EDUCATION & TRAINING
Services Section

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES

Customer Contact Center
Food Stamp/Family Medicaid
Phase II

For New Family Independence Workers

Participant Guide

DHR

February 29, 2008

OBJECTIVES OF INTRODUCTION

By the end of this training, you should:

- be fully registered and will have completed all necessary paperwork for the administration of the class.
- be familiar with the training facility.
- be clear about what they will be taught in this class and how this training will be conducted.
- understand the standards, expectations, and attendance policy for this course.
- be familiar with the philosophy of the agency and where we are in terms of welfare reform.
- be able to discuss the DHR Vision and Mission, DFCS goals, the Right Work Right Way Service Model, and Expectations of DFCS Staff.
- have a basic overview of the different programs offered by DFCS (TANF, Medicaid, and FS programs).
- be familiar with various non-DFCS programs to assist customers.
- understand their responsibility as mandated reporters for Child Protective Services.
- be able to identify your individual learning styles

Outline for 10 Day Training

CALL CENTER FS/FM SUCCESS

DAY ONE

Introduction

Introduction to SUCCESS

DAY TWO

Understanding the Screening and Registration Process

Understanding the Initial Application Process

DAY THREE

Understanding the Initial Application Process

Call Center Responsibilities

DAY FOUR

Processing Food Stamp Changes

DAY FIVE

Processing Food Stamp Changes

DAY SIX

Processing Food Stamp Changes

DAY SEVEN

Family Medicaid SUCCESS

DAY EIGHT

Processing Family Medicaid Changes

DAY NINE

Processing Family Medicaid Changes

Putting it All Together

DAY TEN

Skill Demonstration

Skill Demonstration Review

Closing

TRAINING INFORMATION

TRAINING SCHEDULE: Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch, and will include both morning and afternoon breaks. In addition to class time, the trainers are also available one hour before and after class to answer questions. If additional assistance is needed make an appointment with the trainer.

INCLEMENT WEATHER: In case of inclement weather, the decision of whether to hold training will depend on the facility where we are training. If the weather is inclement in your area, please let your county and the trainer know that you will be absent.

FLSA TIME SHEETS: During training, the trainers will not sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences on your time sheet. Please read the memo "FLSA Non-Exempt Employees Attending Required Training."

MATERIAL: During training, you will need the following material: Training Manual, pens, notepads, and a calculator.

TRAINING AGENDA: Refer to the "Outline of Training" in the front of your Training Manual (TM) prior to the Introduction module.

STANDARD OF TRAINING: An 80% overall grade average is required in order to successfully complete the course.

SKILL DEMONSTRATION: The Skill Demonstration is open-book. All resources (policy manual, training manual, notes, etc.) may be used. The Skill Demonstration is timed and will focus primarily on the SUCCESS System. A numeric grade is assigned for the Skill Demonstration, written feedback on your performance will be provided to your supervisor.

EVALUATION: A Final Evaluation will be sent to your county director sent to your county director at the end of training.

UNSATISFACTORY PERFORMANCE: Your performance will be reported to the county as required. The county will decide what action to take.

MEMORANDUM May 1, 1995

TO: County Directors of Family and Children Services
Field Managers
FROM: Robert Riddle, Acting Director
Human Resources Section
RE: FLSA Non-Exempt Employees Attending Required Training

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

RR: spa

cc: Joan Couch, Acting Chief
Employee Development Unit - Human Resources Section

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN 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 any DFCS 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 food 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.

August 23, 2006

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

> *While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*
>
> *DHR organizations units may designate specific days as "casual days". Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*
>
> *If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

> http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html

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.

August 23, 2006

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 DFCS training programs.

Signature _____ Date _____

August 23, 2006

DHR VISION AND DFCS STATEMENT OF PURPOSE AND GOALS

DHR VISION FOR THE FUTURE:

In the delivery of services to individuals, families and communities the Georgia Department of Human Resources will be compassionate, innovative, effective and accountable.

DHR MISSION:

The Georgia Department of Human Resources in partnership with local communities, will assist individuals and families in achieving safe, healthy, independent and self-sufficient lives.

DFCS STATEMENT OF PURPOSE:

DFCS will be the provider of a service continuum that promotes the well being of children and families as well as the economic self-sufficiency of all Georgians. An integral part of this continuum of services will be community development of opportunities and supports.

DFCS GOALS:

- **Safe Futures for Georgian's Children**
  Every child will be safe from abuse and neglect and will become a healthy, literate and economically self-sustaining adult. Georgia's children will develop within nurturing, caring permanent families.

- **Self-Sufficiency for Georgia's Families**
  All Georgia families will be self-sufficient. Able-bodied adults will be gainfully employed at a living wage with the supports they need for themselves and their families. Children will have an opportunity to participate in high quality, safe, affordable childcare and education program.

- **Safe, Supportive Communities**
  Georgia's neighborhoods and communities will be safe and economically viable. Individuals will have access to supports which enable them to care for themselves and their families.

- **Infrastructure**
  DFCS will create an effective and efficient system of work to achieve its vision.

THE DEPARTMENT OF HUMAN RESOURCES
SERVICE MODEL

OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept "business as usual" – it's not good enough.
- Spend government money like it's our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.

- Deliver services as if we were not the only one who could do that work.

Goal of DHR/DFCS Staff:

❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro-social behavior.

DFCS Focus: Develop Strong Families

Developing strong families means:

- ☑ Ensuring safety, permanency and well-being for Georgia's children
- ☑ Keeping kids safe
- ☑ Keeping kids happy, healthy and learning with families and in their communities
- ☑ Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- ☑ Keeping the elderly healthy and connected to life affirming activities.

The Right Work the Right Way

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weight options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.

ASSISTANCE PROGRAMS AVAILABLE IN GEORGIA

TANF -Temporary Assistance for Needy Families provides assistance to needy families to help them become self-supporting through employment, pursuing child support and preventing out-of-wedlock pregnancies. Cash assistance is conditional upon compliance with work requirements and personal responsibilities. Families with children under 18 (and some 19 years) must be in financial need. This program is administered in Georgia by the Division of Family and Children Services (DFCS). A more detailed explanation of TANF follows this page.

SSI - Supplemental Security Income provides a monthly check and Medicaid to aged (age 65 or older), blind or disabled individuals who are in financial need. SSI may act as a "supplement" to other income, or it may be the only income the individual receives. Disabled children may also receive SSI unless their parents have too much income. SSI is administered in all states by the Social Security Administration and funded entirely by the federal government.

GA - General Assistance provides assistance for disabled individuals not receiving SSI or families who are threatened with eviction. This is a county-funded program available only in certain counties in Georgia. Eligibility rules and types of assistance offered are different in each county. GA applications are processed by the county Division of Family and Children Services.

RRP - Refugee Resettlement Program provides cash, medical assistance, and social services for up to eight months to Refugee families who are in financial need based on TANF standards. The program is federally funded and administered in Georgia by the Division of Family and Children Services.

Energy Assistance provides financial assistance for low-income families to help pay for the cost of heating and cooling their homes. Energy Assistance is administered in Georgia by the Community Action Agencies. It is funded with money provided by the federal government and voluntary contributions to utility companies.

Medical Assistance Programs provides Medicaid to persons who meet certain requirements. Certain "Classes of Assistance" are listed and explained in the following pages. This is not a complete list.

Temporary Assistance to Needy Families (TANF)

Georgia's public assistance programs have been in existence since 1938 with regulations constantly undergoing changes. The signing of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on August 22, 1996, eliminated the open-ended entitlement of the Aid to Families with Dependent Children as a public assistance program. All states were mandated to implement provisions under Temporary Assistance for Needy Families (TANF) by July 1, 1997.

The purposes of TANF are to:

- provide assistance to needy families so that children can be cared for in their homes or in the homes of relatives,
- end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage,
    - prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies, and
    - encourage the formation and maintenance of two-parent families.

TANF is a work program. In operating the TANF program, Georgia provides cash assistance on a temporary basis (up to 48 months) to needy families with dependent children. We believe that welfare is not good enough for any family, and that children are better off when responsible caretakers are able to provide for their families.

Therefore, the Georgia Department of Human Resources (DHR), through the Division of Family and Children Services (DFCS), assists parents and grantee relatives in creating a secure future for their families through stable employment. Georgia emphasizes that there is dignity in work and urges responsible adult behavior and economic self-sufficiency to end dependency on government assistance.

To meet this primary goal, DHR provides all possible assistance to parents and grantee relatives with job preparation, work opportunities, support services and aggressive enforcement of child support obligations to children living in these families. In so doing, Georgia will enable needy families to become self-sufficient and leave the TANF program as soon as possible, thus preserving their TANF months for future use, if needed.

Promoting the well-being of the children of Georgia is the mission of the Department of Human Resources, Division of Family and Children Services. In order to fulfill its mission, the Department assists families in their efforts to acquire the necessary means to achieve economic self-sufficiency.

Every client who is subject to personal responsibilities and/or mandatory work requirements must develop, along with the case manager, a TANF Family Service Plan (TFSP). The TFSP must be developed specifically for the client and the client must comply with the requirements of the service plan.

A TANF Family Service Plan (TFSP) is developed with the family and may include:

- job search, job training, and assistance with job placement
- support services such as child care, transportation, and other necessary expenditures that assist families in obtaining and sustaining employment, thus eliminating the need for cash assistance
- support services intended to support and maintain two-parent families, and
- support services intended to prevent teen and out-of-wedlock pregnancies.

According to the TFSP, assistance is provided in the following manner:

- cash assistance that is provided either by check or electronic benefit transfer
- Non-TANF assistance provided in the form of Employment Intervention Services (EIS) and/or Transitional Support Services (TSS) to TANF applicants and recipients to maintain employment and stop the TANF Clock. *TANF Clock refers to the time limited nature of TANF benefits.*

Georgia is committed to developing strong families by utilizing all work requirements contained in the federal legislation. This commitment includes the provision of childcare and other support services necessary to not just place people in jobs, **but to help keep them employed.** Thus, participants who go to work and become ineligible for cash assistance due to employment may continue to receive childcare, as well as other support services including Employment Intervention Services and/or Transitional Support Services, ensuring stable employment and decreasing recidivism.

Georgia's focus on what is beneficial to children extends beyond merely providing cash assistance. Georgia is committed to end the cycle of welfare dependency that has characterized entitlement-based programs in the past.

Children in TANF families have access to Georgia's Pre-Kindergarten and HOPE Scholarship programs. DHR has begun an initiative that seeks to strengthen families by expanding out-of-school services to youth throughout the state.

Children in Georgia benefit from the availability of child welfare, public health and community-based programs and prevention programs can benefit a broad range of at-risk youth.

Georgia requires responsible parental behavior as a condition of eligibility for public assistance. The State has continued its family cap provision and immunization requirement, implemented prior to the PRWORA.

(Excerpt from the TANF Policy Manual, Section 1001@www.odis.dhr.state.ga.us)

Medical Assistance Program

(This is not an all-inclusive list)

Family Medicaid Classes of Assistance

Low Income Medicaid (LIM) covers adults and children who meet the financial eligibility based on income and resource limits. In addition, LIM is available for families who choose to receive only Medicaid rather than cash assistance (TANF), or choose to receive their child support rather than TANF, or do not wish to comply with the Personal Responsibilities or the Work Requirements of the TANF Family Service Plan.

Right from the Start Medicaid (RSM) covers children and pregnant women who are not eligible for LIM. Eligibility covers pregnant women who have income less than or equal to 200% of Federal Poverty Level (FPL), children under age 1 who have income less than or equal to 185% of the Federal Poverty Level (FPL) and children from age 1 through 6th year birth month who have income less than or equal to 133% of FPL. It also covers children age 6 through age 18 who have income less than or equal to 100% of the Federal Poverty Level. This program was created to help reduce infant mortality in the U.S. and to give young children the "right start" in life. It allows many families the safety net of medical coverage for children while they continue to financially support themselves.

Newborn Medicaid (NB) provides Medicaid coverage to a child born to a mother who was eligible for and receiving Medicaid under any class of assistance in Georgia on the day the child was born. A child is eligible for NB Medicaid for up to 13 months beginning with the month of birth and continuing through the month in which the child reaches age 1, as long as the child lives with the mother continuously.

Transitional Medical Assistance (TMA) provides Medicaid for up to 12 months to families for whom LIM is terminated because of increased or new earnings from employment. TMA uses 185% of the Federal Poverty Level as the income limit for eligibility. This program is to help transition families into full independence.

Medical Assistance Program

Family Medicaid Classes of Assistance (continued)

Four Months Medicaid Due to Increased Child Support (4 MCS) provides continued Medicaid eligibility when a LIM AU becomes ineligible for LIM because of the receipt of child support. The AU may receive four months of extended Medicaid.

Medically Needy Medicaid provides Medicaid to children and pregnant women who cannot qualify for Medicaid any other way. This program allows the family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible. It provides support for the working family which has too much income to be eligible for RSM but also has high medical bills.

* **Child Welfare Foster Care (CWFC) Medicaid** provides Medicaid coverage for a child who is in placement for whom DFCS has partial or total responsibility and who also has been determined ineligible for IV-E Foster Care. Eligibility for CWFC Medicaid is based on LIM basic eligibility requirements with some exceptions and LIM income and resource requirements.

Medical Assistance Program

Aged, Blind, or Disabled Medicaid Classes of Assistance

"Public Law" Medicaid can continue Medicaid coverage for individuals who had previously been eligible for Medicaid due to receipt of SSI, but who became ineligible for this program, and consequently became ineligible for Medicaid, due to either an initial entitlement to Retirement, Survivors, Disability Insurance (RSDI) or an increase in RSDI.

Institutionalized/Home-Based Program covers aged, blind or disabled persons who are in an institution or home-based program for 30 continuous days. This program uses an income limit that is 3 times the Supplemental Security Income (SSI) limit. It includes individuals in a hospital or nursing home as well as other individuals.

Hospital Medicaid covers aged, blind or disabled persons who are in a hospital for 30 days or in a nursing home. This program uses an income limit that is 3 times the SSI income limit.

Hospice Care Medicaid provides Medicaid to terminally ill persons who wish to receive services at home or in a Medicaid participating nursing home from a hospice care provider. This type of Medicaid uses the same income and resource limits as listed above.

Katie Beckett Medicaid provides Medicaid to blind or long-term disabled children at risk of entering an institution. This Medicaid coverage allows the child to be cared for at home rather than having to enter a nursing home. To determine eligibility for Medicaid under Katie Beckett, consideration of the parents' income and resources is "waived". Only the **child's** monthly income and resources are considered.

“Waiver” Classes of Assistance provide additional services above what regular Medicaid pays. Each program defines what expenses are covered.

Community Care Services Program Medicaid (CCSP) provides coverage to persons who wish to receive treatment under the Community Care Services Program at home rather than enter a nursing home.

Mental Retardation Waiver Program (MRWP)/Community Habilitation Support Services (CHSS) *are* designed to provide in-home and community-based services to Medicaid eligible mentally retarded and

developmentally disabled individuals who do not receive Medicaid benefits under a cash assistance program.

Independent Care Waiver Program (ICWP) provides Medicaid for individuals who meet criteria for Nursing Home placement, but remain at home. These individuals are severely physically disabled or have traumatic brain injuries. These individuals need more care than can be provided by CCSP.

Q-track Classes of Assistance provide limited benefits to Medicare eligible individuals.

Qualified Medicare Beneficiaries (QMB) acts as a medical coverage supplement to persons on Medicare. The income limit is 100% of the Federal Poverty Level (FPL) and the resource limit is twice the SSI limit. QMB pays the Medicare premium, deductible, and co-payment for Medicare recipients.

Specified Low-Income Medicare Beneficiary (SLMB) is a class of Medicaid assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet certain financial criteria, but whose income or resources make them ineligible for Medicaid.

Qualifying Individuals - 1 (QI-1) is a class of assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the FPL. The eligibility criteria are identical to SLMB except that the coverage is time-limited depending on available State funds and the income limit is higher than the SLMB limit.

ABD Medically Needy Medicaid (AMN) provides Medicaid for the aged, blind or disabled who cannot qualify for Medicaid any other way. This program allows the individual or family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible.

MEDICAID GENERALLY COVERS THE FOLLOWING:

- inpatient hospital services with the following restrictions:
  - ✗ one daily physician's visit
  - ✗ one pre-operative in-patient day
  - ✗ no reimbursement for Friday, Saturday or day-before-holiday admissions, except for emergencies
- outpatient services with the following restrictions:
  - ✗ visits must be medically justified
  - ✗ services are limited to hospitals with organized outpatient clinics
- x-ray and laboratory services
- prescriptions, drugs and supplies with the following restrictions:
  - ✗ 6 prescriptions per child per month and 5 prescriptions per adult per month unless the physician receives pre-approval from DMA for more than the limit
  - ✗ drugs must be on the approved list authorized by DMA
  - ✗ AUs must use the same pharmacy throughout the month for all individuals listed on the Medicaid card
- physician's services with the following restrictions:
  - ✗ 12 physician office visits per AU member per fiscal year
  - ✗ services necessary for the diagnosis or treatment of illness or injury
  - ✗ family planning services; limited to two per AU member per fiscal year
  - ✗ voluntary sterilization
  - ✗ Healthcheck services for individuals under 21
  - ✗ vaccinations only if directly related to treatment of an injury or direct exposure
- the charge for Supplementary Medical Insurance for those eligible for Medicaid and Medicare

- emergency ambulance services
- orthotic/prosthetic services
- whole blood
- limited psychological services
- limited dental services

NOTE: The above list is not all-inclusive. The Medicaid provider has a comprehensive list of services covered by Medicaid.

Your Responsibility in Reporting Child Abuse or Neglect
(ESS 3020)

ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD

CPS intake workers will screen all reports and determine whether to assign for investigation.

ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS

Child Protective Services (CPS) Referral Situations

Situation 1: Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four-year-old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

Action to be taken: Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

Situation 2: An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

Action to be taken: Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

Situation 3: A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

Action to be taken: You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

Determining Your Learning Style

INSTRUCTIONS: For each of the numbered items below, rank alternatives A through D by assigning 4 to the phrase that is most like you, 3 to the one that next describes you, 2 to the next, and finally, 1 to the one that is least descriptive of you.

1. When solving a problem, I prefer to

    a. take a step-by-step approach
    b. take immediate action
    c. consider the impact on others
    d. make sure I have all the facts

2. As a learner, I prefer to

    a. listen to a lecture
    b. work in small groups
    c. read articles and case studies
    d. participate in role plays

3. When the trainer asks a question to which I know the answer, I

    a. let others answer first
    b. offer an immediate response
    c. consider whether my answer will be received favorably
    d. think carefully about my answer before responding

4. In a group discussion, I

    a. encourage others to offer their opinions
    b. question others' opinions
    c. readily offer my opinion
    d. listen to others before offering my opinion

5. I learn best from activities in which I

    a. can interact with others
    b. remain uninvolved
    c. take a leadership role
    d. can take my time

6. During a lecture, I listen for

   a. practical how-to's
   b. logical points
   c. the main idea
   d. stories and anecdotes

7. I am impressed by a trainer's

   a. knowledge and expertise
   b. personality and style
   c. use of methods and activities
   d. organization and control

8. I prefer information to be presented in the following way:

   a. model such as a flow chart
   b. bullet points
   c. detailed explanation
   d. accompanied by examples

9. I learn best when I

   a. see relationships between ideas, events, and situations
   b. interact with others
   c. receive practical tips
   d. observe a demonstration or video

10. Before attending a training program, I ask myself, "Will I...?"

    a. get practical tips to help me in my job
    b. receive lots of information
    c. have to participate
    d. learn something new

11. After attending a training session, I

    a. tend to think about what I learned
    b. am anxious to put my learning into action
    c. reflect on the experience as a whole
    d. tell others about my experience

12. The training method I dislike the most is

    a. participating in small groups
    b. listening to a lecture
    c. reading and analyzing case studies
    d. participating in role plays

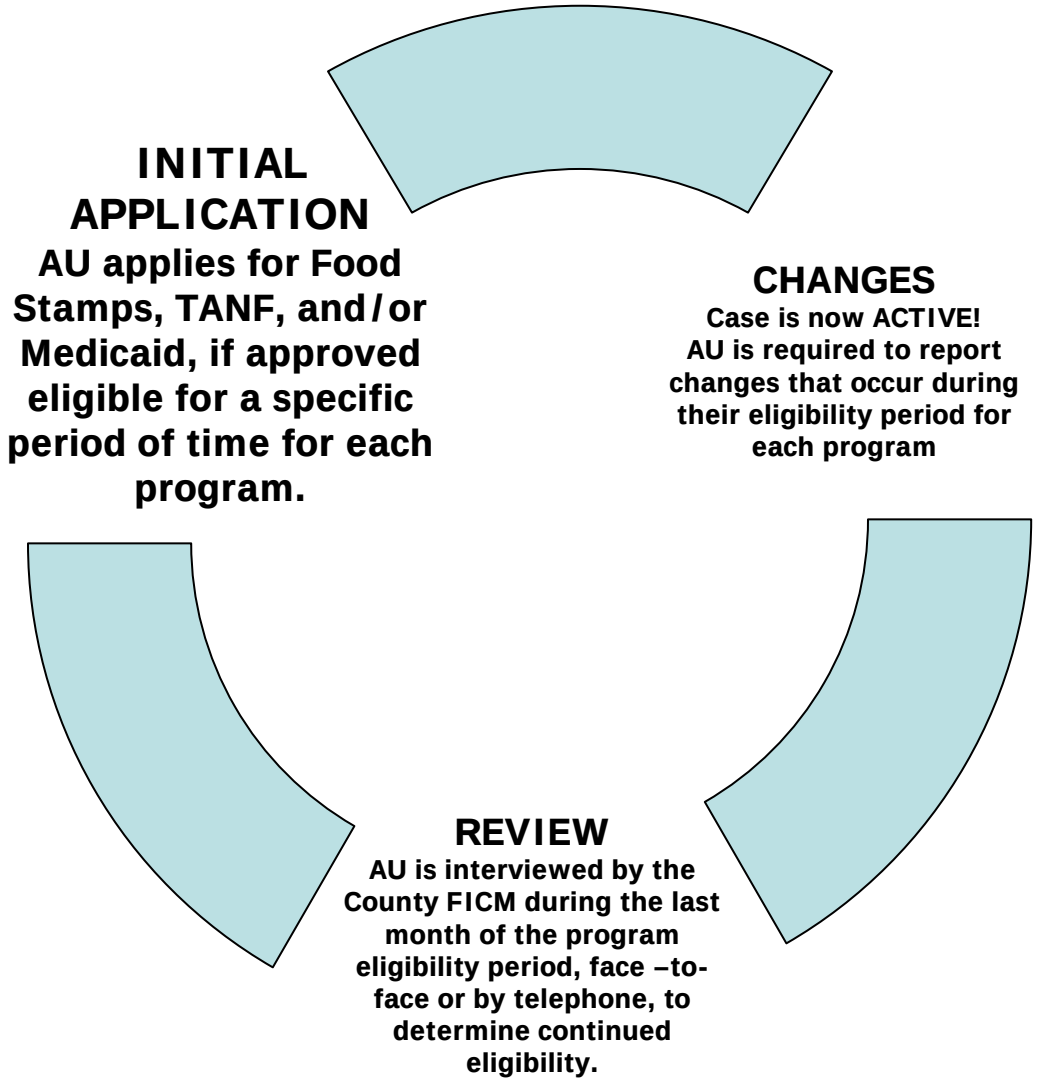
SCORING SHEET

Instructions: Record your responses on the appropriate spaces below, then total the columns.

1c___	1a___	1d___	1b___
2b___	2a___	2c___	2d___
3c___	3a___	3d___	3b___
4a___	4d___	4b___	4c___
5a___	5b___	5d___	5c___
6d___	6c___	6b___	6a___
7b___	7d___	7a___	7c___
8d___	8a___	8c___	8b___
9b___	9d___	9a___	9c___
10d___	10c___	10b___	10a___
11d___	11c___	11a___	11b___
12c___	12a___	12d___	12b___
Totals ___	___	___	___

Ask Your Supervisor

AU Cycle of Eligibility



WEEKLY PLANNER

January

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Objectives for Introduction to SUCCESS

By the end of this section, you should know:

- the SUCCESS Lab Rules
- how to access the policy manual online
- how to sign on to the SUCCESS system
- how to navigate in SUCCESS
- the types of SUCCESS screens
- how to use function keys in SUCCESS

SUCCESS Computer Labs

In an effort to keep the computer equipment in good working condition, the following rules apply:

- Please **do not** change the home page for the internet.
- Please **do not** surf the web while in class.
- Please **do not** download any kind of information to the computers. This includes screen savers.
- Please **do not** eat or drink in the computer labs.
- Please remove all disks before shutting down the computers.
- Please shut down each computer at the end of each day.
- Please **do not** place stickers or post it notes of any kind on the computers, monitors or printers.
- Please **do not** write in pencil, pen, marker or otherwise on the computers, monitors, printers or desks.

Date: Thursday, 2 May 2002 11:25am ET
To: FIELDDIRECTORS, DFCS.COUNTY.DIRS, SUCCESS.SUPVS
From: DFCS.DIVISION@GOMAIL
Subject: SUCCESS security

From: Juanita Blount-Clark
Division Director

Recent events in one of our urban counties have illustrated the need for Division staff at all levels to be cognizant of correct security procedures for SUCCESS user IDs and RACFs. Staff assigned a SUCCESS user ID and RACF which permits authorization of benefits on SUCCESS are legally responsible for all benefits authorized using the assigned ID and RACF. Forms 283 AND 291, completed by all staff to acquire SUCCESS IDs and RACFs, note that the individual is "personally responsible for all actions taken by your UserID/password." IDs and RACFs
are never to be shared or revealed to anyone other than the person to whom they are assigned. It is also critical that any person with SUCCESS access never leave her/his workstation while signed on to SUCCESS. Any entry made while signed on is attributed to the person to whom the ID/RACF is assigned, regardless of who may have actually completed the data entry. These security measures are necessary to prevent erroneous benefits from being authorized, case actions being processed in error or invalid cases being established.

It is incumbent upon all management staff at both the Field Area and County levels to insure that correct SUCCESS security procedures are observed in county departments. Every county must insure that terminals are never left unattended while signed on to SUCCESS, to prevent unauthorized issuance of benefits. Counties must also insure that when staff terminate or transfer to other areas that correct security procedures are observed. Field Coordinators will be adding discussions of increased SUCCESS security procedures to their meetings with county directors.

It is my expectation that all counties will review SUCCESS security procedures in every office on a regular basis, and will assure that procedures are in place to prevent unauthorized issuance of benefits on SUCCESS.
----------(end of letter)----------

Accessing the On-line Policy Manual

Step 1. Enter the website address
www.odis.dhr.state.ga.us

Step 2. Choose Index

Step 3. Select Family and Children

Step 4. Select the specific program area

SUCCESS Sign – On Procedure

Step 1 The first screen that displays is the "GO" screen.

Note: In the county you will type DHR8.

Step 2 At the GO screen, type **CICSV2**.

Step 3 The next screen that displays is the SUCCESS sign-on screen.

Step 4 At the SUCCESS sign-on screen…

a. Select SUCCESS **Ø4**
b. Type your **RACF ID**_____
c. Type the **Password** _____
d. Press enter

Step 5 The next screen that displays is the SUCCESS Main Menu.

SUCCESS Template for Standard PC Keyboard

RESET	CLEAR

Annotate PF 1-12 keys. Cut on dotted lines. Fold each piece in half lengthwise. Align over keys and tape to keyboard.

	1	2	3	4	5	6	7	8	9	10	11	12
shift	13	14	15	16	17	18	19	20	21	22	23	24

shift

EXERCISE

Use your SUCCESS User Manual in section 1.1 to complete the template for the PF keys that remain the same all the time on your SUCCESS keyboard.

SUCCESS Sign-Off Procedures

Step 1 PF3 to the Main Menu

Step 2 PF3 once more

Step 3 A black screen with "SUCCESS Session Terminated" at the top will appear.

Step 4 Press the Pause/Break key to clear the screen

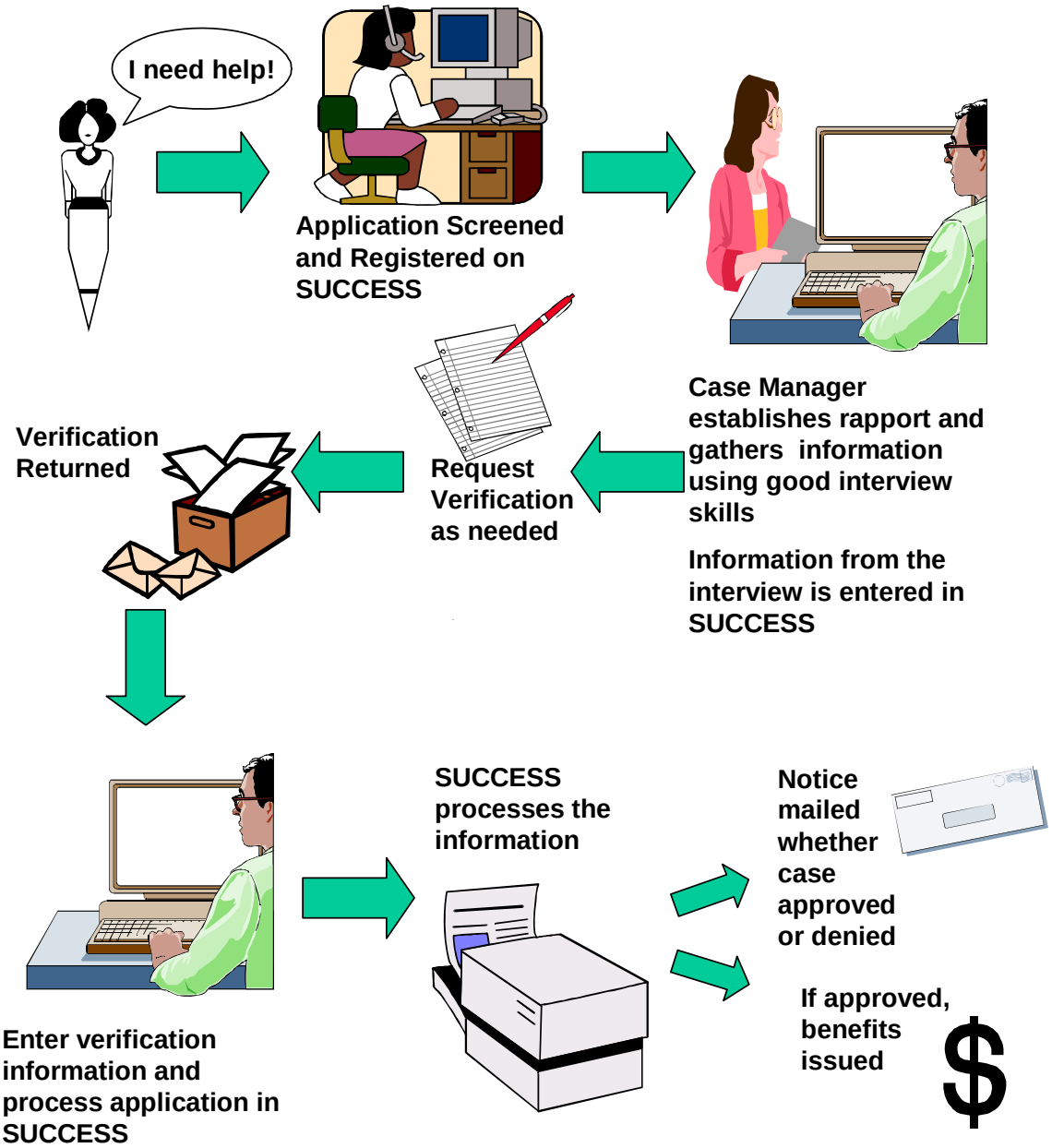
Step 5 Type "**CESF Logoff**" and press enter
You will return to the GO screen

Objectives for Screening and Registration

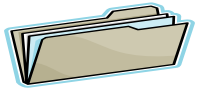
By the end of this section, you should know:

- how the information you learned in “Application Processing” ties in with the SUCCESS system
- how to organize a case record according to policy standards
- how to use the mandatory forms at FS Initial Application
- how to screen an applicant on SUCCESS
- how to register an applicant on SUCCESS
- how to print an application

OVERVIEW OF THE APPLICATION PROCESS



Case Record Organization



Permanent Verification (information that does not change) Left Side of Record	Information that Supports an AU's Eligibility (Benefit Support) - Right Side of Record
Documents verifying age, identity, and citizenship	Mandatory forms – 297 application for assistance, 297-A Signature Page, 354 Expense Statement,
Copies of Social Security Cards, including Form 189, Referral for Social Security Application	Copies of written referrals
Other legal documents such as a divorce decree, verification of death, and custody or guardianship papers	All verification provided at initial application, interim change, or review.
Any other documents, such as verification of shelter, that my considered permanent verification by the county department	Copies of all communications with the AU that are not maintained in the system
Most current signed HIPAA forms	All paperwork completed and signed by the AU

Procedure: SUCCESS Screening Instructions	
Step	**Procedure**
Scenario: A customer, known or unknown to DFCS, submits an application for services. A customer is applying to add a NEW person, known or unknown to DFCS to the AU for new or existing services. When interviewing the client, always ask if they have ever applied for or received benefits or services.	
Step 1	From the AMEN screen enter option 'A'-Name/Part Inquiry. The Client Registration System Name/SSN Inquiry screen will appear.
Step 2	Screen by SSN. Press <Enter>.
Step 3	If no match on SSN, then type in the Head of Household's (HOH) information that the customer provided-Last Name, First Name, Sex ('U' for unknown can also be used). Press <enter>. If client has used other names, also screen on the other name(s).
Step 4	Repeat steps 2 and 3 for each person listed in the household.
Step 5	If there is one match, check to ensure the information provided on the application is the same as the data in CRS. Screen print and/or document if all data does not match the client's application.
Step 6	Next, type a 'Y' to the left of the matching client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Check to see if the client has any active SUCCESS cases.
Step 7	If there is more that one match, determine which client ID is correct. For details on this process, please refer to the Instructions for Requesting a Client ID Correction. The same information is also included in DFCS Systems County Letter #00-100 dated August 18, 2000. When you have determined which ID is correct, type a 'Y' beside the client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Repeat this process for each client ID shown. Check for any active SUCCESS cases.
Step 8	If there is a "No Matches Found" message in the bottom left corner of the screen, there was no match in CRS and the customer will be assigned a new client ID. Use F8 to move to the last page of the Client Registration System NAME/SSN Clearance screen. Type 'Y' in Assign New Client ID field and press <enter>.
Procedure: Requesting a Client ID Correction	

Step	Procedure
In order for the DFCS Systems Help Desk to correct a client ID, the county worker will need to complete the following steps:	
Step 1	Screen on each client that you have determined to have multiple IDs.
Step 2	Determine which client ID is the correct ID and which is erroneous based on the following guidelines: A. SUCCESS active status take priority over $TARS active status. B. SUCCESS active status takes priority over closed/denied status. C. Active in Medicaid AU take priority over Active in non-Medicaid AU. (Exception: If one client ID is in Medicaid COA and the other ID is active in multiple SUCCESS cases, keep the ID in the multiple AUs.) D. Client ID with active claims cases needs to be the correct ID.
Step 3	When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS. If the SSN is not an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.
Step 4	If both client IDs are in an active status in SUCCESS, then the worker will have to take the following steps: A. Deny the client from the case with the erroneous ID. B. Select ADD A PERSON function and match on correct client ID.
Step 5	If incorrect client ID is active in a $TARS case, contact your local CSE agent to clear up problem.
Step 6	When all cases connected to the erroneous client ID are in closed or denied status, send an email to HD.EBT/CRS with the following information: A. On subject line type ERRONEOUS CLIENT ID B. In the text of the email, provide all relevant client IDs and indicate which the correct ID is and which is the erroneous ID. C. Include the following client demographic information on all client IDs —full name (last, first, and middle initial) —date of birth —sex —race and ethnicity —SSN, when present
Step 7	For any additional questions, please contact the DFCS Systems Help Desk at (404)-657-3717 (locally), 1-800-241-5072 (toll-free) or email HD.EBT/CRS.

Margaret Simmons: Screen an Applicant

Background

- Margaret Simmons is a single mother with two young children. She recently lost her full time job and is now only working part time. She is applying for Food Stamps.
- First, we will screen Margaret Simmons and her children to see if they have ever received assistance.
- Select “A” from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection **A**

AU ID Client ID
Screen ID As Of Date
Benefit Month (MM YY) Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

CRS Name/SSN Inquiry for Margaret Simmons

- SSN 595 01 XXXX

```
HRRS0010          CLIENT REGISTRATION SYSTEM          CICSV2      10/05/2006
                        NAME/SSN INQUIRY                          11:08:21
L NAME                  F NAME                  M NAME                SFX
SSN1 595 01 XXXX   DOB (MM DD YYYY)      +/-        SEX              MORE

  RACE (Y/N)?:  BLACK OR AFRICAN AMERICAN      WHITE          ASIAN
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER      AMERICAN INDIAN/ALASKAN NATIVE
  ETHNICITY (L/N)?: HISPANIC/LATINO
SEL  CL  ID    E  CTY  L NAME          F NAME          MI   DOB    SX  RCE   SSN  A

92169 No matches found
F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

+ PF2 to refresh the screen

CRS Name/SSN Inquiry for Margaret Simmons (second time)

- The applicant:
- is Margaret Simmons
- Enter “U” in the sex field

```
HRRS0010                CLIENT REGISTRATION SYSTEM      CICSV2          10/05/2006
                              NAME/SSN INQUIRY                          11:12:42
L NAME SIMMONS        F NAME MARGARET        M  NAME                    SFX
SSN1                  DOB (MM DD YYYY)        +/-        SEX U          MORE

  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN      WHITE          ASIAN
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER      AMERICAN INDIAN/ALASKAN NATIVE
  ETHNICITY (L/N)?: HISPANIC/LATINO
SEL  CL  ID    E CTY  L NAME          F NAME          MI   DOB    SX  RCE    SSN    A




92169 No matches found
F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

- PF2 to refresh the screen

CRS Name/SSN Inquiry for Tina Simmons

- SSN 595 02 XXXX

```
HRRS0010        IENT REGISTRATION SYSTEM        CICSV2        10/05/2006
                          NAME/SSN INQUIRY                          11:08:21
L NAME                    F NAME                M NAME                SFX
SSN1 595 02 XXXX    DOB (MM DD YYYY)      +/-        SEX              MORE

  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN      WHITE        ASIAN
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER   AMERICAN INDIAN/ALASKAN NATIVE
  ETHNICITY (L/N)?: HISPANIC/LATINO
SEL  CL  ID   E  CTY  L NAME          F NAME       MI  DOB    SX  RCE    SSN     A

92169 No matches found
F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

- PF2 to refresh the screen.

CRS Name/SSN Inquiry for Tina Simmons (second time)

- The applicant is Tina Simmons
- Enter “U” in the Sex Field.

```
HRRS0010          CLIENT REGISTRATION SYSTEM        CICSV2      10/05/2006
                        NAME/SSN INQUIRY                        11:12:42
L NAME  SIMMONS        F NAME  TINA          M NAME                 SFX
SSN1              DOB (MM DD YYYY)          +/-     SEX U          MORE

  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN        WHITE          ASIAN
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER   AMERICAN INDIAN/ALASKAN NATIVE
  ETHNICITY (L/N)?: HISPANIC/LATINO
SEL  CL  ID    E  CTY  L NAME          F NAME      MI  DOB    SX  RCE   SSN     A

92169 No matches found
F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

- PF2 to refresh the screen.

CRS Name/SSN Inquiry for Susan Simmons

- Does not have a Social Security Number
- Enter “U” in the sex field.

```
HRRS0010              CLIENT REGISTRATION SYSTEM          CICSV2      10/05/2006
                           NAME/SSN INQUIRY                           11:12:42
L NAME  SIMMONS       F NAME  SUSAN          M NAME                      SFX
SSN1                  DOB (MM DD YYYY)       +/-      SEX U            MORE

  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN          WHITE          ASIAN
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER     AMERICAN INDIAN/ALASKAN NATIVE
  ETHNICITY (L/N)?: HISPANIC/LATINO
SEL  CL  ID    E  CTY  L NAME          F NAME       MI  DOB    SX  RCE   SSN      A


92169 No matches found
F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

- PF3 to exit CRS back to AMEN.

Margaret Simmons Registration

- Select **"J"** from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection **J**

AU ID	Client ID
Screen ID	As Of Date
Benefit Month (MM YY)	Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message

NAME for Margaret Simmons

- Margaret Simmons
- does not live in public housing
- does not wish to register to vote
- lives at 2640 Lincoln Boulevard, Atlanta, GA 30303
- has a phone number of 404-656-1200
- would like her mail to be delivered to PO Box 5680, Atlanta, GA, 30303

REGISTER APPLICANT NAME AND ADDRESS - NAME NAME

CO 049 LO 049 Load ID XXXX Client ID RES CO
HOH F Name **MARGARET** MI L Name **SIMMONS** Suf

Primary Language	Visually Impaired	Hearing Impaired	Public Housing	Serial Number	Census Tract	Voter Reg
E	N	N	**Z**			**N**

Residential Address
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
2640 **LINCOLN** **BLVD**
City **ATLANTA** ST GA Zip **30303** Phone **404 656 1200**

Mailing Address
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
PO BOX 5680
City **ATLANTA** ST **GA** Zip **30303**

Message 0013 0156
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

KIND for Margaret Simmons

- Margaret wants to apply for Food Stamp Assistance

REGISTER KINDS OF ASSISTANCE DESIRED - KIND KIND

Select kinds of assistance desired

Financial Assistance
Y Food Stamp Assistance
AFDC Related Medicaid
Medicaid for the Aged, Blind, Disabled (ABD)
Foster Care or Adoption Assistance Medicaid
Other

Message

18-tbud

CIRC for Margaret Simmons

Margaret:

- currently earns $50.00/week at her part-time job and has a final pay check from a terminated position with Reynolds Cleaners in the amount of $125.
- has no unearned income
- has $300 in her checking account and $50 cash
- pays $250/month rent, approximately $50/month for her gas bill and $25 on her phone.

REGISTER HOUSEHOLD CIRCUMSTANCES - CIRC CIRC

Monthly Income (FS)
Earnings Types/Amts **EI 200** **EI 125**
Unearned Types/Amts **NI 0**

Liquid Resources (FS)
Resource Types/Amts **CH 300** **CA 50**

Current Rent/Mortgage/Utilities (FS) **330**

Select:

Anyone > 18 who formerly recvd SSI	Any Unpaid Medical Bills Prior Month
Medicare Entitlement	Community-Based Waiver
Nursing Home	Hospital
	Resident Battered Woman Shelter
Migrant/Seasonal Farmworker	Refugee
MA needed for adult with dep child	Authorized Rep

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
18-tbud

MEMB for Margaret Simmons

Margaret:

- was born December 5, 1980 based on her statement
- is a black female
- has a Social Security number of 595 01 XXXX (customize the SSN), based on her statement
- is pregnant; however, do not code pregnancy field

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 01
01

Client ID Del

F Name MARGARET MI L Name SIMMONS Suf
Relationship SE DOB (MM DD YYYY) **12 05 1980** V **CS** Sex **F**
SSA/SSN Appl For SSN1 **595 01 XXXX** V **CS** Race: B W A N P Ethnic: **N**
Preg Due Date **Y N N N N**

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud 24-del

CRS Name/SSN Clearance for Margaret Simmons

- SUCCESS finds no match for Margaret Simmons, so you have SUCCESS assign a new client ID.

```
HRRS0070                CLIENT REGISTRATION SYSTEM              CICSY1
                            NAME/SSN CLEARANCE

CLIENT ID  L NAME              F NAME                MI    DOB       SEX       SSN
000000001 SIMMONS             MARGARET                  12 05 1980   F      595 01 1000
  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN  Y       WHITE  N        ASIAN  N
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N   AMERICAN INDIAN/ALASKAN NATIVE  N
  ETHNICITY (L/N)?: HISPANIC/LATINO N
        0000 POSSIBLE MATCHES                  TYPE OF MATCH  NO POSSIBLE MATCHES
SEL CL ID    E  CTY   L NAME              F NAME          MI    DOB   SEX  RCE  SSN  ALT

 ASSIGN IV-A CLIENT ID
 ASSIGN NEW CLIENT ID                    NEXT MATCH TYPE

       END OF MATCHES

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH
```

Back on MEMB for Margaret Simmons

- Enter a “Y” to indicate that there are more members to add.

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 01 01

Client ID 986002419 Del

F Name MARGARET MI L Name SIMMONS Suf
Relationship SE DOB (MM DD YYYY) 12 05 1980 V CS Sex F
SSA/SSN Appl For SSN1 595 01 XXXX V CS Race: B W A N P Ethnic: N
Preg Due Date Y N N N N

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

More Members **Y**

Message

18-tbud 24-del

MEMB for Tina Simmons

- Tina Simmons:
- is Margaret Simmons' child
- was born 05/15/2000, based on Margaret's statement
- is a black female
- her Social Security number is 595 02 XXXX, based on Margaret's statement

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 02 01

Client ID Del

F Name **TINA** MI L Name **SIMMONS** Suf
Relationship **CH** DOB (MM DD YYYY) **05 15 2000** V **CS** Sex **F**
SSA/SSN Appl For SSN1 **595 02 XXXX** V **CS** Race: B W A N P Ethnic: **N**
Preg Due Date **Y N N N N**

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud 24-del

CRS Name/SSN Clearance for Tina Simmons

- SUCCESS finds no match for Tina, so you tell SUCCESS to assign a new client ID.

```
HRRS0070                CLIENT REGISTRATION SYSTEM          CICSY2
                            NAME/SSN CLEARANCE                      13:51:53

CLIENT ID  L NAME              F NAME              MI    DOB          SEX    SSN
000000002 SIMMONS              TINA                      05 15 2000    F   595 02 1000
  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN Y        WHITE  N          ASIAN  N
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N  AMERICAN INDIAN/ALASKAN NATIVE  N
  ETHNICITY (L/N)?: HISPANIC/LATINO N
         0000 POSSIBLE MATCHES                TYPE OF MATCH  NO POSSIBLE MATCHES
SEL   CL  ID     E  CTY   L NAME            F NAME          MI    DOB  SEX  RCE SSN   ALT




  ASSIGN IV-A CLIENT ID
 ASSIGN NEW CLIENT ID  Y                     NEXT MATCH TYPE

         END OF MATCHES

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH
```

Back on MEMB for Tina Simmons

- Enter a “Y” to indicate that there are more members to add.

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 02 01

Client ID 751006210 Del

F Name TINA MI L Name SIMMONS Suf
Relationship CH DOB (MM DD YYYY) 05 15 2000 V CS Sex F
SSA/SSN Appl For SSN1 595 02 XXXX V CS Race: B W A N P Ethnic: N
Preg Due Date Y N N N N

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

→ More Members **Y**

Message

18-tbud 24-del

MEMB for Susan Simmons

- Susan Simmons:
- is Margaret Simmons' child
- was born on 11/25/2003, based on Margaret's statement
- is a black female
- needs to apply for a Social Security number

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 03 01

Client ID Del

F Name **SUSAN** MI L Name **SIMMONS** Suf
Relationship CH DOB (MM DD YYYY) **11 25 2003** V **CS** Sex **F**
SSA/SSN Appl For SSN1 V Race: B W A N P Ethnic: **N**
Preg Due Date **Y N N N N**

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud 24-del

CRS Name/SSN Clearance for Susan Simmons

- SUCCESS finds no match for Susan Simmons, so you tell SUCCESS to assign a new client ID.

```
HRRS0070                CLIENT REGISTRATION SYSTEM              CICSY2
                            NAME/SSN CLEARANCE                  13:58:05

CLIENT ID  L NAME              F NAME              MI   DOB          SEX   SSN
000000003 SIMMONS              SUSAN                    11 25 2003   F   000 00 0000
  RACE (Y/N)?: BLACK OR AFRICAN AMERICAN Y      WHITE  N        ASIAN  N
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N  AMERICAN INDIAN/ALASKAN NATIVE  N
  ETHNICITY (L/N)?: HISPANIC/LATINO N
        0000 POSSIBLE MATCHES                TYPE OF MATCH  NO POSSIBLE MATCHES
SEL  CL ID     E CTY  L NAME              F NAME          MI   DOB SEX RCE SSN     ALT

 ASSIGN IV-A CLIENT ID
 ASSIGN NEW CLIENT ID  Y                                  NEXT MATCH TYPE

        END OF MATCHES

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH
```

Back on MEMB for Susan Simmons

- You leave “More Members” blank to indicate that there are no more members to add.

REGISTER HOUSEHOLD MEMBER - MEMB MEMB 03 01

Client ID 758006076 Del

F Name SUSAN MI L Name SIMMONS Suf
Relationship CH DOB (MM DD YYYY) 11 25 2003 V CS Sex F
SSA/SSN Appl For SSN1 V Race: B W A N P Ethnic: N
Preg Due Date Y N N N N

Alternate Names F Name MI L Name Suf

More Names

Additional SSNs

SSN V SSN V SSN V SSN V

More SSNs

More Members

Message

18-tbud 24-del

INCH for Margaret Simmons

- Margaret:
- wants to apply for Food Stamps
- does not receive TANF, Refugee Assistance, or SSI
- is applying for assistance on 10/05/06

REGISTER INFORMED CHOICE - INCH INCH

HOH Name MARGARET SIMMONS Client ID 986002419
Indicate/add all programs the head of household wishes to apply for

Ind	Program	Med COA	AU ID
Y	FS FOODSTMP		

TANF 2P Able Bodied All FS Applicants receive AF, RF, SSI **N**
Expedited Food Stamps N
Appl Date **10 05 06**

Message 1354
1354 PRESS PF4 TO CONFIRM EXPEDITED FS OR PF20 TO CONFIRM FS AND PRINT AFA.
18-tbud 20-afa

- PF 20 to print AFA

REDI for Margaret Simmons

- Margaret needs an appointment to be interviewed tomorrow.
- To make an appointment we have to select another unit type; because, in the training region unit type “01" is for clerical and unit type “02" is for intake.
- Schedule an interview for 10/06/06 from 09:00 to 10:00
- Under last name/remarks enter “Simmons/FS intake”.
- For print location enter “L.” By selecting “L” for local, the appointment letter will print out when we press enter.

REGISTER REGISTRATION DISPOSITION - REDI REDI

HOH Name MARGARET SIMMONS Client ID 986002419

Withdrawal?

Sched Interview

Unit Type **02** Unit Supv 9862
Inquiry Date 10 05 06 Load ID **XXXX**
Appt Date **10 06 06** Appt Type INT
Appt Begin Time (HH:MM) **09 : 00** Appt End Time (HH:MM) **10 : 00**
L Name/Appt Remarks **SIMMONS/FS INTAKE**
Appointment Letter Print Location **L**

Other Persons At This Address/Other Narrative Information

Message 0164
0164 DO YOU NEED TO SCHEDULE AN APPOINTMENT?
13-note 14-schs 15-nmiq 18-tbud

Inquire to check for pending status

A. **To ensure that the application is in the system, and is pending, have participants inquire on the AU.**

AMEN

- Select B
- leave the AU number that will be showing there
- press enter
- review the STAT screen to be sure the AU STAT field has a P in it for pending
- PF3 back to AMEN

B. **Intake Schedule Inquiry**

AMEN

- PF3 back to the Main Menu

Main Menu

- Select E
- press enter

EMEN

- select A
- enter the date of the appointment, 10/06/06
- press enter

SCHD

- PF3 back to the Main Menu

Main Menu

- select A
- press enter

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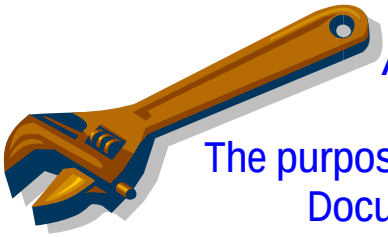


Automated Documentation Tools

The purpose of the documentation requirements and the Automated Documentation Tools (ADTs) are to provide explanation of the eligibility determination.

NOTE: Automated Documentation Tools are used by County Eligibility Works to document the case on SUCCESS

- The documentation standards include the information required to substantiate the eligibility determination.

- Documentation is completed on the REMA screen. To access the REMA screen press F9 on a data screen.

- ADTs are also available. ADTs are pre-programmed statements and questions that populate to the REMARKs screen by depressing the tilde (~) key while ON THE DATA SCREEN.

- *Rules for REMA*
  - ~ REMA does not have word wrap.
  - ~ There is a selection field on the right side of the screen that will allow insertion or deletion of a line.
  - ~ Pressing the "END" key on any line will erase the remaining portion of that line.

- *Accessing ADTs*
  - ~ Press the tilde (~) key from the data screen.
  - ~ The Remarks screen will appear and the ADT will appear shortly there after.

- *Navigating on an ADT*
  - ~ Be sure that the insert function is turned off when documenting on an ADT.
  - ~ Press tilde to move from field to field.

- ~ Do Not hold down or press the tilde key rapidly.
- ~ Using the tilde key moves the cursor slowly.
- ~ Be patient.

- *Deleting an ADT that was loaded accidentally*
  - ~ Place the cursor by each line of the text
  - ~ Press the "End" key
  - ~ This will leave a blank REMA screen in its place.

- *Updating an existing ADT*
  - ~ From the data screen press F9

- *Loading the FICMs Information*
  - ~ On the REMA screen press tilde
  - ~ The FICM must set up their tilde on the main menu.

Entering the FICMs information:

1. Access the main menu.
2. Press tilde (~) on the main menu.
3. Type your name, county, load id and phone number in this area.
4. Click OK.

Correcting the time and date:

1. Click on Start
2. Click on Settings
3. Click on Control Panel
4. Click on Date/Time
5. Adjust the date or time and click OK.

- Explain that throughout the course we will address documentation standards. The documentation standards for FS are found in the Food Stamp section of the policy manual in Appendix D.

FS Automated Documentation Screen Guide

Below is a list of SUCCESS screens that are used when completing FS cases. Each screen could require documentation. For some documentation ADTs are available. The list below indicates for which screens ADTs are available.

SUCCESS Screen	Documentation Tool
ADDR	F21 to document
STAT	**Tilde (~) to document**
DEM1	F9 to document
DEM2	F9 to document
ALAS	**Tilde (~) to document**
DEM3	F9 to document
FSME	**Tilde (~) to document**
RES1	F9 to document
RES2	F9 to document
RES3	F9 to document
TRAN	**Tilde (~) to document**
ERN1	**Tilde (~) to document**
ERN2	**Tilde (~) to document**
EVNC	F9 to document
DEAL	F9 to document
CARE	**Tilde (~) to document**
UINC	**Tilde (~) to document**
WORK	**Tilde (~) to document**
SHEL	**Tilde (~) to document**
MISC	**Tilde (~) to document**
FSFI	**Tilde (~) to document**

Food Stamp Documentation Standards

The general rule for documentation is if the screen adequately explains the situation, no further documentation is necessary. However, there are some standards that require documentation regardless of the information entered on the data screen. In these situations, remember that the requirements outlined in the documentation standards were developed in accordance with policy and will help case managers adequately address policy.

NARR Documentation Requirements:

Document manually the following on NARR:

- ✓ The case action
- ✓ Type of contact
- ✓ A summary of the initial conversation held with the A/R
- ✓ HIPAA notice provided
- ✓ A questionable mailing address
- ✓ The directions to the A/R's home, if needed

There are 3 ADTs to document the following claims information:

- ✓ Over issuances
- ✓ Under issuances
- ✓ OIS referrals
- ✓ Claims actions
- ✓ IPV disqualification

STAT Documentation Requirement:

Document the following:

- ✓ Verification of I.D.
- ✓ Whether there are any other HH members
- ✓ Explanation of denials /closures entered by the worker
- ✓ Name, age, relationship of non-AU members and an explanation of why they are not included in the AU.
- ✓ If non-AU members purchase and prepare separately and meet the criterion for separation, document the policy that allows them to be separate.
- ✓ The resolution of prisoner match

There are 6 available ADTs.

- Enter 1 – For AUs w/no other HH members.

  ADT #1 is selected at initial application and review when there are no other HH members. The ADT adds the statement, "No other HH members" and allows the FICM to document identity as well as SRR status.

- Enter 2 – For AUs with other HH members.

  ADT #2 is selected at initial application, when there is a change and at review when there are other HH members and allows the FICM to list the other members as well as document identity and SRR status.

- Enter 3 – To add or delete HH members.

  ADT #3 is selected in interim or at review when a change is reported that adds or removes an AU member.

- Enter 4 – To document missed appointments

  ADT #4 is selected at initial application or review when the AU misses an appointment

- Enter 5 – To document the reason for a Food Stamp denial.

  ADT #5 is selected at initial application or review when the AU is denied Food Stamp benefits.

- Enter 6 – To document a request for a Fair Hearing.

  ADT #6 is selected when the AU requests a Fair Hearing

DEM1 Documentation Requirement:

- ✓ Receipt of out-of-state benefits/termination of benefits and verification
- ✓ Why Failure To Comply code is entered

No ADT is available.

DEM2 Documentation Requirement:

- ✓ Details of disability / incapacity

- ✓ Details, resolution of Death Match matches
- ✓ Date of conviction, if conviction meets the lawbreaker criteria and how it was verified
- ✓ Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators

No ADT is available.

DEM3 Documentation Requirement:

- ✓ Details of any IPV Disqualifications from OIS.

No ADT is available.

ALAS Documentation Requirement:

- ✓ Eligibility/ineligibility for each alien and how verified.
- ✓ Student status eligibility and how verified.
- ✓ School attendance discrepancies. For example, a child is attending a school outside of their district which may indicate that the child is not in the home.

There are 2 available ADTs:

- Enter 1 – For a non-citizen.

  Choose ADT #1 on the DEM2 screen when there is a non-citizen in the AU.

- Enter 2 – For students.

  Choose ADT #2 on the DEM2 screen when there is a adult student in the AU.

FSME Documentation Requirement:

- ✓ Why deductions were not given for potentially eligible AU members. (Such as expenses not verified, no current reimbursed medical expenses.)
- ✓ If Medicaid application is pending, document Medicare premium expense is not being given since we were unable to verify reimbursement.
- ✓ Computation or explanation of expenses given, if needed.

There is 1 ADT available.

RES1 Documentation Requirements:

- ✓ AUs statement of resources and sources of third party verification, if required.
- ✓ Explain any unusual activity involving resources and countable value if amount not readily apparent.

No ADT is available.

RES2 Documentation Requirement:

- ✓ Good faith effort to sell
- ✓ Bankruptcy
- ✓ Conversion or disposition of resources at review or interim change.
- ✓ Ownership of property
- ✓ Joint owners

No ADT is available.

RES3 Documentation Requirement:

- ✓ Document details for any resources listed on this screen.

No ADT is available.

TRAN Documentation Requirement:

- ✓ Document specifics of any transfers, include penalty imposed, month begin and month end.

There is 1 ADT available.

ERN1 Documentation Requirement

- ✓ Employment record to track employers name, beginning / end dates, reason for termination and how verified.
- ✓ Discrepancies in clearinghouse information.
- ✓ DOL clearinghouse information that automatically displays for AU members 16 years of age or older.

There is 1 ADT available.

- Complete for all initial applications and reviews the DOL portion of the ADT.
- The top portion is specific to terminated sources of earned income and should be completed for terminated sources only. Thus, the name ERN History. Current income is documented on the ERN1 and ERN2 screen.
- If there is a DOL hit, when the FICM depresses the tilde key the clearinghouse match will load to the ADT.

ERN2 Documentation Requirement:

- ✓ Hourly pay rate.
- ✓ Tips, if not included in gross pay on the pay stubs.
- ✓ Reason any pay period is not considered representative pay.
- ✓ If written verification of pay is not in the case record, document how verified.
- ✓ Calculation of representative pay and frequency of pay on this screen.
- ✓ If EVNC is used, indicate on this screen.

There are 4 ADTs available:

- Enter 1 – to document current employment when weekly pay amounts are provided.
- Enter 2 - for YTD Calculations – if check stubs are missing.
- Enter 3 – for EVNC Comments – if check stubs are entered on EVNC.
- Enter 4 – Self Employment – if A/R

CARE Documentation Requirement:

- ✓ The AUs eligibility for the dependent care deduction if no deduction is allowed, documents the dependent care arrangements
- ✓ Subsidized care such as childcare payments received from CAPS

There is 1 ADT:

Complete this ADT whether the AU incurs a dependent care expense or not.

UINC Documentation Requirement:

- ✓ Date payments will begin and/or terminate
- ✓ The source and expected duration of any contributions

- ✓ Reason net instead of gross is used
- ✓ Mathematical computations of monthly unearned income if necessary
- ✓ Financial aid for students
- ✓ Reason for any changes to the auto update
- ✓ The name and relationship of individuals are receiving RSDI on someone else's account
- ✓ The reason any fluctuating income is not considered representative
- ✓ Details of application for other benefits
- ✓ The results of UCB/SDX/BENDEX automatic matches and the resolution of any discrepancies

There are 2 ADTs:

- Enter 1 – to document current unearned income when weekly pay amounts are provided and to document clearinghouse information.
- Enter 2 - for Calculations – if unearned income varies. Allow participants to access the ADTs and view each.

WORK Documentation Requirement:

- ✓ Reason for each month of non-compliance for ABAWD cases. Ensure that all non-compliance months have been recorded on the WORK screen.
- ✓ Exemptions as needed such as obvious incapacity or medical statement
- ✓ Reason 15% Exemption is granted
- ✓ Good Cause
- ✓ Circumstances of Voluntary Quit and work sanctions
- ✓ ABAWD Calendar
- ✓ Reason and effective month for changes in the work status codes
- ✓ 2nd Three Months
- ✓ Regaining eligibility
- ✓ Employment for those ABAWD who meet the requirement through employment

There are 6 ADTs:

- Enter 1 – to document TANF Work
- Enter 2 – to document verification of an exemption, changes in FS Exemptions, voluntary quit and eligibility for the 15% exemption

- Enter 3 – to document FS Non-Compliance
- Enter 4 – to document FS Regaining Eligibility
- Enter 5 – to document FS 2nd Three Months
- Enter 6 – to document the ABAWD Calendar for all ABAWDs

SHEL Documentation Requirement:

- ✓ Eligibility for the shelter and utility deductions
- ✓ Eligibility for the appropriate SUA or telephone standard
- ✓ How expenses are paid by anyone outside the household will effect deductions and how it is verified
- ✓ How shared expenses effect deductions and how the situation is verified
- ✓ Insurance and taxes that are included in the mortgage payment
- ✓ Mathematical computations to get shelter expenses to a monthly amount
- ✓ Utilities that are included in rent and the situation

There is 1 ADT:

This ADT has two portions. The first portion is to document dwellings with one AU. The second is to document shared dwellings.

MISC Documentation Requirement:

- ✓ The reason the case is over the SOP
- ✓ Any change in the expedited services indicator
- ✓ The reason for manual issuance, the date of the manual issuance, the amount and month of the manual issuance
- ✓ Financial Management

There are 2 ADTs available:

- Enter 1 to document management.
- Enter 2 to document OSOP.

Overview of Eligibility Determinations in SUCCESS

Below is a list of the points of eligibility that must be addressed along with the screens that must be completed to ensure that correct FS benefits are issued.

Residency

ADDR – displays and validates the HH address.

Screen Name is **Household Addresses**.

AU Composition, Identity and SRR

STAT – FICM determines AU composition.

Screen Name is **Assistance Status**.

Enumeration

DEM1 – FICM validates SSNs and determines ages of A/Rs.

Screen name is **Demographic 1**.

Policy affected by DEM1:

- Enumeration
- Resource and Income Limits
- Eligibility for Excess Medical Deduction
- Eligibility for the full Excess Shelter Cost
- Eligibility for E&T exemption based on age

Alien Status, Student Status

DEM2 – FICM determines citizenship, alien, student and disability status.

Screen name is **Demographic 2**.

Policy affected by DEM2:

- Eligibility based on citizenship status
- Eligibility based on alien status
- Eligibility based on student status
- Resource and Income Limits

- Eligibility for Excess Medical Deduction
- Eligibility for the full Excess Shelter Cost
- Eligibility for E&T Exemption based on age

Aliens Status, Student Status

ALAS – Conditional Screen – appears when a FICM codes someone on DEM2 as an alien or student.

Screen name is **Aliens and Students**.

Policy affected by **ALAS**:

- Eligibility based on alien criterion
- Eligibility based on student criterion

Sanctions

DEM3 – FICM determines eligibility based on TANF sanctions and Intentional Program Violations.

Excess Medical Deduction

FSME – FICM determines the excess medical cost so that SUCCESS can calculate the deduction.
Screen name is **Food Stamp Medical Expenses**.

Resources

RES1 – FICM enters liquid resources.
Screen name is **Resources 1**.
Information entered on RES1 will be used to determine total countable resources.

RES2 – FICM enters non-liquid resources.
Screen name is **Resources 2**.
Information entered on RES2 will be used to determine total countable resources.

RES3 – FICM enters non-liquid resources.
Screen name is **Resources 3**.
Information entered on RES3 will be used to determine total countable resources.

Transfer of Resources

TRAN – FICM determines if the AU has transferred resources with the intent of receiving FS.
Screen name is **Transfer of Resources**.

Income

ERN1 – FICM enters the AU member's employer.
Screen name is **Earned Income 1**.

ERN2 – FICM enters the AU member's wages.
Screen name is **Earned Income 2**.

Policy Function:

SUCCESS uses the information entered on this screen to complete the budget. Enter the representative amount in the Amount 1 field and the rate of pay in the Frequency field and SUCCESS will determine the gross amount of earned income to budget.

Child Support Deduction

DEAL – FICM enters child support obligation and payments of the AU member.

Screen name is **Deem/Allocate**.

Policy Function:

SUCCESS uses the obligated amount along with the amount paid to determine the allowable amount of the child support deduction.

Child Care Deductions

CARE – FICM enters the amount of child care paid for each child it is paid.
Screen name is **Dependent Care Expense**.

Income

UINC – FICM enters unearned income including work study income.
Screen name is **Unearned Income**.

E&T / ABAWD status

WORK – FICM determines the E&T status, enters countable months, determines and enters regaining months and determines eligibility for and months of 2nd three months in the system.

Screen name is **Work Registration/Participation**.
Policy Function:

- Generates referral for anyone who needs to comply or regain eligibility prior to approval
- Generates a referral upon approval of a FS case in SUCCESS to the E&T case manager for any coded ABAWDs.

Shelter Deductions

SHEL – FICM enters shelter costs.

Screen name is **Shelter Expenses**.

Policy Function:
SUCCESS uses to determine total shelter cost and the excess shelter deduction.

Management, Expedited Services

MISC – FICM determines eligibility for expedited services, schedule appointments and determine eligibility management.

Screen name is **AU Non-Financial Miscellaneous**.

I. Introduction

Objectives for Intake

By the end of this section, you should know:

- how to enter basic information at intake
- how to document at intake
- how to request verification
- how to process application months
- how to finalize an application
- what notice the applicant will receive after the case is complete
- how to correct demographic information
- how to enter variable income at application
- how to delete income at application
- how to enter information about a disability
- how to enter medical expense information
- how to enter child care information
- what forms must be completed at initial application
- how to incorporate good interview techniques and policy information into a complete interview
- how to stop working on one case and access another SUCCESS case
- how to identify and correct the POE

Margaret Simmons: A Case Study

Non-Financial Criteria

On October 05, 2006 Margaret Simmons applies for Food Stamps at the Fulton County DFCS office. She is applying for herself and her two children, Tina (5) and Susan (3). Ms. Simmons is interviewed on 10/05/06.

Ms. Simmons, who is pregnant, lost her full-time job in September and now her only income is an average of $50 per week from a baby-sitting job. She is looking for another full-time job.

Ms. Simmons and her family live at 2640 Lincoln Boulevard in Atlanta, GA 30303. Her telephone number is 404-656-1200. No one else lives at this address. Her mailing address is P.O. Box 5680 Atlanta, GA 30303.

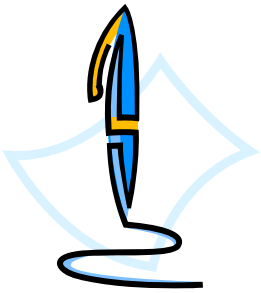
Tina was born on May 15, 2000 and Susan was born on November 25, 2003 at Maggie Valley hospital in Arizona. Ms. Simmons provides birth certificates for herself and her two children verifying that they are all US citizens.

She verbally provides SSNs for everyone except Susan. She states that she never applied for Susan's card.

Her case number is _____and has been assigned to your caseload, _____, for disposition. Your telephone number is 404-656-8100.

Ms. Simmons provides you with her Drivers License.

Non-Financial Criteria



Using the information provided, answer the following questions:

1. To what other agencies/programs would you refer Ms. Simmons?

2. By what date must the AU receive benefits?

3. If third party verification is required, what due date will you enter on Form 173?

4. If the AU does not return requested verification that is required to establish eligibility, what is the earliest date that you could deny the application?

5. If the AU does not return requested verification that is required to establish eligibility, what is the latest date to deny the application?

6. Who must be included in the AU?

7. Whose identity must be verified?

8. Have all points of non-financial eligibility been established?

9. What action will you take to establish all points of non- financial eligibility?

10. What must Margaret Simmons do to establish all non-financial points of eligibility?

11. If third party verification is requested and is not returned, how will the AU be affected?

12. List all AU members' work registrations status. If they are exempt, please explain why.

13. List any ABAWDs. If there are none, explain why.

14. Who is the Head of AU?

15. Thus far, which mandatory forms will you give and explain to this AU?

Complete Form 173. **(Add any requested verification to the checklist)**

II. Margaret Simmons: Interview an Applicant

Margaret Simmons' Food Stamp application has been registered. Now we will complete a Food Stamp interview on her case.

- Select **"O"** from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection **O**

AU ID **XXXXXXXXXX**	Client ID
Screen ID	As Of Date
Benefit Month (MM YY)	Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0021
0021 CANCELLATION COMPLETED SUCCESSFULLY

ADDR for Margaret Simmons

- Information from Registration is prepopulated. Check to be sure this information is correct. In your office someone else will probably register the cases which you interview.
- Complete the RES CO field. Enter the county of residency. Fulton County
- Go to the “Narrative” screen by keying “PF 21” and enter background information about the case.

INTERVIEW HOUSEHOLD ADDRESSES - ADDR ADDR 01
Month 11 06 0071 10 05 06

CO 049 LO 049 Load ID 1700 Client ID 777006064 RES CO 060
HOH F Name MARGARET MI L Name SIMMONS Suf

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

Residential Address
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
2640 LINCOLN BLVD
City ATLANTA ST GA Zip 30303 Phone 404 656 1200

Mailing Address Del
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
PO BOX 5680
City ATLANTA ST GA Zip 30303
Previous Addresses in last 2 years N

Message 1884 1881
1884 STREET NAME NOT FOUND IN ZIP CODE AREA
15-lett 21-narr 23-alau 24-del

NARR Documentation Requirements

- Document manually the following on NARR:
- The case action
- Type of contact
- A summary of the initial conversation held with the A/R
- HIPPA notice provided
- A questionable mailing address
- The directions to the A/R's home, if needed
- There is an ADT for documentation of claims which includes the following:
- Over issuances
- Under issuances
- OFA referrals
- Claims actions
- IPV disqualification
- Press F21 to document NARR for Margaret Simmons
- Press tilde(~) to add FICM information and then document remarks

Note: By pressing the tilde key on the NARR screen the date, a space for the type of contact, and the date will pre—populate to the narrative screen.

```
UPDATE                    NARRATIVE - NARR                    NARR
                                                               01
10/05/06 – time – OV – Case manager – Load ID – County – Phone Number –
OV  - MS.SIMMONS IS APPLYING FOR FS TODAY BECAUSE SHE LOST HER FT
  JOB.  SHE IS APPLYING FOR HERSELF AND TWO CHILDREN.  SHE EXPECTS TO FIND
  ANOTHER FT JOB SOON.  A/R WORKS PT EARNING $50/WK, RENT = $250/MO.
  HIPPA notice provided.
                                                               More
 MESSAGE

 13-bott
```

Press ENTER to return to ADDR

STAT-FS for Margaret Simmons

- Margaret's statement is accepted as verification of her relationship to the children.

INTERVIEW ASSISTANCE STATUS - STAT STAT A

Month 11 06 0071 10 0506 01

AU ID 674173806 Prog FS Prog Type S Prev ABD Type Med COA Claim N
CO 049 LO 049 Load ID 1700 Conversion Date

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---- Type	End Date	Appeal Ind
P		100506	100506					

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat--	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Penalty Date
MARGAR	SIM	SE	**OT**	**Y**	**PN**	P	100506		100506				
SUSAN	SIM	CH	**OT**	**Y**	**PN**	P	100506		100506				
TINA	SIM	CH	**OT**	**Y**	**PN**	P	100506		100596				

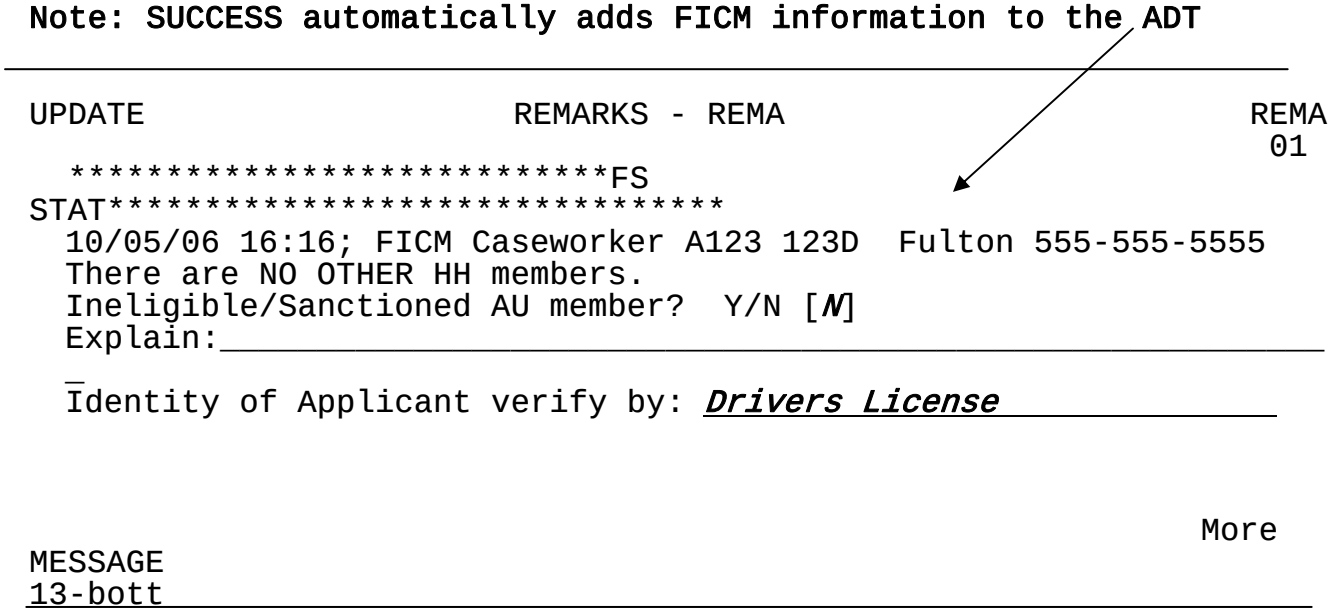
Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
20-rmen 22-alau(arch) 23-alau(curr)

STAT Documentation Requirements:

- Verification of I.D.
- Whether there are any other HH members
- Explanation of denials /closures entered by the worker
- Name, age, relationship of non-AU members and an explanation of why they are not included in the AU.
- If non-AU members purchase and prepare separately and meet the criterion for separation, document the policy that allows them to be separate.

- Press tilde and select ADT # 1 to complete the documentation.

Note: SUCCESS automatically adds FICM information to the ADT



```
UPDATE                      REMARKS - REMA                          REMA
                                                                     01
  ****************************FS
STAT*******************************
  10/05/06 16:16; FICM Caseworker A123 123D  Fulton 555-555-5555
  There are NO OTHER HH members.
  Ineligible/Sanctioned AU member?  Y/N [N]
  Explain:_____________________________________________________________
  _
  Identity of Applicant verify by: Drivers License_____________________


                                                                   More
MESSAGE
13-bott_____________________________________________________________
```

- Press ENTER to return to STAT
- Press ENTER to move to the next screen

DEM1 for Margaret Simmons

Margaret:

- Gave her statement at registration verifying her SSN and DOB
- Has never married and lives at home

INTERVIEW Month 11 06 | CLIENT DEMOGRAPHIC 1 - DEM1 1001 10 05 06 | DEM1 01

Client Name MARGARET SIMMONS Suf Client ID 771006042

Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
			555 01 1003	CS		12 05 1980	CS	F	B	N

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

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

Message

15-lett 16-crs 23-alau

DEM1 Documentation Requirement:

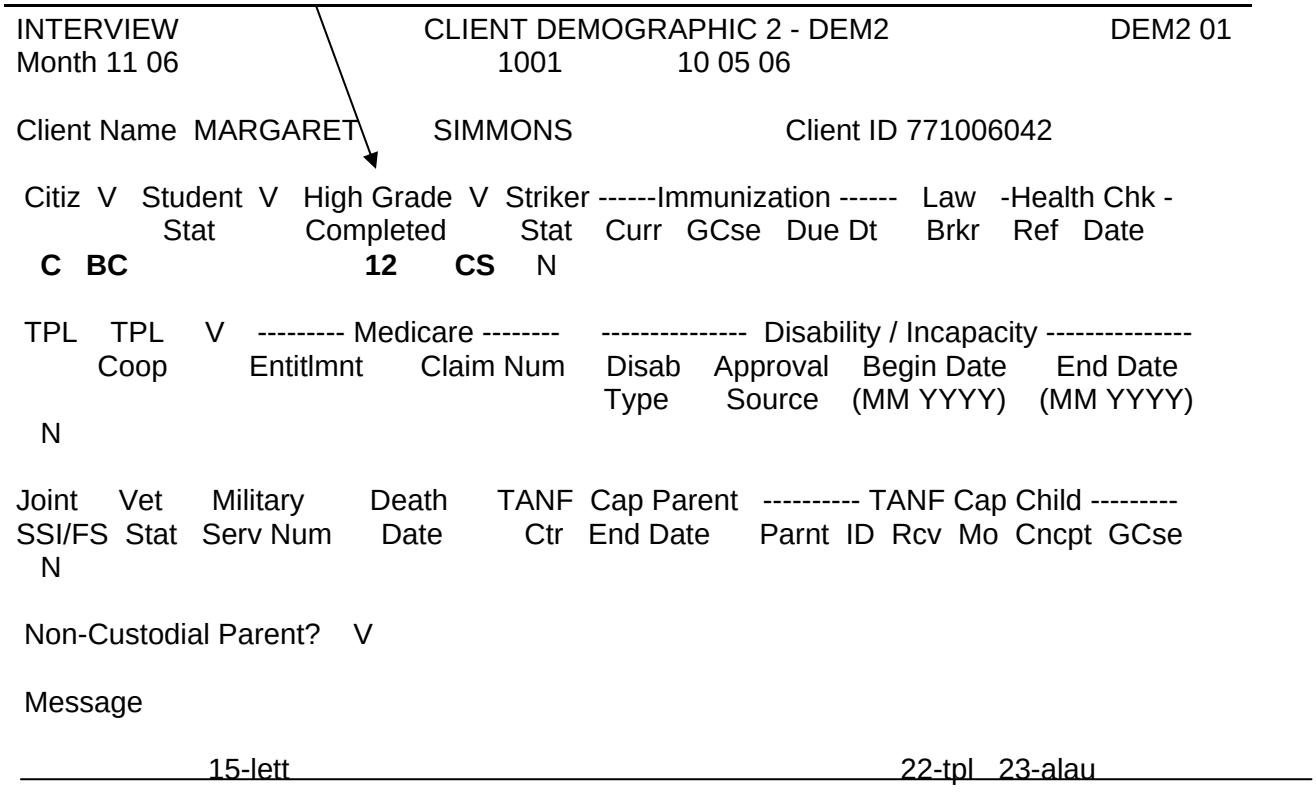
- Receipt of out-of-state benefits/termination of benefits and verification
- Why Failure To Comply code is entered

There is no ADT to meet this documentation requirement. Press F9 to document on REMA.

DEM2 for Margaret Simmons

Margaret:

- is a US Citizen; client provided birth certificate
- is a high school graduate
- Note: When a code is placed in this field, SUCCESS will pre-populate the High School Grad/GED field on the WORK Screen



INTERVIEW Month 11 06 — CLIENT DEMOGRAPHIC 2 - DEM2 — 1001 — 10 05 06 — DEM2 01

Client Name MARGARET SIMMONS — Client ID 771006042

Citiz	V	Student Stat	V	High Grade Completed	V	Striker Stat	Immunization Curr	Immunization GCse	Immunization Due Dt	Law Brkr	Health Chk Ref	Health Chk Date
C	**BC**			**12**		**CS**	N					

TPL Coop	TPL	V	Medicare Entitlmnt	Medicare Claim Num	Disability / Incapacity Disab Type	Disability / Incapacity Approval Source	Disability / Incapacity Begin Date (MM YYYY)	Disability / Incapacity End Date (MM YYYY)
N								

Joint SSI/FS	Vet Stat	Military Serv Num	Death Date	TANF Ctr	Cap Parent End Date	TANF Cap Child Parnt ID	TANF Cap Child Rcv Mo	TANF Cap Child Cncpt	TANF Cap Child GCse
N									

Non-Custodial Parent? V

Message

15-lett — 22-tpl 23-alau

DEM2 Documentation Requirement:

- Details of disability / incapacity
- Details, resolution of Death Match matches
- Date of conviction, if conviction meets the lawbreaker criteria and how it was verified
- Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators

There is no ADT to meet this documentation requirement. Press F9 to document on REMA.

DEM3 for Margaret Simmons

- Margaret has no IPV penalties.

INTERVIEW CLIENT DEMOGRAPHIC 3 - DEM3 DEM3 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 771006042

---------- IPV ---------- ---------- IPV ---------- ---------- IPV ----------
Pgm Type Ctr Eff Date Pgm Type Ctr Eff Date Pgm Type Ctr Eff Date
FS FS FS
FS FS FS
AF/RF

---------- TANF SANCTIONS ----------
Del Start Date End Date Del Start Date End Date
Sanction #1 Sanction #2 99 99

---------- TANF STRIKES ---------- - Lifetime Limit -
Del Reason Compl Date Del Reason Ctr Hrdshp Reas
Strike #1 Strike #2

Message

15-lett 23-alau 24-del

DEM3 Documentation Requirement:

- Details of any IPV Disqualifications from the Office of Investigative Services (OIS).

There is no ADT to meet this documentation requirement. Press F9 to document on REMA.

DEM1 for Susan Simmons:

Susan Simmons

- lives at home with her mother
- needs to apply for a SSN

INTERVIEW Month 11 06 | CLIENT DEMOGRAPHIC 1 - DEM1 1001 10 05 06 | DEM1 02

Remarks

Client Name SUSAN SIMMONS Suf Client ID 827002292

Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
	P	**10 05 06**				11 25 2003	CS	F	B	N

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

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

Message

15-lett 16-crs 23-alau

DEM2 for Susan Simmons

Susan Simmons:

- is a US Citizen based on birth certificate

INTERVIEW Month 11 06 — CLIENT DEMOGRAPHIC 2 - DEM2 1001 10 05 06 — DEM2 02

Client Name SUSAN SIMMONS Client ID 827002292

Citiz	V	Student Stat	V	High Grade Completed	V	Striker Stat	-----Immunization ---- Curr	GCse	Due Dt	Law Brkr	-Health Chk - Ref	Date
C	**BC**					N						

TPL	TPL Coop	V	---------- Medicare --------- Entitlmnt	Claim Num	---------- Disability / Incapacity ---------- Disab Type	Approval Source	Begin Date (MM YYYY)	End Date (MM YYYY)
N								

Joint SSI/FS	Vet Stat	Military Serv Num	Death Date	TANF Parent ---------- Ctr	End Date	TANF Cap Child ---------- Parnt ID	Rcv Mo	Cncpt	GCse
N									

Non-Custodial Parent? V

Message

15-lett 22-tpl 23-alau

DEM3 for Susan Simmons

- Susan Simmons has no IPV penalties.

INTERVIEW CLIENT DEMOGRAPHIC 3 - DEM3 DEM3 02
Month 11 06

Client Name SUSAN SIMMONS Client ID 827002292

---------- IPV ----------	---------- IPV ----------	---------- IPV ----------
Pgm Type Ctr Eff Date	Pgm Type Ctr Eff Date	Pgm Type Ctr Eff Date
FS	FS	FS
FS	FS	FS
AF/RF		

---------- TANF SANCTIONS ----------

Del	Start Date	End Date	Del	Start Date	End Date
Sanction #1			Sanction #2		99 99

---------- TANF STRIKES ---------- --- Lifetime Limit ---

Del	Reason	Compl Date	Del	Reason	Ctr Hrdshp Reas
Strike #1			Strike #2		

Message

15-lett 23-alau 24-del

- Fast Path to DEM1 for Tina or press ENTER

DEM1 for Tina Simmons

Tina Simmons:

- lives at home with her mother

INTERVIEW Month 11 06 | CLIENT DEMOGRAPHIC 1 - DEM1 1001 10 05 06 | DEM1 03

Client Name TINA SIMMONS Suf Client ID 800002353

Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
			555 02 1003	CS		05 15 2000	CS	F	B	N

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

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

Message

15-lett 16-crs 23-alau

DEM2 for Tina SimmonsTina Simmons:

- Is a US Citizen based on birth certificate
- Attends Fulton Elementary school full time
- **Note**: Entering a code in this field will trigger the ALAS Screen for educational level and school name.

INTERVIEW CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 03
Month 11 06 1001 10 05 06

Client Name TINA SIMMONS Client ID 800002353

Citiz	V	Student Stat	V	High Grade Completed	V	Striker Stat	------Immunization----- Curr	GCse	Due Dt	Law Brkr	-Health Chk - Ref	Date
C		**BC**		**FT**		**CS**	N					

TPL	TPL Coop	V	---------- Medicare --------- Entitlmnt	Claim Num	---------- Disability / Incapacity ---------- Disab Type	Approval Source	Begin Date (MM YYYY)	End Date (MM YYYY)
N								

Joint SSI/FS	Vet Stat	Military Serv Num	Death Date	TANF Cap Parent Ctr	End Date	-------- TANF Cap Child -------- Parnt ID	Rcv Mo	Cncpt GCse
N								

Non-Custodial Parent? V

Message

15-lett 22-tpl 23-alau

ALAS for Tina

- attends Fulton Elementary School

INTERVIEW ALIENS AND STUDENTS - ALAS ALAS 03
Month 11 06 1001 10 05 06

Client Name TINA SIMMONS Client ID 753005971

Citiz	Elig Stat	V	Doc Type	Spons Alien	Country of Origin	Permanent Entry Date (MM YYYY)	INS Number	-- Emergency Med --- Ind	Beg Dt	End Dt
C										

Refugee Resettlement Agency

Student Status	Educ Level	School Name	Dep Care Respon	Grad Date (MM YY)	Meals Provided	20 Hr/Wk
FT	**EL**	**Fulton Elementary**				

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY “?”
15-lett

- ALAS Documentation Requirement:
- Eligibility/ineligibility for each alien and how verified
- Student status eligibility and how verified
- School attendance discrepancies

DEM3 for Tina Simmons

- Tina Simmons has no IPV penalties.

INTERVIEW CLIENT DEMOGRAPHIC 3 - DEM3 DEM3 03
Month 11 06

Client Name TINA SIMMONS Client ID 800002353

---------- IPV ----------	---------- IPV ----------	---------- IPV ----------
Pgm Type Ctr Eff Date	Pgm Type Ctr Eff Date	Pgm Type Ctr Eff Date
FS	FS	FS
FS	FS	FS
AF/RF		

---------- TANF SANCTIONS ----------

Del	Start Date	End Date	Del	Start Date	End Date
Sanction #1			Sanction #2		99 99

---------- TANF STRIKES ---------- -- Lifetime Limit --

Del	Reason	Compl Date	Del	Reason	Ctr	Hrdshp Reas
Strike #1			Strike #2			

Message

15-lett 23-alau 24-del

FSME for Margaret Simmons

Margaret is not eligible for a medical expense deduction.

INTERVIEW FOOD STAMP MEDICAL EXPENSES - FSME FSME 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett 24-del

- Documentation Requirement:
- Explanation for not allowing an allowable expense
- Explanation for not allowing Medicare Premium because of buy-in
- Computation or explanation of expenses allowed

FSME for Susan Simmons

- Susan Simmons is not eligible for a medical expense deduction.

INTERVIEW Month 11 06 — FOOD STAMP MEDICAL EXPENSES - FSME — FSME 02 01

Client Name SUSAN SIMMONS Client ID 728005972

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett 24-del

FSME for Tina Simmons

- Tina Simmons is not eligible for a medical expense deduction.

INTERVIEW FOOD STAMP MEDICAL EXPENSES - FSME FSME 03
Month 11 06 01

Client Name TINA SIMMONS Client ID 803002352

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett 24-del

Margaret Simmons
Resources, Income, and Budgeting

Ms. Simmons states that she has a checking account with a balance of $300 at First Union Bank and $50 in cash with her today. The children have no income or resources. She does not have verification of her checking account balance with her.

Ms. Simmons states that she is currently baby-sitting 10 hours a week for her neighbor, Sally Hughes. Ms. Hughes pays her an average of $50 gross weekly on Mondays. She began baby-sitting for Ms. Hughes back in January 2006 and received her first pay in January. Ms. Simmons previously worked full-time at Reynolds Dry Cleaners until it went out of business in September. Her last day of employment was September 25th. She received her final paycheck on October 2nd in the amount of $125.

Ms. Simmons provides her separation notice and her final pay stub during the interview. Also during the interview, Ms. Simmons provides a letter from the Department of Labor showing she is not eligible to receive Unemployment Compensation Benefits. No discrepancies are found on Clearinghouse.

Resources, Income, and Budgeting

Answer the questions that follow using the information contained in the scenario:

1. What resource limit applies to this AU?

2. What resources are counted?

3. What are this AU's total countable resources?

4. Is the AU eligible based on resources?

5. What resource requires verification from a third party source?

6. What income limit test(s) apply(ies) to this AU?

7. Whose income must be considered?

8. What additional third party verification will you request?

9. What amount of income will be budgeted for the month of October?

10. What amount of income will be budgeted for the ongoing month?

11. What is the gross income limit amount for this AU?

Complete Form 173. **(Add any requested verification to the checklist)**

Complete Form 339, if necessary.

RES1 for Margaret Simmons

Margaret:

- Has $50 cash on hand
- Has a checking account at First Union with a balance of $300.

<u>NOTE:</u> Liquid Resources are no longer counted in Food Stamps, however we must still list any resources the A/R states they have on the RES1 Screen. Use verification code "LR" so that SUCCESS will not count the liquid resources in the FS Budget

---

INTERVIEW RESOURCES 1 - RES1 RES1 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Do you have any of the following: cash, money loaned out, checking, savings, credit union, CD's, stocks, bonds, or secured notes?

Del Type	Amount	V	Acct Num	Institution Name
CA	**50**	**LR**		
CH	**300**	**LR**		**First Union Bank**

Do you have any of the following: life insurance, pre-paid burial contracts, real estate, or cemetery lots?

Del Type	Face Amt	Cash Amt V	Policy Num	Company Name

More

Message

15-lett 23-alau 24-del

RES1 Documentation Requirements:

- AUs statement of resources and sources of third party verification
- Explain any unusual activity involving resources and countable value

There is no ADT to meet this documentation requirement. Press F9 to document.

RES2 for Margaret Simmons

Margaret:

- none

INTERVIEW RESOURCES 2 - RES2 RES2 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Do you have any of the following: truck, motorcycle, tractor, farm equipment, licensed/unlicensed vehicle(s), boat, camper, income producing vehicle?

Del Type Use FMV V Encumb V Yr Make Mod Lic Num Registration
MA/AF FS

VIN

Do you have any of the following: vacation home, real estate, or rental prop?

Address City ST Zip

Del Use FMV V Encumb V Try to Sell Annl Rate Ret Amt V Age Life Est Own

More

Message

15-lett 23-alau 24-del

RES2 Documentation Requirement

- Good faith effort to sell
- Bankruptcy
- Conversion or disposition of resources at review or interim change.
- Ownership of property
- Joint owners

There is no ADT to meet this documentation requirement. Press F9 to document.

RES3 for Margaret Simmons

- Margaret has no other non-liquid resources.
- Susan and Tina have no resources and have not transferred any resources.
- Press Enter until you reach ERN1 for Margaret Simmons.

INTERVIEW RESOURCES 3 - RES3 RES3 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Do you have any of the following: safety deposit box, business holdings, non-home consumption produce, livestock, or other valuables?

---------- Other Property ----------

Del	Type	FMV	V	Encumb	V	Annl Rate Return	V

More

Message

15-lett 24-del

RES3 Documentation Requirement

- Document details for any resources listed on this screen.

There is no ADT to meet this documentation requirement. Press F9 to document.

- TRAN for Margaret Simmons
- Margaret has not transferred any resources.

INTERVIEW TRANSFER OF RESOURCES - TRAN TRAN 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Del Ind	Transf Date (MM YY)	Discovery Date (MM YY)	Transferee R'Ship	Resource Type	FMV	V	Amt Rec'd	V

Reason for Transfer	Undue Ind	Hardship Rsn	1st Mth NH/Wvr MA (MM YY)

More

Message

15-lett 24-del

TRAN Documentation Requirement

- Document specifics of any transfers, include penalty imposed, month begin and month end.

DOL Clearinghouse

DOL WAGE INQUIRY - WGEI WGEI

Next SSN 01

SSN 555 01 4500 Benefit Year Begin Date

Sel	Employer Name	Emplr Num	Qtr/Yr	Wages	Sur
	REYNOLDS	63251981	3 05	3,859	SIM
	REYNOLDS	63251981	4 05	3,954	SIM
	REYNOLDS	63251981	1 06	3,379	SIM
	REYNOLDS	63251981	2 06	3,285	SIM

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/05	3,859	4/05	3,954	1/06	3,379	2/06	3,285

Tot Wages 14,477 Potential Amount 91 Num of Wks 20 Max Amt

Message

13-Bendex 14-SDX1 16-UCBI

ERN1 for Margaret Simmons

- currently baby sits for her neighbor, Sally Hughes
- did not obtain this job through Applicant Job Search
- reports Ms. Hughes' address as 234 Redmon Avenue, Atlanta, GA, 30365
- reports that Ms. Hughes' phone number is (404)656-7890
- has been babysitting since January '06
- received her first pay from this job on 01/12/06
- Ms. Simmons began working full-time at Reynold's Dry Cleaners on January 1, 2004 and was first paid on January 5th. She received her last check from this job on 10/2/06. She provides her last check stub and separation notice. We will enter this information for October only when we process the case. For now, complete the ERN1 history ADT.

INTERVIEW EARNED INCOME 1 - ERN1 ERN1 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

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 **SALLY HUGHES** AJS Employ **N**
Line 1 **234 REDMON AVENUE** Line 2
City **ATLANTA** ST **GA** Zip **30365** Phone **404 656 7890**

Type	Begin Date	First Pay Date	End Date	Late Rpt	SON Ovrd	$30+1/3 Ind Cntr	$30+1/3 End Date	$30 End Date
EI	**01 05 06**	**01 12 06**		**N**	TANF			
					LIM			
					RSM			

Num of Bordrs	ABD Stdnt Excl	AFDC Student Ind Cnt	------JTPA---- Ind Cnt	Excl

More Jobs

Message 1943 5107
1943 NO W-4 DATA AVAILABLE FOR DISPLAY
15-lett

ERN1 Documentation Requirement

- Employment record to track employers name
- Beginning / end dates of employment
- Reason for termination
- Verification of termination
- Discrepancies in clearinghouse information.
- DOL clearinghouse information from the interface

Press tilde (~) to document

REMA for ERN1

```
UPDATE                                REMARKS - REMA                                REMA
                                                                                     01
**************************ERN1 History************************************

  10/05/2006 14:35; FICM CASEWORKER B123 123Z  FULTON 555-555-5555
  EMPLOYER:REYNOLDS CLEANERS_____________________________________________
  BEGIN DATE: 01/01/04     END DATE: 09/25/06          TIMELY? Y/N [ Y ]
     REASON FOR TERMINATION:WENT OUT OF BUSINESS _____________________
     HOW WAS THE TERMINATION VERIFIED: SEPARATION NOTICE _____________
     SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N [ N ]
     EXPLAIN: Termination due to layoff not quit _____________________

  ACTUAL MONTHS OF 30 + 1/3  TANF: ________________________________________
                             MAO: _________________________________________
  DOL Hit? Y/N [ Y ]
  DISCREPANCIES?  Y/N [ N ] Resolution of
  discrepancies:_____________________________________________________
  ____________________________________________________________

    DOL     WAGE       INQUIRY   -   WGEI              WGEI
Next SSN                                                    01
SSN   555  01  4500        Benefit Year Begin Date
Sel     Employer Name                  Emplr  Num       Qtr/Yr    Wages Sur
        REYNOLDS                       63251981         3   05    3,859 SIM
        REYNOLDS                       63251981         4   05    3,954 SIM
        REYNOLDS                       63251981         1   06    3,379 SIM
        REYNOLDS                       63251981         2   06    3,285 SIM


Qtr/Yr  Qtr-Total    Qtr/Yr  Qtr-Total    Qtr/Yr  Qtr-Total    Qtr/Yr  Qtr-Total
  3/05  3,859          4/05  3,954          1/06  3,379          2/06  3,285

Tot Wages   14,477      Potential Amount  91    Num of Wks  20   Max Amt
Message

                                                                        More
 MESSAGE

 13-bott
```

ERN2 for Margaret Simmons

- works approximately 10 hours per week
- is paid weekly on Fridays
- earns $50 per week
- does not have verification of this income with her
- press tilde and select number 1 to document remarks on the following page

Note: ERN2 is the only screen that you are <u>NOT</u> able to enter a remark behind when you have a red question mark for missing verification. You will need to enter "OT" in the verification field, then tilde to enter your remarks. After documentation is complete, delete the "OT" from ERN2. <u>ALWAYS</u> enter income amount in the "Amt 1" field <u>ONLY</u>.

INTERVIEW EARNED INCOME 2 - ERN2 ERN2 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Employer Name SALLY HUGHES

Avg Hrs **10** Freq **WK** Day Week Pd **MO** Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
50.00	?								

Work Expenses

Type	Amount	Freq	V	Type	Amount	Freq	V

More Jobs

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett 16-evnc 23-alau 24-del

- Press F9 – Enter **"Free Form Documentation"** to document that verification has been requested.

ERN2 Documentation Requirement:

- Hourly pay rate
- Tips, if not included in gross pay on the pay stubs
- Reason any pay period is not considered representative pay
- Verification of income when stubs are not in the CR
- Calculation of representative pay and frequency of pay on this screen
- If EVNC is used, indicate on this screen

REMA for ERN2

UPDATE REMARKS - REMA REMA 01

10/05/06 – time – **OV** – Case manager – Load ID – County – Phone Number – **OV - Verification of wages requested today 10/05/06. Ms Simmons given Form 809 Verification of Earned Income for her employer to complete.**

More

MESSAGE

13-bott

DEAL for Margaret Simmons

- Margaret does not pay child support outside the home.

INTERVIEW DEEM/ALLOCATE - DEAL DEAL 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 777006064

---------- Deemor Budget ---------- ---------- CS Paid Outside Home ----------
Num IRS Dep Alimony V Other Exp V Del Oblig Amt V Paid Amt V

---------- ABD Allocation ----------
Inelig Inelig
Del Ind Amount V Del Ind Amount V

Number Of
ABD Child
Appl Recip

---------- Alien Sponsor ---------- ---------- AF Allocation ------
Amt Actually Contributed/V Client ID
Number of Other Spons Aliens Who can
Number of Other FS Recips Spons Allocate to me

Message

15-lett 24-del

DEAL Documentation Requirement:

- Alien sponsor's name and address
- To whom child support paid outside the home
- Computation of the monthly amount

There is no ADT to meet this documentation requirement. Press F9 to document.

CARE for Margaret Simmons

- Margaret does not pay dependent care.
- Press tilde to document

INTERVIEW DEPENDENT CARE EXPENSES - CARE CARE 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Provider Phone
Address City ST Zip
More providers
Del Extra Dependent Expense Day of Week Pd Rsn

Depname Und2 Freq Date Pd Amt Date Pd Amt Date Pd Extra V

More Dependents For This Provider

Message

15-lett 24-del

CARE Documentation Requirement:

- Eligibility for the dependent care deduction
- The dependent care arrangements if no deduction is allowed
- Subsidized care such as childcare payments received from CAPS

REMA for CARE

```
UPDATE                        REMARKS - REMA                          REMA
                                                                        01

**********DEPENDENTCARE**********
*
  10/05/2006 14:35; FICM CASEWORKER B123 123Z  FULTON 555-555-5555

  A/R IS IN AN ACTIVITY THAT ALLOWS DEPENDENT CARE DEDUCTION Y/N [Y]

  IS DEPENDENT CARE DEDUCTION NEEDED Y/N  [N]

  A/R IS NOT INCURRING AN EXPENSE BECAUSE:  A/R works in the home.
  ____________________________________________________________

  RECEIVING SUBSIDIZED CHILD CARE Y/N [ N ] IF yes, date EW notifies child
  care worker of any TANF/FS/MA changes Approvals/Changes/Closures)
  :_____________________________________________________________________
  _

                                                                    More
 MESSAGE


 13-bott
```

- Susan and Tina are not employed
- Press ENTER until you get to UINC for Margaret Simmons

UINC for Margaret

- Margaret has no unearned income.
- Press tilde to document

INTERVIEW UNEARNED INCOME - UINC UINC 01
Month 11 06 01

Client Name MARGARET SIMMONS Client ID 777006064

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benfits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type Del Freq Claim Number Ded Ded Amt V Extra Pay

Date Rcvd Amount V Date Rcvd Amount V Date Rcvd Amount V

Client Potentially Elig For Other Benefits?
More

Appl Type Stat Date Appl Type Stat Date
Message 1968 1965 5107
1968 NO SDX DATA AVAILABLE
15-lett 16-uvnc 23-alau 24-del

UINC Documentation Requirement

- Date payments will begin and/or terminate
- The source and expected duration of any contributions
- Reason net instead of gross is used
- Mathematical computations of monthly unearned income
- Financial aid for students
- Reason for any changes to the auto update
- The name and relationship of individuals receiving RSDI on someone else's account
- The reason any fluctuating income is not considered representative
- Details of application for other benefits
- The results of UCB/SDX/BENDEX automatic matches
- The resolution of any clearinghouse discrepancies

REMA for UINC

**********UINC**********
**

10/05/2006 18:23; FICM Caseworker B123 123Z Fulton 555-555-555

Date of report:__ _____ ___ Timely? Y/N [ ]

UCB/ SDX/BENDEX, document discrepancies:___ **At initial application, no discrepancies were found.**

_____

Types of UI: _____

Date payment will Begin: _____ End: _____

If RSDI on another account? Name:
_____Relationship:_____

Calculation for UI if paid other than monthly (or use UINC Cal)

:_____
_

Reason any fluctuating income is not considered Rep:

_____

Was net used rather than gross? Y/N [] If yes, explain: _____

If contributions, source:
_____Duration:_____

: _____

:_____
_

More
MESSAGE

13-bott

UINC for Susan

- Susan has no unearned income.

INTERVIEW UNEARNED INCOME - UINC UINC 02
Month 11 06 01

Client Name SUSAN SIMMONS Client ID 728005972

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type Del Freq Claim Number Ded Ded Amt V Extra Pay

Date Rcvd Amount V Date Rcvd Amount V Date Rcvd Amount V

Client Potentially Elig For Other Benefits?
More

Appl Type Stat Date Appl Type Stat Date
Message 0550
0550 SSN NOT FOUND
15-lett 16-uvnc 23-alau 24-del

UINC for Tina

- Tina has no unearned income.

INTERVIEW UNEARNED INCOME - UINC UINC 03
Month 11 06 01

Client Name TINA SIMMONS Client ID 803002352

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benfits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type Del Freq Claim Number Ded Ded Amt V Extra Pay

Date Rcvd Amount V Date Rcvd Amount V Date Rcvd Amount V

Client Potentially Elig For Other Benefits?
More
Appl Type Stat Date Appl Type Stat Date
Message 5107
5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.
15-lett 16-uvnc 23-alau 24-del

WORK for Margaret Simmons

- is exempt in Food Stamp E & T, verified by client statement
- is a high school graduate (SUCCESS prepopulated based on DEM2)

INTERVIEW WORK REGISTRATION/PARTICIPATION - WORK WORK 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 777006064

---------- Employment Services ---------- - Applicant Job Search -

	Exempt Reason	Partic Stat	Number Date	Comp V	Supp Offenses	DA/PE Req	Work	Non-Partic Reason	AJS Start Date	CA
FS	**CA**	**NI**	**10 05 06**		**CS**					

-- 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

WORK Documentation Requirement

- Reason for each month of non-compliance for ABAWD cases
- Exemptions as needed such as obvious incapacity or medical statement
- Reason 15% Exemption is granted
- Good Cause
- Circumstances of Voluntary Quit and work sanctions
- ABAWD Calendar
- Reason and effective month for changes in the work status codes
- 2nd Three Months
- Regaining eligibility
- Employment for ABAWD who meet the requirement through employment

Press tilde and select ADT #2 to document the reason for the exemption

_____
_

UPDATE REMARKS – REMA REMA

00

**********FS WR/VQ Exempt / 15%**********

10/05/06 – 00:00 – FICM – Load – County – Phone Number

Documentation/ Verification of exemption:

: **Ms. Simmons is caretaker of Susan Simmons age 3.**_____

( ) Change in work registration code

Date of report: _____ Effective Month: _____
___

( ) Voluntary Quit Sanction is imposed if all of the following are met:

( ) 30 hrs or more per week or equivalent of 30 hrs x minimum wage

( ) quit within 30 days of application or anytime thereafter

( ) AU member is mandatory registrant

( ) No good cuase

Further explanation:_____

:

( ) 15% Participation Exemption granted because AU member is

( ) homeless according to work registration policy. SRR ( )

Remains coded AB.

More

Message

WORK for Susan Simmons

- Susan is exempt from work for FS due to age. (SUCCESS prepopulates)

INTERVIEW WORK REGISTRATION/PARTICIPATION - WORK WORK 02
Month 11 06

Client Name SUSAN SIMMONS Client ID 728005972

	---------- Employment Services ----------					- Applicant Job Search -		
	Exempt Reason	Stat	V	Partic Date	Number Offenses	Comp Req	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
CA										
FS	AG	NI	CS	10 05 06						

High School Grad/GED

-- FS ABAWD Non-Compliance --

Non-compliance	Regain Dates		2nd 3 Months
	Bnft mth/yr	Start End	Bnft mth/yr
1			
2			
3			

Message

16-phme 17-mo< 18-mo> 23-alau

WORK for Tina Simmons

- Tina is exempt from work for FS due to age. (SUCCESS prepopulates)

INTERVIEW WORK REGISTRATION/PARTICIPATION - WORK WORK 03
Month 11 06

Client Name TINA SIMMONS Client ID 803002352

---------- Employment Services ---------- - Applicant Job Search -

	Exempt Reason	Stat	V	Partic Date	Number Offenses	Comp Req	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
CA										
FS	AG	NI		CS 10 0506						

High School Grad/GED	-- FS ABAWD Non-Compliance -- Non-compliance Bnft mth/yr	Regain Dates Start	End	2nd 3 Months Bnft mth/yr
N	1			
	2			
	3			

Message

16-phme 17-mo< 18-mo> 23-alau

Margaret Simmons
Deductions

Margaret Simmons states she has the following monthly expenses:

Rent: $250 (includes electricity & water)
Gas: $20
Telephone: $25

She uses gas to heat and fans to cool her home.

She purchases prenatal vitamins for herself and Flintstone Vitamins for the children. She has not paid childcare since September 25th.

Ms. Simmons does not have any verification with her.

Answer the following questions:

1. What are all the Food Stamp deductions will be allowed? List.

2. For which utility standard is the AU eligible?

3. What is the amount of the utility standard?

4. What is the total shelter cost for this AU?

5. What third party verification would you request?

Complete Form 173. **(Add any requested verification to the checklist)**

SHEL for Margaret Simmons

- Refer to Form 354 Expense Statement
- heats with gas
- is eligible for the heating/cooling SUA
- pays $250.00 per month rent; does not have verification with her
- rents from Mary Hill, 122 Broad Street, Newnan, GA, 30305, (770) 987-9876
- Margaret has paid all her bills for 10/06

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 777006064

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	V	Number Sharing	Phone STD
G			**HC**	**CS**		

Expense Type	Amt	V	Expense Type	Amt	V
Rent	**250**	?	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name **MARY** **HILL** Phone **770 987 9876**
Address **122 BROAD ST** City **NEWNAN** ST **GA** Zip **30305**

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett

SHEL Documentation Requirement

- Eligibility for the shelter and utility deductions
- Eligibility for the appropriate SUA or telephone standard
- Payment of expenses by anyone outside the household and how it is verified
- Sharing of expenses and their effect on the deduction and how it is verified
- Inclusion of insurance and taxes in the mortgage payment
- Computations shelter expenses to a monthly amount
- Inclusion of utilities in rent

SHEL REMA

- press tilde to document shelter choice

```
UPDATE                          REMARKS - REMA                          REMA
                                                                         01
**********Shelter / Utility
Expense**********
    10/05/2006 14:35; FICM CASEWORKER B123 123Z  FULTON 555-555-5555

  Does anyone pay part/all of the Shel Exp? Y/N [N] If yes, explain
  :_____________________________________________________________

  Housing Cost A/R Incurs Rent[Y] Mortg[ ] Insur[  ] Taxes[ ] Lot Rent[ ]
  :_____________________________________________________________________
  Calc if other than monthly:
  _____________________________________________
  Included in mortg? Insurance[  ] Taxes[  ] If none, explain: ___________
  UTILITY EXPENSE incurred by DWELLING? Y/N [Y] Included in Rent? Y/N [N]
  If none, explain:_____________________________________________________

  DEWELLING IS ELIGIBLE for Utility Deduction based on;
  [Y] H/C SUA based on,Heating[G] AC[ ] LIHEAP[ ] Excess H/C Public Hsg[ ]
  [ ] Non H/C based on two types of expenses:_____________________________
  :_____________________OR Excess Non H/C Public Hsg[  ]
  [ ] Actual based on one type of expense:_______________________________
  [ ] Eligible for Phone Std only?

  Is the AU sharing utility expenses? Y/N [N] {Hit tilde for SHEL SHARED}
  :_____________________________________________________________________

                                                                    More
 MESSAGE

13-bott
```

Margaret Simmons
Management

Review Form 354 Expense Statement and document management by completing and signing the form

Based on the AU's circumstances, is management questionable? Why or why not?

Complete Form 339.

MISC-FS for Margaret Simmons

- will receive her Food Stamps via EBT
- press tilde to document management

```
INTERVIEW                AU NON-FINANCIAL MISCELLANEOUS - MISC              MISC   A
Month 11 06                          0071     10 05 06

HOH Name MARGARET          SIMMONS              Client ID 777006064
AU ID 674173806      Prog FS

Pre    Pre    AU     ATP   ATP   QRF    QRF   Pre-   Calc  Trial  Pro Exp SLAM -Extended MA-
Issn   EBT    Issn   Prnt  Cyc   Status Ctr   sump   Elig  HH     Ovr Svc Cd   Start Dt COA
       Card   Mode   Cnty  Num   Code        Elig   Ind   Ind                      Cor
              E                                                    U

------- Review ------    Auto    --------- Lump Sum Remainder --------  Delay  QMB  RSM
Compl  Mand  Last  Reasgn   Amount   100 %   133 %   185 %   Rsn    Ovr  Elig
       Std   Type  Ovr                                                  Ovr
                   N
Sched Interview          QC Penalty End Date
Del      Unit Number 170002      Inquiry Date 10 05 06      Load ID
   Next Review                   Appt Date 10  06 06       Appt Type
   Appt Begin Time (HH:MM) 09:00
   Appt End Time (HH:MM)  10:00     Appt Letter Print Location L
   L Name/Appt Remarks  Simmons/FS Intake
Message

13-note 14-schd 15-lett                          20-schs      23-alau
```

MISC Documentation Requirement

- The reason the case is over the SOP
- Any change in the expedited services indicator
- The reason for manual issuance, the date of the manual issuance, the amount and month of the manual issuance
- Financial Management
- There are 2 ADTs to meet this documentation requirements.

MISC REMA for Management

```
UPDATE                          REMARKS - REMA                          REMA
                                                                         01
**************************Form 354************************************
10/05/2006 14:35; FICM CASEWORKER B123 123Z   FULTON 555-555-5555

Form 354 is in the case record.

     Monthly expenses      :_330.00_____________
     Available net income  :_316.66 Plus 350 liquid resources $656.66

Mgmt met?            Y/N [ Y ]

   If no, explain discrepancies: She states that she paid her October
   expenses with her September pay.  With her net income and checking
   account, Ms. Simmons can meet her expenses for the current month. She
   states that she is currently looking for employment and hopes to find
   a new job soon.  She states she may be able to pay partial expenses
   for a couple of months to get by; management will be re-evaluated at
   her March 2007 review.

                                                                    More
 MESSAGE


 13-bott
```

SRR Explained and Form 339 given. Y/N

Note: Because there is no space on the ADT to document liquid resources, this information must be included in the explanations field of this ADT.

ERRO for Margaret Simmons

The errors which appear on this screen:

- error code 0014 shows that verification was not received for earnings, resources, and shelter expenses; this is true, so, we will request verification.

- error codes 1723, 1724, 1725,1726 and 1944 show that Clearinghouse was not accessed during this interview. This sometimes happens in the training system so we will “PF4” around that as well. If this happens in the county, you should try again to access Clearinghouse prior to case approval.

INTERVIEW CONSOLIDATED ERRORS - ERRO ERRO 01

Display Error Text for This Code

Code	Screen	AU/Cl Pntr	Code	Screen	AU/Cl Pntr	Code	Screen	AU/Cl Pntr
0014	ERN2	01						
0014	RES1	01						
0014	SHEL	01						

Message

VERF-FS for Margaret Simmons

- Print the verification checklist for Margaret Simmons by keying PF20.

```
INTERVIEW              OUTSTANDING VERIFICATIONS - VERF              VERF    A
Month 11 06                                                          01

HOH  Name MARGARET          SIMMONS                Client ID 777006064
AU  ID  674173806     Prog  FS          Med COA

  Clnt                                          Clnt
  Pntr    Scrn        Field Name                Pntr      Scrn      Field Name
   01     ERN2    EARNED INCOME AMT
   01     RES1    LIQUID RESOURCE AMT
   01     SHEL    SHELTER EXPENSE AMT

Message

                                          20-verf          21-nite
```

System Generated Form 173

Date: 10 05 06
COUNTY: COUNTY 49 TRAIN
Load: 1001
Phone: 555 000 1212
Legal Aid Phone: 404 555 1212

MARGARET SIMMONS

P.O. BOX 5680

ATLATNA GA 30303

Client Number:

0028 – MISSING VERIFICATIONS

In order for the Department of Family and Children Services to complete its determination of your eligibility for assistance, it is necessary for you to provide verification (proof) of the following items for the people listed below:

Program: FS

NAME	VERIFICATION	BY PROVIDING
MARGARET SIMMONS	SHELTER EXPENSE AMT	BILL CHECK LANDLORD STATEMENT LETTER RECEIPT OTHER
	EARNED INCOME AMT	CHECK STUB IRS FORM LETTER OTHER QRF EMPLOYER WAGE FORM

Needed in order to give deduction

Need a statement from Sally Hughes

Need verification of application for a social security number for Susan in order to include her in the Food Stamp case

These verifications must be received at the County DFCS Office by 10-15-06. If you fail to provide all verification within the specified time period, the County DFCS Office will start action to deny or terminate your TANF, Food Stamp, or Medicaid case.

If you have received expedited Food Stamps for one month, you will Not receive a second month of Food Stamps until you provide the Verification requested on this notice.

If we have asked for verification of an expense that allows you to Receive a deduction in your TANF, Food Stamps, or Medicaid Eligibility budget, you will receive this deduction only if you Provide proof of the expense as requested.

IF ASSISTANCE IS NEEDED IN OBTAINING THIS INFORMATION, PLEASE CONTACT YOUR CASEWORKER.

DONE for Margaret Simmons

- This screen indicates that the Food Stamp case is pending and that verification is outstanding.

INTERVIEW SESSION SUMMARY - DONE DONE
Month 11 06 01
Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code	Cfirm	-- Benefit -- Amt	Cfirm	Outstanding Verifications
674173806	FS		N	P				Y

Message 0428 0759
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

Margaret Simmons Returns Verification ON 10/09/06

Reminder: Verification from Reynolds Cleaners was provided during the interview.

Margaret Simmons - Process Application Months

- Process the application months. Use the verification which you received to help you remember the screens that need to be updated.
- Select **"P"** from the AMEN to begin the process

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection **p**

AU ID **674173806** Client ID
Screen ID As Of Date
Benefit Month (MM YY) Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0543
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

APP1 for Margaret Simmons

- We will process 10/06 first, so enter “Y” to select that month.

UPDATE PROCESS APPL MONTHS - APP1 APP1
01

AU ID 492513807 Prog FS
HOH Name MARGARET SIMMONS Client ID 761005918

Sel	Bnft Month	Status	Med COA	Disposition Status
Y	10 06	P		FINAL EDITS NEEDED
	11 06	P		WAITING FINALIZATION

Message 0003
0003 INVALID PF KEY FOR THIS SCREEN
13-amen

ADDR for Margaret Simmons

- Susan is client pointer 03 in our case, but she may have a different client pointer in your case

CHANGE CLIENT LIST FOR CASE UNIT - CLLI ADDR 01
Month 10 06 01

Cl Pntr	F Name	L Name	Client ID	AU Pntr	Prog	AU ID	AU Pntr	Prog	AU ID
01	MARGARET	SIMMONS	761005918	A	FS	492513807			
02	TINA	SIMMONS	787005850	A	FS	492513807			
03	SUSAN	SIMMONS	912002486	A	FS	492513807			

Message

DEM1 for Susan Simmons

- Enter a remark for verification of application for SSN for Susan

CHANGE CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 03
Month 10 06 1001 10 05 06

Remarks

Client Name SUSAN SIMMONS Suf Client ID 827002292

Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
	S	10 05 06				11 25 2003	CS	F	B	N

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

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

Message

15-lett 16-crs 23-alau

REMA for DEM1

UPDATE REMARKS - REMA REMA 01

10/09/06 – Time- Case Manager – Load ID- County – Phone Number
VERIFICATION OF APPLICATION FOR SSN FOR SUSAN RECEIVED 10/09/06.

More

MESSAGE

13-bott

- Fast Path to ERN1 For Margaret

ERN2 for Margaret

- Ms Simmons provides a completed Form 809 from her employer Sally Hughes on 10/09/06
- Margaret Simmons income varies from week to week. To determine representative pay, we will access the **ENVC** screen to enter the amounts for each pay period and allow SUCCESS to determine representative pay.
- **All fields on the ERN2 screen must be blank in order to access and complete the ENVC Screen. Use your "End" key to delete the information from each field.**
- **Once all fields are blank, press F16 (shift F4) to access ENVC**

CHANGE EARNED INCOME 2 - ERN2 ERN2 01
Month 10 06 0071 10 05 06 01
Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name SALLY HUGHES

Avg Hrs Freq Day Week Pd 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

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

Entering Variable Income

- **Use Form 809 provided by Margaret Simmons to complete the ENVC Screen**

INTERVIEW EARNED VARIABLE INCOME CALCULATION - EVNC EVNC 01

Month 11 06

Client Name MARGARET SIMMONS Client ID 901000253

Del Avg Hours **010** Freq **WK** Day Week Pd **MO** Extra Pay

PP End Date MM DD YY	Pd/Rcvd Date	Amount	V	Repres
10 02 06	**10 05 06**	**50**	**wf**	**y**
09 25 06	**09 28 06**	**45**	**wf**	**y**
09 18 06	**09 21 06**	**55**	**wf**	**y**
09 11 06	**09 14 06**	**50**	**wf**	**y**

Message

24-del

- Press enter to return to ERN2

ERN2

- SUCCESS has determined the weekly representative amount. All information on ERN2 is now in BLUE. The verification code is “VN” which mean Verified Variable Income.

CHANGE EARNED INCOME 2 - ERN2 ERN2 01
Month 10 06 0071 10 05 06 01
Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name SALLY HUGHES

Avg Hrs **10** Freq **WK** Day Week Pd **MO** Extra Pay

Del

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

Work Expenses

Type	Amount	Freq	V	Type	Amount	Freq	V

More Jobs **Y**

Message

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

- Press F9 to update documentation. Press Tilde to Load Worker Information then enter documentation

REMA for DEM1

UPDATE REMARKS - REMA REMA
01

10/09/06 – Time- Case Manager – Load ID- County – Phone Number
VERIFICATION OF EMPLOYMENT FROM 809 RECEIVED
10/09/06.

More

MESSAGE

13-bott

- **Enter a "Y" under "More Jobs**" so that we can enter the terminated income from the job at Reynolds Cleaners for 10/06.

- Press enter

ERN1 for Margaret Simmons

- was employed at Reynold's Cleaners, 134 Main Street, College Park, GA, 30309, (770)526-3598

- only has one check from the cleaners which needs to be budgeted. She received her last check on 10/02/06.

CHANGE EARNED INCOME 1 - ERN1 ERN1 01
Month 10 06 1001 10 05 06 02
Remarks

Client Name MARGARET SIMMONS Client ID 771006042

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 **REYNOLD'S CLEANERS** AJS Employ **N**
Line 1 **134 MAIN ST**. Line 2
City **COLLEGE PARK** ST **GA** Zip **30309** Phone **770 526 3598**

Type	Begin Date	First Pay Date	End Date	Late Rpt	SON Ovrd	$30+1/3 Ind Cntr	$30+1/3 End Date	$30 End Date
EI	**01 01 04**	**01 09 04**	**10 02 06**	**N**	TANF LIM RSM			

Num of Bordrs	ABD Stdnt Excl	AFDC Student Ind Cnt	------JTPA------- Ind	Cnt	Excl

More Jobs

Message

15-lett

ERN2 for Margaret Simmons

- Margaret's average hours at the cleaners were 40 hours per week.
- Margaret received her **last check for $125 in 10/06**
- fast path to SHEL so we can enter the rent verification
- **<u>Note:</u> The total amount of terminated income is entered ONLY in the "Amt 1" field using the frequency code of "AC" for actual.**

CHANGE EARNED INCOME 2 - ERN2 ERN2 01
Month 10 06 00
Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name REYNOLD'S CLEANERS

Avg Hrs **040** Freq **AC** Day Week Pd **FR** Extra Pay

Del

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

Work Expenses

Type	Amount	Freq	V	Type	Amount	Freq	V

More Jobs

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett 16-evnc 23-alau 24-del

SHEL for Margaret Simmons

- Rent was verified by a landlord statement
- **fast path to DONE since all verification has been entered for 10/06**

CHANGE SHELTER EXPENSES - SHEL SHEL 01
Month 10 06 0071 10 05 06

Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	Number Sharing	Phone STD
G			HC		

Expense Type	Amt	V	Expense Type	Amt	V
Rent	250.00	**LL**	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name MARY HILL Phone 770 987 9876
Address 122 BROAD ST City NEWNAN ST GA Zip 30305

Message

15-lett

DONE for Margaret Simmons

CHANGE SESSION SUMMARY - DONE DONE
Month 10 06 01
Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code	Cfirm	- Benefit -- Amt	Cfirm	Outstanding Verifications
492513807	FS		N	P				

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

APP1 for Margaret Simmons

Now that we've processed 10/06, we'll process 11/06:

- enter a "y" beside 11/06

UPDATE PROCESS APPL MONTHS - APP1 APP1
01

AU ID 492513807 Prog FS
HOH Name MARGARET SIMMONS Client ID 761005918

Sel	Bnft Month	Status	Med COA	Disposition Status
	10 96	P		FINAL EDITS NEEDED
Y	11 96	P		WAITING FINALIZATION

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
13-amen

ADDR for Margaret Simmons

- Fast path to ERN2 for Margaret.

CHANGE HOUSEHOLD ADDRESSES - ADDR **ADDR**
Month 11 06 0071 10 05 06

CO 049 LO 049 Load ID 1700 Client ID 761005918 Prev CO/LO
HOH F Name MARGARET MI L Name SIMMONS 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	
2640		LINCOLN	BLVD			

City ATLANTA ST GA Zip 30303 Phone 404 656 1200

Mailing Address Del

Address Line 1			Line 2			
Street Number	Dir	Name	Type	City Dir	Apt	
		PO BOX 5680				

City ATLANTA ST GA Zip 30303

Previous Addresses in last 2 years N

Message 1884 1881
1884 STREET NAME NOT FOUND IN ZIP CODE AREA

15-lett 21-narr 23-alau 24-del

ERN2 for Margaret Simmons

- Enter the wage verification
- Fast path to SHEL for Margaret Simmons to enter the rent verification

CHANGE EARNED INCOME 2 - ERN2 **ERN2 01**
Month 11 06 1001 10 05 06 01

Client Name MARGARET SIMMONS Client ID 775006272

Employer Name SALLY HUGHES

Avg Hrs 020 Freq WK Day Week Pd FR Extra Pay

Del

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

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

Type Amount Freq V Type Amount Freq V

More Jobs

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

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

SHEL for Margaret Simmons

- Enter the rent verification
- Fast path to DONE for Margaret Simmons

CHANGE SHELTER EXPENSES - SHEL **SHEL**
Month 11 06 1001 10 05 06

Remarks

Client Name MARGARET SIMMONS Client ID 775006272

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	Number Sharing	Phone STD
G			HC		

Expense Type	Amt	V	Expense Type	Amt	V
Rent	250.00	**LL**	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name MARY HILL Phone 770 987 9876
Address 122 BROAD ST City NEWNAN ST GA Zip 30305

Message

15-lett

ERRO for Margaret Simmons

- NOTE: Our case still has errors. These are because the training region does not access Clearinghouse. Since this occurs only in the training region, press Enter.

CHANGE CONSOLIDATED ERRORS - ERRO ERRO 01

Display Error Text for This Code

Code	Screen	AU/Cl Pntr	Code	Screen	AU/Cl Pntr	Code	Screen	AU/Cl Pntr
1723	ERN1	01						
1724	UINC	01						
1725	UINC	01						
1726	UINC	01						

Message

DONE for Margaret Simmons

- Press ENTER to commit the information to the data base.

CHANGE SESSION SUMMARY - DONE DONE
Month 11 06 01
Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code	Cfirm	-- Benefit -- Amt	Cfirm	Outstanding Verifications
506165704	AF	F01	N	P				
105165704	FS		N	P				

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

APP1 for Margaret Simmons

This just shows that both months have now been processed and are waiting to be finalized.

- press PF13 to return to AMEN

```
UPDATE                    PROCESS APPL MONTHS - APP1                  APP1
                                                                       01

AU ID 492513807        Prog FS
HOH Name MARGARET      SIMMONS                  Client ID 761005918

     Sel    Bnft      Status    Med COA      Disposition Status
            Month
            10 06       P                  WAITING FINALIZATION
            11 06       P                  WAITING FINALIZATION

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
 13-amen
```

Disposition the Application

On October 9th, you receive the attached verification for Margaret Simmons' case.

Answer the following questions:

1. What POE will you assign to this AU? Why?

2. What type of notice will the AU receive?

3. When will Ms. Simmons' FS benefits be available each month?

Complete Form 74 for the ongoing month.

Use the 2006 Food Stamp Limits below to complete Form 74:

The maximum excess shelter deduction in 2006 was $400.

The GIL in 2006 for an AU of 3 was $1744.

The NIL in 2006 was for an AU of 3 was $1341.

Standard Deduction $134

Margaret Simmons - Finalize the Application

The pending Food Stamp AU needs to be finalized (two RACF IDs are required)

- select “Q” to finalize

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection **Q**

AU ID 10000000 Client ID
Screen ID As Of Date
Benefit Month (MM YY) Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 1012
1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY

APP2--FS for Margaret Simmons

- 10/06 is pre-selected
- press enter to process 10/06

UPDATE FINALIZE APPLICATION - APP2 APP2
01

AU ID 492513807 New MA ID
HOH Name MARGARET SIMMONS Client ID 761005918

Finalize

Sel	Bnft Month	Status	Prog	Med COA	Disposition Status
Y	10 06	P	FS		WAITING FINALIZATION
	11 06	P	FS		WAITING FINALIZATION

Message

ELIG-FS for Margaret Simmons

- check to make sure the correct individuals are included for FS for 10/06
- if the non-financial screen is correct, enter “Y” to confirm

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 06 01

AU ID 492513807 Prog FS Prog Type S Med COA
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	-----Penalty----- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat--	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
MARGAR	SIM	SE	OT	Y	RE	A	100506		100506	100506			
TINA	SIM	CH	OT	Y	RE	A	100506		100506	100506			
SUSAN	SIM	CH	OT	Y	RE	A	100506		100506	100506			

Message

FSFI for Margaret Simmons

- check to be sure the correct income and resources have been budgeted for 10/06
- if the budget is correct for 10/06, enter “Y” to confirm

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 492513807 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	341.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	68.33	Thrifty Food Plan	399.00
Net Earned Income	273.33	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	345.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

ELIG-FS for Margaret Simmons

- check to make sure the correct individuals are included for FS for 11/06
- if the non-financial screen is correct, enter “Y” to confirm

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 492513807 Prog FS Prog Type S Med COA
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat--	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
MARGAR	SIM	SE	OT	Y	RE	A	100506		101696	100506			
TINA	SIM	CH	OT	Y	RE	A	100506		101696	100506			
SUSAN	SIM	CH	OT	Y	RE	A	100506		101696	100506			

Message

FSFI for Margaret Simmons

- check to be sure the correct income and resources have been budgeted for FS for 11/06
- check the POE (review begin and end date).
- if the budget is correct for 11/06, enter “Y” to confirm

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 492513807 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	216.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	43.33	Thrifty Food Plan	399.00
Net Earned Income	173.33	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

APP2 for Margaret Simmons

Finalize the case by entering “Y” and pressing enter

UPDATE FINALIZE APPLICATION - APP2 APP2
01

AU ID 492513807 New MA ID
HOH Name MARGARET SIMMONS Client ID 761005918

Finalize Y

Sel	Bnft Month	Status	Prog	Med COA	Disposition Status
	10 06	A	FS		FINALIZED BY WORKER
	11 06	A	FS		FINALIZED BY WORKER

Message 0690
0690 IF APPLICATION FINAL IS COMPLETE, PLEASE FINALIZE

Congratulations
You've completed
Margaret Simmons'
Initial Applications

II. Margaret Simom - Review Notice and Benefit History

Background

- You have completed an intake application on Margaret Simmons. In over-night batch processing SUCCESS sent a notice to Margaret and issued initial benefits. In the training region, we are unable look up the notice and benefit history for Margaret since the date is always 10/05/06. However, we can look at a notice and the benefit history for a similar case Margaret Simon.

Your Assignment

- Look up and review the notice and benefit history for Margaret Simon.

Benefit History

MAIN Menu

- select M

MMEN

- select A for benefit history issuance inquiry
- enter Margaret Simom's FS AU # - XXXX00101 (customize)
- press enter

BENL

- enter "Y" in the select field for 10/06
- press enter
- review FS benefits

MMEN

- PF3 to return to the MAIN Menu

Notice History

MAIN Menu

- select A

AMEN

- select H for notice history
- enter Margaret Simom's FS AU # - XXXX00101 (customize)

NHIS

- enter "Y" in the select field for the 07/06 notice
- press enter

NCON

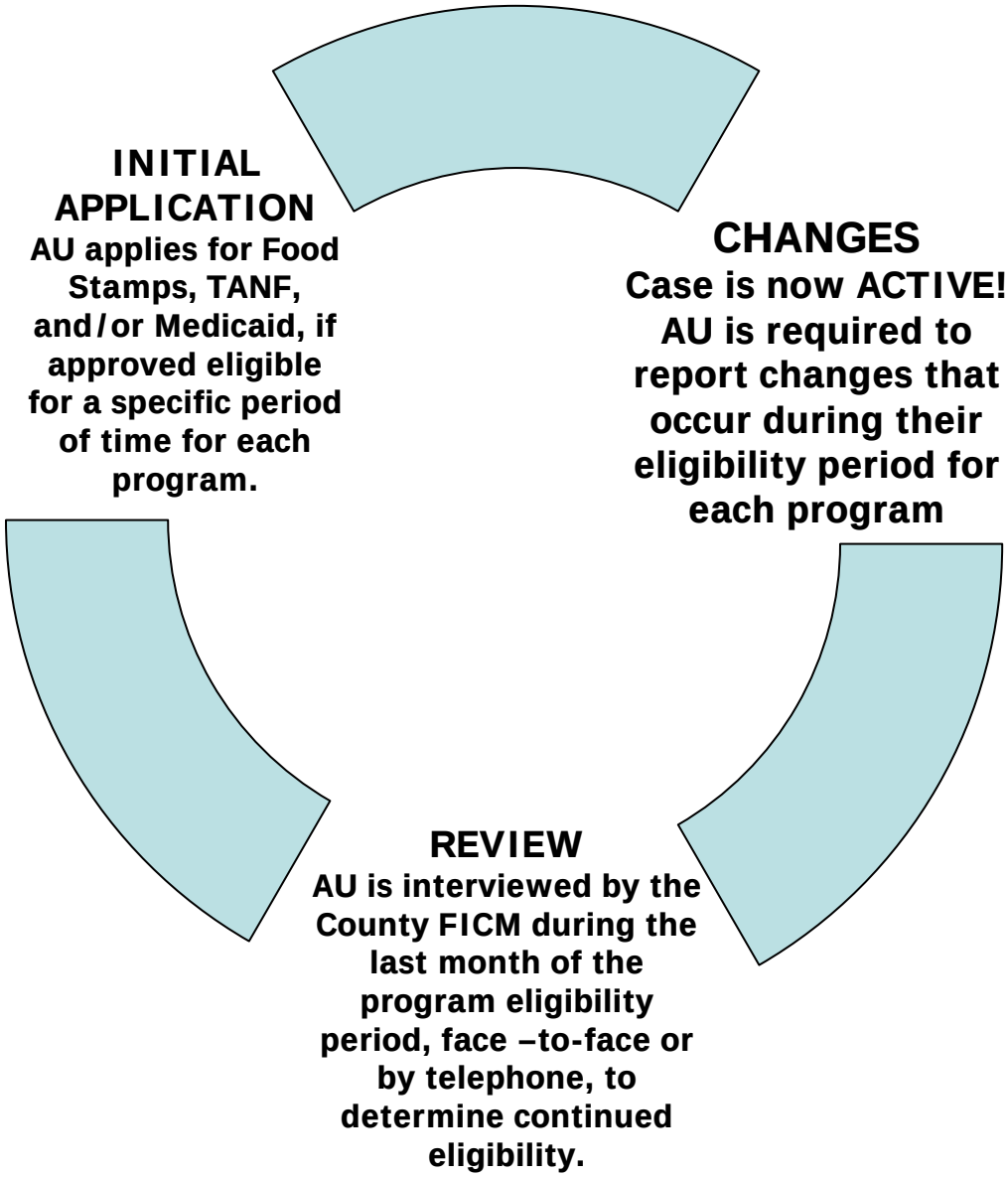
- read the entire notice (press enter to scroll forward)
- PF3 to return to AMEN

OBJECTIVES

By the end of this section, you should know:

- the AU Cycle of Eligibility
- the types of changes processed by the Call Center
- the types of changes NOT processed by the Call Center
- some of the different types changes and the related Macros/Quick Scripts
- how to access the Macros/Quick Scripts on SUCCESS
- the available Macros/Quick Scripts on SUCCESS
- helpful hints when working with Macros/Quick Scripts on SUCCESS

AU Cycle of Eligibility



Georgia's Call Centers

Total Calls Received
FY 2007

Metro Atlanta and South Georgia Call Centers

Approximately 731,974 Calls

Changes Processed by the Call Center

☎Earned and Unearned Income Changes which include:

New or Terminated Income Changes

Increased or Decreased Income Changes

☎Address/Shelter Changes

☎Adding/Removing Household Members

☎Name Changes

☎Changes in Medical Deductions

☎Changes in Child Care Deductions

☎Changes in Resources

☎DOB and Gender/Race Corrections

☎SSN Corrections

☎Determine Student Eligibility

☎Review Continued Medicaid Eligibility

☎Lift Enumeration/Immunization Sanctions

☎Process and Schedule Claims

☎Correct Agency Error Cases For the Ongoing Month

☎Fair Hearing Requests

Changes NOT Processed by the Call Center

- Historical Changes
- Changes which occur on a Pending Application that has been Interviewed
- Changes which occur AFTER the review has been initiated
- Child Support Gap and Automatic Update Issues
- Reinstatement of Cases Closed by the County
- Rescheduling Appointments
- Resolving Issues Between Client and Worker
- Sanctions for Failure to Meet Work Requirements
- Sanctions Set Up by the County Worker (exception: Enumeration Sanctions)
- System Alerts(exceptions 136-New Hire, 161–Death Match)
- Transfer of Cases to Other County Offices
- Changes in Foster Care Cases
- Division of Juvenile Justice Cases
- Refugee or Adoption Assistance Cases
- Subsidized Earnings in TANF

In the above situations, the Call Center Agent will document the change in SUCCESS and e-mail the information to the County Worker/Contact Worker and Supervisor.

Documentation Abbreviations

AC _____	HOH_____
A/R_____	HUD_____
Appt_____	Mgmt_____
AU_____	MGR_____
BC_____	Mthly_____
Bwkly_____	OIS_____
Case Mgr_____	OP/UP_____
CC_____	QC_____
CI_____	Rec'd_____
CO_____	Shel_____
COB_____	Smthly_____
CS_____	SSI_____
CSS_____	SSN_____
DOL_____	Stmt_____
E&T_____	Supv_____
EITC_____	TC_____
ES_____	UCB_____
EW_____	Verif_____
FS_____	W/_____
GA_____	W/O_____
GIC_____	WC_____
Hrly_____	Wkly_____

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ADTs vs. Macros/Quick Scripts

Documentation Tools

Family Independence Case Managers (FICM) in the DFCS county offices use Automated Documentation Tools (ADTs) to document specifics about the case on SUCCESS. ADTs are standardized templates which include preprogrammed statements and questions required to substantiate the eligibility determination. The FICM is required to complete the ADTs at initial application, when a change is reported directly to the county, and at Review. ADTs can be accessed and documented on SUCCESS beginning with the NARR screen and on most REMA screens.

Call Center Agents use Macros/Quick Scripts. Macros/Quick Scripts are documentation tools used to document reported AU changes on SUCCESS. Macros/Quick Scripts are similar to the ADTs. Macros/Quick Scripts are standardized templates which include preprogrammed statements and questions that help to ensure that reported changes are thoroughly addressed and consistently documented. Call Center Agents are required to complete the change related Macros/Quick Scripts while the customer is on the phone. Macros/Quick Scripts can be accessed and documented on SUCCESS beginning with the NARR screen and all REMA screens.

Instructions: Accessing Macros/Quick Scripts

From the Narrative Screen (NARR) or Any Remarks Screen (REMA) where the data is to be updated:

Step 1: Press **Shift F9** to view the **NARR** Screen **or Press F9** to view the **REMA** Screen

Step 2: Using the mouse click on the "Tools" option on the menu bar displayed across the top of your monitor, then click "Macro".

Step 3: Using the mouse select/highlight one of the following Macros/Quick Scripts, then click "Run".

Narrative Macros	**Master Macros**
Additional Macros	**Verification Macros**
Unearned Income	**Note Macros**
Letter Macros	**New Hire Macros**

Step 4: When the menu box appears, from the drop down box select the change appropriate Macro/Quick Script.

Step 5: Complete the Macro/Quick Script then Press Enter. The Macro/Quick Script data will be saved in the case as a Remark.

Macro/Quick Script Helpful Hints

- ✓ Once a Macro/Quick Scripts is accessed, the date, the time, the Call Center Agent's name, the load ID, and the telephone number automatically loads into the Macro/Quick Script
- ✓ Use arrow keys or mouse to move from field to field.
- ✓ **Once you complete the Macro/Quick Script. Press Enter to return to the SUCCESS Screen.**
- ✓ To access a blank REMA screen when documentation already exists, using the mouse or the arrow keys, move to the field next to the word **"More"** located at the bottom right corner of the screen. Type **"Y",** press enter**.**
- ✓ Upper right corner of the screen will identity the number of REMA screens that already exist.
- ✓ The **NARR** screen can be accessed from the **ADDR** screen and the **DONE** screen
- ✓ Some Macros will post on two screens, to view the first screen of the Macro, press the F7 key to move back one screen. If this does not pull up the Macro, press enter, then press F9, and press enter until you see the Macro.
- ✓ Do not press the "Enter" key until you have completed the Macro/Quick Script.
- ✓ To view a Macro/Quick Script that you have already posted, simply press F9.

Narrative Macros/Quick Scripts
(must be on the "NARR" Screen F21 to view and complete)

Drop Down Menu Available Selections (order as the Macros/Quick Scripts list appears on SUCCESS)

1. FS Accuracy Review Correct
2. FS Case Accuracy Review
3. Case Reinstatement
4. Change Reported to Change Center
5. Change Process Approved Pending Application
6. New Hire Alert
7. OIS Referral/Payment
8. Hearing Request
9. Review of Corrections
10. Second Level Case Reviews

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:16:52 PM
Reported Change: Earned Income( ) Unearned Income( )
Change in Address( ) Shelter( ) HH Size( )
Childcare( ) Resources( ) Other( )
Expenses exceed income? ( ) Y/N ( ) N/A
Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change
Or ( ) Ineligibility
E-mail sent: Follow up required by county? ( )Y/N
No action taken by call center. ( ) Y/N
If E-mail was sent: Why?
Does A/R receive subsidized Child Care? ( )Y/N
REMARKS:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxx

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxx Change Processed Around Pending Appl xxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:25:12 PM
Reported Change: Earned Income( ) Unearned Income( )
Change in Address( ) Shelter( ) HH Size( )
Childcare( ) Resources( ) Other( )
Change resulted in Benefit ( )Increase ( )Decrease ( )No Change
Or ( ) Ineligibility
Addr screen print sent?( )Y/N Email sent? ( ) Y/N
Does A/R receive subsidized Child Care? ( )Y/N
A change is being completed around a pending application. Code 555 will be entered on the STAT screen of the pending application. The county worker should remove the code when the applicant is interviewed, then proceed with the application process
REMARKS:** Note to county interviewer: Clearinghouse screens will need to pulled manually --Please address during interview**
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxx

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxxxxxxxxx Case Reinstatement xxxxxxxxxxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:34:30 PM
AU Name: AU Number:
Date Timely Notice Expired:
Month of Effective Closure:
Date Verification Received:
Type of Verification:

Reinstatement Month:
Overpayment Months:
Underpayment Months:
Remarks:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx New Hire Alert xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:27:43 PM
New Hire Alert 136 pulled.Action is being taken to disposition the alert.
Change results in benefit( )Increase( )Decrease( )No Change( )Ineligibility
Addr screen print sent?( )Y/N E-mail sent?( ) Y/N
Does A/R receive subsidized Child Care? ( )Y/N
REMARKS:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxxxxx OIS Referral/Payment Error xxxxxxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:31:51 PM
Date of OIS Referral:
Date Overpayment created:
Date Underpayment created:
Reason:
********Remember to send Claims Screen Print to the County**********
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx Hearing Request xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:33:15 PM
AU NAME:
AU NUMBER:
Date of request for hearing:
Date request received from client:
Are Benefits Continued Pending a Decision:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Master Macros/Quick Scripts
(must be on a Remarks Screen to view and complete)

Drop Down Menu Available Selections (order as the Macros/Quick Scripts list appears on SUCCESS)

1. Add HH Members
2. Change in Dependent Care
3. Change in Employer
4. Change in Rent
5. Change in Shelter for New Address
6. Change in Unearned Income
7. Change in Wages
8. Child Support Deduction
9. Closure – Moved Out of State
10. Closure - Pregnancy
11. Closure – Voluntary
12. Dependent Care
13. Deprivation
14. Information Not Received
15. Liquid Resources
16. Loss of unearned Income
17. Loss of Wages
18. Management
19. Medical Deductions for Food Stamps
20. New Address
21. Newborn
22. New Employment
23. New HH Member Not in AU
24. New Unearned Income
25. OSOP Case
26. Removing a HH Member
27. TPL Medicaid
28. TMA – F07 Determination
29. Vehicle Resource
30. verification Not Received
31. Verification Received
32. Work Status
33. Choice 8

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXX ADDITIONAL HH MEMBERS XXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:39:54 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
NEW MEMBER NAME DOB SSN RELATION INCL
: : : : :
: : : : :
: : : : :
: : : : :
SHOULD AU'S BE COMBINED DUE TO AGE/RELATION? Y/N( ) DATE MOVED IN:
PREVIOUS WHEREABOUTS ( ) INCARCERATED ( ) OUT OF STATE ( ) FOSTER CARE
( ) OTHER PARENT ( ) OTHER EXPLAIN:
IF OUT OF STATE, DID AU MEMBER RECEIVE BENEFITS IN LAST STATE? Y/N ( )
IF NOT INCLUDED, EXPLAIN:
IF INELIGIBLE/SANCTIONED, EXPLAIN:
*IMMUNIZATION VERIF. NEEDED FOR 2 MOS. - SCHOOL AGE*SEE DEM FOR DEPRIVATION*
INCOME OF NEW MEMBER: RESOURCES OF NEW MEMBER:
A/R WOULD LIKE PERSON ADDED TO FS( ) TANF( ) MED( )
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXX CHANGE IN DEPENDENT CARE XXXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:47:30 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
CHANGE IN: AMOUNT ( ) PROVIDER ( ) BOTH ( )
*******PREVIOUS PROVIDER'S NAME: PHONE #:
NAMES OF CHILD[REN] CARED FOR:
AMOUNT PAID TO PROVIDER:
LAST DAY AT OLD PROVIDER OR AT OLD AMOUNT:
REASON FOR CHANGE:
*******NEW PROVIDER'S NAME: PHONE #:
PROVIDER'S ADDRESS:
NAMES AND AGES OF CHILD[REN] CARED FOR:
AMOUNT YOU PAY FOR EACH CHILD: AMOUNT DFACS PAYS:
FREQUENCY: DAY OF WEEK PAID:
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809 DUE DATE:
REASON FOR CHILDCARE:

REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXCHANGE IN EMPLOYER XXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:51:04 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PERSON WORKING: EFFECTIVE DATE:
*******PREVIOUS EMPLOYER'S NAME:
LAST DAY OF WORK: DATE AND AMOUNT OF FINAL CHECK:
REASON NO LONGER WORKING
HOW VERIFIED:
*******NEW EMPLOYER'S NAME: START DATE:
EMPLOYER'S ADDRESS/PHONE NUMBER:
HOURS WORKED/WEEK: RATE OF PAY: FREQUENCY OF PAY:
DAY OF WEEK PAID: DATE FIRST CHECK RECEIVED:
DOES A/R HAVE INSURANCE: DOES A/R PAY CHILDCARE:
CALCULATION OF PAY:
DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION:
**** UPDATE WORK CODE IF NECESSARY***SEE MISC REMARKS FOR MANAGEMENT ****
TYPE OF VERIFICATION:

FORMS SENT( )C173 ( )C178 ( )C809 DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXX Rent Increase/Decrease XXXXXXXXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 12:54:59 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Old Rent Amount: New Rent Amount:
Does AU receive Housing Assistance? Yes( ) No( )
If yes, what portion of rent does AU pay:
Effective Date:
********** See MISC Remarks for Management **********
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXX SHELTER CHANGE FOR NEW ADDRESS XXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:56:03 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
DOES AU RECEIVE HOUSING ASSISTANCE? YES( ) NO( )
IF YES, WHAT PORTION OF RENT DOES AU PAY:
NEW RENT/MORTGAGE AMOUNT: EFFECTIVE DATE:
HEATING SOURCE: COOLING SOURCE:
WHAT UTILITIES DO YOU PAY:
SUA ALLOWED ( )HC ( ) ACTUAL ( )PHONE ( )NONE
IF( )NONHC; WHY: ( )EXCESS ( )TWO OR MORE UTILITIES
**********ADDRESS MORTGAGE - TAXES/INSURANCE**********
**********SEE MISC REMARKS FOR MANAGEMENT**********
TYPE OF VERIFICATION:
FORMS SENT ( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXX Unearned Income Increase/Decrease XXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:00:24 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Old Amount: New Amount:
Reason for change:
Date of First Check Reflecting Change:
********** See MISC Remarks for Management **********
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Change in Wages XXXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:03:07 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person Working: Effective Date:
Employer's Name:
Reason for Change:
Hours worked/week: Rate of Pay: Frequency of pay:
Day of Week Paid: Date First Check Reflecting change:
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809 Due Date:
Calculation of Pay:
*******Update Child Care and/or work code If Necessary*******
**********See MISC Remarks for Management **********
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXX CHILDSUPPORT DEDUCTION XXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:05:27 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
AU MEMBER PAYING CHILDSUPPORT:
PAYMENT LEGALLY OBLIGATED TO BE PAID TO:
AMOUNT OBLIGATED TO PAY/FREQUENCY:
ACTUAL AMT BEING PAID/FREQUENCY:
TYPE OF VERIFICATION:
******HH MEMBER MUST BE LEGALLY OBLIGATED TO PAY SUPPORT**********
********** SEE MISC REMARKS FOR MANAGEMENT **********
CALCULATION OF DEDUCTION:
FORM C173 SENT: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXX Closure - Moved Out of State XXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:09:50 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Client moved from:
Client moved to:
Date of move:
Remarks:

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Closure of P01 Case XXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:40:39 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Expired pregnancy due date: No contact from AU to
report birth of child. Pregnancy Medicaid case closed.
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXX Voluntary Closure Request XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:43:11 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Request made to close the following case(s)
FS( ) TANF( ) MEDICAID( ) ALL( )
Reason for closure request:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX DEPENDENT CARE XXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:45:15 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PROVIDER'S NAME: PHONE #:
PROVIDER'S ADDRESS:
NAMES OF CHILD[REN] CARED FOR:
AGES OF CHILD[REN]CARED FOR:
AMOUNT YOU PAY FOR EACH CHILD: AMOUNT DFACS PAYS:
FREQUENCY: DAY OF WEEK PAID:
********** SEE MISC REMARKS FOR MANAGEMENT **********
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REASON FOR CHILDCARE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Deprivation XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:46:32 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Child's Name: Other Parent's Name:
Deprivation is due to ( )Continued Absence ( )Death
( )Incapacity ( )Recent Connection to the Workforce
********** There is no Deprivation **********
( )Deprivation does not exist. Parent provides maintenance,
physical care and guidance[MPG].
Type of Verification:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXX Failure to Return Requested Information - Medicaid XXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:48:35 PM
Date Change Reported:
A/R Name:
has failed to provide the requested Information for mao.
No contact from client, eligibility cannot be determined.
Information return DEADLINE EXPIRED ON:
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Liquid Resources XXXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:50:43 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Type of Resource: Updated Value of Resource:
Lump Sum Policy Applies ( )Yes ( )No TANF Inelig Months:
Resource Excluded ( )Yes( )NO Explain:
Type of Verification:
Form C173 Sent: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX Loss of Unearned Income XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:51:40 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person no longer receiving:
Type of Unearned Income:
Date last received:
Reason[s]:
Has A/U applied for any other assistance:
********** See MISC Remarks for Management **********
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX LOSS OF WAGES XXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:53:27 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PERSON NO LONGER WORKING:
LAST DAY OF WORK: DATE AND AMOUNT OF FINAL CHECK:
CHILDCARE DELETED: REASON NO LONGER WORKING:
WAS COUNTY NOTIFIED OF VOLUNTARY QUIT:
EMPLOYER'S NAME: EMPLOYER'S PHONE #:
SUPERVISOR'S NAME:
HAS A/R APPLIED FOR UCB OR ANY OTHER ASSISTANCE:
*****UPDATE WORK CODE IF NECESSARY*** SEE MISC REMARKS FOR MANAGEMENT ***
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:55:36 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
AU Name:
Net Income:
Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO
If NO, Explain Discrepancies:

Type of Verification:
Forms Sent( )C173 ( )C178 ( )809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX FSME Medical Deductions XXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:56:33 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
AU Name:
Disabled/Elderly HH member has medical expenses Yes( )No( )
Medicaid Application Pending Yes( )No( )
*If yes,deduction is not allowed since we are unable to verify reimbursement.
Computation or explanation of expenses given, if needed:

Type of Verification:
Forms Sent( )C173 ( )C178 ( )809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:58:11 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Date Moved: New phone #:
New Address:
New Rent or Mortgage Amount:
******** Verify Amount of Rent or Mortgage ************
Did everyone move with customer: Are there any new members:
********** If there is a change in HH comp, update STAT screen.************
Moved out of county? No( ) Yes( ) New County's Name:
See Remarks on Shel for Deductions and STAT for change in HH comp.
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX NEWBORN REPORTED XXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:59:27 PM
DATE OF REPORT:
REPORT: ( )PHONE ( )MHN ( )PG STAT ( )NEWBORN CERT ( )CONFIRMATION OF BIRTH
CONTACT'S NAME/SOURCE:
NEWBORN'S NAME: DOB: SEX: RACE:
MOTHER'S COAS AT NEWBORN'S BIRTH:
A/R WOULD LIKE NEWBORN ADDED TO ( )F15 ( )MED ( )FS ( )TANF
A/P NAME: IS A/P IN THE HOME:
NEWBORN'S INCOME/RESOURCES:
FAMILY CAP CHILD ( )Y/N ( )N/A
IF NO, WHY NOT:
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )A130 ( )C809
DATE SENT: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX REPORT OF NEW JOB XXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 2:01:11 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PERSON WORKING: EMPLOYER NAME:
EMPLOYER ADDRESS:
EMPLOYER'S PHONE NUMBER: START DATE:
HOURS WORKED PER WEEK: RATE OF PAY:
FREQUENCY OF PAY: DAY OF WEEK PAID:
DATE FIRST CHECK RECEIVED:
DOES A/R HAVE INSURANCE: DOES A/R PAY CHILDCARE:
CALCULATION OF PAY:
DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION:
********** UPDATE WORK CODE IF NECESSARY **********
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:

ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXX New HH Members Not in AU XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:03:04 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
MEMBERS OF HH NOT IN AU INCLUDE:

NAME	RELATIONSHIP	AGE
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:

CL REPORTS NO OTHER HH MEMBERS. STATES THAT AU P & P SEPARATELY FROM ALL OTHER HH MEMBERS.
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX New Unearned Income XXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:04:25 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person receiving: Type of Unearned Income:
Date first received: Gross Amount: Net Amount:
Explain Budgeted Amount:
Lump Sum Received ( )Yes ( )No ****If Yes, Update Resource Screen****.
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX OSOP Case XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:05:26 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
F15 Case Application Date:
Date Reported to Agency:
Reported VIA ( )Phone ( )Newborn Cert Form ( )Pregnancy Stat
Case is OSOP because application date is 10 days prior to finalization date.
OSOP Reason Code ( )OA - Other Agency ( )CI - Client Delay :
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXX Removing a Household Member XXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:06:44 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Individual's Name: Date moved out:
Where did person go: And reason moved out:
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TPL Medicaid XXXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:07:41 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
AU member with Third Party Insurance:
Is member receiving or financially responsible in MA case:
Insurance company Name,Address and Phone #:

Policy holder:
Policy #:
Form 285 sent to DMA on:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TPL Medicaid XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:07:41 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
AU member with Third Party Insurance:
Is member receiving or financially responsible in MA case:
Insurance company Name,Address and Phone #:

Policy holder:
Policy #:
Form 285 sent to DMA on:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX VEHICLE RESOURCE XXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 2:09:43 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
VEHICLE YEAR,MAKE AND MODEL:
VEHICLE USED TO TRASPORT DISABLED/INCAPACITATED AU MEMBER:
OWNED/LEASED VEHICLE:
JOINT OWNERSHIP ( )YES ( )NO JOINT OWNER'S NAME:
OF VEHICLES IN AU:
FMV: VERIF SOURCE USED FOR FMV:
AMOUNT OWED:
CALCULATION OF VEHICLE RES[1ST VEHICLE] FMV-$4650:
*****ALL OTHER VEHICLES,COUNT EV[FMV-AMT OWED]:

VEHICLE EXCLUDED ( )YES ( )NO
INCLUDED IN BANKRUPTCY ( )YES ( )NO EXPLAIN:

TYPE OF VERIFICATION:

Form C173 Sent: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXX No Verification Received XXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:12:57 PM
Date Change Reported:
VERIFICATION DEADLINE EXPIRED ON:
A/R Name:
has failed to provide the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
( )MAO - No contact from client, eligibility cannot be determined.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:13:57 PM
Date Change Reported:
DATE VERIFICATION RECEIVED:
A/R Name:
has provided the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:15:21 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Work Code Changed To:
Reason: Effective Month:
ABAWD ( )Yes( )No ADDR Screen Sent:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

NOTE MACROS

Notices generated by SUCCESS to inform customers of additional case status information or requirements.

Accessing Note Macros: Press F13 (Shift F1) from the MISC Screen. Select Tools from the Menu Bar. When the menu box appears, from the drop down box, select the appropriate Note Macro.

Examples:

XXXXXXXXXXXX FS CLOSED –MOVED OUT OF COUNTY XXXXXXX
You must reapply for Food Stamps Benefits in your county of residence. Apply before the LAST DAY of THIS MONTH, or your benefits will be reduced next month.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX ENUMERATION XXXXXXXXXXXXXXXXXXX
Please CALL and give us the SOCIAL SECURITY NUMBER of your child when it is received.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXX YOU HAVE A REVIEW DUE XXXXXXXX
You have reported an address change.Our records indicate that you have a review of your case scheduled on_____ at _____ with_____. You may not have received the appointment letter because of your address change. If you cannot keep the appointment, call your caseworker to reschedule. If your review is not completed,your case will be closed, and you will have to reapply.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LETTER MACROS

Letter Macros are generated by SUCCESS. Letter Macros used to request additional verification, inform customers of verification due dates, and provide customers with computer generated forms that can be used to verify requested information.

Accessing Letter Macros: Press F15 (Shift F3) from any SUCCESS Screen where 15 – lett is displayed at the bottom of the screen. Select Tools from the Menu Bar. When the menu box appears, from the drop down box, select the appropriate Letter Macro.

LETTER Macros include:

C139 – Contribution Statement

C173 – Eligibility Programs Verification Checklist

C809 – Verification of Earned Income

I. Objectives for Changes to Income and Deductions

By the end of this section, you should know:

- how to process reported new earned income
- how to process increased wages
- how to process a reported loss of income
- how to process new unearned income
- how to send a letter
- how to process reported new deductions (at address change)
- how to process terminated/decreased deductions (at address change)
- how to document Macros/Quick Scripts when completing financial changes
- how to document the SHEL screens for shared utilities situations

Financial Changes - Earned and Unearned Income Related Macros/Quick Scripts

Complete the Narrative Macro/Quick Scripts "Change Reported to the Call Center"

UPDATE NARRATIVE - NARR NARR
xxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:16:52 PM
Reported Change: Earned Income( ) Unearned Income( )
Change in Address( ) Shelter( ) HH Size( )
Childcare( ) Resources( ) Other( )
Expenses exceed income? ( ) Y/N ( ) N/A
Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change
Or ( ) Ineligibility
E-mail sent: Follow up required by county? ( )Y/N
No action taken by call center. ( ) Y/N
If E-mail was sent: Why?
Does A/R receive subsidized Child Care? ( )Y/N
REMARKS:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Income Changes

Earned Income

- Change in Employer
- Change in Wages
- Loss of Wages
- New Employment (Report of a New Job)

Unearned Income

- Change in Unearned Income
- Loss of Unearned Income
- New Unearned Income

Related Changes

- Management
- Work Status
- Verification Received
- Verification NOT Received

Income Change MACROS

Earned Income Macros

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXCHANGE IN EMPLOYER XXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:51:04 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PERSON WORKING: EFFECTIVE DATE:
*******PREVIOUS EMPLOYER'S NAME:
LAST DAY OF WORK: DATE AND AMOUNT OF FINAL CHECK:
REASON NO LONGER WORKING
HOW VERIFIED:
*******NEW EMPLOYER'S NAME: START DATE:
EMPLOYER'S ADDRESS/PHONE NUMBER:
HOURS WORKED/WEEK: RATE OF PAY: FREQUENCY OF PAY:
DAY OF WEEK PAID: DATE FIRST CHECK RECEIVED:
DOES A/R HAVE INSURANCE: DOES A/R PAY CHILDCARE:
CALCULATION OF PAY:
DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION:
**** UPDATE WORK CODE IF NECESSARY***SEE MISC REMARKS FOR MANAGEMENT ****
TYPE OF VERIFICATION:

FORMS SENT( )C173 ( )C178 ( )C809 DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Change in Wages XXXXXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:03:07 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person Working: Effective Date:
Employer's Name:
Reason for Change:
Hours worked/week: Rate of Pay: Frequency of pay:
Day of Week Paid: Date First Check Reflecting change:
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809 Due Date:
Calculation of Pay:
*******Update Child Care and/or work code If Necessary*******
**********See MISC Remarks for Management **********
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX LOSS OF WAGES XXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:53:27 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PERSON NO LONGER WORKING:
LAST DAY OF WORK: DATE AND AMOUNT OF FINAL CHECK:
CHILDCARE DELETED: REASON NO LONGER WORKING:
WAS COUNTY NOTIFIED OF VOLUNTARY QUIT:
EMPLOYER'S NAME: EMPLOYER'S PHONE #:
SUPERVISOR'S NAME:
HAS A/R APPLIED FOR UCB OR ANY OTHER ASSISTANCE:
*****UPDATE WORK CODE IF NECESSARY*** SEE MISC REMARKS FOR MANAGEMENT ***
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

Unearned Income Macros

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXX Unearned Income Increase/Decrease XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:00:24 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Old Amount: New Amount:
Reason for change:
Date of First Check Reflecting Change:
********** See MISC Remarks for Management **********
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXX Loss of Unearned Income XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:51:40 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person no longer receiving:
Type of Unearned Income:
Date last received:
Reason[s]:
Has A/U applied for any other assistance:
********** See MISC Remarks for Management **********
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX New Unearned Income XXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:04:25 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Person receiving: Type of Unearned Income:
Date first received: Gross Amount: Net Amount:
Explain Budgeted Amount:
Lump Sum Received ( )Yes ( )No ****If Yes, Update Resource Screen****.
Type of Verification:
Forms Sent( )C173 ( )C178 ( )C809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Related Changes Macros

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:55:36 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
AU Name:
Net Income:
Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO
If NO, Explain Discrepancies:

Type of Verification:
Forms Sent( )C173 ( )C178 ( )809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:15:21 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Work Code Changed To:
Reason: Effective Month:
ABAWD ( )Yes( )No ADDR Screen Sent:
Remarks:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

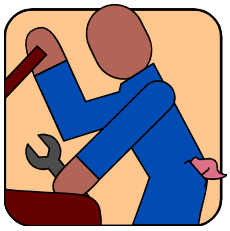
XXXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:13:57 PM
Date Change Reported:
DATE VERIFICATION RECEIVED:
A/R Name:
has provided the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
REMARKS:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX No Verification Received XXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:12:57 PM
Date Change Reported:
VERIFICATION DEADLINE EXPIRED ON:
A/R Name:
has failed to provide the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
( )MAO - No contact from client, eligibility cannot be determined.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Three Things To Think About When An Ongoing Client Reports A New Job



ADD THE INCOME TO THE CASE IMMEDIATELY!

Ask if they're paying child care

Look at the WORK screen to see if changes are needed

II. WALK THROUGH CASE: HELENA JACKSON NEW EMPLOYMENT/ NEW WAGES

This case will demonstrate how to add wages which are reported for an ongoing case.

Background:

- Helena Jackson calls on 10/05/06 to report that she has a new job working at CVS Pharmacy on 1887 Henry St., Cedartown, GA 30327. CVS phone number 770-842-3678. She will be working 40 hours per week at $5.25 per hour. She will be paid weekly on Fridays. She began work 9/28/06. She received her first check on 10/02/06. Her mother looks after her children so she has no childcare expenses. (Remember that we are limited in using dates because in the training region it is always 10/05/06). Her new employer will not provide health insurance.

Your Assignment:

- Add the wages for the ongoing month, then run trial eligibility, and document the appropriate Macros/Quick Scripts.

AMEN

- select **R** and enter **Helena's FS AU ID# XXXX00204**

ADDR

- press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to the Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income(**X**) Unearned Income( )

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit ()Increase (**X**)Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Reports New Employment**

Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxx

- press F9 to access the REMARKS Screen. Select and complete **the New Employment Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX REPORT OF NEW JOB XXXXXXXXXXX

DATE SGCC WORKED CASE: 10/05/2006 2:01:11 PM

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Helena Jackson**

PERSON WORKING: **Helena Jackson** EMPLOYER NAME: **CVS Pharmacy**

EMPLOYER ADDRESS: **1887 Henry Street Cedartown GA 30327**

EMPLOYER'S PHONE NUMBER: **770-842-3678** START DATE: **09/28/06**

HOURS WORKED PER WEEK: **40** RATE OF PAY: **$5.25/hr**

FREQUENCY OF PAY: **Weekly** DAY OF WEEK PAID: **Friday**

DATE FIRST CHECK RECEIVED: **10/02/06**

DOES A/R HAVE INSURANCE: **NO** DOES A/R PAY CHILDCARE: **NO**

CALCULATION OF PAY: **5.25 X 40 = 210 X 4.3333 = 909.99/monthly**

DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION: **NO**

********** UPDATE WORK CODE IF NECESSARY **********

TYPE OF VERIFICATION:

FORMS SENT( )C173 ( )C178 ( )C809

SENT DATE: DUE DATE:

REMARKS:

ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter

ERN2 for Helena

- works 40 hours per week at $5.25 per hour
- she is paid weekly on Fridays
- fast path to CARE for Helen

CARE for Helena

- **press F9 to enter "Free Form" documentation** of the following: "A/R does not have a child care expense as her mother cares for her children while she works."
- press enter
- fast path to WORK for Helena

WORK for Helen

- add FS exemption for employed and change work registration status

Note: If changes are made to any of the work status codes on the WORK Screen, post a WORK STATUS Macro to explain why a change is being made.

- press F9 to access the REMARKS Screen. Select and complete the **Work Status Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/06/2006 2:15:21 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Work Code Changed To: **EM**

Reason: **Employed** Effective Month: **11/06**

ABAWD ( )Yes(**X**)No ADDR Screen Sent:

Remarks: **Work Status Updated**

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

- fast path to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note; the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script from the Master Macros List**.

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

AU Name: **Helena Jackson**

Net Income:

Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO

If NO, Explain Discrepancies:

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter to return to MISC
- press enter

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

HELENA JACKSON- NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	301.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1087.00	Child Support Ded	.00
Gross Count Earned	909.99	Adjusted Net Income	293.00
Self Employ Expenses	.00	Net Incomes Standard	1070.00
Earned Income Deductn	181.99	Thrifty Food Plan	278.00
Net Earned Income	728.00	Allotment Amount	190.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	190.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 96 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

III. INDEPENDENT STUDY: LINDA THOMAS NEW WMPLOYMENT/NEW WAGES

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Linda Thomas calls to report on 10/05/06 to report that she has begun babysitting for a neighbor's child after school. She brings in a statement from Mary Aspen. verifying she is receiving $45 per week paid on Fridays. Mary Aspen lives at 4502 Peachtree Circle, Atlanta, Ga., 30314, (404)656-6003. Linda began babysitting on 9/28/06 and received her first check today 10/05/06. She works 15 hours each week. She cares for her own children.

Your Assignment:

- Enter wages for the ongoing month and document the appropriate Macros/Quick Scripts.

Linda Thomas AU# XXXX00202

LINDA THOMAS - NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	357.34
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1642.00	Child Support Ded	.00
Gross Count Earned	1581.64	Adjusted Net Income	774.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	316.32	Thrifty Food Plan	506.00
Net Earned Income	1265.32	Allotment Amount	274.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	274.00
Standard Deduction	134.00	Previous Benefit	333.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

Margaret Simmons Increased Wages

Ms Simmons calls on 12/02/06 to report that she will now baby-sit full time, 40 hours per week for her employer Sally Hughes. She states she will now earn $160.00 per week, paid on Mondays, effective 12/07/06 to baby-sit both of Ms Hughes children. Ms Simmons states that she thinks she may be over the income limit for Food Stamps but she is not sure.

Answer the following questions:

1. Was Ms. Simmons required to report this change?

2. What third part verification, if any, is required?

3. What is your deadline to complete this change?

4. What is the total amount of income to be budgeted ongoing?

5. Will this change cause benefits to increase or decrease?

6. What type of notice is required?

7. Will this change effect Ms Simmons' reporting requirement?

IV. Walk Through: MARGARET SIMMONS Increased Wages

This case will give you an opportunity to practice changing a timely report of an increase in earnings already budgeted in the case. **Note: Due to system limitations in the training region we must use the dates below to process the change.**

Background

Ms Simmons calls on 10/02/06 to report that she will now baby-sit full time, 40 hours per week for her employer Sally Hughes. She states she will now earn $160.00 per week effective 10/05/06 to baby-sit both of Ms Hughes. Ms Simmons states she will now work 40 hours per week, paid on Mondays. Ms Hughes states that she thinks she may be over the income limit for Food Stamps but she is not sure.

Your Assignment:

- Change wages for the ongoing month and complete the appropriate Macros/Quick Scripts.

AMEN

- Select R and enter Margaret's FS AU ID#

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income(**X**) Unearned Income( )

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit ( )Increase (**X**)Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Margaret reports a raise in pay to $160.00 per week**.

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

- press enter
- fast path to ERN2 for Margaret

ERN2 for Margaret

- Note: All the information on the ERN2 Screen is in blue which means that the income is listed on the ENVC Screen
- Ms Simmons will now earn $160.00 per week, now works 40 hours per week, her income no longer varies, so delete the income from ENVC
- Press F16 (shift F4) to delete the variable income from the ERN2 Screen

- Use the “End” Key in all fields to delete the information from the ENVC Screen
- Press Enter
- ERN2 should now have red question marks
- Enter Ms Simmons’ new wage amount, $160 per week, paid on Mondays, and client statement accepted.
- press F9 to access the REMARKS Screen. Select and Complete the **Change in Wages Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Change in Wages XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:03:07 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Margaret Simmons**

Person Working: **Margaret Simmons** Effective Date: **11/06**

Employer's Name: **Sally Hughes**

Reason for Change: **Received a raise in weekly pay**

Hours worked/week: **40** Rate of Pay: **$160.00** Frequency of pay: **Weekly**

Day of Week Paid: **Friday** Date First Check Reflecting change: **10/12/06**

Type of Verification: **A/R Statement Accepted**

Forms Sent( )C173 ( )C178 ( )C809 Due Date:

Calculation of Pay:

*******Update Child Care and/or work code If Necessary*******

**********See MISC Remarks for Management **********

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter

WORK for Margaret

- review the work status code for Margaret remaining AU Member

<u>Note:</u> If changes are made to any of the work status codes on the WORK Screen, post a WORK STATUS Macro to explain why a change is being made.

- fast path to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **<u>Management Macro/Quick Script from the Master Macros List.</u>**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**) Phone ( )FAX ( )Mail ( )Other

AU Name: **Margaret Simmons**

Net Income:

Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO

If NO, Explain Discrepancies:

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

FSFI for Margaret Simmons Increased Wages

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 544105116 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	362.67
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	693.32	Adjusted Net Income	58.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	138.66	Thrifty Food Plan	399.00
Net Earned Income	554.66	Allotment Amount	382.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	382.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 076 Strat 2 Issue Type

Message

13-note

v. INDEPENDENT STUDY: HELENA JACKSON INCREASED WAGES

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Helena Jackson calls on 10/05/06 to report that she has received a raise. She will now earn $6.00 per hour week, 40 hours per week, paid on Fridays. She will receive this raise on his next check on 10/12/06. She states everything else remains the same.

Your Assignment:

- Enter the increased wages for the ongoing month and complete the appropriate Macros/Quick Scripts

Helena Jackson's FS AU ID# XXXX00204

FSFI for HELENA JACKSON – Increased Wages

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 374252116 Prog FS Prog Type T

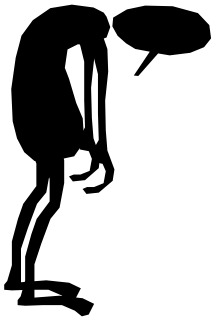
Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	249.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	449.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	143.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	143.00
Standard Deduction	134.00	Previous Benefit	190.00

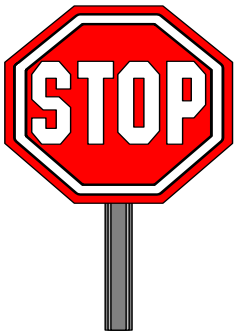
Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

Six Things You Need to Think about When a Person Reports a Loss of Income





What will be the effect to the FS benefits? Is verification required?

Can the AU manage their reported expenses without this income?

Are we paying child care for this person? Will it need to change?

Are changes needed on the WORK screen?

Is this a Voluntary Quit situation?

Is this person eligible for UCB?

VI. WALK-THROUGH CASE: ARTHUR GRIFFITH LOSS OF INCOME

This case will demonstrate how to remove income from an ongoing case.

Background:

- Arthur Griffith calls on 10/05/06 to report that he was terminated from his job at McDonald's on 10/02/06 due to lack of work. He will receive his last paycheck on 10/11/06. His former supervisor is Gary Hines, phone number 770-627-3321. You advise Mr. Griffith that you will need to verify termination of employment. You discuss management with Mr. Griffith. He states he is unsure of how he will manage until he can find another job. You discuss with him the possibility of applying for UCB. You advise Mr. Griffith to report if he starts to receive UCB and his income exceeds 130% of the FPL. You also advise Mr. Griffith that you will send him a verification checklist in the mail.

Your Assignment:

- **First:** Run trial eligibility **"F"** to determine whether or not verification is required.
- **Second**: If verification is needed document the case using the appropriate Macros/Quick Scripts and send a verification checklist in **"R"**.
- **Third:** Once verification is received, in **"R"** delete the income and child care for the ongoing month to make the change effective.

First - AMEN

- select **F** and enter **Arthur's FS AU ID#. XXXX00077**

ADDR

- press enter to ERN2 for Arthur.

ERN2

- place a **"Y"** in the delete field and press **F24.**
- fast path to Done

ELIG

- review to ensure that the AU is still eligible.

FSFI

- this change causes benefits to increase, so verification is required.
- Press enter to return to AMEN.

Second - AMEN

- select **R** and enter **Arthur's FS AU ID# XXXX00077**

REDE

- SUCCESS is reminding you that Maggie is due for review next month and checking to see if you want to initiate the review now.
- press F4 to go to ADDR without initiating a review

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR
xxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income(**X**) Unearned Income( )

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit (**X**)Increase ( )Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Terminated from job due to lack of employment**

Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

- press enter
- fast path to ERN1

ERN1 for Arthur

- press F9 to access the REMARKS Screen. Select and complete the **Loss of Wages Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX LOSS OF WAGES XXXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 10/05/2006 1:53:27 PM

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Arthur Griffith**

PERSON NO LONGER WORKING: **Arthur Griffith**

LAST DAY OF WORK: **10/02/06** DATE AND AMOUNT OF FINAL CHECK: **10/11/06**

CHILDCARE DELETED: **N/A** REASON NO LONGER WORKING: **Terminated**

WAS COUNTY NOTIFIED OF VOLUNTARY QUIT: **N/A**

EMPLOYER'S NAME: **McDonald's** EMPLOYER'S PHONE #: **770-627-3321**

SUPERVISOR'S NAME: **Gary Hines**

HAS A/R APPLIED FOR UCB OR ANY OTHER ASSISTANCE: **Advised to Apply**

*****UPDATE WORK CODE IF NECESSARY*** SEE MISC REMARKS FOR

MANAGEMENT******

TYPE OF VERIFICATION: **Separation Notice**

FORMS SENT(**X**)C173 ( )C178 ( )C809

SENT DATE: **10/05/06** DUE DATE: **10/15/06**

REMARKS: **Benefits will Increase once verified**

ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter to return to ERN1

ERN1

Note: From any screen on SUCCESS where "15-lett" is displayed at the bottom of the screen you can send a system generated letter to the A/R. The letters include: C139 – Contribution Statement, C173- Verification Checklist, and C809 – Verification of Earned Income.

Send the Verification Checklist

- Press F15 (shift F3)

Letter Sub-Menu - FMEN

- Select **A** for Letter Generation
- Leave the AU number and Load ID
- Letter Type C173 – Verification Checklist
- press enter

Letter Details - LDTL

- Enter your telephone number
- Press F4 to bypass warning
- Review the top of Form 173
- Press Enter
- Enter 10/15/06 for the Food Stamps due date
- Type “X” next to “Your Ongoing TANF, Medicaid, or Food Stamps will be closed” statement
- Press Enter
- Type “X” in the Food Stamp column
- Verification needed – Separation Notice from McDonalds
- Press Enter to move through each screen of the letter, at the end of the letter, Press Enter back to Letter Details

Letter Details - LDTL

- Press F14 (Shift F2) to update the data base

Letter Sub-Menu - FMEN

- Press F3 back to ERN1

To check to see if the letter has been sent

- Press F15 (shift F3)

Letter Sub-Menu - FMEN

- Select **D** for Letter Update
- Leave the AU number and Load ID
- press enter

Letter Summary - LSUM

- Review the screen **(Note: you can type a Y in the Select field to review the letter sent to the AU)**
- Press F3 back to the ERN1 Screen
- press enter

ERN2

- Fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm **(if needed, however you should not have to confirm since you did not make any changes to the SUCCESS screens)**

FSFI

- review and enter Y to confirm **(if needed, however you should not have to confirm since you did not make any changes to the SUCCESS screens)**

DONE

- press enter to commit to the data base

VERIFICATION RECEIVED 10/13/06

- You receive a separation letter from McDonalds verifying Arthur Griffith was terminated for lack of work on 10/02/06. Her last check for $118.50 was received 10/13/06. Verification received on 10/13/06.

Third - AMEN

- select **R** and enter **Arthur's FS AU ID# XXXX00077**

REDE

- SUCCESS is reminding you that Arthur is due for review next month and checking to see if you want to initiate the review now.

- F4 to go to ADDR without initiating a review

ADDR

- fast path to ERN1 for Arthur

ERN1 for Arthur

- press F9 to access the REMARKS Screen. Review the **Loss of Wages Macros/Quick Script for accuracy from the Master Macros List**, update if needed.

- press F9 to access the REMARKS Screen. Select and complete the **Verification Received Macro/Quick Script from the Verification Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 2:13:57 PM

Date Change Reported: **10/05/06**

DATE VERIFICATION RECEIVED: **10/13/06**

A/R Name: **Arthur Griffith**

has provided the requested verification of: **Termination of Employment**

INCOME(**X**) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )

Proof of Enumeration( ) or OTHER( )

TYPE OF VERIFICATION: **Separation Notice verifies last paycheck received on 10/13/06, amount of final pay $118.50**

REMARKS:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter to return to ERN1
- press enter

ERN2 for Arthur

- enter Y in the delete (del) field
- F24 to delete
- fast path to WORK

WORK for Arthur

- check work status code for Arthur
- **Post this macro only if you change the work status-** press F9 to access the REMARKS Screen. Select and complete the **Work Status Macro/Quick Script from the Master Macros List.**

- fast path to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/062006 1:55:36 PM

Method of Contact (**X**) Phone ( )FAX ( )Mail ( )Other

AU Name: **Arthur Griffith**

Net Income:

Monthly EXPENSES: MANAGEMENT MET( )Yes ( )NO

If NO, Explain Discrepancies: **A/R terminated from job. Check management at next review**

Type of Verification: **None at this time**

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

ARTHUR GRIFFITH - LOSS OF INCOME

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 805354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	732.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	.00	Thrifty Food Plan	399.00
Net Earned Income	.00	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 07 06 Review End Dt 09 06 Strat 2 Issue Type

Message

13-note

VII. INDEPENDENT STUDY: LINDA THOMAS LOSS OF INCOME

This case will give you an opportunity to practice removing income from an ongoing case.

Background:

- Linda Thomas calls on 10/05/06 to report that she will not be babysitting anymore because her neighbor Mary Aspen just lost her job on 10/02/05 and will be caring for her own child until she obtains another job. She only worked one and 1/2 weeks in 10/06 and received $60. You will need to verify this income termination so you tell Linda verbally what you will need and that you will send her a verification checklist in the mail. You also discuss management with her and check clearinghouse for potential eligibility for UCB.

Your Assignment:

- **First:** Run trial eligibility **"F"** to determine whether or not verification is required.
- **Second**: If verification is needed document the case using the appropriate Macros/Quick Scripts and send a verification checklist in **"R"**.
- **Third:** Once verification is received, in **"R"** delete the income and child care for the ongoing month to make the change effective.

Linda Thomas – FS AU # XXXX00202

Verification Received 10/12/06

- Letter from Mary Aspen verifying that Linda Thomas' last day of employment was 10/02/06 and the amount of her last pay check was 60.00. Verification received on 10/12/06

LINDA THOMAS - LOSS OF INCOME

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	575.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	333.00
Gross Count Unearned	.00	Recoupment Amount	.00
AFDC / Refugee	.00	Benefit Amount	333.00
Standard Deduction	134.00	Previous Benefit	274.00

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

VIII. Walk Through: Arthur Griffith New Unearned Income Unemployment Compensation Benefits (UCB)

This case will give you an opportunity to practice adding unearned income.

Background

Arthur Griffith calls on 10/05/06 to report that he has started to receive UCB. He will receive $105 per week on Wednesdays. He will receive her first UCB check on 10/21/06. You review Clearinghouse which verifies her UCB amount.

Your Assignment:

- Add the unearned income for the ongoing month and complete the appropriate Macros/Quick Scripts.

AMEN

- select **R** and enter **Arthur FS AU ID# XXXX00077**

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxxx

Today's Date is 11/3/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income(**X**)

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? ( ) Y/N (**X**) N/A

Change resulted in FS Benefit ( )Increase (**X**)Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **A/R has started to receive UCB $105 per week**.

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

- press enter
- fast path to UINC for Arthur

UINC for Arthur

- he will now receive $105 UCB per week on Wednesdays , verified by clearinghouse

CHANGE UNEARNED INCOME - UINC UINC 01

Month 11 06 01

Client Name ARTHUR GRIFFITH Client ID 710013021

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay
UC		**WK**					

Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
10 05 06	**105**	**SD**						

Client Potentially Elig For Other Benefits?

More

Appl Type	Stat	Date	Appl Type	Stat	Date
15-lett			16-uvnc	23-alau	24-del

- press F9 to access the REMARKS Screen. Select and complete the **New Unearned Income Macro/Quick Script from the Unearned Income Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX New Unearned Income XXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/06 2:04:25 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Arthur Griffith**

Person receiving: **Arthur Griffith** Type of Unearned Income: **UCB**

Date first received: **10/21/06**

Gross Amount: **$105.00** Net Amount: **$105.00**

Explain Budgeted Amount? ( ) Yes (**X**)No

How verified? **Clearinghouse SDX**

Lump Sum Received ( )Yes (**X**)No ****If Yes, Update Resource Screen****.

Type of Verification: **Clearinghouse Verifies**

Forms Sent( )C173 ( )C178 ( )C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to WORK

WORK for Arthur

- change Arthur's work exemption code (if needed)

<u>Note:</u> If changes are made to any of the work status codes on the WORK Screen, post a WORK STATUS Macro to explain why a change is being made.

- press F9 to access the REMARKS Screen. Select and complete the **<u>Work Status Macro/Quick Script from the Master Macros List.</u>**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 2:15:21 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Work Code Changed To: **UC**

Reason: **Now Exempt Receives UCB** Effective Month: **11/06**

ABAWD ( )Yes (**X**)No ADDR Screen Sent:

Remarks: **Work Status Updated**

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

AU Name: **Arthur Griffith**

Net Income:

Monthly EXPENSES: MANAGEMENT MET( ) Yes( )NO

If NO, Explain Discrepancies:

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm
- press enter to DONE

DONE

- to commit to the data base

FSFI for Arthur Griffith – New Unearned Income

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 374252116 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	732.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	.00	Thrifty Food Plan	399.00
Net Earned Income	.00	Allotment Amount	399.00
Gross Count Unearned	454.99	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506 Bnft Confirm y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 07 06 Review End Dt 09 06 Strat 1 Issue Type

Message

13-note

IX. Independent Study: Linda Thomas
New Unearned Income – Contribution

Background

Linda Thomas calls to report on 10/05/06 that her mother Sarah Jones now gives her $50.00 each Friday to help her until she finds a job. She received her first contribution on 10/02/06.

Your Assignment

- Add the unearned income for the ongoing month and complete the appropriate Macros/Quick Scripts case as you would when you receive the telephone call.

Linda Thomas' AU# XXXX00202

FSFI for Linda Thomas –Unearned Income

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 565575116 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	327.01
Total Resources	600.00	Medical Deduction	. 00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	865.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	246.00
Gross Count Unearned	216.66	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	246.00
Standard Deduction	134.00	Previous Benefit	333.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 3 Issue Type

Message

13-note

Deduction Changes - Shelter and Address

Related Macros/Quick Scripts

Complete the Narrative Macro/Quick Scripts
"Change Reported to the Call Center"

UPDATE NARRATIVE - NARR NARR
xxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:16:52 PM
Reported Change: Earned Income( ) Unearned Income( )
Change in Address( ) Shelter( ) HH Size( )
Childcare( ) Resources( ) Other( )
Expenses exceed income? ( ) Y/N ( ) N/A
Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change
Or ( ) Ineligibility
E-mail sent: Follow up required by county? ( )Y/N
No action taken by call center. ( ) Y/N
If E-mail was sent: Why?
Does A/R receive subsidized Child Care? ( )Y/N
REMARKS:
Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Deduction Changes

- Changes in Dependent Care
- Change in Rent (Increase/Decrease)
- Change in Shelter for New Address
- Child Support Deductions
- Dependent Care (New)
- Medical Deductions for Food Stamps
- New Address

Related Changes

- Management
- Work Status
- Verification Received
- Verification NOT Received

Deduction Change MACROS

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXX CHANGE IN DEPENDENT CARE XXXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:47:30 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
CHANGE IN: AMOUNT ( ) PROVIDER ( ) BOTH ( )
*******PREVIOUS PROVIDER'S NAME: PHONE #:
NAMES OF CHILD[REN] CARED FOR:
AMOUNT PAID TO PROVIDER:
LAST DAY AT OLD PROVIDER OR AT OLD AMOUNT:
REASON FOR CHANGE:
*******NEW PROVIDER'S NAME: PHONE #:
PROVIDER'S ADDRESS:
NAMES AND AGES OF CHILD[REN] CARED FOR:
AMOUNT YOU PAY FOR EACH CHILD: AMOUNT DFACS PAYS:
FREQUENCY: DAY OF WEEK PAID:
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809 DUE DATE:
REASON FOR CHILDCARE:

REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXX SHELTER CHANGE FOR NEW ADDRESS XXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:56:03 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
DOES AU RECEIVE HOUSING ASSISTANCE? YES( ) NO( )
IF YES, WHAT PORTION OF RENT DOES AU PAY:
NEW RENT/MORTGAGE AMOUNT: EFFECTIVE DATE:
HEATING SOURCE: COOLING SOURCE:
WHAT UTILITIES DO YOU PAY:
SUA ALLOWED ( )HC ( ) ACTUAL ( )PHONE ( )NONE
IF( )NONHC; WHY: ( )EXCESS ( )TWO OR MORE UTILITIES
**********ADDRESS MORTGAGE - TAXES/INSURANCE**********
**********SEE MISC REMARKS FOR MANAGEMENT**********
TYPE OF VERIFICATION:
FORMS SENT ( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXX CHILDSUPPORT DEDUCTION XXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:05:27 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
AU MEMBER PAYING CHILDSUPPORT:
PAYMENT LEGALLY OBLIGATED TO BE PAID TO:
AMOUNT OBLIGATED TO PAY/FREQUENCY:
ACTUAL AMT BEING PAID/FREQUENCY:
TYPE OF VERIFICATION:
******HH MEMBER MUST BE LEGALLY OBLIGATED TO PAY SUPPORT**********
********** SEE MISC REMARKS FOR MANAGEMENT **********
CALCULATION OF DEDUCTION:
FORM C173 SENT: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX DEPENDENT CARE XXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:45:15 PM
METHOD OF CONTACT ( )PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
PROVIDER'S NAME: PHONE #:
PROVIDER'S ADDRESS:
NAMES OF CHILD[REN] CARED FOR:
AGES OF CHILD[REN]CARED FOR:
AMOUNT YOU PAY FOR EACH CHILD: AMOUNT DFACS PAYS:
FREQUENCY: DAY OF WEEK PAID:
********** SEE MISC REMARKS FOR MANAGEMENT **********
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REASON FOR CHILDCARE:
REMARKS:
ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX FSME Medical Deductions XXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:56:33 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
AU Name:
Disabled/Elderly HH member has medical expenses Yes( )No( )
Medicaid Application Pending Yes( )No( )
*If yes,deduction is not allowed since we are unable to verify reimbursement.
Computation or explanation of expenses given, if needed:

Type of Verification:
Forms Sent( )C173 ( )C178 ( )809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:58:11 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
Date Moved: New phone #:
New Address:
New Rent or Mortgage Amount:
******** Verify Amount of Rent or Mortgage **********
Did everyone move with customer: Are there any new members:
********** If there is a change in HH comp, update STAT screen.**********
Moved out of county? No( ) Yes( ) New County's Name:
See Remarks on Shel for Deductions and STAT for change in HH comp.
Remarks:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Related Changes Macros

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 1:55:36 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
AU Name:
Net Income:
Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO
If NO, Explain Discrepancies:

Type of Verification:
Forms Sent( )C173 ( )C178 ( )809
Sent Date: Due Date:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:15:21 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Work Code Changed To:
Reason: Effective Month:
ABAWD ( )Yes( )No ADDR Screen Sent:
Remarks:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:13:57 PM
Date Change Reported:
DATE VERIFICATION RECEIVED:
A/R Name:
has provided the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
REMARKS:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX No Verification Received XXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:12:57 PM
Date Change Reported:
VERIFICATION DEADLINE EXPIRED ON:
A/R Name:
has failed to provide the requested verification of
INCOME( ) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )
Proof of Enumeration( ) or OTHER( )
TYPE OF VERIFICATION:
( )MAO - No contact from client, eligibility cannot be determined.
REMARKS:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Four Things You Need to Think about When a Person Reports a Change of Address

Do they still live in the same county?

Did their shelter costs change?

Did they move in with anyone; will this change their AU composition?

Can the AU manage their reported expenses?

Margaret Simmons - ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

Margaret Simmons calls to report on 1/5/07 to report that she and her children moved to 433 Trinity Avenue Atlanta, Ga., 30304 on 12/30/06. Her phone number has not changed. Her new rent amount will be $275/month which includes the gas for heat. She provides you with a statement from her new landlord. She is responsible for paying the electric, water and telephone bills. She cools her home with a window air conditioning unit. Management is not questionable. Her new landlord is Frank Stone, address 1821 Taylor Lane, Atlanta Ga. 30304. Phone number remains the same. Margaret has already faxed a copy of her lease to your office. Margaret rented at her previous address from 02/2003 – 10/2006.

Answer the following questions:

1. Was Ms. Simmons required to report this change?

2. Is proof of residency required?

3. For which utility standard is the AU eligible?

4. What is the Total Shelter Costs?

5. Is third party verification required? Why or Why Not?

6. What happens if Ms Simmons fails to verify?

X. WALK THROUGH CASE: MARGARET SIMMONS

ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

This case will demonstrate how to change an address and change deductions in an ongoing case. **Note: Due to system limitations in the training region we must use the dates below to process the change.**

Background:

Margaret Simmons calls to report on 10/05/06 to report that she and her children moved to 433 Trinity Avenue Atlanta, Ga., 30304 on 9/28/06. Her phone number has not changed. Her new rent amount will be $275/month which includes the gas for heat. She provides you with a statement from her new landlord. She is responsible for paying the electric, water, and telephone bills. She cools her home with a window air conditioning unit. Management is not questionable. Her new landlord is Frank Stone, address 1821 Taylor Lane, Atlanta Ga. 30304. Phone number remains the same. Margaret has already faxed a copy of her lease to your office. Margaret rented at her previous address from 02/2003 – 10/2006.

Your Assignment:

- Document the change, change her address and SUA type, the new rent amount. Run trial eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts.

AMEN

- select R and enter Margaret's FS AU ID#

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address(**X**) Shelter(**X**) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit (**X**)Increase ( )Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? ( )Y/N

REMARKS: **Reports New Address and Related Shelter Changes**

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter

ADDR

- write down the old address
- enter in the **new address** (Note: update the county code if needed, Margaret lives in Fulton County code 060)
- enter a **"Y**" for previous addresses in the last two years

PREV

- enter the previous address

- they were at the old address from 2/03 - 10/06 and did not own the property
- press enter (if SUCCESS has moved forward one screen, press F7 to go back to ADDR)

ADDR

- press F9 to access the REMARKS Screen. Select and Complete the **New Address Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA
XXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:58:11 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Margaret Simmons**

Date Moved: **9/28/06** New phone #: **remains the same**

New Address: **433 Trinity Avenue, Atlanta GA 30304**

New Rent or Mortgage Amount: **$275 per month**

******** Verify Amount of Rent or Mortgage ************

Management Met: **Yes**

Did everyone move with customer: **YES** Are there any new members: **NO**

********** If there is a change in HH comp, update STAT screen.************

Moved out of county? No(**X**) Yes( ) New County's Name:

See Remarks on Shel for Deductions and STAT for change in HH comp.

Remarks: **Address Screen Updated**

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to SHEL

SHEL

- F1 to look up the correct code in the Primary Heat/Cool field to indicate that she cools with a window air conditioner.
- change the SUA Type
- change the rent amount to $275. Verified by Lease and Receipt faxed to office
- update her landlord information
- press F9 to access the REMARKS Screen. Select and complete the **Change Shelter for New Address Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXX SHELTER CHANGE FOR NEW ADDRESS XXXXXXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 10/05/2006 12:56:03 PM

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Margaret Simmons**

DOES AU RECEIVE HOUSING ASSISTANCE? YES( ) NO(**X**)

IF YES, WHAT PORTION OF RENT DOES AU PAY: **N/A**

NEW RENT/MORTGAGE AMOUNT: **$275/month** EFFECTIVE DATE: **10/06**

HEATING SOURCE: **gas included in rent** COOLING SOURCE: **Window A/C**

WHAT UTILITIES DO YOU PAY: **electric, water, and telephone cools with window air conditioner**

SUA ALLOWED (**X**)HC ( ) ACTUAL ( )PHONE ( )NONE

IF ( )NON HC; WHY: ( )EXCESS ( )TWO OR MORE UTILITIES

**********ADDRESS MORTGAGE - TAXES/INSURANCE**********
********SEE MISC REMARKS FOR MANAGEMENT**********

TYPE OF VERIFICATION: **A/R Faxed a Copy of Lease**

FORMS SENT ( )C173 ( )C178 ( )C809

SENT DATE: DUE DATE:

REMARKS:

ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- press enter to go to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has increased. (write down the income and expenses amount)
- press enter

MISC A

- press F9 to access the REMARKS Screen. Select and **complete the Management Macro/Quick Script from the Master Macros List.**
- rent has increased to $275. HH able to meet expenses with earnings.

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

AU Name: **Margaret Simmons**

Net Income:

Monthly EXPENSES: MANAGEMENT MET(**X**)Yes( )NO

If NO, Explain Discrepancies:

Type of Verification: N/A

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

FSFI for Margaret Simmons Increased Wages

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 544105116 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	387.67
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	693.32	Adjusted Net Income	33.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	138.66	Thrifty Food Plan	399.00
Net Earned Income	554.66	Allotment Amount	389.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	389.00
Standard Deduction	134.00	Previous Benefit	392.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 076 Strat 2 Issue Type

Message

13-note

XI. INDEPENDENT STUDY: TANGELA HEARD ADDRESS CHANGE/ INCREASE IN SHELTER DEDUCTIONS

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Tangela Heard calls on 10/05/06 to report that she has moved on 9/30/06 to 236 Hampton Road Atlanta, GA. 30304. She still lives in the same county. Only her and her daughter in the AU. Her phone number has not changed. Her new rent amount will be $680/month, which includes the gas for heat. She does have a window air conditioning. She is responsible for paying the electric, water and telephone bills. Her new landlord is Diana Miller, 1821 West Hampton Road, Atlanta, GA 30345, phone number 678-564-8954. Management is not questionable. She has already faxed a copy of her new lease and rent receipt. She rented at her previous address 04/2000 – 10/2006.

Your Assignment:

Document the change, change her address and SUA type and rent amount. Run trial budget/eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts.

Tangela Heard AU# XXXX00085

FSFI for Tangela Heard Address Change / Increase in Shelter

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 544105116 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	928.12	Adjusted Net Income	209.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	185.62	Thrifty Food Plan	399.00
Net Earned Income	742.50	Allotment Amount	336.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	336.00
Standard Deduction	134.00	Previous Benefit	336.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 07 06 Review End Dt 12 06 Strat 2 Issue Type

Message

13-note

XII. WALK THROUGH CASE: HELENA JACKSON
CHANGE OF ADDRESS/DECREASE IN SHELTER

Background:

- Helena Jackson calls on 10/05/06 to report that she and her child moved home with her parents, Jack (62) and Margie (60) Jackson on 09/30/06. She will be allowed to live there rent free, but she will be responsible for her own food. The new address is 675 Willow Dr., Cedartown GA., 30298 (770) 655-4789. She still lives in the same county. Client statement is accepted as verification of no shelter expenses. Management is not questionable. Ms Jackson rented at the old address from 4/2005 - 10/2006.

Your Assignment:

- Change address and shelter expenses for the ongoing month. Complete the appropriate Macros/Quick Scripts.

AMEN

- select R and enter **Helena Jackson's FS AU ID# XXXX00204**

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

.

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address(**X**) Shelter(**X**) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit ( ) Increase (**X**)Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? ( )Y/N

REMARKS: **Reports New Address and Related Shelter Changes**

Enter Name, Load and Tel #

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

ADDR

- write down the old address
- enter in the **new address** (Note: update the county code if needed)
- enter a Y for previous addresses in the last two years

PREV

- enter the previous address
- they were at the old address from 4/05 - 10/06 and did not own the property

- press enter (if SUCCESS has moved forward one screen, press F7 to go back to ADDR)

ADDR

- press F9 to access the REMARKS Screen. Select and Complete **the New Address Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA
XXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:58:11 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Helena Jackson**

Date Moved: **9/30/06** New phone #: **770-655-4789**

New Address: **675 Willow Drive, Cedartown GA, 30298**

New Rent or Mortgage Amount: **Zero – Now lives with parents**

******** Verify Amount of Rent or Mortgage **********

Management Met: **YES**

Did everyone move with customer: **YES** Yes there any new members: **YES, Non-AU**

********** If there is a change in HH comp, update STAT screen.**********

Moved out of county? No(**X**) Yes( ) New County's Name:

See Remarks on Shel for Deductions and STAT for change in HH comp.

Remarks: **Address Screen Updated**

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

- A/R moved in with parents, Jack (age 62) and Margie (age 60) Jackson. A/R states she will purchase and prepare separately.
- press F9 to access the REMARKS Screen. Select and complete the **Members Not in the AU Macro/Quick Script from the Additional Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXX New HH Members Not in AU XXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/006 2:03:04 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Helena Jackson**

MEMBERS OF HH NOT IN AU INCLUDE:

NAME	RELATIONSHIP	AGE
Jack Jackson	**Father**	**62**
Margie Jackson	**Mother**	**60**

CL REPORTS NO OTHER HH MEMBERS. STATES THAT AU P & P SEPARATELY FROM ALL OTHER HH MEMBERS.

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to SHEL

SHEL

- press F9 to access the REMARKS Screen. Select and complete the **Change Shelter for New Address Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXX SHELTER CHANGE FOR NEW ADDRESS XXXXXXXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 10/05/2006 12:56:03 PM

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Helena Jackson**

DOES AU RECEIVE HOUSING ASSISTANCE? YES( ) NO(**X**)

IF YES, WHAT PORTION OF RENT DOES AU PAY:

NEW RENT/MORTGAGE AMOUNT: **$0** EFFECTIVE DATE: **11/06**

HEATING SOURCE: **N/A** COOLING SOURCE: **N/A**

WHAT UTILITIES DO YOU PAY: NONE

SUA ALLOWED ( )HC ( ) ACTUAL ( )PHONE ( )NONE

IF( )NONHC; WHY: ( )EXCESS ( )TWO OR MORE UTILITIES

**********ADDRESS MORTGAGE - TAXES/INSURANCE**********

**********SEE MISC REMARKS FOR MANAGEMENT**********
TYPE OF VERIFICATION: **NONE**

FORMS SENT ( )C173 ( )C178 ( )C809

SENT DATE: DUE DATE:

REMARKS**: Lives with parents, pays no rent. Responsible for her own food**

ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SHEL

- primary heat and cool is **"I"**
- change the SUA type to **"NO"**
- delete the rent amount and verification code
- press enter to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

AU Name: **Helena Jackson**

Net Income:

Monthly EXPENSES: MANAGEMENT MET( )Yes( )NO

If NO, Explain Discrepancies: **A/R reports no shelter expenses. Check management at review**

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- press enter to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

HELENA JACKSON - SHELTER

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039 .00	Adjusted Net Income	698.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	69.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	69.00
Standard Deduction	134.00	Previous Benefit	143.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 1 Issue Type

Message

13-note

XIII. INDEPENDENT STUDY: LINDA THOMAS ADDRESS CHANGE/ DECREASE IN SHELTER DEDUCTIONS

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Linda Thomas calls on 10/05/06 to report that she and her family purchased a smaller home on 10/01/06. Her new address is 184 Sharp Drive, Atlanta, GA 30303. Her new phone number is 770-831-6275. She still lives in the same county. She will now pay $ 500 per month which will include taxes and insurance. She states she have central heat and air. She is responsible for paying electric, water, and the telephone. She has already faxed a copy of her mortgage payment to your office. Client statement is accepted. Management is not questionable Ms Thomas rented her pervious address from 05/2006 -10/2006

Your Assignment:

- Document the change, change her address and SUA type, and request verification of the new amount, if necessary. Run trial eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts

Linda Thomas AU# XXXX00202

FSFI for Linda Thomas – Address Change/ Decrease in Shelter Deductions

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06 0701 10 16 96
AU ID 374252116 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	227.01
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	965.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	216.00
Gross Count Unearned	216.66	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	216.00
Standard Deduction	134.00	Previous Benefit	246.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 1 Issue Type

Message

13-note

Different Shelter Situations

Food Stamp Shelter Exercise

Instructions: Read the situation, then complete the SHEL screen for each situation as you would on SUCCESS.

Different Shelter Situations – Food Stamp Shelter Exercise

Instructions: For the following situations A –H, complete each SHEL Screen as you would on SUCCESS based on the each Situation. Use the Codes below to help you complete the screens. These are the codes that would appear for each field when y press the F1 key.

Primary Heat /Cool	**SUA Type**
A-AIR CONDITIONING **B**-BUTANE **C**-COAL **E**-ELECTRIC **F**-FANS **G**-GAS **I**-INCLUDED IN RENT **K**-KEROSENE **N**-NO HEAT COOL SOURCE **O**-OIL **W**-WOOD **X**-GAS AND ELECTRIC **Z**-OTHER FUEL	**AC**-ACTUAL UTILITY EXPENSES **HC**-HEATING AND COOLING EXPENSES **HO**-HOMELESS **NH**-NON HEATING OR COOLING EXPENSE **NO**-NO UTILITIES
Phone STD	**Verification Types**
LE-LEASED PHONE **OW**-OWNED PHONE	**BI**-VERIFIED BY BILL **CH**-VERIFIED BY CHECK **CS**-VERIFIED BY CLIENT STATEMENT **LE**-VERIFIED BY LETTER **LL**-VERIFIED BY LANDLORD STATEMENT **NV**-NOT VERIFIED **OT**-VERIFIED BY OTHER **RC**-VERIFIED BY RECEIPT **TC**-VERIFIED BY PHONE

Situation A: ONE AU

- **Mary Sims lives alone with the following shelter costs:**
- **heats with gas, pays about $50 monthly**
- **pays $500 per month rent, has copy of lease with her**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary	Receive	Public	SUA		Number	Phone
Heat/Cool	LIHEAP	Housing/Exc	Type	v	Sharing	STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation B: SHARING UTILITIES EQUALLY

Mary Sims lives with her sister, Jacquie Myers and they share the gas, electric for lights, phone and water utility costs, equally. Both receive Food Stamps. Mary pays all the rent. They have the following costs:

- **heats with gas, pays about $50 monthly**
- **pays $500 per month rent, has copy of lease with her**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation C: ONE AU PAYS ONE UTILITY COST

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and half of the rent. Jacquie pays half of the rent. All other utilities are included in the $500/month rent. They have the following costs:

- **Electricity (not used for heating and cooling), pays $50 monthly**
- **pays $250 per month of the $500/month rent, has copy of lease with her and letter from Jacquie verifying their agreement.**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool | Receive LIHEAP | Public Housing/Exc | SUA Type v | Number Sharing | Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation D: ONE AU PAYS AT LEAST TWO UTILITIES OTHER THAN HEATING OR COOLING

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and 1/2 of the rent. Gas heat is included in the rent. Jacquie pays all the other utility bills which include water and telephone. Mary has the following costs:

- **Electricity (not used for heating and cooling), pays about $50 monthly**
- **pays $250 per month of $500/month rent, has copy of lease with her and a letter from Jacquie**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation E: ONE AU PAYS PHONE EXPENSE ONLY

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays only the telephone bill and nothing towards other utility bills or the rent. Jacquie pays all of the rent which includes all utility costs. Mary has the following costs:

- **telephone, pays $34.00 monthly**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation F: BOTH AUs PAY HALF OF ALL COSTS

Mary Sims and sister, Jacquie Myers, live together and are purchasing a home together. They share utility costs equally. Both receive Food Stamps as separate AUs. Each one pays half of the mortgage, property tax, homeowner's insurance and half of all utility bills. Mary has the following costs:

- **heats with gas, pays about $50 monthly**
- **pays one half of $500 mortgage, one half of $300 annual Property Taxes and one half of $240 annual homeowner's insurance**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation G: AU LIVES IN SEPARATE DWELLING, BILLED BY UTILITY COMPANY

Mary Sims lives alone in a trailer behind her landlord's house. She receives the gas bill in her name and pays for it herself. She has the following costs:

- **heats with gas, pays about $50 monthly**
- **pays $250 per month rent, verifies with landlord statement**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

Situation H: AU LIVES IN SEPARATE DWELLING, BILLED BY LANDLORD

Mary Sims lives alone in a trailer behind her landlord's house. She pays the landlord a total of $100 monthly on all utility expenses as she has no utilities in her name. She has the following costs:

- **heats with gas, pays the landlord $100 for gas, electricity and water**
- **pays $250 per month rent, verifies with landlord statement**
- **rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943**

INTERVIEW SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 3001 10 05 06

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	v	Number Sharing	Phone STD

Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name Phone
Address . City ST Zip

Message
15-lett

I. Objectives for Adding and Deleting Individuals

By the end of this section, you should know:

- how to add a new person to an ongoing case
- which Macros/Quick Scripts to document when adding a new person to an ongoing case
- how to delete a person from an ongoing case
- which Macros/Quick Scripts to document when deleting a person from an ongoing case

Adding and Deleting People
Related Macros/Quick Scripts

Complete the Narrative Macro/Quick Script "Change Reported to the Call Center"

UPDATE NARRATIVE - NARR NARR
xxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx
Today's Date is 11/3/2006 12:16:52 PM
Reported Change: Earned Income( ) Unearned Income( )
Change in Address( ) Shelter( ) HH Size( )
Childcare( ) Resources( ) Other( )
Expenses exceed income? ( ) Y/N ( ) N/A
Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change
Or ( ) Ineligibility
E-mail sent: Follow up required by county? ( )Y/N
No action taken by call center. ( ) Y/N
If E-mail was sent: Why?
Does A/R receive subsidized Child Care? ( )Y/N
REMARKS:
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

AU Composition Changes

- Add HH Members
- Newborn Reported
- New HH Members NOT in the AU
- Removing a HH Member

Related Changes

- Management
- Work Status

AU Composition Change MACROS

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXX ADDITIONAL HH MEMBERS XXXXXXXXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 12:39:54 PM
METHOD OF CONTACT ( ) PHONE ( )FAX ( )MAIL ( )OTHER
CONTACT'S NAME/SOURCE:
NEW MEMBER NAME DOB SSN RELATION INCL
: : : : :
: : : : :
: : : : :
: : : : :
SHOULD AU'S BE COMBINED DUE TO AGE/RELATION? Y/N( ) DATE MOVED IN:
PREVIOUS WHEREABOUTS ( ) INCARCERATED ( ) OUT OF STATE ( ) FOSTER CARE
( ) OTHER PARENT ( ) OTHER EXPLAIN:

IF OUT OF STATE, DID AU MEMBER RECEIVE BENEFITS IN LAST STATE? Y/N ( )
IF NOT INCLUDED, EXPLAIN:
IF INELIGIBLE/SANCTIONED, EXPLAIN:
*IMMUNIZATION VERIF. NEEDED FOR 2 MOS. - SCHOOL AGE*SEE DEM FOR DEPRIVATION*
INCOME OF NEW MEMBER: RESOURCES OF NEW MEMBER:
A/R WOULD LIKE PERSON ADDED TO FS( ) TANF( ) MED( )
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )C178 ( )C809
SENT DATE: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX NEWBORN REPORTED XXXXXXXXXXXXXXXXXX
DATE SGCC WORKED CASE: 11/3/2006 1:59:27 PM
DATE OF REPORT:
REPORT: ( )PHONE ( )MHN ( )PG STAT ( )NEWBORN CERT ( )CONFIRMATION OF BIRTH
CONTACT'S NAME/SOURCE:
NEWBORN'S NAME: DOB: SEX: RACE:
MOTHER'S COAS AT NEWBORN'S BIRTH:
A/R WOULD LIKE NEWBORN ADDED TO ( )F15 ( )MED ( )FS ( )TANF
A/P NAME: IS A/P IN THE HOME:
NEWBORN'S INCOME/RESOURCES:
FAMILY CAP CHILD ( )Y/N ( )N/A
IF NO, WHY NOT:
TYPE OF VERIFICATION:
FORMS SENT( )C173 ( )A130 ( )C809
DATE SENT: DUE DATE:
REMARKS:
ENTER NAME, LOAD AND TEL #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXX New HH Members Not in AU XXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:03:04 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Contact's Name/Source:
MEMBERS OF HH NOT IN AU INCLUDE:

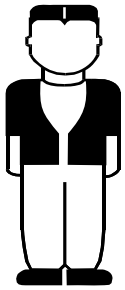
NAME	RELATIONSHIP	AGE
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:

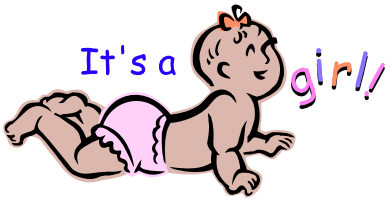
CL REPORTS NO OTHER HH MEMBERS. STATES THAT AU P & P SEPARATELY FROM ALL OTHER HH MEMBERS.
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXX

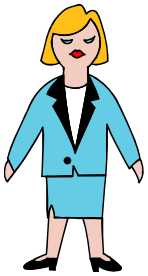
UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Work Status XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 11/3/2006 2:15:21 PM
Method of Contact ( )Phone ( )FAX ( )Mail ( )Other
Work Code Changed To:
Reason: Effective Month:
ABAWD ( )Yes( )No ADDR Screen Sent:
Remarks:
Enter Name, Load and Tel #
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Four Things You Need to Think about When You Add a New Person to an Ongoing Case







- **How has enumeration been met?**
- **Does this person have income or resources?**
- **Are changes needed on the WORK screen?**
- **Is childcare needed for this person?**

Margaret Simmons

Adding An AU Member

Margaret Simmons calls on February 18, 2007 and faxes a copy of the hospital confirmation of birth to report that her baby, Michael S. Simmons, was born on February 16, 2007. She states that Michael was enumerated at birth at the hospital. She states she will not receive child support from Michael's father Jack Owens.

Answer the following questions:

1. Was the AU required to report this change?

2. What is your deadline to complete the change?

3. What verification is needed to process this change?

4. What month will the change become effective?

II. WALK THROUGH CASE: MARGARET SIMMONS ADD A PERSON

This case will demonstrate how to add a new baby to an ongoing case. **Note: Due to system limitations in the training region we must use the dates below to process the change.**

Background

Margaret Simmons calls on 10/05/06 to report that she had her baby, Michael S. Simmons on 10/03/06. He is a black male, a U.S. citizen, and has no income or resources. She states the hospital completed papers to send to Social Security to enumerate Michael and presented her with a letter of confirmation of birth which she faxed to the worker. She states she will not receive child support from Michael's father Jack Owens. You review all points of eligibility on SUCCESS while you have her on the phone.

Your Assignment

- Register, interview, and complete the application processing and finalization functions to add Michael to the FS case using the data below.

STEP 1 Register New Person

AMEN

- select **K**
- enter Margaret's FS AU ID#

NAME

- cannot change any information, press enter

MEMB

- Michael S. Simmons
- DOB 10/03/06
- black male
- leave all SSN info fields blank (this will be completed in the interview)

CRS

- assign a new client ID number

MEMB

- Press enter as there are no more members to add

INCH

- select FS
- enter N for all persons receiving TANF, RF, SSI
- application date is 10/05/06
- do not print AFA as this is not needed when adding a person to the FS case
- PF4 around the warning message

NOTE: The application date for adding a person will be the day that the change is reported.

REDI

- do not schedule an appointment, PF4

STEP 2 Interview

AMEN

- select **O**
- enter Margaret's FS AU ID#

ADDR

- Press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address( ) Shelter( ) HH Size(**X**)

Childcare( ) Resources( ) Other( )

Expenses exceed income? ( ) Y/N (**X**) N/A

Change resulted in FS Benefit (**X**)Increase ( )Decrease ( )No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **A/R reports birth of baby. Faxed Confirm of Birth for Citizenship**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

- press enter

STAT

- update Michael's status in the Food Stamp Case, mandatory to be included, he is an applicant
- press F9 to access the REMARKS Screen. Select and Complete the **Newborn Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXX NEWBORN REPORTED XXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 8/20/2007 2:02:02 PM

DATE OF REPORT IS: **10/05/06**

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Margaret Simmons**

NEWBORN'S NAME: **Michael S. Simmons** DOB:**10/03/06** SEX: **M** RACE:**B**

ENUMERATED AT HOSPITAL? **YES** CONFIRMATION OF BIRTH? **YES**

IS BABY 2 MONTHS OR OLDER? **NO** IMMUNIZATION VERIFICATION? **N/A**

OTHER PARENT INFO: **A/P's Name Jack Owens**

**********SEE DEM FOR DEPRIVATION**********

BIRTH MOTHER'S CURRENT MEDICAID COAS: **N/A**

A/R WOULD LIKE PERSON ADDED TO: FS(**X**) TANF( ) MED( )

NEWBORN'S INCOME/RESOURCES: **NONE**

SFU ( )YES ( )NO (**X**)NOT APPLICABLE

FAMILY CAP CHILD ( )YES ( )NO (**X**)NOT APPLICABLE

IF NO, WHY NOT:

TYPE OF VERIFICATION:

FORMS SENT( )C173 ( )A130 ( )C809

03 More

SENT DATE: DUE DATE:

REMARKS:

ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

STAT A

- press enter to DEM1 for Michael

DEM1 for Michael

- the hospital applied for a Social Security Number
- enter Michael's Birthdate
- lives at home with his mother

DEM2 for Michael

- client provided confirmation of birth as verification of citizenship for Michael the day of his birth
- fast path to WORK for Michael

WORK for Michael

- SUCCESS automatically code as exempt for due to age, verified by client statement
- fast path to MISC A

MISC A

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has increased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**) Phone ( )FAX ( )Mail ( )Other

AU Name: **Margaret Simmons**

Net Income:

Monthly EXPENSES: MANAGEMENT MET() Yes ( ) NO

If NO, Explain Discrepancies: **Check Management at next Review**

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to DONE

ERRO (If you have no errors this screen will not appear)

- Display error codes and resolve. Clearinghouse errors should not show up because Michael did not have an SSN.

ELIG

- Confirm non-financial eligibility (if needed).
- Eligibility screens show due to change to active members in existing case. **NOTE:** This is not confirming Michael's add a person application which is still pending.

FSFI

- Confirm benefit amount (if needed)

DONE

- press enter to commit data to data base

STEP 3: Processing Application Months

AMEN

- select **P** and enter Margaret's FS AU ID#

APP1

- select 10/06, press enter

ADDR

- fast path to DONE

DONE

- press enter to commit to the data base

APP1

- PF 13 back to AMEN

STEP 4 Finalize

AMEN

- select **Q** and enter Margaret's FS AU ID#

APP2

- press enter

ELIG A for 10/06

- review and enter Y to confirm

FSFI for 10/06

- review and enter Y to confirm

ELIG A for 11/06

- review and enter Y to confirm

FSFI for 11/06

- review and enter Y to confirm

APP2

- enter Y to confirm

FSFI for MARGARET SIMMONS -ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	341.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	43.33	Thrifty Food Plan	399.00
Net Earned Income	173.33	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	345.00
Standard Deduction	134.00	Previous Benefit	345.00

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

NOTE: The Benefit Amount has not changed. Per Policy the new AU Member will be added the month after the change is reported, for this situation the effective month will be Novemeber.

FSFI for MARGARET SIMMONS -ADD A PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	387.67
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	693.32	Adjusted Net Income	33.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	138.66	Thrifty Food Plan	506.00
Net Earned Income	554.66	Allotment Amount	496.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	496.00
Standard Deduction	134.00	Previous Benefit	389.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

III. Becky White: Independent Study Add a Person

Background

Becky White calls on 10/5/06 to report that she had her baby on 10/03/06. Her name is Mindy C. White. She is a white female citizen and has no income or resources. She states the hospital completed the paperwork to enumerate Mindy and presented her with a letter of confirmation of birth which she faxed to the worker. Ms White states that she will not receive child support from Mindy's father Robert Young. You review all points of eligibility on SUCCESS while you have her on the phone.

Your Assignment

- **Complete the following steps to add Mindy C. White to the Food Stamp case:**

Becky White's AU# XXXX00203

STEP 1: K – Add a person (registration)

STEP 2: O – Interview

STEP 3: P – Process Application Months

STEP 4: Q – Finalize the Case (one RACF ID required)

FSFI for BECKY WHITE -ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	221.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	213.00
Standard Deduction	134.00	Previous Benefit	213.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat Issue Type

Message

13-note

FSFI for BECKY WHITE ADD-A-PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	207.99	Thrifty Food Plan	399.00
Net Earned Income	832.00	Allotment Amount	342.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	342.00
Standard Deduction	134.00	Previous Benefit	221.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat Issue Type

Message

13-note

Three Things to Think About

When you delete an AU member

- Verify the change if it's questionable.
- Is child care being paid for this person?
- Consider whether the family can manage without the person (if they had income).

IV. WALK THROUGH CASE: MARCIE KIRBY DELETE A PERSON

This case will demonstrate how to delete a person from an ongoing case.

Background

- Marcie Kirby calls on 10/05/06 to report that her two grandchildren, Angela and Steven Ledbetter, moved out on 10/02/06. They are now living with their parents.

Your Assignment

- Delete the children and the childcare from the FS case.

AMEN

- select R and enter **Marcie's FS AU ID# XXXX00201**

ADDR

- A/R reports that Angela and Steven moved out on 10/02/96 to live with their parents. Children deleted 10//05/06.
- press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center"**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address( ) Shelter( ) HH Size(**X**)

Childcare( ) Resources( ) Other( )

Expenses exceed income? (**N**) Y/N ( ) N/A

Change resulted in FS Benefit ( ) Increase (**X**) Decrease ( ) No Change

Or ( ) Ineligibility

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Angela and Steven Ledbetter moved out, now living with their parents**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

STAT

- F1 to find the status reason **(500 series)** that someone has moved out of the household and enter it for each one of the children who moved out

<u>Note:</u> Workers may only use 500 Series Codes; all other codes are SUCCESS system generated codes.

- Press F9 to access the REMARKS Screen. Select and complete the **<u>Removing a Household Member from the AU Macro/Quick Script from the Master Macros List for Each Child</u>**.

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXX Removing a Household Member XXXXXXXXXXXXX

Date SGCC Worked Case: 110/02/2006 2:06:44 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Marcie Kirby**

Individual's Name: **Angela Ledbetter** Date moved out: **10/02/06**

Where did person go: **live with her parents** And reason moved out: **same**

Type of Verification: **A/R statement accepted**

Forms Sent( )C173 ( )C178 ( )C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- Type “Y” in the more field (bottom right corner) to post an additional **Removing a Household Member from the AU Macro/Quick Script from the Master Macros List** for Steven.

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXX Removing a Household Member XXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 2:06:44 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Marcie Kirby**

Individual's Name: **Steven Ledbetter** Date moved out: **10/02/06**

Where did person go: **live with his parents** And reason moved out: **same**

Type of Verification: **A/R statement accepted**

Forms Sent( )C173 ( )C178 ( )C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- fast path to DEM1 for the first child (**F11** to determine the line numbers for Angela and Steven Ledbetter)

DEM1

- F1 to find the code that someone is not in the home and enter it in the living arrangement field
- Enter the code for each child
- fast path to CARE for line 01

CARE

- press F9 to enter **"free form" documentation** to document the removal of the dependent care deduction. Type the following statement to document that the children are moving out to live with their parents:

  Children Angela and Steven Ledbetter are moving out. Both children will now live with their parents. Childcare no longer needed.

- enter a Y in the Del field and PF24
- fast path to WORK

WORK

- review the work status code for Marcie and each remaining AU Member

<u>Note:</u> If changes are made to any of the work status codes on the WORK Screen, post a WORK STATUS Macro to explain why a change is being made.

- fast path to MISC A

MISC

- **press F8** – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **<u>Management Macro/Quick Script from the Master Macros List.</u>**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

AU Name: **Marcie Kirby**

Net Income:

Monthly EXPENSES: MANAGEMENT MET(**X**)Yes( )NO

If NO, Explain Discrepancies:

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

FSFI for MARCIE KIRBY - DELETE A PERSON 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 805354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	301.95
Total Resources	110.00	Medical Deduction	147.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1213.32	Adjusted Net Income	1338.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	242.66	Thrifty Food Plan	399.00
Net Earned Income	970.66	Allotment Amount	.00
Gross Count Unearned	950.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	.00
Standard Deduction	134.00	Previous Benefit	308.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 09 06 Review End Dt 02 07 Strat 4 Issue Type

Message

13-note

V. INDEPENDENT STUDY: ELAINE BROOKS DELETE A PERSON

- This case gives you an opportunity to practice deleting an AU member.

Background

- Elaine Brooks calls on 10/05/06 to report that she has separated from her husband, Steve. Steve moved out on 10/04/06. He is now living with his mother in another state. When asked about management, she states she has applied for SSI. Her SSA case manager told her last week she should be hearing something very soon

Your Assignment

- Document the case and delete Steven from the FS AU.

Elaine Brooks' AU# - XXXX00074

FSFI for ELAINE BROOKS -DELETE A PERSON -11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	150.00	Medical Deduction	.00
Income Test		Dep Care Deduction	200.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	556.87	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	111.37	Thrifty Food Plan	399.00
Net Earned Income	445.50	Allotment Amount	399.00
Gross Count Unearned	125.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	321.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

I. OBJECTIVES

By the end of this section, you should:

- be familiar with the Medicaid SUCCESS Screens and Fields.
- be familiar with the Absent Parent Screens.
- be familiar with the differences between Food Stamp SUCCESS screen order and Family Medicaid SUCCESS screen order.

II. Sandra Langford – Active LIM case with Absent Parent Information

FM Screen Review Walk Through

Background

Sandra Langford receives Low Income Medicaid for herself and her two children Mary age 6 and Kyle age 3. Ms Langford is currently employed at Garden Ridge part-time. Anthony Mason is the father of both children. He was referred to Child Support Services on 7-01-06.

AMEN

- select "R" and enter Sandra Langford's AU ID # **XXXX00084**

ADDR

- press F4 to move to the STAT Screen

STAT

- Medicaid Class of Assistance F01 – Low Income Medicaid
- press enter to DEM2 01 for Sandra

DEM2 for Sandra

- review the TPL and TPL Cooperation Field
- press F9 to review the current documentation

Note: if an A/R calls to report a change in Third Party Resources there is a TPL Macro available

- press enter to DEM1 01 for Mary

DEM1 for Mary

- review the DEPRIVATION Field
- F1 to review the Deprivation Codes

Note: when this field is coded to reflect the Absence of one or both parents, it will trigger five additional Absent Parent Screens which are completed to refer the Absent Parent(s) to Child Support Services

- press enter to DEM1 for Kyle

DEM1 for KYLE

- review the DEPRIVATION Field
- press enter to APID A (this is a Case Level Screen)

APID

- This is the Absent Parent Identification Screen (APID) Screen for Anthony Mason.

INTERVIEW ABSENT PARENT IDENTIFICATION-APID APID A
Month 11 06 00

HOH Name **SANDRA LANGFORD** Del AP AP returned Home N
AP Name ANTHONY MASON
SSN Seq Num 00001

Dep	First Name	Last Name	Legal Rel	Pat Type	Dep	First Name	Last Name	Legal Rel	Pat Type	Dep	First Name	Last Name	Legal Rel	Pat Type
01	**MARY**	**LAN**	**AK**	**NF**	**02**	**KYLE**	**LAN**	**AK**	**NF**					

IV-D Coop	--- Ind	Good Cause Rsn	Claim--- Stat	Referral Date	130 Form Date	UCB Ind	Other Income Types
Y							

Union/Local More Aps **Y**
Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett 20 –next ap 23-alau 24-del

- **press enter.**

APAD

- This is the Absent Parent Address Screen for Anthony Mason.

INTERVIEW ABSENT PARENT ADDRESS-APAD APAD A
Month 11 06 01

HOH Name **SANDRA LANGFORD** Client ID 105000125
AP Name **ANTHONY** **MASON**
Curr Addr Line 1 **1547 Thomas Lane** Line 2
City **Macon** ST **GA** Zip Phone
Date at Address

Prev Addr Line 1_ Line 2
City ST Zip Phone
Date at Address

AP's Father Delete
Street City ST Zip

AP's Mother Delete
Maiden
Street City ST Zip

Message

15-lett 20-next ap 24-del

- **press enter.**

APDE

- This is the Absent Parent Demographic/Description Screen for Anthony Mason.

INTERVIEW ABSENT PARENT DEMOGRAPHIC-APDE APDE A
Month 11 06 01 More

HOH Name **SANDRA LANGFORD** Client ID 105000125
AP Name **Anthony Mason**

---------Marital Information---------- Rel HOH Drvr Lic License Plate
Stat Date City ST To AP ST ST Number
FR

DOB Approx ----Birth Place--- Sex Race Hgt Hair Eye Wgt
(MM DD YYYY) Age City ST Inches Color Color Lbs
06 09 1973 32 M W 72 B B 205

_____Military Information_____
Stat ID Num Branch Entry Dt Exit Dt Allotment Pay Allotment Recip

_____Incarceration Information_____
Cd Release Dt Sentence Lgth Min Confine Institution
Yr Mo Yr Mo

Message

15-lett 20-next ap

- **press enter.**

APEM

- This is the Absent Parent Employment Screen for Anthony Mason.

INTERVIEW ABSENT PARENT EMPLOYMENT-APEM APEM A
Month 11 96 01

HOH Name **SANDRA LANGFORD** Client ID 1005000125
AP Name **KENNETH BAKER**

Primary Employer Delete Occupation **Truck Driver**
Name **anc Trucking Co** Empl Date (MM YY) **05 00**
Address Line 1 Line 2
City **Macon** ST **GA** Zip_ Phone

Secondary Employer Delete Occupation
Name Empl Date (MM YY)
Address Line 1 Line 2
City ST Zip Phone

Former Employer Delete Occupation
Name Empl Date (MM YY)
Address Line 1 Line 2
City ST Zip Phone

Message

15-lett 20-next ap 24-del

- press enter**.**

APCO

- This is the Absent Parent Court Order Screen for Anthony Mason.

INTERVIEW ABSENT PARENT COURT ORDER-APCO APCO A
Month 11 96 01

HOH Name **SANDRA LANGFORD** Client ID 105000125
AP Name **ANTHONY MASON** SSN

Order Date	Support Obligation	Support Arrears	Freq	Payee Code	Docket Number

Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment

Message

15-lett 20-next ap

- press enter to RES1 01

RES1

- review the AU Resources
- press enter

RES2

- AU currently owns a vehicle
- press enter to ERN1 01

ERN1

- Sandra is currently employed
- LIM related fields: SON Override, 30+1/3 Counter, 30+1/3 End Date, $30 End Date
- press enter

ERN2

- Sandra currently works part-time
- press enter to MISC

MISC

- press enter

ELIG

- press enter

CAFI

- this is the LIM Budget
- press enter

DONE

- press enter

Medicaid SUCCESS vs. FS SUCCESS

Thinking about the Food Stamp SUCCESS Screens, list the screens that you did not see in the Family Medicaid case:

Thinking about the Food Stamp Case Documentation Requirements, list the documentation that is not required for Family Medicaid cases:

I. OBJECTIVES

By the end of this section, you should know:

- how to process a reported change in income
- how to determine if SUCCESS has trickled to another Medicaid Class of Assistance
- how to accurately code the MISC screen when an AU is eligible for TMA

TMA REVIEW

1. When an AU becomes ineligible for LIM due to _____, _____, or _____ TMA may be the appropriate COA.

2. The potential time period for TMA is _____ which is divided into the _____ and the _____.

3. In order for TMA to be appropriate, the AU must have correctly received _____ _____.

4. The AU must include a child under the age of _____.

II. KATHERINE NORWOOD – INCREASE INCOME WALK THROUGH

Background:

- Ms. Norwood currently receives LIM. She calls to report on 10/05/06 that she has received a raise. Her hours at Walmart will increase to 40 hours per week. She will earn $6.25 per hour ($250 per week) effective 11/01/06. She continues to pay $10.00/week in child care for Joey.

- Document the change on SUCCESS per Ms. Norwood's report and request verification.

AMEN

- Select "R" from the AMEN screen and enter **Ms. Norwood's AU# XXXX00184**

ADDR

- press F21 to access the NARR Screen. Select and Complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income(**X**) Unearned Income( )

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? ( ) Y/N (**X**) N/A

Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change

Or (**X**) Ineligibility **for LIM / Eligible for TMA**

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Reports a raise will now earn $250 per week**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxx

- Fast path to ERN2

ERN2

- Press F9 to access the REMARKS Screen. Select and complete the **Change in Wages Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Change in Wages XXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:03:07 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Katherine Norwood**

Person Working: **Katherine Norwood** Effective Date: **11/06**

Employer's Name: **Walmart**

Reason for Change: **Received a raise in hourly pay**

Hours worked/week: **40** Rate of Pay: **$250** Frequency of pay: **Weekly**

Day of Week Paid: **Friday** Date First Check Reflecting change: **11/01/06**

Type of Verification: **Statement from employer**

Forms Sent(**X**)C173 ( )C178 ( )C809 Due Date: **10/15/06**

Calculation of Pay: **250/wk X 4.3333 = 1083.32**

*******Update Child Care and/or work code If Necessary*******

**********See MISC Remarks for Management **********

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter to return to ERN2

ERN1

Note: From any screen on SUCCESS where "15-lett" is displayed at the bottom of the screen you can send a system generated letter to the A/R. The letters include: C139 – Contribution Statement, C173- Verification Checklist, and C809 – Verification of Earned Income.

Send the Verification Checklist

- Press F15 (shift F3)

Letter Sub-Menu - FMEN

- Select **A** for Letter Generation
- Leave the AU number and Load ID
- Letter Type C173 – Verification Checklist
- press enter

Letter Details - LDTL

- Enter your telephone number
- Press F4 to bypass warning
- Review the top of Form 173
- Press Enter
- Enter 10/15/06 for the Medicaid due date
- Type “X” next to “Your Ongoing TANF, Medicaid, or Food Stamps will be closed” statement
- Press Enter
- Type “X” in the Medicaid column
- Verification needed – Statement from Employer to Verify Wage Increase
- Press Enter to move through each screen of the letter, at the end of the letter, Press Enter back to Letter Details

Letter Details - LDTL

- Press F14 (Shift F2) to update the data base

Letter Sub-Menu - FMEN

- Press F3 back to ERN1

ERN1

- Fast Path to DONE

Verification Provided

Background:

- Ms. Norwood provides the requested statement from her employer to verify her wages on **10/08/06**

AMEN

- Select "R" from the AMEN screen and enter **Ms. Norwood's AU# XXXX000184.**
- Fast path to ERN2

ERN1

- Press F9 to access the REMARKS Screen. Review the **Change in Wages Macros/Quick Script for accuracy.**
- Access a blank REMARKS Screen. Select and complete the **Verification Received Macro/Quick Script from the Verification Macros.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 2:13:57 PM

Date Change Reported: **10/05/06**

DATE VERIFICATION RECEIVED: **10/08/06**

A/R Name: **Katherine Norwood**

has provided the requested verification of: **Increased pay per week to $250**

INCOME(**X**) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )

Proof of Enumeration( ) or OTHER( )

TYPE OF VERIFICATION: **Letter from Employer**

REMARKS:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- Press enter

ERN2

- Update the amount of earnings – $**250 per week**
- **Press F8 (trial budget) to see if the AU will remain eligible for LIM**

What class of assistance is the AU now eligible for?

- Press Enter to return to the ERN2 Screen
- Fast path to MISC A

MISC A

- Press F9 to access the REMARKS Screen. Select and complete the **TMA-F07 Determination Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA
00
XXXXXXXXXXXXXXXXXXXXXXXXXX TMA-F07 Determination XXXXXXXXXXXXXXXXX
Date SGCC Worked Case: 10/05/2006 12:10:36 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Date of report: **10/05/06** Date of FIRST check: **11/01/06**

Entered correct first month of TMA in start date field **11/06**

ALLOWING ADVERSE ACTION Y(**X**) N( )

Entered Y in MA COA COR Field YES(**X**) NO( )

For F07, months of eligibility: **11/06** to **10/07**

Document reason for LIM ineligibility: **Over Gross Income Limit**

Remarks:
Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- Press enter
- **Complete the MISC Screen**

MISC – Katerine Norwood in the Call Center/County Office

<u>Note</u>: Due to system limitation the following two actions cannot be performed in the training region, however in the Call Center/County Office you must complete these actions in order to establish the correct first month of TMA. This way the MISC Screen should look in the Call Center/County.

- "11 06" would be coded in the "Extended Start Dt" field as this will be Ms. Nelson's first month of TMA

- "Y" must be coded in the "MA COA Cor" field to ensure Ms. Nelson will receive a correct notice

```
CHANGE              AU NON-FINANCIAL MISCELLANEOUS - MISC            MISC    A
Month 11 06                    0071   10 05 06

HOH Name KATHERINE          NORWOOD                Client ID 771006042
AU ID 969544313    Prog MA

Pre    Pre   AU  ATP  ATP  QRF   QRF Pre- Calc Trial Pro Exp SLAM -Extended MA
Issn   EBT  Issn Prnt Cyc Status Ctr sump Elig  HH   Ovr Svc  Cd  Start Dt  COA
       Card Mode Cnty Num  Code      Elig Ind   Ind                        Cor
            E                                                    11 06    Y

----- Review ----   Auto   ------- Lump Sum Remainder ------  Delay  QMB   RSM
Compl  Mand  Last  Reasgn  Amount    100 %    133 %    185 %   Rsn   Ovr   Elig
       Std   Type   Ovr                                                   Ovr
                     N
Sched Interview          QC Penalty End Date
Del      Unit Number 170002     Inquiry Date 10 16 96       Load ID
     Next Review                   Appt Date               Appt Type
     Appt Begin Time (HH:MM)    :
     Appt End Time (HH:MM)      :           Appt Letter Print Location L
     L Name/Appt Remarks
Message

13-note 14-schd 15-lett                          20-schs       23-alau
```

Call Center/County Office Screen →

ELIG for Ms. Norwood – F01

- Check AU status and COA. Ms. Norwood is now ineligible for LIM.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - - - Penalty - - - - - Type	End Date
D	308	100206	100206	100206			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
KATHER	NOR	SE	OT	Y	RE	D	100206	308	100206	100106			
LISA	NOR	CH	OT	Y	RE	D	100206	308	100206	100106			
JOEY	NOR	CH	OT	Y	RE	D	100206	308	100206	100106			

Message

Call Center/County Office Screen →

CAFI for Ms. Norwood – F01

- Check to be sure the correct amount of income is budgeted for 11/96.
- Ms. Norwood is now over the GIC for LIM.
- If the budget is correct, enter "Y" to confirm.

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	1000.00	Dependent Care	.00
Total Resources	133.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	50.00
Gross Income Limit	784.00	Deemed Income	.00
Gross Earned Income	1083.32	Allocated Income	.00
Net Unearned Income	50.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1133.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	424.00	Spenddown Amount	
Gross Earned Income	1083.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 308 Budgeting Method P
Notice Type 0005 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 11 06 Strat 2
Message

13-note

Call Center/County Office Screen →

ELIG for Ms. Norwood – F07

- Check AU status and COA. Ms. Norwood is now eligible for TMA.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - - - Penalty - - - - - Type	End Date
A		100206	110106	110106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
KARTHER	NOR	SE	OT	Y	RE	A	100206		110106	110106			
LISA	NOR	CH	OT	Y	RE	A	100206		110106	110106			
JOEY	NOR	CH	OT	Y	RE	A	100206		110106	110106			

Message

Call Center/County Office Screen →

CAFI for Ms. Norwood – F07

- There is no budgeting for TMA.
- If the budget is correct enter "Y" to confirm.

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons Budgeting Method Q
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 11 06 Review End Date 10 07 Strat 3
Message

13-note

Call Center/County Office Screen →

ELIG for Ms. Norwood – F22

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - - - Penalty - - - - - Type	End Date
A		100206	110106	110106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
KARTHER	NOR	SE	OT	Y	RE	A	100206	220	110106	110106			
LISA	NOR	CH	OT	Y	RE	A	100206		110106	110106			
JOEY	NOR	CH	OT	Y	RE	A	100206		110106	110106			

Message

Training Region →

SUCCESS Trickled to F22

CAFI for Ms. Norwood – F22

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	441.10
Resource Limit	.00	Dependent Care	43.33
Total Resources	.00	Net Earned Income	598.89
Gross Income Test		Net Unearned Income	50.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1083.00	Allocated Income	.00
Net Unearned Income	50 .00	Net Income	649.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1133.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	1083.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 233 308 302 Budgeting Method Q
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 4 07 Strat 3
Message

13-note

Training Region →

SUCCESS Trickled to F22

III. ANDREW KNOLLS – INCREASE INCOME INDEPENDENT STUDY

Background:

- Mr. Andrew Knolls calls to report on 10/05/06 that ACE Hardware has given him a raise. His hours have increased to 40 hours per week. He will now earn $240.00 per week effective 11/01. He will continue to pay $15.00 per week child care for Trey.

- Document the change on SUCCESS using the appropriate Macro/Quick Scripts per Mr. Knoll's report and request any necessary verification.

AMEN

- Select "R" from the AMEN screen and enter **Mr. Knolls' AU# XXXX00185.**

ADDR

- press F21 to access the NARR Screen. Select and Complete the **Narrative Macro/Quick Script "Change Reported to Change Center".**

- Fast path to ERN1

ERN1

- Press F9 to access the REMARKS Screen. Select and complete the **Change in Wages Macro/Quick Script from the Master Macros List.**

Verification Provided

Background:

- Mr. Knolls provides a letter from his employer verifying increased wages on **10/9/06**

AMEN

- Select "R" from the AMEN screen and enter **Mr. Knoll's AU# XXXX00185**
- Fast path to ERN1

ERN1

- Press F9 to access the REMARKS Screen. Review the **Change in Wages Macros/Quick Script for accuracy.**
- Access a blank REMARKS Screen. Select and complete the **Verification Received Macro/Quick Script from the Verification Macros.**

ERN2

- Update the amount of earnings
- Fast path to MISC

MISC

- Press F9 to access the REMARKS Screen. Select and complete the **TMA-F07 Determination Macro/Quick Script from the Master Macros List.**
- press enter

ERRO

- ignore all Clearinghouse errors and problem solve all others

MISC – Andrew Knolls in the Call Center/County Office

<u>Note</u>: Due to system limitation the following two actions cannot be performed in the training region, however in the Call Center/County Office you must complete these actions in order to establish the correct first month of TMA. This way the MISC Screen should look in the Call Center/County.

- "11 06" would be coded in the "Extended Start Dt" field as this will be Mr. Knolls's first month of TMA

- "Y" must be coded in the "MA COA Cor" field to ensure Ms. Nelson will receive a correct notice

```
CHANGE              AU NON-FINANCIAL MISCELLANEOUS - MISC            MISC    A
Month 11 06                    0071   10 05 06

HOH Name ANDREW          KNOLLS               Client ID 771006009
AU ID 969544313    Prog MA

Pre    Pre   AU  ATP  ATP  QRF   QRF Pre- Calc Trial Pro Exp SLAM -Extended MA
Issn   EBT  Issn Prnt Cyc Status Ctr sump Elig  HH   Ovr Svc  Cd  Start Dt  COA
       Card Mode Cnty Num  Code      Elig Ind   Ind                        Cor
            E                                                    11 06    Y

----- Review ----   Auto   ------- Lump Sum Remainder ------  Delay  QMB   RSM
Compl  Mand  Last  Reasgn  Amount    100 %    133 %    185 %   Rsn   Ovr   Elig
       Std   Type   Ovr                                                   Ovr
                    N
Sched Interview          QC Penalty End Date
Del      Unit Number 170002     Inquiry Date 10 16 96       Load ID
     Next Review                   Appt Date               Appt Type
     Appt Begin Time (HH:MM)    :
     Appt End Time (HH:MM)      :           Appt Letter Print Location L
     L Name/Appt Remarks
Message

13-note 14-schd 15-lett                          20-schs       23-alau
```

Call Center/County Office Screen →

ELIG for Mr. Knolls – F01

- Check AU status and COA. Mr. Knolls is now ineligible for LIM.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - - - Penalty - - - - - Type	End Date
D	308	100206	100206	100206			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -		Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ANDREW	KNO	SE	OT	Y	RE	D	100206	308	100206	100106			
DION	KNO	CH	OT	Y	RE	D	100206	308	100206	100106			
TREY	KNO	CH	OT	Y	RE	D	100206	308	100206	100106			

Message

Call Center/County Office Screen →

CAFI for Mr. Knolls – F01

- Check to be sure the correct amount of income is budgeted for 11/96.
- Mr. Knolls is now over the GIC for LIM.
- If the budget is correct, enter “Y” to confirm.

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	1000.00	Dependent Care	.00
Total Resources	90.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	50.00
Gross Income Limit	784.00	Deemed Income	.00
Gross Earned Income	524.32	Allocated Income	.00
Net Unearned Income	75.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	599.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	424.00	Spenddown Amount	
Gross Earned Income	524.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 308 Budgeting Method P
Notice Type 0005 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 11 06 Strat 2
Message

13-note

Call Center/County Office Screen →

ELIG for Mr. Knolls - F07

- Check AU status and COA. Mr. Knolls is now eligible for TMA.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - - - Penalty - - - - - Type	End Date
A		100206	110106	110106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ANDREW	KNO	SE	OT	Y	RE	A	100206		110106	110106			
DION	KNO	CH	OT	Y	RE	A	100206		110106	110106			
TREY	KNO	CH	OT	Y	RE	A	100206		110106	110106			

Message

Call Center/County Office Screen →

CAFI for Mr. Knolls– F07

- There is no budgeting for TMA.
- If the budget is correct enter "Y" to confirm.

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons Budgeting Method Q
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 11 06 Review End Date 10 07 Strat 3
Message

13-note

Call Center/County Office Screen →

ELIG for Mr. Knolls – F22

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		100206	110106	110106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Penalty Date
ANDREW	KNO	SE	OT	Y	RE	A	100206	220	110106	110106			
DION	KNO	CH	OT	Y	RE	A	100206		110106	110106			
TREY	KNO	CH	OT	Y	RE	A	100206		110106	110106			

Message

Training Region →

SUCCESS Trickled to F22

CAFI for Mr. Knolls – F22

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	426.66
Resource Limit	.00	Dependent Care	64.99
Total Resources	.00	Net Earned Income	548.34
Gross Income Test		Net Unearned Income	75.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1039.99	Allocated Income	.00
Net Unearned Income	75.00	Net Income	623.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1114.99	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	1039.99	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 233 308 302 Budgeting Method Q
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 4 07 Strat 3
Message

13-note

Training Region

SUCCESS Trickled to F22 →

I. OBJECTIVES

By the end of this training, participants will:

- have a basic knowledge of the RSM Medicaid COAs in SUCCESS
- be able to identify screens and fields specific to RSM in SUCCESS
- be able to process Newborn Medicaid using SUCCESS
- have a basic knowledge of the RSM Review process on SUCCESS

II. Allison Arroyo – Add a Newborn Walk Through

Background

- The household members are a pregnant mother, Allison Arroyo, her spouse, Carlos Arroyo, and their three-year-old child, Andrea. Allison receives RSM PgW Medicaid and Andrea receives RSM Child Medicaid. The mother calls you on 10/05/06 to tell you that she has had her baby, Emanuel, on 10/03/06. There current address is 1152 Stoney Brook Lane, Jackson, GA 30233, Butts County. Phone (678) 875-6432.Ms Arroyo has already faxed a copy of the Hospital Confirmation of Birth to your office.

Your Assignment

Add the newborn to the existing RSM AUs; add his own Newborn MA AU and document the appropriate Macro/Quick Script. Use the screens and data that follow. The trainer will assist you as necessary.

AMEN

- Select **K** for Add-A-Person and enter **Allison Arroyo's F22 AU# XXXX00190**

NAME for Allison Arroyo

- No information can be changed on this screen. Press ENTER to continue.

MEMB for Emanuel Arroyo

- Date of Birth is 10/03/06 verified by mother's statement.
- Is a black male
- Was enumerated at birth.

NAME/SSN Clearance for Emanuel Arroyo

- Assign a new client ID for Emanuel. **(write down the ID#)**

INCH for Allison Arroyo

- Select the RSM Child (F22)
- Application date is 10/05/06

- PF4 past the warning message (do not print an AFA)

REDI for Allison Arroyo

- Do not schedule an appointment
- PF4 past the warning message back to AMEN

AMEN

- Select "**J"** for Add a Program **(do not enter an AU #)**
- Press Enter

NOTE: In the county office the county FICM would select "L" to Add a Program. The Call Center cannot use "L" therefore "J" will always need to be used when adding a program. Mother and Newborn Only in the Newborn Medicaid Case.

NAME for Allison Arroyo

- 1152 Stoney Brook Lane
- Jackson, GA 30233
- (678) 875-6432
- does not live in public housing
- does not wish to register to vote

KIND for Allison Arroyo

- Select **"OTHER"**

CIRC for Allison Arroyo

- No input required, press Enter to continue

MEMB for Allison Arroyo

- DOB 9 – 12- 1964 statement accepted
- Black Female
- SSN - 999 – 11- XXXX (customize using your load #) statement accepted
- press enter

CRS Name/SSN Clearance for Allison Arroyo

- **SUCCESS should have a match for Allison Arroyo, find match based on SSN, type Y to select, press F12**

Back on MEMB for Allison Arroyo

- Enter a “Y” in the More Members Field located at the bottom right corner of the screen to indicate that there are more members to add.

MEMB for Emanuel Arroyo

- DOB 10 – 03 - 2006 statement accepted
- Black Male
- Was enumerated at birth
- press enter

CRS Name/SSN Clearance for Emanuel Arroyo

- **SUCCESS should have a match for Emanuel Arroyo, find match based on the Client ID # (written down earlier)**
- **type Y to select, press F12**

Back on MEMB for Emanuel Arroyo

- press enter

INCH for Allison Arroyo

- **Enter the new MA program code F15 (Newborn Medicaid Code)**
- **Enter Emanuel’s date of birth as the Application Date**

ADDPROGRM INFORMED CHOICE - INCH INCH

HOH Name ALLISON ARROYO Client ID XXXX68679
Indicate/add all programs the head of household wishes to apply for

Ind	Program	Med COA	AU ID
Y	**MA**	**F15**	

AFDC UP All FS Applicants receive AF, RF, SSI

Appl Date **10 03 06**

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
18-tbud 20-afa

REDI for Allison Arroyo

- Do not schedule an interview.
- PF4 past the warning message to go back to AMEN

AMEN – Note: SUCCESS has generated a Newborn Medicaid AU#

Write down the Newborn AU

_____

Interview for the New Program and New Person

AMEN

- Select '**0"** and press Enter (**AU# should already appear on the screen)**

ADDR

- press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to the Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address( ) Shelter( ) HH Size(**X**)

Childcare( ) Resources( ) Other( )

Expenses exceed income? () Y/N (**X**) N/A

Change resulted in FS Benefit ()Increase ( )Decrease ( )No Change

Or ( ) Ineligibility **Add Newborn to F22 BG and Establish F15 case**

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Reports the birth of her baby Emanuel Arroyo**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxx

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX NEWBORN REPORTED XXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 10/05/2006 1:59:27 PM

DATE OF REPORT IS:

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Allison Arroyo**

NEWBORN'S NAME: **Emanuel Arroyo** DOB: **10/03/06** SEX: **M** RACE: **B**

ENUMERATED AT HOSPITAL? CONFIRMATION OF BIRTH?

IS BABY 2 MONTHS OR OLDER? IMMUNIZATION VERIFICATION?

OTHER PARENT INFO: **Carlos Arroyo**

**********SEE DEM FOR DEPRIVATION**********

BIRTH MOTHER'S CURRENT MEDICAID COAS:

A/R WOULD LIKE PERSON ADDED TO: FS( ) TANF( ) MED(**X**) **NEWBORN**

NEWBORN'S INCOME/RESOURCES: **NONE**

SFU ( ) YES ( ) NO ( ) NOT APPLICABLE

FAMILY CAP CHILD ( )Y/N (**X**)N/A

IF NO, WHY NOT:

TYPE OF VERIFICATION:**A/R faxed a copy of the hospital confirmation of birth**

FORMS SENT( )C173 ( )A130 ( )C809

DATE SENT: DUE DATE:

REMARKS: **F15 case added and Emanuel added to F22 as an RP**

ENTER NAME, LOAD AND TEL #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

STAT B (F22)

- Emanuel's financial responsibility code will be RP

STAT C (PO1)

- Emanuel is not being added to this case

DEM1 for Allison Arroyo

- Allison Arroyo's pregnancy terminate 10/03/06

- Look up the valid value for the Term/Due code and enter the termination date. Allison's statement is accepted as verification
- Delete number expected and verification

Note: Ms. Arroyo is a US citizen and has provided required verification of citizenship and identity.

DEM1 for Emanuel

- Enter "B" in the SSA field
- 10/03/06 (child's DOB) is the SSN application date
- Emanuel lives at home
- Enter C for RSM child
- Emanuel does not receive SSI

DEM2 for Emanuel

- Emanuel is a U.S. citizen verified by Hospital Confirmation
- Enter "Y" for Health Check
- Fast path to DONE

ELIG for F22

- Enter Y to confirm

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F22**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	RP	A	100206		100206	100106			
CARL	ARR	CH	OT	Y	RP	A	100206	220	100206	100106			
ANDR	ARR	CH	OT	Y	RE	A	100206		100206	100206			
EMAN	ARR	CH	OT	Y	RP	A	100506		100506	100106			

Message

CAFI for F22

- Enter Y to confirm

INTERVIEW CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 11 06
AU ID 101134407 Prog MA Prog Type F **Med COA F22**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	710.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	800.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	710.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1396.00	Spenddown Amount	
Gross Earned Income	800.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 09 96 Review End Date 03 97 Strat 2
Message

13-note

Process Application Months

AMEN

- Select **P** for Process Application Months
- There are no changes in any of the application months**.** To tell SUCCESS there are no changes complete the following steps:
  - **Select the Initial Application Month**
  - **From ADDR fast path to DONE.**
- Note. You may receive an error message. If so, you will need to complete the Health Check field on DEM2 for Andrea due to problems in the training region.

Finalize Application for the Newborn and the RSM Child AU Separately.

AMEN

- Select **Q** for Finalize Application and enter the **Newborn AU#**
- Review and confirm benefits for all months.

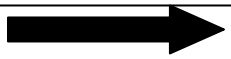
F15 ELIG for 10/06

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 10 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F15**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	NM	A	100506		100306				
EMAN	ARR	CH	OT	Y	RE	A	100506		100306	100106			



F15 CAFI for 10/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 10 06
AU ID 103384905 Prog MA Prog Type F **Med COA F15** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

13-note

→

F15 ELIG for 11/06

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F15**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	NM	A	100506		100306				
EMAN	ARR	CH	OT	Y	RE	A	100506		100306	100106			

F15 CAFI for 11/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 103384905 Prog MA Prog Type F **Med COA F15**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

13-note

AMEN

- Select **Q** for Finalize Application and enter the **RSM Child (F22) AU#**
- Review and confirm benefits for all months.

F22 ELIG for 10/06

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 10 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F22**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	RP	A	100206		100206	100106			
CARL	ARR	CH	OT	Y	RP	A	100206	220	100206	100106			
ANDR	ARR	CH	OT	Y	RE	A	100206		100206	100206			
EMAN	ARR	CH	OT	Y	RP	A	100506		100506	100106			

Message

F22 CAFI for 10/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 10 96
AU ID XXXX34407 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	175.00
Total Resources	.00	Net Earned Income	948.29
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1213.29	Allocated Income	.00
Net Unearned Income	.00	Net Income	948.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1213.29	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	2594.00	Spenddown Amount	
Gross Earned Income	1213.29	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 324 Budgeting Method A
Notice Type Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message

13-note

→

F22 CAFI for 11/06

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F22**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	RP	A	100206		100206	100106			
CARL	ARR	CH	OT	Y	RP	A	100206	220	100206	100106			
ANDR	ARR	CH	OT	Y	RE	A	100206		100206	100206			
EMAN	ARR	CH	OT	Y	RP	A	100506		100506	100106			

Message

F22 CAFI for 11/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID XXXX34407 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	175.00
Total Resources	.00	Net Earned Income	948.29
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1213.29	Allocated Income	.00
Net Unearned Income	.00	Net Income	948.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1213.29	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	2594.00	Spenddown Amount	
Gross Earned Income	1213.29	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons 324 Budgeting Method A
Notice Type Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message

13-note

→

III. Susan Nelson – Add a Newborn Independent Study

Background

Susan Nelson was just approved for RSM PG for herself and RSM child for her two children in her household which includes her spouse, Ralph. You have processed her request for prior month Medicaid. Now she calls on 10/05/06 to report she had her baby, Donna Nelson, a white female, on 10/03/06. There current address is 9019 Crestline Way, Atlanta, GA 30303, Fulton County. Phone (404) 765-0987. Ms Nelson has already faxed a copy of the Hospital Confirmation of Birth to your office. Ms Nelson's DOB is 06-02-1969. Her SSN is 319-01-XXXX (customize).

Your Assignment

- Process Add-a-Person to add Donna Nelson to the F22 case
- Add Newborn Medicaid as a new program
- Complete the O&P functions for both registrations
- Document the appropriate Macros/Quick Scripts
- Use a different RACF ID and complete the Q function for these registrations
- Don't forget to check the budgets. If you find an error, ask your trainer to help you.

Susan Nelson's F22 AU# XXXX00189

REMEMBER to follow these steps to Add a Person and Add a Program:

<u>STEP 1</u> K – to Add the Newborn to the RSM Child (F22) Budget Group

<u>STEP 2</u> J – to create a Newborn Medicaid Case (F15)

<u>STEP 3</u> O – to complete a mini interview for the Newborn

<u>STEP 4</u> P – to process the application and ongoing months

<u>STEP 5</u> Q – to finalize the Newborn (F15) and the RSM Child (F22) cases

F15 ELIG for 10/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 06 01

AU ID 100471119 Prog MA Prog Type F **Med COA F15**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	N	NM	A	100506		100306				
DONNA	NEL	CH	OT	Y	RE	A	100506		100306	100106			

Message

F15 CAFI for 10/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 10 06
AU ID 100471119 Prog MA Prog Type F **Med COA F15** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

13-note →

F15 ELIG for 11/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 100471119 Prog MA Prog Type F **Med COA F15** ←
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	N	NM	A	100506		100306				
DONNA	NEL	CH	OT	Y	RE	A	100506		100306	100106			

Message

F15 CAFI for 11/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 100471119 Prog MA Prog Type F **Med COA F15** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

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F22 ELIG for 10/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 06 4981 10 05 06 01

AU ID 893164118 Prog MA Prog Type F **Med COA F22** ⟵
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	A	100206		100206	100106			
RALPH	NEL	SP	OT	Y	RP	A	100206	220	100206	100106			
MARCUS	NEL	CH	OT	Y	RE	A	100206		100206	100106			
BRENDA	NEL	CH	OT	Y	RE	A	100206		100206	100106			
DONNA	NEL	CH	OT	Y	RP	A	100506		100506	100106			

Message

F22 CAFI for 10/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 10 06
AU ID 893164118 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	1375.73
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1465.73	Allocated Income	.00
Net Unearned Income	.00	Net Income	1376.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1465.73	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	2234.00	Spenddown Amount	
Gross Earned Income	1465.73	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message

13-note

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F22 ELIG for 11/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 96 4981 10 05 06 01

AU ID 893164118 Prog MA Prog Type F **Med COA F22** ⟵
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	A	100206		100206	100106			
RALPH	NEL	SP	OT	Y	RP	A	100206	220	100206	100106			
MARCUS	NEL	CH	OT	Y	RE	A	100206		100206	100106			
BRENDA	NEL	CH	OT	Y	RE	A	100206		100206	100106			
DONNA	NEL	CH	OT	Y	RP	A	100506		100506	100106			

Message

F22 CAFI for 11/06

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 10 06
AU ID 893164118 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	1375.73
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1465.73	Allocated Income	.00
Net Unearned Income	.00	Net Income	1376.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1465.73	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	2234.00	Spenddown Amount	
Gross Earned Income	1465.73	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message

13-note

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Summary of SUCCESS Procedures

Initial Application

O – to interview the customer

P – to add any requested verification, new or terminated income

Q – to make case active and issue benefits

Add a Person

K – to place the individual in existing cases

O – to add the financial and non-financial information for the new person

P – to process verification, new or terminated income for the new person

Q – to make the person active in the case and issue benefits for that individual.

Add a Program (Call Center Only)

J – to add the new program to the head of households list of the AUs

O – to add the non-financial and financial information for the new program

P – to add any requested verification, new or terminated income

Q – to make the case active and issue benefits for the new program

Combined Add a Person (Newborn to Existing Food Stamp and RSM Budget Group) and Add a Program (Create Newborn Medicaid Case)

Call Center Only

K – to place the Newborn to the existing Food Stamp and RSM Budget Group

J – to add the new Newborn Medicaid Case (no AU# required on AMEN, during this process you will register the Newborn Medicaid case SUCCESS will generate an AU# at the end of this process)

O – to add the non-financial and financial information for the Food Stamp and Newborn Medicaid Cases

P – to add verification (if required), new or terminated income, or any other required information for the Food Stamp and Newborn Medicaid Cases

Q – to make the EACH case active and issue benefits for the new program. EACH case must be finalized separately.

V. Allison Arroyo – Increased Income Walk Through

Background

- The A/R is Allison Arroyo, a mother, with her husband, Carlos, and their three-year-old child Andrea, and a newborn, Emanuel. Allison, Andrea and Emanuel are receiving Medicaid. Allison calls on 10/05/06 to tell you that she has gotten a promotion to assistant manager on 10/02/06. She will now earn a salary of $610 per week, 40 hours per week. She will be paid weekly on Wednesdays instead of bi-weekly. Her first check reflecting the promotion will be received on 10/17/06.

STEP ONE

- Access the case to document the change reported by Mr. Arroyo. Then request any verification needed to complete the change.

AMEN

- Select R and enter any of **Allison's AU ID #. XXXX00190**

ADDR

- Press F21 to access the NARR Screen. Select and complete **the Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 11/3/2006 12:16:52 PM

Reported Change: Earned Income(**X**) Unearned Income( )

Change in Address( ) Shelter( ) HH Size( )

Childcare( ) Resources( ) Other( )

Expenses exceed income? () Y/N (**X**) N/A

Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change

Or ( ) Ineligibility **Medicaid Only Case**

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **Reports received a promotion, now earns $610 per week**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

- press enter
- fast path to ERN2 for Allison

ERN2 for Allison

- she will now earn $610 per week salary, still 40 hours per week
- press F9 to access the REMARKS Screen. Select and Complete the **Change in Wages Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Change in Wages XXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:03:07 PM

Method of Contact (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Allison Arroyo**

Person Working: **Allison Arroyo** Effective Date: **11/06**

Employer's Name: **Toys R Us**

Reason for Change: **Received a promotion to assistant manager**

Hours worked/week: **40** Rate of Pay: **$610 salary** Frequency of pay: **Weekly**

Day of Week Paid: **Friday** Date First Check Reflecting change: **10/17/06**

Type of Verification: **Statement from employer.**

Forms Sent(**X**)C173 ( )C178 ( )C809 Due Date: **10/15/06**

Calculation of Pay: **$610 X 4.3333 = $2643.31**

*******Update Child Care and/or work code If Necessary*******

**********See MISC Remarks for Management **********

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- **send Form 173**

- fast path to done

STEP TWO – Verification Received

- Call Center receives a statement from her employer on 10/08/06, which verifies her salary increase to $610 per week, paid weekly on Wednesdays. Update Ms Arroyo's case.

AMEN

- Select **R** and enter any of Allison's AU ID #.

ADDR

- Fast Path to ERN2 for Allison

ERN2 for Allison

- Press F9 to access the REMARKS Screen. Select and Complete the **Verification Received Macro/Quick Script from the Verification Macros List**.

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXX Verification Received XXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 2:13:57 PM

Date Change Reported: **10/05/06**

DATE VERIFICATION RECEIVED: **10/08/06**

A/R Name: **Allison Arroyo**

has provided the requested verification of: **Increased Wages $610 salary per/wk**

INCOME(**X**) RENT( ) MANAGEMENT( ) ABSENT PARENT INFORMATION( )

Proof of Enumeration( ) or OTHER( )

TYPE OF VERIFICATION: **Statement from Employer**

REMARKS:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter

- Update the ERN2 screen

CHANGE EARNED INCOME 2 - ERN2 **DONE** 02
Month 11 96 01
Remarks

Client Name Allison Arroyo Client ID XXXX62468

Employer Name Toys R Us

Avg Hrs **040** Freq **WK** Day Week Pd **WD** Extra Pay

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V
610. 00 LE

Work Expenses

Type Amount Freq V Type Amount Freq V

More Jobs

Message

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

- fast path to DONE

ELIG-P01 for Allison Arroyo

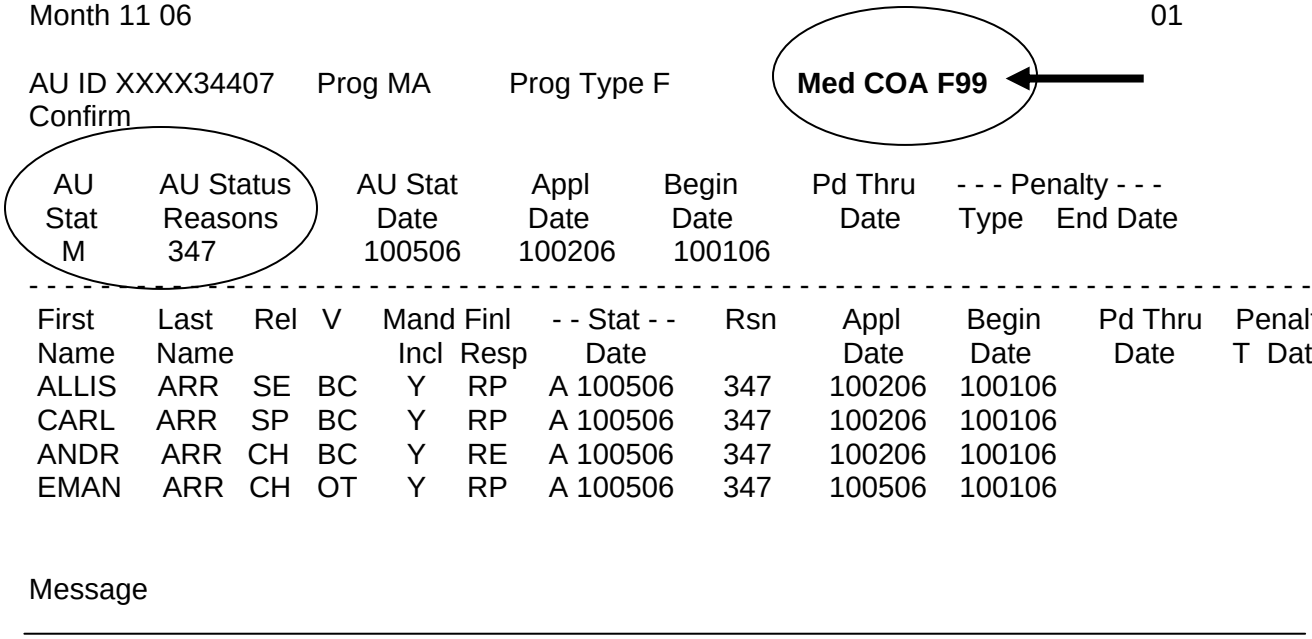
- Confirm the results

CAFI-P01 for Allison Arroyo

- Confirm results

ELIG-RSM Child for Allison Arroyo

- RSM child has trickled to an F99 (Medically Needy) case.
- Look up the AU Status Reasons in Valid Values help.
- **Do not confirm the case!**
- Fast path to the F22 STAT screen.



CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 01

AU ID XXXX34407 Prog MA Prog Type F **Med COA F99**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
M	347	100506	100206	100106			

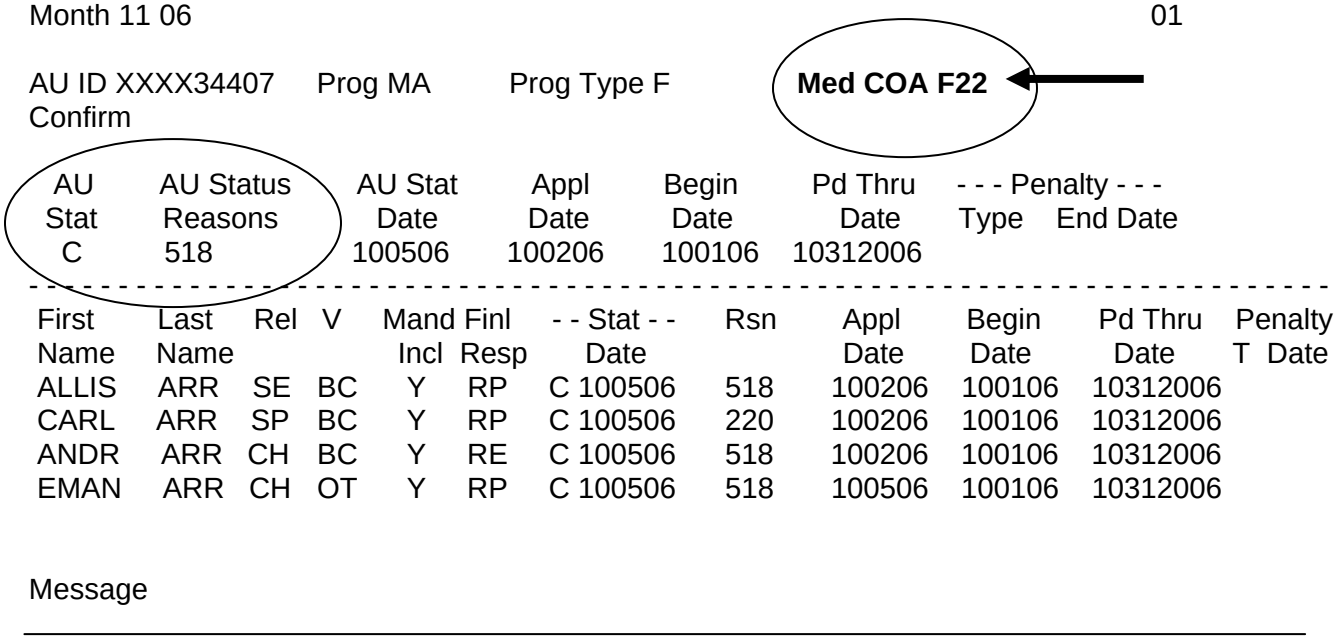
First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	BC	Y	RP	A	100506	347	100206	100106			
CARL	ARR	SP	BC	Y	RP	A	100506	347	100206	100106			
ANDR	ARR	CH	BC	Y	RE	A	100506	347	100206	100106			
EMAN	ARR	CH	OT	Y	RP	A	100506	347	100506	100106			

Message

ELIG F22

NOTE: You can now confirm the F22 Case for Closure, if the AU applies later this AU# can be re-used. Case closed under F99 cannot be reused.

- Enter Y to confirm



CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 01

AU ID XXXX34407 Prog MA Prog Type F **Med COA F22**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
C	518	100506	100206	100106	10312006		

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	BC	Y	RP	C	100506	518	100206	100106	10312006		
CARL	ARR	SP	BC	Y	RP	C	100506	220	100206	100106	10312006		
ANDR	ARR	CH	BC	Y	RE	C	100506	518	100206	100106	10312006		
EMAN	ARR	CH	OT	Y	RP	C	100506	518	100506	100106	10312006		

Message

STAT for F22

- Enter status reason code **518**
- PF9 to REMA **"free form documentation"** for m to enter and enter the following remark: "New income exceeds the RSM limits. MN spend down explained. RSM case closed and PEACH Care information given to A/R."
- Fast path to DONE

ERRO

- No errors that need to be dealt with press ENTER.

CAFI F22

- Enter Y to confirm

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 100134407 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 101506 Bnft Confirm **Y** Reasons 518 Budgeting Method A
Notice Type 0007 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message
13 -note

ELIG PO1

- Enter Y to confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 01

AU ID XXXX34407 Prog MA Prog Type F **Med COA P01** ←
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	Y	RP	A	100206		100206	100106			
CARL	ARR	SP	OT	Y	RP	A	100206		100206	100106			
ANDR	ARR	CH	OT	Y	RE	A	100206		100206	100106			

Message

CAFI P01

- Enter Y to confirm

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 11 06 1001 10 16 96
AU ID 100144407 Prog MA Prog Type P **Med COA P01** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100206 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 99 99 Strat 2
Message
13-note

ELIG F15

- Enter Y to confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 3981 10 05 06 01

AU ID 689122410 Prog MA Prog Type F **Med COA F15**
Confirm **Y**

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - - Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLIS	ARR	SE	OT	N	NM	A 100506		100306				
EMAN	ARR	CH	OT	Y	RE	A 100506		100306	100106			

Message

CAFI for F15

- Enter Y to confirm

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI C
Month 11 06 3981 10 05 06
AU ID 689122410 Prog MA Prog Type F **Med COA F15** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

13-note

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VI. Susan Nelson – Increased Income Independent Study

Background

- Susan Nelson was just approved for RSM PG for herself and RSM child. She calls on 10/05/06 to report she has received a promotion. She will now earn $20 per hour, 40 hours per week effective immediately. You have processed her request for prior months Medicaid and added her newborn to the existing cases as well as adding a Newborn (F15) Medicaid case. The first paycheck affected will be 10/12/06. You request verification from her employer Blind Willie's.

Your Assignment

STEP 1

- Document the reported change using the appropriate Macros/Quick Scripts and request verification of income
- Send s Verification Checklist

STEP 2

- Call Center receives verification from Ms Nelson's employer on 10/10/06 which verifies she will now earn $20 per hour, 40 hours per week beginning 10/12/06.
- **Do not confirm an F99 case**
- Check your budgets carefully and ask a trainer for help if needed.

F22 Trickled to F99 Elig for 11/06 DO NOT CONFIRM

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA F99**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
M	347	100506	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	A	100506	347	100206	100196			
MARCUS	NEL	CH	OT	Y	RE	A	100506	347	100206	100106			
RALPH	NEL	SP	OT	Y	RP	A	100506	347	100206	100106			
DONNA	NEL	CH	OT	Y	RP	A	100506	347	100206	100106			
BRENDA	NEL	CH	OT	Y	RE	A	100506	347	100506	100106			

Message

STAT for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA F22**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
C	518	100506	100206	100106	100312006		

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - - Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	C100506	518	100206	100196	100312006		
MARCUS	NEL	CH	OT	Y	RE	C 100506	518	100206	100106	100312006		
RALPH	NEL	SP	OT	Y	RP	C 100506	220	100206	100106	100312006		
DONNA	NEL	CH	OT	Y	RP	C100506	518	100206	100106	100312006		
BRENDA	NEL	CH	OT	Y	RE	C 100506	518	100506	100106	100312006		

Message

F22 CAFI for 11/96

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06
AU ID 100134407 Prog MA Prog Type F **Med COA F22** ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 101506 Bnft Confirm **Y** Reasons 518 Budgeting Method A
Notice Type 0007 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 04 07 Strat 2
Message
13 -note

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F15 ELIG for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA F15**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - - Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	100506		100306				
DONNA	NEL	CH	OT	Y	RP	100506		100306	100106			

Message

F15 CAFI for 11/06

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06 2001 10 05 06
AU ID 396272514 Prog MA Prog Type F **Med COA F15**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm y Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

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P01 ELIG for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA P01**
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	- - - Penalty - - - Type	End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	- - Stat - -	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
SUSAN	NEL	SE	OT	Y	RP	A	100206		100206	100196			
MARCUS	NEL	CH	OT	Y	RE	A	100206		100206	100106			
RALPH	NEL	SP	OT	Y	RP	A	100206		100206	100106			
BRENDA	NEL	CH	OT	Y	RE	A	100206		100206	100106			

Message

P01 CAFI for 11/06

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A
Month 11 06 2001 10 05 06
AU ID 396272514 Prog MA Prog Type F **Med COA P01**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 100506 Bnft Confirm y Reasons Budgeting Method A
Notice Type 0003 Waive Timely Ntc Period Notice Override
Review Begin Date 10 06 Review End Date 10 07 Strat 2
Message

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I. Objectives for Putting It Together

By the end of this section, you should know:

- how to add a new person to an ongoing combination Food Stamp and Medicaid Case
- which Macros/Quick Scripts to document when adding a new person to an ongoing combination Food Stamp and Medicaid Case

Putting It Together

Combination Cases FS/MA

Add a Person to More Than One Program at One Time!!

K – to register the new person into all cases at the same.
Note: on the AMEN screen you only have to enter one AU number. SUCCESS will then list all the cases for that Head of AU on the INCH Screen in the "K" process

O – to add the non-financial and financial information for the all cases at one time

P – to add verification (if required), new or terminated income, or any other required information for the different cases

Q – to finalize EACH case separately and issue benefits for the new person added to the cases.

WALK THROUGH CASE: HERMAN HORTON ADDING A PERSON TO AN ONGOING COMBINATION FOOD STAMPS AND MEDICAID CASE.

This case will demonstrate how to add a person to an ongoing combination case.

Background:

Herman Horton calls on 10/05/06 to report that his niece Kelly L. Horton age 8 now lives with him. She moved in on 10/2/06. Her parents William and Shelly Horton were killed 3 months ago in an auto accident. He would like to add Kelly to his Food Stamp and RSM Child Cases. Kelly started receiving $250 per month Social Security Benefits (RSDI Survivors Benefit) in 9/06. Mr. Horton has already faxed to your office a copy of Kelly's Birth Certificate to verify citizenship and a copy of the Benefit Award letter from Social Security to verify Kelly's RSDI benefit amount, as well as a copy of the death certificates for Kelly's parents.

Your Assignment

- Register Kelly into the Food Stamp and RSM Cases, complete a mini interview, complete the application processing and finalization functions to add Kelly to both cases using the data below.

STEP 1 Register New Person

AMEN

- select **K**
- enter Herman Horton's FS AU ID# **XXXX00012 OR**
  the RSM (F22) AUID # **XXXX00011** (choose either AU#)

NAME

- cannot change any information, press enter

MEMB

- Kelly L. Horton
- DOB 02/11/1998
- White Female
- Social Security Number **555 – 44 – XXXX**
- Press Enter

CRS

- assign a new client ID number for Kelly, she has never received assistance
- Note: if names already appear on the screen, you will have to press enter until you see “End of Matches” or “No Next Screen” in red at the bottom of the screen
- then TAB to assign a new client ID, type “Y”
- press enter

MEMB

- Press enter as there are no more members to add

INCH

- type “Y” select Food Stamps and Medicaid F22
- enter N for all persons receiving TANF, RF, SSI (if needed)
- application date is 10/05/06
- do not print AFA as this is not needed when adding a person to the FS case
- PF4 around the warning message

NOTE: The application date for adding a person will be the day that the change is reported.

REDI

- do not schedule an appointment, PF4
-

STEP 2 Interview

AMEN

- select **O**
- enter Herman Horton’s FS AU ID# **XXXX00012 OR**
  the RSM (F22) AUID # **XXXX00011** (choose either AU#)

ADDR

- Press F21 to access the NARR Screen. Select and complete **the Narrative Macro/Quick Script "Change Reported to Change Center".**

UPDATE NARRATIVE - NARR NARR

xxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxx

Today's Date is 10/05/2006 12:16:52 PM

Reported Change: Earned Income( ) Unearned Income( )

Change in Address( ) Shelter( ) HH Size(**X**)

Childcare( ) Resources( ) Other( )

Expenses exceed income? ( ) Y/N (**X**) N/A

Change resulted in FS Benefit (**X**)Increase ( )Decrease ( )No Change

Or ( ) Ineligibility Add Kelly to FS and MA F22

E-mail sent: Follow up required by county? (**N**)Y/N

No action taken by call center. ( ) Y/N

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? (**N**)Y/N

REMARKS: **A/R reports niece Kelly L. Horton moved into his home. A/R has already faxed a copy of her birth certificate, Social Security Award Letter and a copy of the death certificates for Kelly's parents.**

Enter Name, Load and Tel #

xxxxxxxxxxxxxxxxxxx

STAT A

- update status in the **RSM F22 Case**
- relationship verification "OT"
- mandatory include – Yes "Y"
- financial responsibility – applicant "PN"
- press F9 to access the REMARKS Screen. Select and Complete the ADD **Add HH Member Macro/Quick Script from the Master Macros List.**

UPDATE REMARKS - REMA REMA
XXXXXXXXXXXXXX ADDITIONAL HH MEMBERS XXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 8/15/2007 11:53:23 AM

METHOD OF CONTACT (**X**)PHONE ( )FAX ( )MAIL ( )OTHER

CONTACT'S NAME/SOURCE: **Herman Horton**

NEW MEMBER NAME	DOB	SSN	RELATION	INCL
Kelly L. Horton	**02-11-1998**	**555-44-XXXX**	**Niece**	**Y**

SHOULD AU'S BE COMBINED DUE TO AGE/RELATION? Y/N(**Y**) DATE MOVED IN: **10/02/06** IF NOT INCLUDED, EXPLAIN:

IF INELIGIBLE/SANCTIONED, EXPLAIN:

PREVIOUS WHEREABOUTS ( )INCARCERATED ( )OUT OF STATE ( )FOSTER CARE

IS PERSON A LAWBREAKER (CONVICTED FELON, FLEEING FELON OR PAROLE OR PROBATION

VIOLATER? YES: NO: **N/A** WHAT CRIME?:

IF YES, REFER TO POLICY TO SEE IF PERSON CAN BE ADDED TO FS.

REMARKS:

*IMMUNIZATION VERIF. NEEDED FOR 2 MOS. - SCHOOL AGE*SEE DEM FOR DEPRIVATION*

INCOME OF NEW MEMBER: **RSDI** RESOURCES OF NEW MEMBER: **NONE** A/R WOULD LIKE PERSON ADDED TO FS(**X**) TANF( ) MED(**X**)

TYPE OF VERIFICATION: **Received, Faxed on 10/05/06**

FORMS SENT( )C173 ( )C178 ( )C809

SENT DATE: DUE DATE:

REMARKS:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

STAT B

- update status in the **Food Stamp Case**
- relationship verification **"OT**"
- mandatory include **"Y"**
- financial responsibility – applicant **"PN"**
- press enter to DEM1 for Kelly

DEM1 for Kelly

- lives at home with her uncle
- **Note:** If there is a red question mark in the Health Check Field, type "Y"

DEM2 for Kelly

- client provided a copy of Kelly's birth certificate which verifies citizenship
- Kelly is a full time student, verified by client statement
- Press Enter

ALAS for Kelly

- She will attend Oakbrook Elementary School
- Press enter
- fast path to **UINC** for Kelly

UINC for Kelly

- Kelly receives $250.00 per month Social Security (RSDI Survivors Benefit)
- Provides an Award Letter from the Social Security Administration to verify monthly amount
- SSA Claim Number **555-44-XXXXB**

- press F9 to access the REMARKS Screen. Select and Complete the **New Unearned Income Macro/Quick Script from the Unearned Income Macros List.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXX New Unearned Income XXXXXXXXXXXXXXXXXXXXXXX

Date of Contact is: 8/22/2007

Method of Contact: (**X**)Phone ( )FAX ( )Mail ( )Other

Contact's Name/Source: **Herman Horton**

Person receiving: **Kelly L. Horton** Type of Unearned Income: **RSDI**

Date first received: **September 2006**

Gross amount**: $250** Net amount**: N/A**

Explain budgeted amount? ( ) Yes (**X**)No

How verified? **Award Letter from Social Security**

Lump sum received ( )Yes (**X**)No ***If yes, update resource screen***

Verification Status: **Received , Faxed copy of Benefit Award letter to office on 10/05/06**

Forms Sent:( )C173 ( )C178 ( )C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to WORK for Kelly

WORK for Kelly

- SUCCESS automatically coded Kelly as exempt due to age, client statement accepted
- Fast path to MISC for the Food Stamp Program

MISC B for the Food Stamp Program

- press F8 – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has increased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script.**

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Management XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:55:36 PM

Method of Contact (**X**) Phone ( )FAX ( )Mail ( )Other

AU Name: **Herman Horton**

Net Income:

Monthly EXPENSES: MANAGEMENT MET() Yes ( ) NO

If NO, Explain Discrepancies:

Type of Verification:

Forms Sent( )C173 ( )C178 ( )809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- press enter
- fast path to DONE

ERRO (If you have no errors this screen will not appear)

- Display error codes and resolve. Clearinghouse Errors in the training region are OK
- Press Enter

ELIG

- Check non-financial eligibility and confirm if needed

- Eligibility screens show due to change to active members in existing case. **NOTE:** This is not confirming Kelly's add a person application which is still pending.

FSFI

- Check and confirm benefit amount. It should not have changed.

DONE

- press enter to commit data to data base

STEP 3: Processing Application Months

AMEN

- select **P** and enter Herman Horton's FS AU ID# **XXXX00012**
- or the RSM (F22) AUID # **XXXX00011**

APP1

- select 10/06
- **from ADDR fast path to DONE**

DONE

- press enter to commit to the data base

APP1

- PF 13 back to AMEN

STEP 4: Finalize Each Case Separately **(ONE RACF ID REQUIRED)**

AMEN

- select **Q** and enter Herman Horton's MA F22 AU ID# **XXXX00011**

APP2

- press enter

ELIG A for 10/06

- review and enter Y to confirm

FSFI for 10/06

- review and enter Y to confirm

ELIG A for 11/06

- review and enter Y to confirm

FSFI for 11/06

- review and enter Y to confirm

CAFI for HERMAN HORTON – ADD A PERSON MEDICAID F22 10/06

INTERVIEW CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 10 06
AU ID 101134407 Prog MA Prog Type F **Med COA F22**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	511.37
Gross Income Test		Net Unearned Income	250.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	601.37	Allocated Income	.00
Net Unearned Income	250.00	Net Income	761.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	851.37	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	601.37	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 09 96 Review End Date 03 97 Strat 2
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CAFI for HERMAN HORTON – ADD A PERSON MEDICAID F22 11/06

INTERVIEW CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 11 06
AU ID 101134407 Prog MA Prog Type F **Med COA F22**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	511.37
Gross Income Test		Net Unearned Income	250.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	601.37	Allocated Income	.00
Net Unearned Income	250.00	Net Income	761.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	851.37	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	601.37	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 09 96 Review End Date 03 97 Strat 2
Message

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APP2

- Type “Y” to Finalize the Case
- Press enter back to AMEN

AMEN

- select **Q** and enter Herman Horton's Food Stamp AU ID# **XXXX00012**

APP2

- press enter

ELIG A for 10/06

- review and enter Y to confirm

FSFI for 10/06

- review and enter Y to confirm

ELIG A for 11/06

- review and enter Y to confirm

FSFI for 11/06

- review and enter Y to confirm

FSFI for HERMAN HORTON - FOOD STAMP ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	50.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	601.37	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	120.27	Thrifty Food Plan	278.00
Net Earned Income	481.10	Allotment Amount	278.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	278.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 05 06 Review End Dt 10 06 Strat 2 Issue Type

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FSFI for HERMAN HORTON - FOOD STAMP ADD A PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	50.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	601.37	Adjusted Net Income	197 .00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	120.27	Thrifty Food Plan	399.00
Net Earned Income	481.10	Allotment Amount	340.00
Gross Count Unearned	250.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	340.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 05 06 Review End Dt 10 06 Strat 2 Issue Type

Message

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APP2

- Type “Y” to Finalize the Case
- Press enter back to AMEN

II. Sally Ramsey: Independent Study Add a Person to Combined Food Stamp and Medicaid F22 cases.

Background

Sally Ramsey calls on 10/02/06 to report that her nephew Mark C. Ramsey age 14, now lives with her. His date of birth is 5 – 11 – 92. He is a black male. His SSN is 555 –55 - XXXX. He moved in on 9/27/06. His parents Mary and Joe Ramsey are deceased. He previously lived with his grandmother in another state. Ms Ramsey would like to add Mark to her Food Stamp and RSM Child Cases. Mark currently receives $115.00 per month Social Security Benefits (RSDI Survivors Benefit, claim number 555-55-XXXXB. Mark started receiving RSDI in 5/04. Mark currently attends Mountain View High School. Mark will graduate high school in June 2010. Ms Ramsey has already faxed to your office a copy of Mark's Birth Certificate to verify citizenship, a copy of the Benefit Award letter from Social Security to verify Mark's RSDI benefit amount, as well as a copy of the death certificates for Mark's parents.

- **Sally Ramsey's FS AU# XXXX00030**

MA F22 AU# XXXX00031

Your Assignment

Complete the following steps to add Mark to the Food Stamp and Medicaid cases:

- K – Add a Person (registration for all programs)
- O – Interview for ALL Programs
- P – Process Application Months
- Q – Finalize Each Case Separately (one RACF ID required)

CAFI for SALLY RAMSEY – ADD A PERSON MEDICAID F22 10/06

INTERVIEW CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 10 06
AU ID 101134407 Prog MA Prog Type F **Med COA F22**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	81.24.
Total Resources	.00	Net Earned Income	1042.08
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1213.32	Allocated Income	.00
Net Unearned Income	.00	Net Income	1042.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1213.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	1213.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm **Y** Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 09 96 Review End Date 03 97 Strat 2
Message

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CAFI for SALLY RAMSEY – ADD A PERSON MEDICAID F22 11/06

INTERVIEW CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B
Month 11 06
AU ID 101134407 Prog MA Prog Type F **Med COA F22**

		Net Income Test (cont)	
Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	81.24.
Total Resources	.00	Net Earned Income	1042.08
Gross Income Test		Net Unearned Income	115.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	1213.32	Allocated Income	.00
Net Unearned Income	.00	Net Income	1157.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	1213.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1384.00	Spenddown Amount	
Gross Earned Income	1213.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm Reasons Budgeting Method A
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 09 96 Review End Date 03 97 Strat 2
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FSFI for SALLY RAMSEY - FOOD STAMP ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	395.29
Total Resources	00.00	Medical Deduction	.00
Income Test		Dep Care Deduction	81.24
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1213.32	Adjusted Net Income	360.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	242.66	Thrifty Food Plan	278.00
Net Earned Income	970.66	Allotment Amount	170.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	170.00
Standard Deduction	134.00	Previous Benefit	170.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 05 06 Review End Dt 10 06 Strat 2 Issue Type

Message

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FSFI for SALLY RAMSEY - FOOD STAMP ADD A PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	337.79
Total Resources	00.00	Medical Deduction	.00
Income Test		Dep Care Deduction	81.24
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1213.32	Adjusted Net Income	533.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	242.66	Thrifty Food Plan	399.00
Net Earned Income	970.66	Allotment Amount	239.00
Gross Count Unearned	115.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	239.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 05 06 Review End Dt 10 06 Strat 2 Issue Type

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OBJECTIVES

- To motivate participants to apply on the job what they have learned in this 9 day training course
- To reinforce to participants that training is a process, not an event
- To encourage participants to establish goals for the next 90 days
- To encourage participants to establish and utilize support networks
- To encourage participants to use other resources available in the resources in their Call Center office
- To encourage participants to do the Right Work, the Right Way.