. This is because QC will not review a case for which a Fraud Referral in the case was completed for the month under consideration.

Example: If the case manager completed a Form 5667 for June, July, and August and QC had chosen the case to be reviewed for the month of June, QC would not review the case because of the Form 5667 in the record.

.....



Georgia Department of Human Resources OFFICE OF INVESTIGATIVE SERVICES REQUEST FOR INVESTIGATION Two Peachtree Street, NW. Room 23-293 Atlanta, GA 30303-3142				1. COUNTY NAME/NUMBER: _____			
				2. HOTLINE REFERRAL NUMBER: _____			
				3. DFCS LOG NUMBER: _____			
HEAD OF HOUSEHOLD INFORMATION							
4. SOCIAL SECURITY # _____		5. DOB: _____		6. SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
7. SUCCESS CLIENT ID# _____		8. RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> W					
9. FIRST NAME: _____		10. INITIAL _____		11. LAST NAME: _____			
12. ADDRESS 1: _____		13. ADDRESS 2: _____					
14. CITY: _____		15. STATE: _____		16. ZIP: _____		17. AREA/PHONE/EXT. _____	
SECONDARY HOUSEHOLD INFORMATION							
18. SOCIAL SECURITY NO.	NAME	DOB	RELATIONSHIP	SUCCESS CLIENT ID NO.	REPEAT OFF.		
					<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N		
SUSPECTED PROGRAM VIOLATION							
19. CATEGORY	20. STATUS		21. ESTIMATED OVERPAYMENT		22. SUCCESS AU ID NO.		
PROGRAM	ACTIVE	CLOSED	FALSE STMT	START DATE	END DATE	AMOUNT	CHILD CARE CASE NO.
<input type="checkbox"/> EBT	<input type="checkbox"/> EBT Trafficking ONLY						
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> NON EBT							
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
23. METHOD OF DISCOVERY: <input type="checkbox"/> CLEARINGHOUSE <input type="checkbox"/> CLIENT REPORT <input type="checkbox"/> CSE <input type="checkbox"/> HOTLINE							
<input type="checkbox"/> QC <input type="checkbox"/> E4 LIST <input type="checkbox"/> PRISONER ALERT <input type="checkbox"/> UCB MATCH <input type="checkbox"/> OTHER							
24. SOURCE OF REFERRAL: _____							
25. OP RESULTED FROM:							
<input type="checkbox"/> A. UNREPORTED EARNED (Wages, Self Employment, ETC.)				Employer: _____ Employer Address: _____ (Address Continued)			
<input type="checkbox"/> B. UNREPORTED UNEARNED (SS, SSI, WC, UCB, VA, CS, ETC.)				Source: _____ Date Income Began: _____			
<input type="checkbox"/> C. RESOURCES (Insurance, Property, Bank Accounts, Etc.)				List Resources, Value, Property Location, Insurance Co.; Name of Bank, Etc.			
<input type="checkbox"/> D. HOUSEHOLD COMPOSITION/RESIDENCY (Child out of Home, Spouse in Home, Out of State, ETC.)				Name: _____			
<input type="checkbox"/> E. EBT TRAFFICKING (Card #, Store Name & Address, FCS #)				Name: _____			
<input type="checkbox"/> F. OTHER (Explain Dual Assistance)				Name: _____			
26. REPEAT OFFENDER: <input type="checkbox"/> Y <input type="checkbox"/> N							
27. Explain: (Describe Violation checked in #25. Include Names, Addresses, and Telephone Numbers, if known. Include Names of Respondent(s) if other than #18 above. Attach additional sheet if needed)							
28. WORKER/ORIGINATOR SIGNATURE				29. DATE		30. TELEPHONE NO.	

Form 5667 (Rev. 08/05)

INSTRUCTIONS FOR THE REQUEST FOR INVESTIGATION***

The OIS Form 5667 is to be completed per the following instructions. Numbers refer to the numbered boxes on the form. Fields designated with an asterisk (*) are mandatory fields.

1. * COUNTY DFCS: Enter the name of the current county in which the client's benefits are determined.
2. HOTLINE REFERRAL LOG #
3. DFCS LOG #

HEAD OF HOUSEHOLD INFORMATION:

4. HEAD OF HOUSEHOLD SOCIAL SECURITY NUMBER
5. *DATE OF BIRTH (Month/Date/Year)
6. SEX (Male or Female)
7. *SUCCESS CLIENT ID#
8. RACE (Asian, Black, Hispanic, Other, and White)
9. *FIRST NAME
10. MIDDLE INITIAL
11. *LAST NAME
12. *ADDRESS 1 (enter the most current address)
13. ADDRESS 2
14. *CITY
15. *STATE
16. ZIP CODE
17. AREA CODE AND TELEPHONE NUMBER

SECONDARY HOUSEHOLD INFORMATION:

18. SOCIAL SECURITY NUMBER
 - *NAME OF SECONDARY HOUSEHOLD MEMBER (First, Middle, Last name). This is the respondent/person that actually contributed to the suspected violation, i.e., adult child working, spouse/boyfriend in the home.
 - DATE OF BIRTH (Month/Date/Year)
 - *RELATIONSHIP (Example: Son, Daughter, Husband, etc)
 - SUCCESS CLIENT ID #

*REPEAT OFFENDER (Check yes if central fraud files, SUCCESS, DRS or case records contain evidence of previous adjudication(s) for this recipient from a court proceeding, Administrative Fraud Hearing or WDH.

SUSPECTED PROGRAM VIOLATION

19. *CATEGORY/PROGRAM: Check the Category (At least one, EBT or NON EBT, is mandatory):
 - EBT TRAFFICKING – Refers to allegations of EBT trafficking of benefits. i.e., selling the EBT card or a portion of the benefits on the card to another individual or vendor.
 - NON EBT – Refers to allegations involving any other eligibility requirement other than trafficking of benefits.
 - Check the Program Type. At least one Program Type (Food Stamp, TANF, CAPS) is mandatory. If multiple programs are involved, check the appropriate boxes.
20. *STATUS: Check the box to indicate whether the program is Active or Closed. Check the box labeled False if a false statement was made.
21. *ESTIMATED OVERPAYMENT: For all referred programs, an estimated overpayment period must be entered. This is an estimation of the first month and last month of overpayment. The estimated amount is usually the amount of benefits received during that period of time
22. *SUCCESS AU ID/Child Care #: Enter the case number and SUCCESS AU ID for the corresponding program, (i.e. Food Stamps, TANF and/or Child Care number).

INSTRUCTIONS FOR THE REQUEST FOR INVESTIGATION***

The OIS Form 5667 is to be completed per the following instructions. Numbers refer to the numbered boxes on form. Fields designated with an asterisk (*) are mandatory fields.

23. ***METHOD OF DISCOVERY:** Select the appropriate choice: Clearinghouse, Client Report, CSE, E4 List, Prisoner Alert, Hotline, QC, UCB Match or Other. IF "Other" is selected, please include a brief description.
24. ***SOURCE OF REFERRAL:** State where the referral originated. Example: DFCS, CSE, QC.
25. ***OP RESULTS FROM:** These six information fields are very important. The Request for Investigation can be processed in a timely and efficient manner only if necessary background information is provided by complainant. Check those that apply and be as specific as possible with your information. Attach additional sheets as necessary. Indicate if verification is available in the county office. Do NOT attach original verification. Maintain all original verification in the county; attach copies if appropriate.
26. ***REPEAT OFFENDER:** Circle "yes" if central fraud files, DRS, SUCCESS or case records contain evidence of previous adjudication(s) for this recipient from a court proceeding, Administrative Fraud Hearing or WDH.
27. **EXPLAIN:** Describe the violation and provide any additional details.
28. ***WORKER/ORIGINATOR:** The person who is completing 5667 should sign here.
29. ***DATE OF REFERRAL:** Enter the date that the 5667 is completed. This is the date from which the FNS 12-month disposition timeframe is tracked. Submit completed 5667's to OIS immediately upon completion to avoid loss for investigative purposes based on the FNS 12-month rule.
30. **TELEPHONE NUMBER OF WORKER/ORIGINATOR.**

NOTE: Any supplemental information concerning the same allegations but uncovered subsequent to submission of the Form 5667 should be submitted on Form 713 or via GroupWise to the OIS investigator. A new Form 5667 should be completed for any new/different allegations of suspected fraud in the household.

******* SPECIAL NOTE:**

This form was created using the Excel program. Due to the limitations of the program, if the person completing the referral enters more data than a field can accommodate, the information will not print when the form is printed. Therefore, be careful to limit data to the size of the cell. If it is necessary to submit further information, please attach extra sheets.

The form has been configured to print correctly on most printers. Due to the infinite variety of printers used by staff, you may need to adjust your page set up to accommodate your printer. For most printers the optimum setting for the page scale is 85% of normal size.

ESTIMATED OVERPAYMENT

Start Date – Determine the first month that you suspect the fraud occurred. If you have corrected the case ongoing or closed the case due to suspected fraud, then determine the first month that you believe that the suspected fraud occurred. Remember that this is your best estimate. OIS will make the actual determination.

End Date – Determine the last month that you suspect the fraud occurred. If you have corrected the case ongoing or closed the case due to suspected fraud, then determine the last month that you believe that the suspected fraud occurred. Remember that this is your best estimate. OIS will make the actual determination.

Amount – Estimate the amount of the overpayment amount for each month of the suspected fraud. If you are in doubt, then simply use the entire monthly benefit amount as the overpayment amount. If you have corrected the case ongoing, then you may be able to use the difference between the previous amount and the corrected (current) benefit amount as the overpayment.



OIS REFERRALS – Exercise

Situation

Arthur Griffith has received FS benefits since January for himself and his two children. Mr. Griffith has an FS review in September. At the review, Mr. Griffith reports that he is no longer working part-time at McDonald's. The wages from McDonald's are currently budgeted in his FS case. Instead, he is now employed full-time at Home Depot and says that he has been since the middle of June. His statement of his new earnings is over the gross income ceiling. Mr. Griffith says that you can close his case because he thought he might not be eligible anymore anyway.



With this and the following information, complete Form 5667.

Food Stamp Phase 3 WB
OIS Referrals

March 31, 2006

CHANGE **HOUSEHOLD ADDRESSES - ADDR** ADDR 01
Month 10 05 AT71 09 09 05

REMARKS

CO 048 LO 099 Load ID 991D Client ID 982005397 Prev CO/LO
HOH F Name **ARTHUR** MI L Name **GRIFFITH** Suf

Auth Rep	Prim Lang	Voter Reg	Visually Impaired	Hearing Impaired	Public Hsng/ Rent Subsidy	Serial Number	Census Tract
N	E	N	N	N	N		

Residential Address

Address Line 1			Line 2				
Street	Number	Dir	Name	Type	City	Dir	Apt
	1877		OAK	LN			
City	NORCROSS		ST	GA	Zip	30093 9825 Phone 770 984 4721	

Mailing Address Del

Address Line 1			Line 2				
Street	Number	Dir	Name	Type	City	Dir	Apt
	SAME						
City		ST	Zip	Previous Addresses in last 2 years N			

Message 0002

0002 INCORRECT CODE FOR THIS FIELD, HIT PF1 TO SEE CODES
15-letr 21-narr 23-alau 24-del

CHANGE **CLIENT DEMOGRAPHIC 1 - DEM1** DEM1 01
Month 10 05 AJ71 09 09 05

Remarks

Client Name **ARTHUR GRIFFITH** Suf Client ID **982005397**

Alt Name	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
	Appl For	Date	SSNs			(MM DD YYYY)				
Y			213 35 2770	CS		02 02 1962	CS	M	A	N

GA Res	Marital	Living	RSM	Min Par	Boarder	Amt Paid	--	Family Planning	--
	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals	Referral	Date	
Y	M	AH	A		N	04 02 99			

Concurr	SSI	Depriv	V	Prenatal Care	-----	Pregnant	-----	FTC	
Out of St	Recip		Ind	Good Cse	Term/Due	Term/Due	V	Num V	Code
CA	FS	MA		Code	Date	Exp			
N	N	N							

Message

15-letr 16-crs 23-alau

INQUIRY **BENEFIT HISTORY ISSUANCE LISTING - BENL** BENL
01 MORE

AU ID 985195076 HOH Last Name GRIFFITH First Name ARTHUR

----- DETAIL -----

Issn	Issn	Issn	Status	Tot-Issn	Benefit	Recoup	Issn	Issn
Sel	Date	Number	Sts	Date	Amount	Month	Amount	Amount Type
09 01 05	807645332	CD	09 01 05	251.00	09 05	251.00	O	
08 01 05	805649871	CD	08 01 05	251.00	08 05	251.00	O	
07 01 05	802845713	CD	07 01 05	251.00	07 05	251.00	O	
06 01 05	802379752	CD	06 01 05	298.00	06 05	298.00	O	
05 01 05	802076700	CD	05 01 05	298.00	05 05	298.00	O	
04 01 05	801830743	CD	04 01 05	298.00	04 05	298.00	O	
03 01 05	801591932	CD	03 01 05	292.00	03 05	292.00	O	
02 01 05	801351590	CD	02 01 05	292.00	02 05	292.00	O	
01 01 05	701110303	CD	01 01 05	269.00	01 05	269.00	O	

Message 0003

DOL WAGE INQUIRY - WGEI					WGEI
Next SSN					01
SSN 213 35 2770	Benefit Year Begin Date				
Sel	Employer Name	Emplr Num	Qtr/Yr	Wages	Sur
	MCDONALDS/SMITH	08965154	1 05	1,459	GRI
	MCDONALDS/SMITH	08965154	2 05	1,301	GRI
	HOME DEPOT	73251995	2 05	804	GRI

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/04		4/04		1/05	1,459	2/05	2,105
Tot Wages	3,564	Potential Amount		78	Num of Wks	16	Max Amt

Message

13-Bendex 14-SDX1 16-UCBI

Georgia Department of Human Resources OFFICE OF INVESTIGATIVE SERVICES REQUEST FOR INVESTIGATION Two Peachtree Street, NW. Room 23-293 Atlanta, GA 30303-3142				1. COUNTY NAME/NUMBER: _____			
				2. HOTLINE REFERRAL NUMBER: _____			
				3. DFCS LOG NUMBER: _____			
HEAD OF HOUSEHOLD INFORMATION							
4. SOCIAL SECURITY # _____		5. DOB: _____		6. SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
7. SUCCESS CLIENT ID# _____		8. RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> W					
9. FIRST NAME: _____		10. INITIAL _____		11. LAST NAME: _____			
12. ADDRESS 1: _____		13. ADDRESS 2: _____					
14. CITY: _____		15. STATE: _____		16. ZIP: _____		17. AREA/PHONE/EXT. _____	
SECONDARY HOUSEHOLD INFORMATION							
18. SOCIAL SECURITY NO.	NAME	DOB	RELATIONSHIP	SUCCESS CLIENT ID NO.	REPEAT OFF.		
					<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N		
SUSPECTED PROGRAM VIOLATION							
19. CATEGORY	20. STATUS		21. ESTIMATED OVERPAYMENT		22. SUCCESS AU ID NO.		
PROGRAM	ACTIVE	CLOSED	FALSE STMT	START DATE	END DATE	AMOUNT	CHILD CARE CASE NO.
<input type="checkbox"/> EBT	<input checked="" type="checkbox"/> EBT Trafficking ONLY						
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> NON EBT							
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
23. METHOD OF DISCOVERY: <input type="checkbox"/> CLEARINGHOUSE <input type="checkbox"/> CLIENT REPORT <input type="checkbox"/> CSE <input type="checkbox"/> HOTLINE							
<input type="checkbox"/> QC <input type="checkbox"/> E4 LIST <input type="checkbox"/> PRISONER ALERT <input type="checkbox"/> UCB MATCH <input type="checkbox"/> OTHER							
24. SOURCE OF REFERRAL: _____							
25. OP RESULTED FROM:							
<input type="checkbox"/> A. UNREPORTED EARNED (Wages, Self Employment, ETC.)				Employer: _____ Employer Address: _____ (Address Continued)			
<input type="checkbox"/> B. UNREPORTED UNEARNED (SS, SSI, WC, UCB, VA, CS, ETC.)				Source: _____ Date Income Began: _____			
<input type="checkbox"/> C. RESOURCES (Insurance, Property, Bank Accounts, Etc.)				List Resources, Value, Property Location, Insurance Co.; Name of Bank, Etc.			
<input type="checkbox"/> D. HOUSEHOLD COMPOSITION/RESIDENCY (Child out of Home, Spouse in Home, Out of State, ETC.)				Name: _____			
<input type="checkbox"/> E. EBT TRAFFICKING (Card #, Store Name & Address, FCS #)				Name: _____			
<input type="checkbox"/> F. OTHER (Explain Dual Assistance)				Name: _____			
26. REPEAT OFFENDER: <input type="checkbox"/> Y <input type="checkbox"/> N							
27. Explain: (Describe Violation checked in #25. Include Names, Addresses, and Telephone Numbers, if known. Include Names of Respondent(s) if other than #18 above. Attach additional sheet if needed)							
28. WORKER/ORIGINATOR SIGNATURE				29. DATE		30. TELEPHONE NO.	

Form 5667 (Rev. 06/05)

Objectives for ABAWDs



Participants will:

- ❑ Identify work registration criteria
- ❑ Determine ABAWD status
- ❑ Demonstrate the ability to code the SUCCESS “WORK” screen

FOOD STAMP WORK PROGRAM EXEMPTIONS (ESS 3350)

All Food Stamp applicants/recipients must comply with the work program requirements unless they meet one of the exemptions listed below.

FOOD STAMP EXEMPTIONS	SUCCESS EXEMPT REASON CODE	SUCCESS WORK STATUS CODE
Under age 16	AG	NI
Age 16--17 and not Head of AU. Verification of school attendance and wages are required if the student is employed	AG	NI
Age 60 or older	AG	NI
Student enrolled at least half time in a recognized school/training program or institution of higher learning. A student in an institution of higher learning must meet student criteria to be included in the AU; see ESS policy manual section 3245. Verification, Form 875, is required to verify attendance and educational assistance.	ST	NI
Refugee participating in a recognized refugee education/training program at least half time. Verification of participation is required.	RF	NI
Caretaker of a child under 6. Child does not have to be a part of AU or live in the same home. Only one adult may use this exemption.	CA	NI
Caretaker of an incapacitated individual. Need for continuous care must be verified by a medical source. Does not need to be AU member or in the home.	CA	NI
Temporarily ill/unfit for employment with medical verification	TI	NI
Receiving disability benefits (SSI, RSDI, 100% VA, Railroad Retirement, Worker's Compensation, etc.) SDX, BENDEX, and /or Award letter required.	FE	NI
SSI/FS initial application filed at SSA. Verification of SSI application status not required if information is forwarded from SSA.	SS	NI
High Risk Pregnancy. Verification required from a medical source.	PR	NI
Working at least 30 hours a week on a job expected to last at least 30 days (includes self-employment). Verification of hours worked and wages is required.	EM	NI
Receiving weekly earnings at least equal to 30 hours multiplied by the federal minimum wage. This includes temporary breaks in employment not expected to exceed 10 work days and self-employment. Verification is required.	EM	NI

FOOD STAMP EXEMPTIONS	SUCCESS EXEMPT REASON CODE	SUCCESS WORK STATUS CODE
Seasonal migrant or non-migrant farm worker who is under contract to begin work within 30 days (verification is required).	MI	NI
VISTA (Volunteer in Service to America) volunteer (verification of status is required)	VV	NI
Regular participant in a drug/alcohol treatment or rehabilitation program Verification of participation is required.	DR	NI
Receiving, applied for or approved for Unemployment Compensation Benefits (UCB). Verification of application for benefits required if questionable.	UC	NI
Registered and complying with TANF Employment Services.	PC	NI
IPV disqualified, SSN Disqualified, and Ineligible AU members	AD	NI

An **ABAWD** is any individual who is:
(Effective December 2004)

(1st) A _____ E&T registrant

Age _____ -- _____ (until month of 50th
birthday)

NOT in an _____ with a child under _____

_____ pregnant

NOT _____ or _____ unfit for
employment

Must meet
all 5 criteria

NOTE: If obviously unfit, and medical verification is not available to support the unfitness determination, register the A/R as a MANDATORY registrant (MR). Documentation of the unfitness is sufficient to determine the ABAWD status but does not exempt the A/R from work registration. Document the observed behaviors or physical conditions that deem the A/R unfit for employment at the current time.



Work Registration Codes

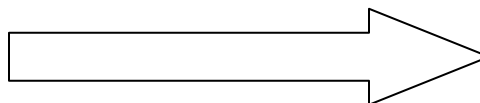
(Effective December 2004)

Use in the "STAT" field only

- ◆ **AB** **Mandatory ABAWD in Non-Exempt Counties/Cities**
- ◆ **AE** **Mandatory ABAWD in Exempt Counties/Cities or Exempt via the new 15% exemption**
- ◆ **FP** **Mandatory ABAWD in Exempt Major Cities**
- ◆ **MR** **Mandatory E&T, but not an ABAWD**

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION				WORK		WORK 01	
Client Name						Client ID 702000129			
----- Employment Services ----- - Applicant Job Search -									
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date	

-- FS ABAWD Non-Compliance --									
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr			
Y			1						
			2						
			3						
Message									
16-phme			17-mo< 18-mo>			23-alau			



Food Stamp Employment & Training Program County Designations April 1, 2006 to March 31, 2007

Non-Exempt Counties - Work Status Code "AB" in SUCCESS						
Baldwin	Catoosa	Colquitt	Gordon	Laurens	Newton	Tift
Barrow	Carroll	Coweta	Gwinnett	Liberty	Paulding	Troup
Bartow	Chatham	Dekalb	Hall	Lowndes	Polk	Walker
Ben Hill	Clarke	Douglas	Henry	Mitchell	Putnam	Walton
Bibb	Clayton	Floyd	Houston	Murray	Rockdale	Whitfield
Bulloch	Cobb	Glynn	Jackson	Muscogee	Thomas	Worth
<p>These counties: Are not covered by the ABAWD Waiver or the 15% Exemption Must operate an E&T Program</p> <p>ABAWDS in these counties: Must be identified Must be coded correctly on SUCCESS Must participate in E&T activities Are subject to 3-of-36 month time limit Are subject to penalty months for non-compliance</p>						

ABAWD Waiver Exempt Counties and Cities				
These exempt counties and cities have annual unemployment rate over 10% or they have insufficient jobs as determined by the Labor Surplus List from the U.S. Department of Labor or by a 24-month unemployment rate that is 20% higher than the national average for the same period.				
Exempt Counties - Work Status Code "AE" in SUCCESS				
Appling	Glascock	Marion	Screven	Treutlen
Atkinson	Greene	McDuffie	Spalding	Upson
Burke	Hancock	Meriwether	Stewart	Warren
Calhoun	Jeff Davis	Montgomery	Sumter	Washington
Chattahoochee	Jefferson	Peach	Talbot	Webster
Clay	Jenkins	Quitman	Taliaferro	Wheeler
Crisp	Lamar	Randolph	Taylor	Wilcox
Dooly	Lincoln	*Richmond	Telfair	Wilkes
Dougherty	Macon	Schley	Toombs	
Exempt Cities - Work Status Code "AE" in SUCCESS				
Atlanta	East Point	Albany	Bibb	
ABAWDs in these counties or cities: Must be identified Must be coded correctly on SUCCESS Do not participate in E&T activities Are not subject to 3-of-36 month time limit Are not subject to penalty months for non-compliance				

* Has volunteered to participate as a non-exempt ABAWD county.

Counties Exempt via the 15% Geographical Exemption				
These counties have been determined exempt via Georgia’s new 15% geographical exemption for certain types of counties.				
Class 1 Counties - Work Status Code “FP” in SUCCESS				
Baker	Clinch	Lanier	Towns	
Banks	Echols	Miller		
Class 2 Counties - Work Status Code “AE” in SUCCESS				
Bacon	Crawford	Grady	Lumpkin	Pulaski
Berrien	Dade	Haralson	Madison	Rabun
Bleckley	Dawson	Harris	McIntosh	Seminole
Brantley	Dodge	Heard	Monroe	Tattnall
Bryan	Early	Irwin	Morgan	Terrell
Butts	Elbert	Jasper	Oconee	Turner
Candler	Evans	Johnson	Oglethorpe	Twiggs
Charlton	Fannin	Jones	Pickens	Union
Chattooga	Franklin	Lee	Pierce	White
Cook	Gilmer	Long	Pike	Wilkinson
Counties/Regions with a Low ABAWD Population or Counties/Regions without allocated E&T Program Staff- Work Status Code “FP” in SUCCESS				
Brooks	Decatur	Fayette	Hart	Wayne
Cherokee	Effingham	Forsyth	Stephens	
Coffee	Emanuel	Habersham	Ware	
Counties with Exempt Major Cities - Work Status Code “FP” in SUCCESS. The cities identified in parenthesis should be coded “AE.”				
Fulton (Atlanta, East Point)		Dougherty (Albany)		
ABAWDs in these counties: Must be identified Must be coded correctly on SUCCESS Do not participate in E&T activities Are not subject to 3-of-36 month time limit Are not subject to penalty months for non-compliance				

PRACTICE: Identification of ABAWDs

In the following one-AU situations, determine whether each individual is **mandatory** or **exempt** from E & T, also determine who is an ABAWD.

1. Ms. Johnson (23) lives with her husband Mr. Johnson (24) and her child, Marvin (6). Mr. Johnson is Marvin's step-father. Ms. Johnson doesn't work, Mr. Johnson recently lost his job as well and he is receiving UCB.

Ms. Johnson—

Mr. Johnson—

Marvin—

2. Ms. Davis is 29, she lives and eats with her niece who is 12. Their only income is child support.

Ms. Davis—

Niece—

3. Ms. Karen Harris (31) lives with her brother, Mr. Harris (42), Karen's children Bonita (6) and Vera (2). Mr. Harris has no income, Karen receives TANF for herself and her children.

Ms. Harris—

Mr. Harris—

Bonita—

Vera—

4. Ms. Carmicheal lives with her children Nancy (19), Cindy (18) and Julie (16). Ms. Carmicheal works full-time, Nancy attends technical school full-time and Julie attends high school full-time. Cindy recently graduated from high school and she's looking for a job.

Ms. Carmicheal—

Nancy—

Cindy—

Julie—

5. Mr. Segall (54) lives with his wife, Mrs. Segall (48). Mr. Segall receives RSDI Disability; Mrs. Segall has never worked outside the home.

Mr. Segall—
Mrs. Segall—

6. Ms. Ford is 26, she lives and eats with her sister Betty (24). Ms. Ford and Betty have only contributions and loans for income.

Ms. Ford—
Betty—

7. Mr. Gordon is 31; he lives and eats with his mother Ms. Macon (48). Ms. Macon works full-time, Mr. Gordon has no income.

Mr. Gordon—
Ms. Macon—

8. Mr. and Mrs. Harmon are 23 and 24 years old, they live with Mrs. Harmon's parents but they purchase and prepare their food separately from the other household members. They have no income of their own.

Mr. Harmon—
Ms. Harmon—

9. Ms. Cunningham lives with her two sons, Harold (19) and Richard (23), and her daughter, Eva (15). They all receive FS together, and Ms. Cunningham and Eva receive TANF. Harold and Richard have no income.

Ms. Cunningham—
Harold—
Richard—
Eva—

10. Ms. Burns is 25; she lives with her brother and sister-in-law but they do not receive FS. Ms. Burns has no income; she is two months pregnant (not a high risk pregnancy).

Ms. Burns—

11. Billy is 17, he dropped out of high school and stays with friends; he receives FS separately from them.

Billy—

12. Mr. Carver (40) lives with his daughter, Mary (24). Their only income is Mr. Carver's SSI; Mary lost her job last week and is looking for a job now.

Mr. Carver—

Mary—

13. Ms. Jaymon is 26, she lives with her two children (6 and 8). She has no income.

Ms. Jaymon—

Children—

14. Ms. Gordy is 34, she and her child (14) receive TANF.

Ms. Gordy—

Her child—

15. Ms. Sirson (39) lives with her daughters Mavis (19), Shalisa (17) and Juno (16). Ms. Sirson, Shalisa and Juno receive TANF; Shalisa and Juno attend high school. Mavis babysits 20 hours a week and earns \$50 per week.

Ms. Sirson—

Mavis—

Shalisa—

Juno—

PART 2 – Using the previous exercise (WB 1-3), for each of these individuals code the exempt reason field and/or status field on the WORK screen:

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01		
Client Name Mr. Johnson, from #1					Client ID 702000129			
----- Employment Services -----				- Applicant Job Search -				
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		-- FS ABAWD Non-Compliance --						
		High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start	End	2nd 3 Months Bnft mth/yr		
		Y	1					
			2					
		3						
Message								
16-phme		17-mo< 18-mo>		23-alau				

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Johnson, from #1				Client ID 702000129			
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; width: 150px; height: 80px; margin-left: 10px;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1 2 3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Davis, from #2					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Harris, from #3					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Mr. Harris, from #3					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School	Non-compliance	Regain Dates	2nd 3 Months		
		Grad/GED	Bnft mth/yr	Start	End	Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Cindy, from #4					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School	Non-compliance	Regain Dates	2nd 3 Months		
		Grad/GED	Bnft mth/yr	Start	End	Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Ford, from #6					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Betty, from #6					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Mr. Gordon, from #7					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Macon, from #7					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01									
Client Name Mr. Harmon, from #8					Client ID 702000129										
----- Employment Services -----				- Applicant Job Search -											
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason								
							AJS Start Date								
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>															
<div style="text-align: center;">-- FS ABAWD Non-Compliance --</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">High School Grad/GED</td> <td style="width: 20%;">Non-compliance Bnft mth/yr</td> <td style="width: 20%;">Regain Dates Start End</td> <td style="width: 30%;">2nd 3 Months Bnft mth/yr</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">1 2 3</td> <td></td> <td></td> </tr> </table>								High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End	2nd 3 Months Bnft mth/yr	Y	1 2 3		
High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End	2nd 3 Months Bnft mth/yr												
Y	1 2 3														
<div style="text-align: center;">Message</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 16-phme 17-mo< 18-mo> 23-alau </div>															

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01									
Client Name Ms. Cunningham, from #9					Client ID 702000129										
----- Employment Services -----				- Applicant Job Search -											
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason								
							AJS Start Date								
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>															
<div style="text-align: center;">-- FS ABAWD Non-Compliance --</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">High School Grad/GED</td> <td style="width: 20%;">Non-compliance Bnft mth/yr</td> <td style="width: 20%;">Regain Dates Start End</td> <td style="width: 30%;">2nd 3 Months Bnft mth/yr</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">1 2 3</td> <td></td> <td></td> </tr> </table>								High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End	2nd 3 Months Bnft mth/yr	Y	1 2 3		
High School Grad/GED	Non-compliance Bnft mth/yr	Regain Dates Start End	2nd 3 Months Bnft mth/yr												
Y	1 2 3														
<div style="text-align: center;">Message</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 16-phme 17-mo< 18-mo> 23-alau </div>															

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Harold, from #9					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School	Non-compliance	Regain Dates	2nd 3 Months		
		Grad/GED	Bnft mth/yr	Start	End	Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Ms. Burns, from #10					Client ID 702000129		
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
		-- FS ABAWD Non-Compliance --					
		High School	Non-compliance	Regain Dates	2nd 3 Months		
		Grad/GED	Bnft mth/yr	Start	End	Bnft mth/yr	
		Y	1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

INTERVIEW Month 11 96		WORK REGISTRATION/PARTICIPATION - WORK				WORK 01	
Client Name Billy, from #11				Client ID 702000129			
----- Employment Services -----				- Applicant Job Search -			
Exempt Reason	Stat	V	Partic Date	Number Offenses	Supp Work	DA/PE	Non-Partic Reason
							AJS Start Date
<div style="border: 1px solid black; width: 150px; height: 80px; margin-left: 10px;"></div>							
-- FS ABAWD Non-Compliance --							
High School Grad/GED			Non-compliance Bnft mth/yr	Regain Dates Start End		2nd 3 Months Bnft mth/yr	
Y			1				
			2				
			3				
Message							
16-phme		17-mo< 18-mo>		23-alau			

Objectives for Periods of Eligibility



Participants will:

- ❑ Review the criteria for establishing Periods of Eligibility
- ❑ Review the current Food Stamp Periods of Eligibility
- ❑ Determine appropriate Periods of Eligibility

FOOD STAMP PERIODS OF ELIGIBILITY



The POE should be consistent with the AU's circumstances. **SUCCESS** will assign the most appropriate POE based on the AU's circumstances.



AUs determined eligible for Simplified Reporting Requirements (SRR) and assigned the 6 month POE, can have the POE changed only at Review. FICM cannot shorten the POE for any reason.



All other AUs (Non-SRR), a shorter POE may be assigned when the AU's situation warrants a shortened POE due to:

- Questionable Management
- Change is anticipated

The POE can be shortened on the FSFI screen by changing the Review End Date. A POE can never be extended.

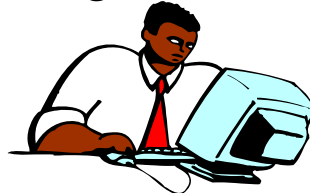
Regardless of the AU's situation, the FICM should check the FSFI screen to make sure the assigned POE is correct.

FOOD STAMP PERIODS OF ELIGIBILITY



Types of Assistance Unit	Period of Eligibility
AUs with an ABAWD	Up to Three Months
ALL Adults in the AU are Elderly or Disabled and NO earned income	Up to Twelve Months
SRR ✓ Note: ALL AUs, including seasonal/migrant farmworkers and Homeless, will qualify for the Simplified Reporting Requirements (SRR) with the exception of those AUs listed above.	Six Months

Exercise: Determining the Most Appropriate POE



Read the following situations. After the situation indicate the most appropriate POE.

1. Mr. Smith (54) applies for Food Stamps. He lost his job 6 months ago due to illness and is currently living at the Salvation Army Shelter. He is very anxious for assistance because he has had no income for the past 6 months and he is only allowed to stay at the shelter through next month.
2. Ms. Long (27) applies for Food Stamps for herself and her daughter Carrie (5). Ms. Long works part-time and receives regular child support of \$100 a month for Carrie. Also included in her AU will be her brother Ronnie (19). Ronnie is currently unemployed so they purchase and prepare their food together.
3. Ms. Knight (32) applies for Food Stamps for herself and her daughter Kim (2) and her son Larry (10) on April 4th. Ms. Knight receives TANF for herself and Kim. She also receives child support for Kim. Larry receives SSI.
4. John (48) and Liz (45) Smith apply for Food Stamps. Liz receives RSDI Disability of \$550 each month. John was terminated from his job 2 months ago and has no income.

-
5. Karen (32) and Mike (35) apply for Food Stamps for themselves and their children Lucy (4) and Craig (2). Mike was injured on his job 3 months ago and is receiving \$185/week worker's compensation. Karen does not work, because she stays home with the children.

 6. Ralph (62) and Lillian (60) Rose apply for Food Stamps for themselves and their grandchildren, Mike (16) and Lisa (12) who now live with them. Mr. Rose receives SSI and Lillian receives a small pension. Mike attends school full-time and works part-time at McDonalds.
Note: Even though Mike's earnings are excluded because he is a 16 year old attending school full-time, these are still earnings for POE purposes.

 7. Lucy Smith (25) applies for Food Stamps for herself and her son, Zac (2) on March 25th. They just moved back in with her parents since her husband Jeff left last month and filed for divorce. She has received 3 child support payments so far, of \$100, \$150, and \$60.

 8. Max King (30) applies for Food Stamps. He is homeless. He uses a church's address to get his mail. He has done work out of the labor pool before but states he has not worked in over a month because his car broke down.

9. Mable (48) and Mark (47) Livingston apply for Food Stamps. Mable receives SSI of \$500. Mark has applied for SSI. He is waiting for their decision.

10. Barbara Cook (35) applied for Food Stamps for herself and her daughter, Kelly (10). She just moved here from Florida and is staying with friends until she can find a job.

11. Leroy Jones (36) applies for Food Stamps on August 4th. He fell in the bathtub and broke his arm last week. He has been unable to work construction since then. He provides verification which states his cast will be removed in 9 to 12 weeks.

12. Larry Sanford (72) and Mary Sanford (71) receive a retirement pension of \$808 each month. Also in the home is their granddaughter Jane (10).

Objectives for Changes



Participants will:

- ❑ Examine the elements of establishing representative income and expenses
- ❑ Calculate the amount of a missing pay stub using Year-to-Date pay amounts
- ❑ Determine representative income and expenses for initial applications
- ❑ Examine types of changes reported by an AU
- ❑ Determine actions which may be needed on a reported change

Three Elements to Correctly Determining Representative Pay

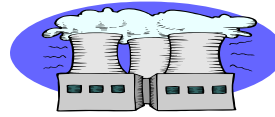


1. _____

2. _____

3. _____

EXAMPLE 1: HOMER SIMPSON



Homer Simpson is employed at the Meltdown Power Plant.
He is paid weekly and provides the following pay stubs.
Determine representative pay.

1/7/00	\$ 0
1/14/00	\$ 55.00
1/21/00	\$645.00
1/28/00	\$300.00

EXAMPLE 2: DARIA JONES



Daria Jones is employed at Kentucky Fried Chicken. She is paid weekly and provides the following pay stubs. She states that the 1/7 and 1/14 checks are not representative as they include overtime pay. Determine the representative amount.

1/7/00	\$500.00
1/14/00	\$503.00
1/21/00	\$400.00
1/28/00	\$412.00



EXAMPLE 3: Fred Jones

Fred works at UPS. He provides the following four check stubs to verify his pay.

12/31	\$520
12/24	\$569
12/17	\$560
12/10	\$540

Mr. Jones states that none of these checks are representative because he worked overtime all through the holidays.

December 14, 2005

TM-6

Food Stamp Phase 3 TM
Changes

December 14, 2005

CHANGE EARNED INCOME 2 - ERN2 ERN2 02
Month 03 05 01

Client Name HOMER SIMPSON Client ID 190427538
REMARKS

Employer Name MELTDOWN POWER PLANT

Avg Hrs 040 Freq WK Day Week Pd FR Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
300.00	VN								

----- Work Expenses -----

Type	Amount	Freq	V	Type	Amount	Freq	V
------	--------	------	---	------	--------	------	---

More Jobs

Message

del	15-lett	16-evnc	23-alau	24-
-----	---------	---------	---------	-----

2/7/05 Mr. Simpson is still employed at the Meltdown Power Plant. He states that due to a recent plant closing, most of the checks provided are not representative. The 1/7 check is not rep because the plant closed that week due to a fire. The 1/14 check is not rep, partial week due to the fire. The 1/21 check is not rep as he was working overtime to catch up after the closing. The 1/28 check is representative. Looking at previous verification in the case record, \$300 is the amount he was normally earning in the past. Mr. Simpson earns \$7.50 per hour and works 40 hours per week.
S. Savage v618

December 14, 2005

December 14, 2005

CHANGE	EARNED INCOME 2 - ERN2	ERN2 02
Month 03 05		01
		REMARKS
Client Name DARIA	JONES	Client ID 190427538
Employer Name KENTUCKY FRIED CHICKEN		

				Avg Hrs 045		Freq WK		Day Week Pd FR		Extra Pay	
Del											
	Amt 1	V		Amt 2	V		Amt 3	V		Amt 4	V
	453.75	VN								Extra	V
	-----			Work Expenses			-----				

	Type	Amount		Freq	V		Type	Amount		Freq	V

[Message](#)
[More Jobs](#)

15-lett	16-evnc	23-alau	24-del
<p>02/07/05 Ms. Jones earns \$10 per hour. She provided 4 check stubs to verify her earnings. Ms. Jones said in the interview that these checks were not representative as they have overtime. Since more than half of the checks show overtime, it appears that overtime is representative of her normal pattern of work. Ms. Jones was <u>given the option of providing additional verification to show that overtime is not representative.</u> A/R chose to use the checks provided as representative.</p> <p>S. Savage v618</p>			

December 14, 2005

Client ID 190427538

AFDC
ARM

TANF	Student	---	JTPA	---
Ind	Cnt		Ind	Cnt

18 mo>

TM-10

December 14, 2005

Employer Name UPS

Avg Hrs	040	Freq WK	Day Week	Pd FR	Extra Pay
---------	-----	---------	----------	-------	-----------

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
408.00	CH								

----- Work Expenses -----

— — —

Type	Amount	Freq	V	Type	Amount	Freq	V
------	--------	------	---	------	--------	------	---

More Jobs

Message

15-lett 16-evnc 23-alau 24-del

01/05/05 Mr. Jones provided the following four check stubs to verify wages:

12/31	520.00
12/24	569.00
12/17	560.00
12/10	540.00

Mr. Jones states that none of these checks are representative because he worked a great deal of overtime during the Christmas season but not during other months. It would not be correct to use this income to prospectively budget the new POE of January thru June. The check stubs show an hourly rate of pay as \$10.20 which is consistent with check stubs from his previous review. Previous reviews also show that he normally works 40 hours per week, so to calculate rep pay:
40 X \$10.20 = \$408.00 weekly.

S. Savage v618

Worksheet

Determine a missing check amount based on Year to Date

Gross YTD from the check
after the missing check

-

Gross Current amount from
the check after the missing
check

=

Gross YTD from the check
before the missing check

-

Gross Amount of missing
check

=

ASSOCIATE NAME: TRACY KING

SSN: 258-98-7421

PIN NO: 2162

TAX NUMBER
STATUS EXEMPT
MEDICARE 0
FICA-OASDI 0
U.S. TAX S 2
GA STATE S 2

PAY PERIOD BEGIN: 05/17/05 CHECK DATE: 06/04/05

PAY PERIOD END: 05/30/05 CHECK NUMBER: 7685

EARNINGS					DEDUCTIONS			TAXES		
DESCRIPTION RATE HOURS CURRENT YEAR-TO-DATE					DESCRIPTION CURRENT YEAR-TO-DATE			DESCRIPTION	CURRENT	YEAR-TO-DATE
REGULAR	9.00	33.50	301.50	6129.00	STD	6.11	54.99	MEDICARE	8.47	93.97
REGULAR	9.00	33.75	303.75	6432.75	LTD	3.10	27.90	FICA-OASDI	37.06	401.80
DEM EMP MG			7.55-	67.95-				U.S.TAX	42.64	454.91
REG ADJUST				11.25				GA STATE	10.79	115.51
OVERTIME				104.63						
GROSS PAY:								NET PAY:	489.33	5331.60
597.70	6480.68									

HOME DEPOT U.S.A. INC.

ASSOCIATE NAME: TRACY KING

SSN: 258-98-7421

PIN NO: 2162

TAX NUMBER
STATUS EXEMPT
MEDICARE 0
FICA-OASDI 0
U.S. TAX S 2
GA STATE S 2

PAY PERIOD BEGIN: 06/14/05 CHECK DATE: 07/02/05

PAY PERIOD END: 06/27/05 CHECK NUMBER: 9863

EARNINGS					DEDUCTIONS			TAXES		
DESCRIPTION RATE HOURS CURRENT YEAR-TO-DATE					DESCRIPTION CURRENT YEAR-TO-DATE			DESCRIPTION CURRENT YEAR-TO-DATE		
REGULAR	9.00	40.00	360.00	7321.50	STD	6.11	67.21	MEDICARE	8.50	111.51
REGULAR	9.00	28.50	256.50	7578.00	LTD	3.10	34.10	FICA-OASDI	36.36	476.82
REG ADJUST	9.00	4.00-	36.00-	24.75-				U.S.TAX	40.95	542.38
OVERTIME	13.50	1.00	13.50	148.51				GA STATE	10.11	137.96
DEM EMP MG			7.55-	83.05-						
HOLIDAY				72.00						

HOME DEPOT U.S.A. INC.

BUDGETING INCOME AND EXPENSES AT INITIAL APPLICATION

Complete the following situations and check your answers on the following pages.

1. Mr. Samuels' income varies from week to week. He applies on 10/28 and provides 4 pay stubs as verification of his income at the interview on 10/28; he states that these are representative of his normal pay. Case is approved on 11/12.

10/3	\$107.10
10/10	\$110.27
10/17	\$100.50
10/24	\$ 97.86

What amount of income will be budgeted for October? For November? For December?

2. Mr. Smith applies on 3/12. He is paid bi-weekly on Fridays. His income varies and he provides the following verification of wages at his interview on 3/12; he states that these are representative of his normal pay. The case is approved on 3/23.

2/20	\$286.27
3/6	\$273.81

What amount of income will be budgeted for March? For April?

3. Ms. Jones applies on 3/16. She is paid semi-monthly on the 15th and 30th. She verifies her recent two pay stubs; she states that the checks are representative of her normal pay. The 3/15 check includes some wages which were left off of an earlier check in error; you can see on the check that the additional \$20 is designated as "Other". She is approved on 4/6.

3/15	\$350.00
3/30	\$330.00

What amount of income will be budgeted for March? For April? For May?

4. Ms. Renard applies on 5/12. Her only income is a weekly contribution from her father, which varies from week to week. She also states that there is usually one week out of the month that he doesn't give her any money. The case is approved on 6/5. She provides the following verification which she states is representative:

5/22	\$50.00
5/15	\$35.00
5/8	\$40.00
5/1	\$ 0.00

What amount will be budgeted for May? For June?

5. Ms. Cook applies on 2/17. She just began working on 2/13, her hours vary and she states she is paid weekly on Thursdays. The case is approved on 3/15. She provided the following verification which she states is representative:

2/27	\$120.00
3/5	\$110.00
3/12	\$115.00

What amount of income will be budgeted for February? For March? For April?

6. Ms. Geritol applies on 10/20. Her only income is child support received weekly on Fridays directly from her daughter's father. The case is approved on 11/3. She provides the following verification which is representative of his normal pattern of payment:

9/25	\$100.00
10/2	\$ 80.00
10/9	\$ 75.00
10/16	\$ 85.00

What amount of income will be budgeted for October? For November?

7. Mr. Cornwall applies on 7/8. He just began working on 7/1. He provides a statement which verifies that he will be making \$5.75 per hour, he will work 30 hours per week and he will be paid weekly on Wednesdays. He will receive his first pay check on 7/15. The case is approved on 7/15.

What amount of income will be budgeted for July? For August?

8. Ms. White applies on 10/15. She verifies that her job ended on 10/8 and she received her last check today. She was paid weekly on Thursdays. The case is approved on 11/5. She provided the following pay stubs:

9/24	\$140.00
10/1	\$130.00
10/8	\$122.30
10/15	\$141.80

What amount of income will be budgeted for October? For November? For December?

9. Mr. Knight applies on 6/23. He states that he works three days per week and that he sometimes works between 8-12 hours per day. He is paid weekly. He states he pays child care expenses for his two children ages 1 and 4, that vary weekly depending on the hours he works. The case is approved 7/12. He provided the following verification of his wages and child care, he states that these are "normal" fluctuations:

Wages:	6/5	\$195.00	Child Care:	6/6	\$70.00
	6/12	\$220.00		6/13	\$75.00
	6/19	\$210.00		6/20	\$75.00
	6/26	\$230.00		6/27	\$80.00

What amount of income will be budgeted for June? For July? For August?

What will be the child care deduction for June? For July? For August?

10. Ms. Trendy applies on 8/10. She reports that she lost her job and she will receive her final pay check on 8/14. She was paid weekly on Fridays. The case is approved on 8/31. She provided the following verification at her interview on 8/10:

7/17	\$235.00
7/24	\$220.00
7/31	\$195.00
8/7	\$220.00

On 8/20, she provides a separation notice that verifies her last check was \$200.00.

What amount of income will be budgeted for August? For September?

BUDGETING INCOME AND EXPENSES AT INITIAL APPLICATION

KEY

1. Mr Samuels' income varies from week to week. He applies on 10/28 and provides 4 pay stubs as verification of his income at the interview on 10/28; he states that these are representative of his normal pay. Case is approved on 11/12.

10/3 \$107.10
10/10 \$110.27
10/17 \$100.50
10/24 \$ 97.86

What amount of income will be budgeted for October? For November? For December?

Continuing income is converted for each of the application months.

$\$415.73) 4 = \$103.932 = \$103.93 \text{ H } 4.3333 = \$450.359 = \$450.35$

\$450.35 would be budgeted for Oct, Nov and ongoing.

2. Mr. Smith applies on 3/12. He is paid bi-weekly on Fridays. His income varies and he provides the following verification of wages at his interview on 3/12; he states that these are representative of his normal pay. The case is approved on 3/23.

2/20 \$286.27
3/6 \$273.81

What amount of income will be budgeted for March? For April?

Continuing income is converted for each of the application months.

$\$560.08) 2 = \$280.26 \times 2.1666 = \$606.734 = \606.730

\$606.73 would be budgeted for March and ongoing.

3. Ms. Jones applies on 3/16. She is paid semi-monthly on the 15th and 30th. She verifies her recent two pay stubs; she states that the checks are representative of her normal pay. The 3/15 check includes some wages which were left off of an earlier check in error; you can see on the check that the additional \$20 is designated as "Other". She is approved on 4/6.

3/15	\$350.00
3/30	\$330.00

What amount of income will be budgeted for March? For April? For May?

Continuing income is converted for each of the application months.

\$330.00 X 2 = \$660.00 for March, April, and May

4. Ms. Renard applies on 5/12. Her only income is a weekly contribution from her father, which varies from week to week. She also states that there is usually one week out of the month that he doesn't give her any money. The case is approved on 6/5. She provides the following verification which she states is representative:

5/22	\$50.00
5/15	\$35.00
5/8	\$40.00
5/1	\$ 0.00

What amount will be budgeted for May? For June?

Continuing income is converted for each of the application months.

\$125.00) 4 = \$31.25 H 4.3333 = \$135.415 = 135.41

\$135.41 would be budgeted for May and June

5. Ms. Cook applies on 2/17. She just began working on 2/13, her hours vary and she states she is paid weekly on Thursdays. The case is approved on 3/15. She provided the following verification which she states is representative:

2/27	\$120.00
3/5	\$110.00
3/12	\$115.00

What amount of income will be budgeted for February? For March? For April?

In February, the income is new so we'll budget the actual amount of \$120

For March and April the AU will receive a full month, so the income will be converted.

$\$345.00 \div 3 = \$115.00 \times 4.3333 = \$498.32$

\$498.32 would be budgeted for March and April

6. Ms. Geritol applies on 10/20. Her only income is child support received weekly on Fridays directly from her daughter's father. The case is approved on 11/3. She provides the following verification which is representative of his normal pattern of payment:

9/25	\$100.00
10/2	\$ 80.00
10/9	\$ 75.00
10/16	\$ 85.00

What amount of income will be budgeted for October? For November?

Continuing income is converted for each of the application months

$\$340.00 \div 4 = \$85.00 \times 4.3333 = \$368.33$

\$368.33 would be budgeted for October and November

7. Mr. Cornwall applies on 7/8. He just began working on 7/1. He provides a statement which verifies that he will be making \$5.75 per hour, he will work 30 hours per week and he will be paid weekly on Wednesdays. He will receive his first pay check on 7/15. The case is approved on 7/15.

What amount of income will be budgeted for July? For August?

Income for which a full month is not received is not converted

$$\text{\$5.75} \times 30 = \text{\$172.50} \times 4.3333 = \text{\$747.49}$$

\$517.50 would be budgeted for July (3 pay periods in July)

\$747.49 would be budgeted ongoing.

8. Ms. White applies on 10/15. She verifies that her job ended on 10/8 and she received her last check today. She was paid weekly on Thursdays. The case is approved on 11/5. She provided the following pay stubs:

9/24	\$140.00
10/1	\$130.00
10/8	\$122.30
10/15	\$141.80

What amount of income will be budgeted for October? For November? For December?

Income for which a full month is not received is not converted

\$130 + \$122.30 + \$141.80 = \$394.10 would be budgeted for October

No income would be budgeted in November or December

9. Mr. Knight applies on 6/23. He states that he works three days per week and that he sometimes works between 8-12 hours per day. He is paid weekly. He states he pays child care expenses for his two children ages 1 and 4, that vary weekly depending on the hours he works. The case is approved 7/12. He provided the following verification of his wages and child care, he states that these are "normal" fluctuations:

Wages:	6/5	\$195.00	6/6	\$70.00
	6/12	\$220.00	6/13	\$75.00
	6/19	\$210.00	6/20	\$75.00
	6/26	<u>\$230.00</u>	6/27	<u>\$80.00</u>
		\$855.00		\$300.00

Continuing income and expenses are converted for each of the application months

What amount of income will be budgeted for June? For July? For August?

\$855) 4 = \$213.75 H 4.3333 = \$926.24 for June, July and August

What will be the child care deduction for June? For July? For August?

\$300.00+) 4 = \$75.00 H 4.3333 = \$324.99 for June, July and August

10. Ms. Trendy applies on 8/10. She reports that she lost her job and she will receive her final pay check on 8/14. She was paid weekly on Fridays. The case is approved on 8/31. She provided the following verification at her interview on 8/10:

7/17	\$235.00
7/24	\$220.00
7/31	\$195.00
8/7	\$220.00

On 8/20, she provides a separation notice that verifies her last check was \$200.00.

What amount of income will be budgeted for August? For September?

\$420.00 for August, \$0 for September

Verification Requirements for Deductions (ESS 3615 - 22)

<i>Initial Applications</i>		
DEDUCTION	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
Excess Medical Expense	Third Party Source: Current, non-reimbursable expenses	Do Not Allow Expense
Dependent Care Expense	Third Party Source: Actual cost of care incurred and expected to be paid by the AU	Do Not Allow Expense
Child Support Expense (payment)	Third Party Source: Legal obligation, amount of legal obligation, and amount actually paid	Do Not Allow Expense
Housing Expense (rent, mortgage, taxes, insurance, etc.)	Third Party Source: Current housing costs i.e., most recent bills received by the AU	Do Not Allow Expense
SUA (H/C, non-H/C, or Telephone)	Accept AU statement	N/A
Actual expense of one utility	Third Party Source: Verify actual utility expense for the dwelling for the previous 12 months	Do Not Allow Expense

<i>Interim Changes</i>		
REPORTED CHANGE	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
In: <ul style="list-style-type: none"> - excess medical expense - dependent care expense - housing expense - utility deduction which causes an increase in benefits	Verify by Third Party source Exceptions: <ul style="list-style-type: none"> - Accept A/R statement when SUA/telephone standard is used - Medical expense reported via third party which requires verification from A/R – do not act on until review 	Leave at original/lower amount
In: <ul style="list-style-type: none"> - excess medical expense - dependent care expense - housing expense - utility deduction which causes a decrease in benefits	Accept AU statement, process change	N/A
Child Support Expense	Verify by Third Party source if benefits increase	Do not allow the deduction
	Accept AU statement and process change if benefits decrease	N/A

<i>Reviews</i>		
DEDUCTION	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
Excess Medical Expense	Third Party Source: New non-reimbursable expenses of if amount of existing expense has changed by more than \$25 per month since last review and was not previously verified	Do Not Allow Expense
Dependent Care Expense	Third Party Source: If provider changes OR the total amount has changed by more than \$25 per month since last review and was not previously verified	Do Not Allow Expense
Child Support Expense (payment)	Third Party Source: If legally obligated amount has change OR the amount paid has changed	Do Not Allow Expense
Housing Expense (rent, mortgage, taxes, insurance, etc.)	Third Party Source: If the total amount has changed by more than \$25 per month since last review and was not previously verified OR the AU has moved	Do Not Allow Expense
SUA (H/C, non-H/C, or Telephone)	Accept AU statement	N/A
Actual expense of one utility	Third Party Source: If the amount has changed by more than \$25 per month since last review and was not previously verified OR the AU has moved.	Do Not Allow Expense

NEW ADDRESS



Ms. Wallace, a FS recipient, reports on August 3 that she moved on August 1 and must now pay rent. Ms. Wallace states that she moved to 234 Tripoli Court, Apt. B-4, still in your city. FS benefits will increase.

1. **Do we need to verify the rent amount at the new address?**

2. **What policy areas may be affected by this change? List.**

LOSS OF WAGES



Ms. Meriwhether, a FS recipient, reports on 2/19 that she lost her job on 2/17. She will receive one last check on 2/21 for \$123.00. This job was Ms. Meriwhether's only income; her monthly expenses are \$350. There are no other AU members; Ms. Meriwhether lives alone. FS benefits will increase.

1. **Effective what month must the income be removed from the budget?**
2. **What verification is necessary to process this change?**
3. **What policy areas may be affected by this change? List.**
4. **In addition to the policy areas listed above, what policy areas may be affected by this change if Ms. Meriwhether has children? List.**

NEW WAGES



Ms. Marshall, a non-SRR AU, calls on 10/16 to report that she has a new job. She will be working 40 hours per week at \$5.25 per hour. She began work 10/7. She received her first check on 10/14. FICM takes action on 10/18.

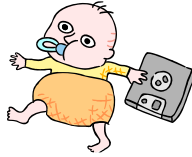
- 1. Did Ms. Marshall report this change timely?**

- 2. Effective what month should this income be included in the budget?**

- 3. What amount of income will be budgeted?**

- 4. What other policy areas may be affected by this change? List.**

NEW PERSON



Ms. Cato reports on March 23 that she had a baby on March 19. He has no income, she provides all necessary verification to add the baby on April 2. FS benefits will increase.

1. **Effective what month should the baby be added to the FS AU?**
2. **What verification is required to add the baby to the FS AU?**
3. **What other policy areas may be affected by this change? List.**

DECREASE OF INCOME



Ms. Amons reports on May 26 that her hours at work have decreased. She will earn about \$200 less per month as a result of this change. FS benefits will increase.

1. **Effective what month should the income be decreased in the FS budget?**
2. **What verification is necessary to process this change?**
3. **What policy areas may be affected by this change? List.**

Budgeting Earned Income



Ms. Teresa Hughes comes in to apply for FS on October 5th. She provides her previous four check stubs to verify wages.

Study the provided check stubs and answer the following questions.

1. **What is Ms. Hughes' hourly rate of pay?**
2. **How often is Ms. Hughes paid?**
3. **Does there appear to be any overtime or time absent on the checks?**
4. **Per the check stubs, is Ms. Hughes married?**
5. **Per the check stubs, does Ms. Hughes have children?**

In the interview, Ms. Hughes states that all of these checks are representative. She normally works between 25 and 35 hours per week. She works at Harvard Graphics, 610 Dekalb Avenue, Atlanta, GA 30326. Phone number is 404-876-6453. Ms. Hughes started at this job on 3/6/03 and received her first check on 3/17/03; she receives her check weekly on Fridays although they're dated on Wednesday.

6. **Using the check stubs and the information provided, complete ERN1, ERN2, and EVNC for Ms. Hughes (pages following).**

March 31, 2006

YEAR TO DATE			
FED TAX	213.50		
FICA TAX	305.68		
		GROSS FED TAXABLE	3957.33 3957.33

**Food Stamp Phase 3 WB
Changes**

March 31, 2006

ASSOCIATE IDENTIFICATION	SOCIAL SECURITY NUMBER	CH.	LOC.	DEP	CLASS	RATE	MIS	FED	M/S ST.	PAY WK ENDING	SEQUENCE
	254-31-6026	28	0679	0919	0120	5.500	S	01	S OR GA	8/31/05	0020637

SOCIAL SECURITY NUMBER

254-31-6026

CH.	LOC.	DEPT	CLASS
-----	------	------	-------

08 0679 0919 0120

TERESA
HUGHES

Check Date

09/14/05

EARNINGS	HOURS	AMOUNT
REGULAR	35.0	192.50
TOTAL EARNINGS		192.50

REDUCTIONS	
TOTAL	0.00
FEDERAL TAXABLE	192.50

DEDUCTIONS			
FED TAX	12.94		
FICA TAX	17.99		
TOTAL DEDUCTIONS	30.93	NET PAY	161.57

YEAR TO DATE			
FED TAX	210.56		
FICA TAX	295.69		
GROSS FED TAXABLE			4149.83
			4149.83

**Food Stamp Phase 3 WB
Changes**

March 31, 2006

ASSOCIATE IDENTIFICATION	SOCIAL SECURITY NUMBER	CH.	LOC.	DEP	CLASS	RATE	MIS	FED	M/S ST.	PAY WK ENDING	SEQUENCE
	254-31-6026	28	0679	0919	0120	5.500	S	01	S OR GA	9/7/05	0020637

SOCIAL SECURITY NUMBER

254-31-6026

CH.	LOC.	DEPT	CLASS
-----	------	------	-------

08 0679 0919 0120

TERESA
HUGHES

Check Date

09/21/05

EARNINGS	HOURS	AMOUNT
REGULAR	28.50	156.75
TOTAL EARNINGS		156.75

REDUCTIONS	
TOTAL	0.00
FEDERAL TAXABLE	156.75

DEDUCTIONS			
FED TAX	7.94		
FICA TAX	11.99		
TOTAL DEDUCTIONS	29.93	NET PAY	136.82

YEAR TO DATE			
FED TAX	367.31		
FICA TAX	307.68		
GROSS FED TAXABLE			4306.58
			4306.58

March 31, 2006

SOCIAL SECURITY NUMBER			
254-31-6026			
CH. LOC. DEPT CLASS			
08	0679	0919	0120
TERESA HUGHES	Check Date		
	09/28/05		
EARNINGS		HOURS	AMOUNT
REGULAR		30.5	167.75
TOTAL EARNINGS		167.75	
REDUCTIONS			
TOTAL		0.00	
FEDERAL TAXABLE		167.75	
DEDUCTIONS			
FED TAX	8.94		
FICA TAX	14.99		
TOTAL DEDUCTIONS		23.93	NET PAY
			143.82
YEAR TO DATE			
FED TAX	376.25		
FICA TAX	322.67		
		GROSS	4474.33
		FED TAXABLE	4474.33

CHANGE **EARNED INCOME 1 - ERN1**
 ERN1 01
 Month 11 05
 01

Client Name **TERESA HUGHES** Client ID 190927538

Do you have any of the following: wages, self employment, commissions/tips,
 Roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA,
 Job Corps, training allowance, use/sale of personal property, or other income?

Employer Name				AJS					
Employ									
Line 1				Line 2					
City	Begin	ST	Zip	Phone					
				Late	SON	\$30+1/3	\$30+1/3	\$30	
Type	Date	Pay Date	Date	Rpt	Ovrd	Ind Cntr	End Date	End Date	
				AFDC					
				ARM					
				Num of	ABD Stdnt	AFDC Student	- - - JTPA - - -		
				Bordrs	EXCL	Ind Cnt	Ind	Cnt	Excl

Message
 More Jobs

15-lett

UPDATE **REMARKS – REMA**
 REMA
 01

CHANGE **EARNED VARIABLE INCOME CALCULATION - EVNC**

EVNC 01

Month 11 05

Remarks

Client Name **TERESA** **HUGHES** Client ID 190927538

Del Avg Hours Freq Day Week Pd Extra Pay

PP End Date	Pd/Rcvd Date	Amount	V	Repres
MM DD YY				

Message

24 - del

CHANGE
ERN2 01
Month 11 99
01

EARNED INCOME 2 - ERN2

Remarks

Client Name **TERESA** **HUGHES** Client ID 190927538

Employer Name

Avg Hrs **Freq** **Day Week Pd FR** **Extra Pay**

Del

Amt 1 V **Amt 2** V **Amt 3** V **Amt 4** V **Extra** V

----- Work Expenses -----
Type Amount Freq V Type Amount Freq V

More Jobs

Message

0013 REQUIRED FIELDS ARE IDENTIFIED BY “?”

15 – lett **16 – evnc** 23 – alau 24 – del

UPDATE
REMA01

REMARKS – REMA

Objectives for Shelter



Participants will:

- ❑ Discuss allowable shelter costs
- ❑ Examine the definition of a dwelling
- ❑ Analyze situations of shared and separate dwellings
- ❑ Identify types of interim changes that may affect the excess shelter deduction
- ❑ Review the verification requirements relating to shelter changes
- ❑ Calculate Total Shelter Costs

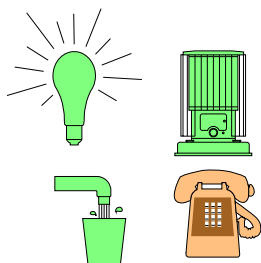
Correctly Determining Shelter

Start Here



Start with the dwelling.
Ask A/R, "How do you heat
or cool your home?"

N
E
X
T



Determine the types of utility
expenses, how paid, and who
shares the cost

L
A
S
T

Determine the Appropriate
SUA Type or utility expense
Deduction (telephone expense
or actual)



UTILITY EXPENSES

IF	THEN
<p>The AU incurs/expects to incur a heating or cooling expense separate from the rent or mortgage (paid to landlord or utility provider)</p> <p>OR</p> <p>The AU incurs/expects to incur an excess utility expense for heating or cooling costs for <u>living in public housing</u>.</p> <p>OR</p> <p>The AU has received LIHEAP in the past 12 months at the current address</p>	<p>Eligible for H/C SUA Currently \$323 per month</p> <p>This SUA includes: heating, cooling, water/sewage, electricity, cooking fuel, basic service for one standard phone*, garbage collection, and installation and maintenance for well or septic tank</p> <p>*Accept the applicant/recipient's statement unless questionable</p>
<p>The AU incurs/expects to incur at least two utility expenses other than a heating or cooling expense (paid to landlord or utility provider)</p> <p>OR</p> <p>The AU incurs/expects to incur an excess utility expense for <u>living in public housing</u> other than a heating or cooling expense.</p>	<p>Eligible for non-H/C SUA Currently \$175 per month</p> <p>This SUA includes: cooking fuel, electricity not used for heating or cooling, water/sewage, basic service for one standard phone*, garbage collection, and installation and maintenance for well or septic tank</p> <p>*Accept the applicant/recipient's statement unless questionable</p>
<p>The AU incurs/expects to incur a telephone expense only (installed or cellular)</p>	<p>Eligible for the Telephone Standard only* \$30.00</p> <p>Accept the applicant/recipient's statement unless questionable.</p>
<p>The AU incurs/expects to incur only one utility, other than a heating or cooling expense (paid to landlord or utility provider)</p>	<p>Eligible for actual utility expense to be used as the deduction. Actual utility cost must be verified. Actual expense must be verified by landlord if paid to him/her and amount is always the same OR with 12 months of verification if paid directly to utility company/provider.</p>

*NOTE: The AU cannot receive both H/C or Non-H/C and the telephone standard, as the cost of the basic service for one standard phone is included in the SUA.

Consider **intent** to turn on the utility.

Any person sharing the cost of utilities for the dwelling (pays a specific utility or pays a portion) is entitled to the full SUA for which the dwelling qualifies.

One dwelling or two?



Determine the number of dwellings?

1. Ms. Cerano lives in a house and rents a room in the basement to Mr. Knox. Mr. Knox has a separate bathroom, but he shares the kitchen with Ms. Cerano.
2. Ms. Norris owns a camper that sits on her property behind her house. The camper is on the same meter as the house. She rents the camper to her son.
3. Ms. Harvey and Ms. Ritter share a house. They state that they are roommates; they share the kitchen in the house.
4. Mr. Jarrett owns a trailer which sits on his property behind his house. The trailer has its own meter, separate from the house. He rents the trailer to Mr. Sams.
5. Ms. Bell lives in a house and she lets Ms. Slate live in the attic. Ms. Slate has a separate bathroom and kitchen in the attic.

Shared Dwellings

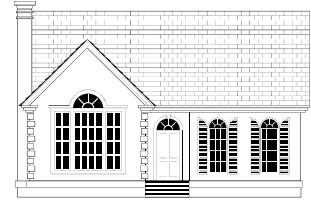


In the following shared dwelling situations, determine for which (if any) SUA the dwelling qualifies and which AUs are eligible to receive the SUA.

1. Ms. Sargent and Ms. Warren rent an apartment. The apartment is heated with gas which is included in their rent, and there is no air conditioning. Ms. Sargent and Ms. Warren split the electricity bill equally and the water bill equally.
2. Ms. Poole and Ms. Amons rent an apartment. The apartment is heated with gas which is included in their rent. They do have to pay excess utility costs for the gas and they split that and each pays half. In addition, they have a phone for which they pay equally.
3. Ms. Brandt and Ms. Vexin rent a house. The house is heated with gas heat. Ms. Brandt pays the gas bill, the electric bill and the phone bill. Ms. Vexin pays the water bill.
4. Mr. Wood and Mr. Ingles rent a house. The house is heated and cooled with electricity. Mr. Wood pays the electric bill and Mr. Ingles pays the phone bill.
5. Mr. Bearden and Mr. Poole rent a house. The house is heated and cooled with electricity. Mr. Bearden pays for the electricity as well as the water and phone. Mr. Poole pays no utility bills.

Separate dwellings

In the following Landlord/Renter situations, for which SUA is the AU in the main dwelling eligible? What about the AU in the other dwelling?



1. Mr. Owens owns a house and a trailer. He rents the trailer to Mr. Schwartz. The trailer and the house are on the same electric meter. Mr. Owens pays the electric bill and also for gas to heat his home. Mr. Schwartz does not give Mr. Owens any money for utilities, but he does pay for propane gas to heat his trailer.
2. Mr. Mason owns a house and a trailer. His son, Gary, lives in the trailer. The trailer and the house are on the same electric meter. Mr. Mason pays for the electricity which heats his house and the trailer. Gary doesn't pay anything for the utilities but he does have a phone in the trailer for which he pays.
3. Ms. Bearden owns a house and a trailer. Her son, Patrick, lives in the trailer. The trailer and the house are on the same electric meter. Ms. Bearden pays the electric bill to heat and cool her house. Patrick heats the trailer with electric heaters. Ms. Bearden pays for the electricity; Patrick gives her \$35 per month to help pay for it.
4. Ms. Ursery owns a house. She rents an apartment in the attic to Ms. Richards. Ms. Richards has a separate kitchen. Ms. Ursery pays for electricity and gas to heat and cool the house. Ms. Richards pays Ms. Ursery \$100 per month to help with the gas and electricity.
5. Mr. Poole owns a house; he rents an apartment in the basement to Mr. Baker. Mr. Baker has a separate kitchen. Mr. Poole pays for electricity to heat and cool the house. Mr. Baker doesn't pay any utilities to Mr. Poole but he does have a separate phone for which he pays.

Interim Changes in Shelter

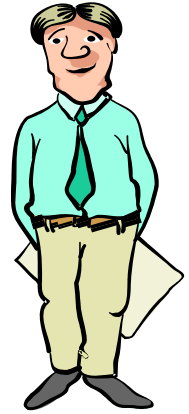
How do you verify the following changes?

1. Ms. Bishop reports that she moved. She now pays \$400 per month rent which is \$100 less than the amount she paid in her previous apartment. She will continue to receive the SUA. FS benefits will decrease.
2. Ms. Norman reports she now has to pay a water bill. Previously, she paid no utility expense. FS benefits will increase.
3. Mr. Wood reports that he moved. He now pays \$300 per month rent which is \$60 more than the amount he paid for his previous apartment. He will continue to receive the SUA. FS benefits will increase.
4. Mr. Luke reports that his rent has decreased from \$450 to \$400 per month. FS benefits will decrease.
5. Ms. Diaz reports that her rent has increased from \$500 to \$565 per month. FS benefits will increase.



Failure to Verify Changes in Shelter

What action must be taken when the A/R fails to verify?



1. Mr. Porter reports that his rent has increased from \$400 to \$450 per month. He fails to verify the new amount.
2. Ms. Sealy reports that she moved, she pays \$400 per month rent which is \$100 more than the amount she paid in her previous apartment. She will continue to receive the SUA. FS benefits will increase. She fails to verify the new rent amount.
3. Mr. Haley reports that he moved. He pays \$300 per month rent which is the same amount he paid for his previous apartment. He will continue to receive the SUA. He fails to verify the rent amount.
4. Ms. Terry reports she now has to pay a trash collection bill each month. She pays no other utilities. FS benefits will increase. Ms. Terry fails to verify the actual utility cost for trash collection.

SHELTER DEDUCTIONS REVIEW



For each of the following separate AU situations, determine the total shelter deductions for each AU.

1. Beverly Whitehead and Linda Jones share a rental house. They split the rent and utilities equally. The rent for the house is \$600 per month; they pay for electricity to heat and cool the home. Their landlord is Cedric Thomas. He lives at 42 Ellis Street, Selars, GA 34987 (phone 706-876-2314); he provided a statement to verify their rent. Ms. Whitehead and Ms. Jones purchase and prepare their food separately; they receive Food Stamps as separate AUs.

Beverly: Rent/Mortgage _____

Linda: Rent/Mortgage _____

SUA Type _____

SUA Type _____

Total Shelter Costs _____

Total Shelter Costs _____

2. Ray Reno lives alone. He pays \$500.00 per month rent to his landlord Mike Jones, who lives at 466 Grant Street, Macon, GA 30405 (phone 478-908-9843). Mr. Reno pays an electric bill, a gas bill, and his phone bill. The apartment is heated with gas. A statement from his landlord verifies his rent amount.

Ray: Rent/Mortgage _____

SUA Type _____

Total Shelter Costs _____

3. Kevin Baker and Evan Jones live together at 789 Harmon Avenue, Atlanta, GA 30265 (phone 622-5698). They share the same kitchen and living areas. Mr. Baker is paying a mortgage on the home and Mr. Jones pays rent to Mr. Baker of \$450 per month. The mortgage on the house is \$700 per month which includes \$575 for the mortgage, \$50 for insurance, and \$75 for taxes; this information is verified by a letter from the mortgage company. All the utility bills are in Mr. Baker's name, but they actually split all the utilities equally. They pay for gas to heat the home as well as electricity and phone. Mr. Baker provides a statement to verify Mr. Jones' rent amount.

Kevin: Rent/Mortgage _____

Evan: Rent/Mortgage _____

SUA Type _____

SUA Type _____

Total Shelter Costs _____

Total Shelter Costs _____

How would you count the \$450 Kevin receives from Evan each month?

4. Dollie Mildton and Riana Terrance share an apartment. Their landlord is Connie Rose, she lives at 266 Hwy. 54 Apt. B, Fayetteville GA 30460 (phone 770-890-6352); she provides a statement to verify rent. Dollie Mildton pays all of the rent (\$350 per month), and Riana Terrance pays all of the utilities. The apartment is heated with gas that is included in the rent; it is not air conditioned. Ms. Terrance pays an electric bill and a phone bill. Ms. Mildton and Ms. Terrance purchase and prepare their food separately; they receive Food Stamps as separate AUs.

Dollie: Rent/Mortgage _____

Rianna: Rent/Mortgage _____

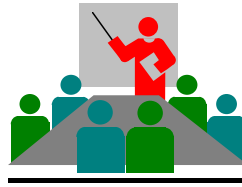
SUA Type _____

SUA Type _____

Total Shelter Costs _____

Total Shelter Costs _____

Objectives for Childcare Communication



Participants will:

- ❑ Discuss the importance of timely communication between Food Stamp workers and Child Care workers
- ❑ Identify information the FS case manager should know concerning an Assistance Unit's child care arrangements
- ❑ Examine the types of changes that will affect both the FS and the Child Care case
- ❑ Discuss interviewing skills which will lead to information concerning child care
- ❑ Identify red flags which may appear related to child care

Childcare Communication



1. *Why is it important for case managers to talk to clients about childcare arrangements?*
2. *If client states she pays childcare, what information do we need?*
3. *If client states she does not pay childcare, what information do we need?*
4. *Where do we enter data and documentation for childcare?*
5. *Why is it important that we communicate with the childcare worker?*
6. *What types of changes should be communicated to the childcare worker?*
7. *List 2 Open Questions to use when discussing childcare*

Childcare Communication

INFOPAC Reports – SUCCESS has a report of childcare cases and the related eligibility cases. The childcare report is the very last report listed. In your county, you need to see if you should access the report directly or if the childcare worker should forward it to you.

0726I-END OF REPORTS
COMMAND ===>

TIME: 073137

*** REPORTS ***

OPTION	REPORT ID	REPORT NAME
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-	HRKALIST	LIST CHILDCARE CASES BY COUNTY, NAME
S	HRKARCSE	CHILDCARE ALPHABETIC CASELOAD LISTING

PF01=HELP	PF02=PRINT	PF03=END	PF04=MENU	PF05=RFIND	PF06=MARK
PF07=UP	PF08=DOWN	PF09=	PF10=LEFT	PF11=RIGHT	PF12=QUIT

**Food Stamp Phase 3 TM
Childcare Communication**

September 22, 2005

COMMAND ==>
HRKARCSE 20000402 190013 HRKARCSE044
HRKARCSE
RUN DATE: 04/02/2000
COUNTY: 044 - DEKALB

SCROLL ==> SCREEN
P 12 R 1 C 1
GEORGIA DEPARTMENT OF HUMAN RESOU
DIVISION OF FAMILY AND CHILDREN SE
CHILD CARE ALPHABETIC CASELOAD BY
REPORTING MONTH/YEAR: 02/2000
CASELOAD: 9986

RESP NAME	RESP SSN	UAS CODE	MONTHLY FEE	CHILD
NEBRIT, ANDREA	252-43-4723	544	20.00	CHELSE
SANDERS, TRACEY	269-72-4022	544	44.00	CLIFFO
		544	44.00	RAKIM
RICE, TAMARA	289-65-1037	544	32.00	JULIUS
		544	32.00	MICHEL

UAS TOTALS	:			
	:	NOVEMBER, 1999	517	1 CASE
	:	NOVEMBER, 1999	544	7 CASES
	:	DECEMBER, 1999	517	1 CASE
	:	DECEMBER, 1999	544	7 CASES
	:	JANUARY, 2000	544	3 CASES
	:	FEBRUARY, 2000	544	3 CASES

Childcare Communication

Use _____ Questions to get
the _____ Picture.



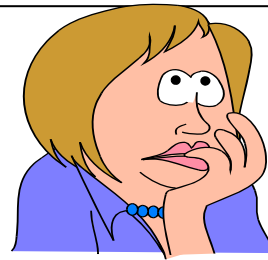
Use _____ Questions to
get the _____.

OBJECTIVES



- ☐ Participants will discuss resources which are available for informational purposes.
- ☐ Participants will identify and discuss barriers to the implementation of the presented techniques.
- ☐ Participants will complete course evaluations and receive individual final evaluations.
- ☐ Participants will establish a support system for implementation of the previously discussed tools and techniques.

Can I Do This?



YES!

4 Reasons Why...

Fewer Errors

**More Effective
Interviews**

**Correct Benefits for
Eligible Clients**

**Work SMARTER
not Harder**