

SUCCESS Participant Guide



Case Screening and Registration

Georgia Division of Family and Children Services

4/22/08

SUCCESS Participant Guide



Case Screening and Registration

Georgia Division of Family and Children Services

INTRODUCTION

Course Objectives

This course is designed to introduce you to the benefits of good customer service and to teach you how to initial screen and register A/Rs for benefits using SUCCESS. By the end of this course you should know how to:

- Greet customers promptly and courteously
- Make it faster, friendlier, easier for customers to engage with us
- Screen applicants in the Client Registration System in order to assure only one client ID is used for all program types
- Navigate in SUCCESS
- Identify basic features of SUCCESS and their use:
 - Screen design
 - Colors
 - PF Keys
- Complete application registrations in SUCCESS
- Identify the names and order of screens in the registration process

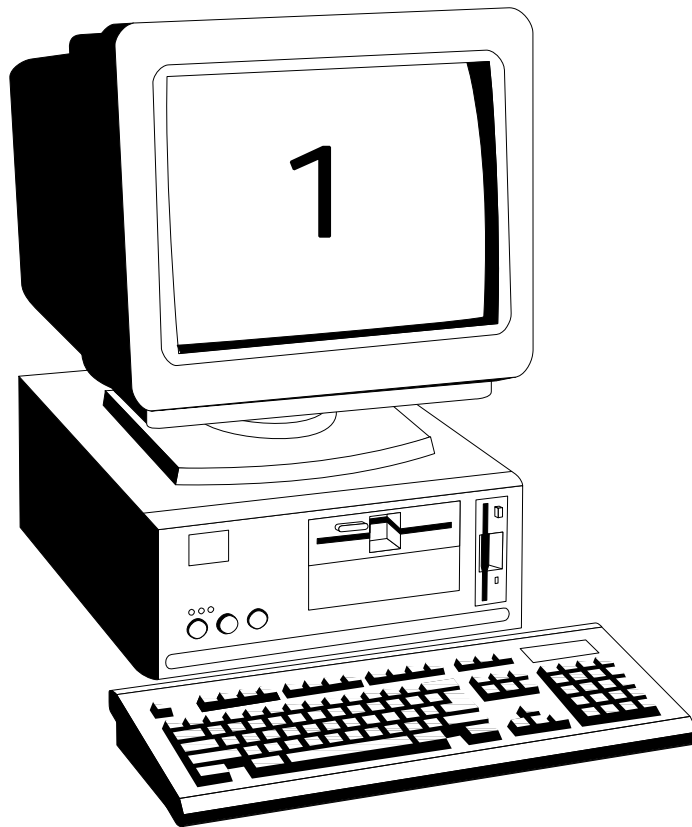
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Objectives

By end of this section, you should know how to:

- Course objectives
- Standards, Expectations and Attendance Policy
- DHR Service Model
- Goals of DHR/DFCS staff
- DFCS focus and doing the Right Work the Right Way



**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

Introduction

- 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.

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.

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 _____

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.

Goals 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:

- ☒ 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 weigh 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.

Course Outline



Day One

Introduction to the Course
Customer Service
SUCCESS

Day Two

Screening

Day Three

Registration

Day Four

Skill Demonstration
Putting It All Together
Closing

SUCCESS Participant Guide



*Case Screening and
Registration*

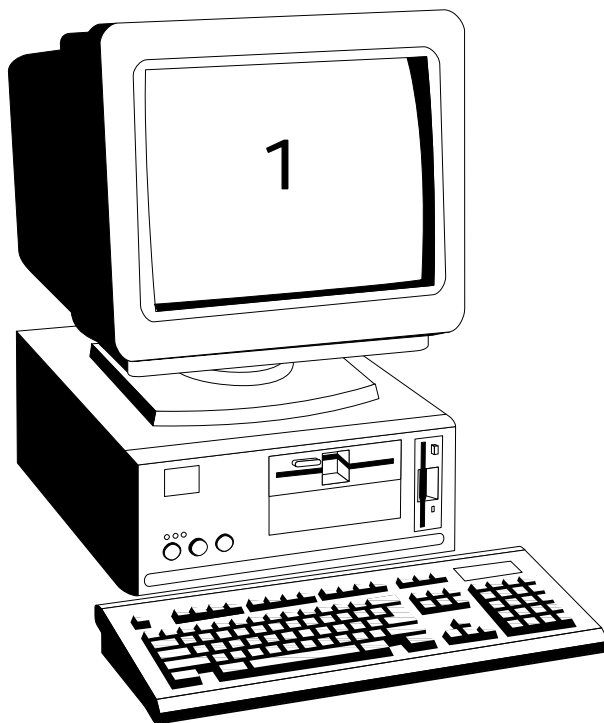
Georgia Division of Family and Children Services

CUSTOMER SERVICE

Objectives

By end of this section you should know:

- define your role in DFCS
- identify Customer Service Behavioral Standards
- identify non-verbal communication in customer service
- apply good customer service strategies
- demonstrate the standard DHR telephone greeting
- identify the procedures for reporting Child Abuse and Neglect
- identify the procedures reporting Elderly Disabled Abuse and Neglect



YOUR ROLE

Your role in DFCS as a Screener/Program Assistant is one of the most important positions in the entire agency.

As the person of initial contact with customers and visitors, you establish an indelible image of the agency within the community. You are also the foundation for our desired success in administering public assistance in the most responsible manner.



We believe that we can provide prompt service and accuracy to attain professional excellence and decrease our error rate. To achieve this level of professionalism, it is imperative that you, as a Screener/Program Assistant, **provide quality customer service with an attitude of respect** for the individual, acknowledging each person's uniqueness, and right to privacy of information. It is also imperative that you are efficient and thorough in screening and registering Temporary Assistance to Needy Families (TANF), Medicaid and Food Stamp cases.

The purpose of screening and registration is to:

- check the system to determine if the customer is an active or former recipient with an existing identification number
- assign an identification number (client ID) if the customer does not have one
- collect information from the customer and enter it on SUCCESS
- determine programs for which a customer may be eligible
- schedule an intake interview
- Screen for claims

By executing these duties proficiently, you will help avoid problems which diminish our services such as assignment of duplicate client identification numbers. While these are not minuscule tasks, we believe that your selection for this important position will allow us to achieve consistent accuracy in our quest to deliver quality service to our customers.

WELCOME TO THE TEAM!!!

Customer Service Behavioral Standards



GREET your customers promptly and courteously.

LISTEN and verify your understanding of the customer's needs.



HELP customers with your answers and actions.

HONOR your commitments in a timely manner.



Experiencing Customer Service - Exercise

Think about the experiences you have had in your own life as a customer during the past few months (in any place: a store, restaurant, whatever).

STEP ONE: Please think about an example of bad service that you have received or have personally seen, the more horrible, the better.

- a) What did the person(s) do or not do that made it so awful or disappointing? Please be specific.

- b) What should they have done differently?

- c) How can we use this in our own work?

STEP TWO: Now please think about an example of excellent service that you have received or have personally seen, the more spectacular, the better.

- a) What did the person(s) do or not do that made the service so exceptional? Please be specific.

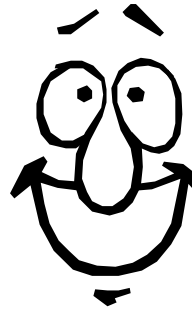
- b) How can we use this in our own work?

Adapted from Michael Brandwein, Lincolnshire, IL

Non-Verbal Communication in Customer Service

Use the **S-O-F-T-E-N** formula:

Smile:



Open space: Don't put anything between you and the other person.

Forward lean: Sends the message that you care about what the person has to say.

Territory: Do not invade the other person's space.

Eye contact: Make eye contact as often as possible, particularly when speaking to another person.

Nod: Nodding occasionally conveys to the other person that you are listening and interested in what they have to say.

Ten Rules for Providing Quality Customer Service

1) Greet the Customer Immediately

- ♦ Call the customer by a courtesy title (Mr., Mrs., Ms.) and use his or her last name
- ♦ Make immediate eye contact
- ♦ If you are busy, acknowledge the customer's presence with a nod or a smile
- ♦ An immediate greeting only takes a second, but it puts the customer at ease and gets you started on the right foot.

2) Give the Customer Your Undivided Attention

- ♦ Let the customer know that his or her situation is your number one priority at that time
- ♦ Don't act disinterested or bored
- ♦ Pay attention to the customer and show that you consider him or her to be important
- ♦ Don't try to handle two customers at one time
- ♦ Practice good listening skills so you can discuss key points, answer questions, and make appropriate referrals.

3) Make the First 30 Seconds Count

- ♦ The first 30 seconds belong to the customer, not to you
- ♦ Don't force customers into the same mold; recognize that each individual and situation is unique
- ♦ Give each customer a chance to communicate his or her needs clearly in the first 30 seconds.

4) Be Natural, Not Phony or Mechanical

- ♦ Don't give the customer the standard or routine answers to questions
- ♦ Express genuine interest and concern
- ♦ Avoid the "have-a-nice-day-next" attitude.

5) Be Energetic and Cordial

- ♦ Approach each contact with a customer as a new event
- ♦ When answering the telephone, keep in mind that the customer can't see you and your voice is the only means you have of making a good impression
- ♦ Pace yourself as you work.

6) Be the Customer's Agent

- ♦ Make the commitment to help solve the customer's problem
- ♦ Know who is responsible for various duties within your organization so you can make appropriate referrals
- ♦ Be willing to apologize to a customer if the situation calls for it – even if you are not the one who made the mistake
- ♦ Think of your job as a matter of solving problems for the customer, not just performing a set of tasks.

7) Think! Use Your Common Sense

- ♦ It's ok to think for yourself
- ♦ If the answer isn't "in the manual", stop and think things over
- ♦ Try to think beyond the limits of habit, tradition, and standard procedures
- ♦ Look for new ways to do things that will be beneficial to your customers.

8) Be Flexible

- ♦ Don't allow the rules or procedures to become a barrier to helping the customer
- ♦ It's okay to bend the rules within reason if you are making the right decision for the customer and his/her family
- ♦ If you are in doubt, check with your supervisor about a new way to solve a customer's problem
- ♦ Rules exist to make things work properly, but when rules get in the way of serving the customer efficiently, it may be appropriate to question the rules.

9) Make the Last 30 Seconds Count

- ♦ The last impression a customer leaves with is just as important as the first impression
- ♦ Remember that customers are the reason you have a job
- ♦ Offer a bit of helpful information; let the customer know what to expect, and what information is needed
- ♦ Make the contact a positive experience.

10) Take Good Care of Yourself

- ♦ You can take good care of your customers by taking good care of yourself. Everyone has a bad day now and then, but the key to your success is to keep those feelings in check and not let those feelings impact the quality of service you provide
- ♦ Pay attention to your feelings throughout the day and keep yourself in a positive frame of mind
- ♦ When you are feeling good, you transmit that energy and optimism to your co-workers as well as to your customers.

Standard DHR telephone greeting:

“Hello _____ (state your Division or office name), this
is _____ (your name), may I help you?”

Example: “Hello, Clarke County Department of Family
and Children Services, this is Darren Chester, may I
help you?”

Write down how you will answer the phone in your
office:

Techniques to improve telephone customer service:

- The telephone should be answered by the second ring.
- Put a smile on your face when talking. That smile will be “heard” by the caller.
- Adjust your rate of speech to match the caller.
- If you must put someone on hold, say “May I place you on hold while I get that information for you?” Make sure you wait for their answer before pressing the button.
- Never keep someone holding for more than 30 seconds. If necessary pick back up and explain any delay and give the caller an opportunity to hang up and have you call them back.

Your Responsibility in Reporting Child Abuse or Neglect

(ESS Policy Manual 2015)

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**

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 she 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.

**When you return to your office discuss
with your Supervisor the CPS process
for your county office.**

CPS Supervisor: _____

Phone Number: _____

Who to contact if they aren't there: _____

Phone Number: _____

What to do after work hours?

What name and number to give customers that ask?

PROTECTING CHILDREN

The Division of Family and Children Services at Work

Every child needs to be treated, protected and nurtured. Unfortunately, some parents can't — or won't — care for their children.

When they neglect or abuse them, some one must step in to ensure the children's safety. The community, the police, the courts and state and local agencies share this responsibility.

In Georgia, the Division of Family and Children Services (DFCS) has a special role as the state agency designated to protect children and strengthen families.

Many people misunderstand, or do not know, how DFCS does its job. Here is the way Georgia's Child Protective Services system (CPS) works.

Where do children go who must be removed from their homes?

If it is a crisis situation, the child may go to an emergency shelter. Then, about half of the children are placed with relatives and half with foster parents. DFCS evaluates all potential foster homes. Foster parents are screened and trained and receive financial aid to help with the cost of the child's care.

Is there more child abuse and neglect now than in the past?

After reaching all-time highs nationwide in the early 1990s, reports have decreased significantly. Many families whose problems are poverty-related (lack of adequate clothing, food or housing) are referred by DFCS to community resources for the help they need, so they do not enter the CPS system. This allows DFCS to address the cases where actual abuse and neglect have occurred and to concentrate its efforts on the most troubled families.

What rights do children have?

DFCS believes that children have the right to grow up in a stable home in a safe and healthy environment and not to be abused or neglected.

What happens if a child is still being neglected or is abused again?

If conditions do not improve, DFCS may go to court to seek temporary custody of the child. If custody is granted, DFCS places the child in a safe environment (for example, with a relative or foster family) while continuing to work with the parents to help them resolve their problems.

If the family does not improve, what is the next step?

DFCS petitions the court to terminate parental rights and make the child available for adoption.

Does Georgia emphasize keeping the family unit together at all costs?

No. The most important consideration is the safety and protection of the child. Both state and federal laws have set clear guidelines for quicker termination of parental rights in cases where families show no improvement and to ensure that children remain in foster care no longer than necessary. For example, when parents refuse or repeatedly fail to complete drug treatment successfully or do not follow improvement goals, DFCS is required to develop a permanency plan for their children and seek early termination and adoption.



If you think a child is being hurt or neglected whom do you call?

The Department of Family and Children Services is in every county. You simply call their local office and give them the name and location of the child. Your report is confidential. While you do not have to give your name to make a report, it can be more helpful for the child if you are willing to tell who you are and to testify in court if necessary. If you believe a child is in immediate danger, call the police. They will contact DFCS.

What is considered child abuse or neglect?

- Physical abuse is injury to a child under age 18 by a parent or caretaker which results in bruises, welts, fractures, burns, cuts or internal injuries.
- Neglect is the failure of the parent or caretaker to see that a child is adequately supervised, fed, clothed or housed.
- Sexual abuse occurs when a parent or other adult uses a child under age 18 for sexual stimulation.

What type of maltreatment is most reported?

Neglect makes up the bulk of the reports and the majority of substantiated cases. Lack of adult supervision is the most common type of neglect. Physical abuse is the next most reported and substantiated type of maltreatment, followed by sexual abuse.

What happens when you call DFCS to report suspected abuse or neglect?

The worker first determines whether the call is about the maltreatment of a child under 18 by a parent or caretaker. Reports that fall within these guidelines are investigated by DFCS investigators, frequently along with the police.

The law requires DFCS to notify the police of every report. About 60 percent of the reports received require an investigation. The remainder are referred to other agencies, such as the local police, health department or school system for assistance.

How soon after a report is made does the worker begin the investigation?

In-person response time ranges from within 24 hours to five days, depending on the nature of the allegation, the age of the child and the severity of the allegation.

What happens in an investigation?

Generally, the CPS worker

- checks other DFCS offices to see if there have been previous reports on this child or on the alleged perpetrator.
- visits the child at home or school to observe and talk with him or her directly.
- meets with the family to discuss the allegations.
- talks with anyone who may have information about the child and the family situation, including relatives, neighbors, friends, school personnel, and physicians.

The main concern throughout the investigation is the safety of the child.

Once an investigation is completed, how does the worker make a decision?

There are two possible outcomes of an investigation. The report is substantiated or unsubstantiated.

- Substantiated** — means that more than half of the facts gathered indicate that the child has been abused or neglected.
- Unsubstantiated** — means that there is not enough evidence to prove that the child has been mistreated.

If a report is substantiated, does DFCS automatically remove the child from the home?

No. A child may be taken from home by the police if he or she is in immediate danger. If there appears to be an ongoing risk to the child, DFCS may petition the juvenile court to remove the child.

Under what conditions may DFCS remove children who are not in immediate danger?

If the CPS staff determine that it is not safe for a child to remain at home (for example, when very young children are left home alone), then DFCS will file a petition with the juvenile court for a hearing to decide whether the agency will be granted temporary custody.

What happens to children who are left with their families after DFCS has confirmed abuse or neglect?

Families are rated as low-, moderate- or high-risk based on the nature and extent of their problems (substance abuse, no social support, violence). The most intensive services (more in-person visits by the case manager) are provided to the high-risk families as this has been shown to reduce repeat abuse and neglect. Case managers visit the family regularly and link them with other services to strengthen the family and address the causes of maltreatment.

What kinds of services are offered to these families?

- referral for alcohol and drug treatment
- referrals for employment and child support
- parenting education
- counseling
- in-home parent aides
- child care

ADULT PROTECTIVE SERVICES

All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.

Calls that are Emergency Situations should be directed to contact 911

Reports of abuse, neglect or exploitation of disabled adults or elder person **(who are NOT residents of nursing homes or personal care homes)** should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

APS Central Intake Unit Contact Information:

- Toll Free (888) 774-0152
- Within Metro Atlanta local calling area (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program.**

Office of Regulatory Services Intake Contact Information:

- Toll Free (800) 878-6442
- Within Metro Atlanta local calling area (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

Long Term Care Ombudsman Program Contact:

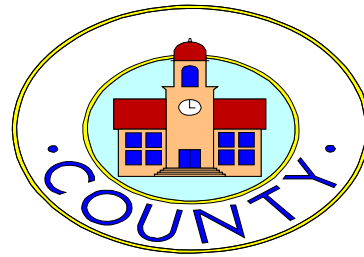
- Toll Free (888) 454-5826

Contact Information:

Division of Aging Services
Two Peachtree Street, NW
Suite 9385
Atlanta, GA 30303-3142
Phone: (404) 657-5258
Fax: (404) 657-5285



DFCS TERMINOLOGY



APPLICANT/RECIPIENT (A/R) - Person who applies for or is receiving public assistance benefits. A/R is also referred to as the "CUSTOMER."

ASSISTANCE UNIT (AU) – A person or group of people applying for and/or receiving a specific type of assistance.

AU NUMBER (AU ID) - The unique case number assigned by SUCCESS, per program, that the AU applies for.

AUTHORIZED REPRESENTATIVE - Another adult selected by the A/R to act and/or receive benefits on behalf of the Food Stamp Assistance Unit. The Authorized Representative does not have to be related to the A/R or any other members of the Assistance Unit. The Authorized Representative position is called a Personal Representative in the TANF and MAO programs.

CLIENT ID - A randomly assigned number identifying an A/R or other household member in SUCCESS.

CLIENT REGISTRATION SYSTEM (CRS) - A clearinghouse system shared by SUCCESS (DFCS) and \$TARS (Office of Child Support Services). This system assigns and tracks client ID numbers for persons receiving public assistance and child support benefits.

APPLICATION - The action by which an individual indicates in writing his desire to receive assistance. The "date" of an application is the date a signed application is received by a local DFCS office or DCH.

APPLICATION FOR ASSISTANCE (AFA) – the SUCCESS generated application for assistance.

FOOD STAMP PROGRAM (FS) - Federally funded program which provides monthly benefits to low income families to assist in the purchase of food. Benefits are issued on an electronic benefit security card provided to the customer.

HEAD OF HOUSEHOLD (HOH) – A person who applies for benefits on behalf of the Assistance Unit.

MEDICAL ASSISTANCE ONLY (MAO) - medical assistance for individuals who receive Medicaid through an ABD or Family Medicaid COA.

FAMILY MEDICAID (FM) - provides Medicaid benefits for low-income families and individuals who are not receiving SSI or any ABD Medicaid COA. Benefits are provided through a variety of COAs, each with its own specific eligibility criteria. Program is administered by the Georgia Department of Medical Assistance.

LOW INCOME MEDICAID (LIM) - Provides medical benefits to children under age 18 and the parent(s) or caregiver(s) of said children, and who are not receiving SSI. Program is administered by the Georgia Department of Medical Assistance.

RIGHT FROM THE START MEDICAID FOR PREGNANT WOMEN (RSM PGW) - Provides medical benefits to a pregnant woman who meet all RSM eligibility criteria. Program is administered by the Georgia Department of Medical Assistance.

RIGHT FROM THE START MEDICAID (RSM) - Provides medical benefits to children through the month they turn 19 years of age. Program is administered by the Georgia Department of Medical Assistance.

FAMILY MEDICALLY NEEDY (FMN) – provides Medicaid coverage for children under 18 years of age and pregnant women whose BG income exceeds limits for all Family Medicaid COAs and PeachCare for Kids. Program is administered by the Georgia Department of Medical Assistance.

CHILD WELFARE FOSTER CARE – Children in Placement Medicaid COA funded through IV-B.

OFFICE OF CHILD SUPPORT SERVICES (OCSS) - Agency responsible for the collection and distribution of child support payments on behalf of the custodial parent or caregiver; locating absent parents and establishing paternity.

\$TARS - Office of Child Support Services' computer tracking system.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) -

Cash assistance provided to parents and/or caregivers who are responsible for the care of a minor child (ren) under age 18. The child must be related to, or the legal guardian of the person receiving on their behalf. TANF replaced the AFDC Program. Special Consideration: A person may receive TANF on behalf of a child who is age 18, provided the child is in school full-time.

AGED, BLIND, DISABLED MEDICAID (ABD) - Provides medical assistance for persons who are elderly, blind and/or disabled who are not eligible for SSI. These individuals receive Medicaid only. The Georgia Department of Medical Assistance is responsible for administering this program.

ABD MEDICALLY NEEDY (AMN) - an ABD COA. To be considered under this COA, an A/R's income and/or resources must exceed the limits for all other comparable COAs. The Georgia Department of Medical Assistance is responsible for administering this program.

COMMUNITY CARE SERVICES PROGRAM (CCSP) - an ABD COA available to A/R's who are suitable candidates for NH care. The Georgia Department of Medical Assistance is responsible for administering this program.

DISABLED ADULT CHILD (DAC) - an ABD COA. An adult child (18 years old or older) who receives RSDI disability on his/her parent's account. The Georgia Department of Medical Assistance is responsible for administering this program.

EMERGENCY MEDICAL ASSISTANCE (EMA) – provides medical coverage to individuals who meet all requirements for a Medicaid COA except for citizenship/alienage and enumeration requirements and who require or have received an emergency medical service. The Georgia Department of Medical Assistance is responsible for administering this program.

INDEPENDENT CARE WAIVER PROGRAM (ICWP) - An ABD COA that provides Medicaid to individuals receiving in-home care through DMA approved providers. The Georgia Department of Medical Assistance is responsible for administering this program.

MENTAL RETARDATION WAIVER PROGRAM (MRWP) - An ABD COA that provides in home and community based services to Medicaid eligible mentally retarded and developmentally disabled individuals. The Georgia Department of Medical Assistance is responsible for administering this program.

QUALIFIED MEDICARE BENEFICIARIES (QMB) - an ABD COA. A "non-Medicaid" COA under which recipients are entitled to limited Medicaid services, such as payment by Medicaid of their Medicare Premiums, deductibles, and co-insurance. The Georgia Department of Medical Assistance is responsible for administering this program.

The Application Process

Before you can start to screen and register cases in SUCCESS, you must have an application. A **valid** application for all programs is one that must be signed. If there is not a signature you may **not** register the application, as this is not a valid application. Check with your Supervisor on the process they want you to follow for your office. In some counties you will mail back the unsigned application to the customer. In other counties you will give the application to the worker. There are many applications used to apply for assistance.

Medicaid

Anyone may apply for Medicaid benefits.

A complete application consists of a signed (not typed name on signature line) application submitted with a name and information adequate to contact the applicant or PR. It is **NOT** necessary for the applicant to complete all questions, as missing or incomplete information may be obtained by telephone, by mail, or in person (Manual Reference 2050-2).

*Anyone can sign this application. It does not need to be the customer.

An application must be registered within 24 hours of receipt by the agency (Manual Reference 2050-3).

297 Application for TANF, Food Stamps, or Medical Assistance

(Can be used by ABD and FM)

222 Medicaid Review Form

(Can be used by ABD and FM)

94 Medicaid Application

(Can be used by ABD and FM; however, primarily used by FM)

700 Application for Medicaid & Medicare Savings for Qualified Beneficiaries

(Can be used by ABD and FM; however, primarily used by ABD)

Peach Care for Kids

(Can be used by ABD and FM)

LISA- Low Income Subsidy Application

(Can be used by ABD and FM; however, primarily used by ABD)

AFA- Application for Assistance (printed from SUCCESS PF20)

(Can be used by ABD and FM)

An individual may withdraw an application for Medicaid at any time during the application process. A withdrawn application **must be registered and denied**. (Manual Reference 2050-3).

A face-to-face interview is **NOT** a requirement of any Medicaid Class of Assistance (COA). You will **not** be setting up an interview appointment for **any** Medicaid application.

There are no form restrictions to what may be given with the Medicaid application; however, if they are applying for Medicaid AND another program Form 297 must be used. Do not have the customer complete two separate applications such as a Medicaid application and Form 297 for the other program. Food Stamps is very clear on having only certain forms allowed with the Form 297. We will review that in the Food Stamp section.

Temporary Assistance To Needy Families (TANF)

Anyone may apply for cash assistance.

A completed application consists of a signed application submitted with a name, address, and the signature of the individual requesting assistance (Manual Reference 1105-1).

297 Application for TANF, Food Stamps, or Medical Assistance

AFA Application for Assistance (printed from SUCCESS PF20)

An interview must be scheduled for an applicant who is not interviewed on the day on which the application is received. The interview must be scheduled within a reasonable period, and may be rescheduled by the applicant if necessary. (Manual Reference 1105-2).

Check with your Supervisor regarding your office procedures for this. In some counties you will be making an appointment, and printing the appointment letter. In other counties the worker does this.

When the customer request to be included in the TANF check, they must first go to orientation. This is another procedural difference in counties. Check with your Supervisor on your county's procedure with these TANF customers.

When the customer is only requesting TANF for the child(ren), they are called payees only. These individuals do not have to go to orientation. Commonly, these are your Grandparents requesting assistance for their grandchildren whom are now living with them.

(Reference Chart: 110.1 TANF Application Filing procedures.)

Food Stamps

Anyone may apply for Food Stamp benefits.

An application is considered filed when it contains an applicant's name, address, (or a way to contact the AU), signature, and is received.

297 Application for TANF, Food Stamps, or Medical Assistance

AFA Application for Assistance (printed from SUCCESS PF20)

Date: Tuesday, 3 July 2007 11:57am ET

To: FS.HELPDESK/AppProc

From: FS.POLICY@GOMAIL

Subject: RE: Non signed application

We have an unusual situation in a County. A person called EW and asked to apply for FS (had an active MAO case). The worker (who no longer works in the County) registered an application that day with no signed application at all. The County sent out an application for signature as soon as they realized what had happened, but are now asking me what "date" should be assigned to that application?

Please advise.

RESPONSE: A food stamp application is considered filed when a SIGNED application is received in the county. The application should be registered based on the date received in the county. Refer to manual section 3105-3.

PF 1=Help 2=Exit 3=Return 4=Query 5=Action 7=Backward 8=Forward
EMCC0000

Date: Friday, 30 June 2006 6:01pm ET

To: FS.HELPDESK/AppProc

From: FS.POLICY@GOMAIL

Subject: Re: Point of Application

A client mailed a FS application to the State Office at 2 Peachtree St on May 11, 2006. The same FS application finally arrived at the county office on June 7, 2006. What is the correct date of application? Thanks

RESPONSE: The application date is 5/11/06. An application received by the State office or any county office is considered received by the agency.

----- (end of letter

PF 1=Help 2=Exit 3=Return 4=Query 5=Action 7=Backward 8=Forward
EMCC0000

EXPEDITED Food Stamps

DFCS does not offer "Emergency Food Stamps". We do offer Expedited Food Stamps. SUCCESS will determine if the AU is eligible for Expedited Food Stamps based on the information entered during the registration process. If the AU is eligible for Expedited Food Stamps, the AU must have their Food Stamps in hand within 7 days.

Check with your Supervisor on your county's procedure for this. In some counties there are designated workers and/or times for expedited customers to be seen the same day, and in other counties they are seen the next morning. (Reference Chart: 3105.1 FS Application Procedures.) The interview at initial application must be a face-to-face interview, unless it is waived due to AU hardship or under special waiver conditions (Manual Reference 3105-4).

FSP Screening Document

1. Does the application contain the name, address, and signature of the applicant? ☐ Yes ☐ No (if no, stop)
2. Is the household currently active in the Food Stamp Program?
☐ Yes (if yes, stop) ☐ No
3. Has anyone received any benefits in another county or state?
☐ Yes (If yes, stop) ☐ No

Expedited Processing Questions:

4. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
5. How much money will you and/or any household members get this month? \$_____
6. What is the total gross income received for the household in the month of application? \$_____
7. How much money do you and/or any household members have in cash or checking and savings accounts? \$_____
8. What is the total amount of liquid resources such as cash, bank accounts, certificates of deposits, etc.?
9. What is the total gross income and liquid resources for the month of application?
10. How much do you and/or any household members pay for rent or mortgage? \$_____
11. How much do you and/or any household members pay for shelter expenses such as electric, gas, water, sewage, telephone, etc.? \$_____

12. What are the total shelter expenses for the month of application?
13. Does the household have gross income < \$150 and liquid resources that total \$100 or < in the month of application?
If Yes (expedited) No (not expedited)
14. Does the household have shelter expenses > gross income and liquid resources in the month of application?
If Yes (expedited) No (not expedited)
15. Was the application received within 30 days of the last POE?
☐ Yes ☐ No

Lawbreaker/Sanction Questions:

16. Is anyone disqualified from the Food Stamp or TANF Program?
☐ Yes ☐ No
17. Has anyone been convicted of a violent or drug related felony?
☐ Yes ☐ No.
If yes, do you have first offender status?
18. Is anyone trying to avoid prosecution or jail for a felony?
☐ Yes ☐ No
19. Is anyone violating conditions of probation or parole?
☐ Yes ☐ No
20. Are you an adult with no dependent children living in your household?
☐ Yes ☐ No

Food Stamp Application Packets

The following forms can be given to the AU prior to the AU filing an application: Form 297, Form 297A, Form 880, and Form 354. Please refer to FS.Email/2004, FSP Email # 04-05

----- (Forwarded letter 1 follows) -----
Date: Monday, 23 February 2004 12:27pm ET
To: SUCCESS.SUPVS, FS.EMAIL/2004
From: FS.POLICY@GOMAIL
Subject: FSP EMAIL # 04-05
Subject: Application Packets and Other Forms

The email serves to provide policy regarding forms that are to be included in a Food Stamp Program application packet, policies for verification checklists and release of information forms.

APPLICATION PACKETS

Since FS consultants have already informed staff of the application packet policy, this email serves as the official notification. In order to eliminate access barriers and not present forms to the AU to be completed without assistance, only the following forms may be included in an application packet that is given to the AU prior to the AU filing an application:

- Form 297, Application for TANF, Food Stamps and Medicaid
- Form 297A, Rights and Responsibilities
- Form 354, Expense Statement
- Form 880, Verification Your Caseworker May Ask For When You Apply For Food Stamps

All of the above forms do not have to be part of the application packet but, the packet may not include additional forms.

Other forms such as voter registration forms, Form 339 or Form 830 are still reviewed and provided to an AU, if applicable and as provided by policy. We do not want to present all of the forms that have to be completed to the AU without offering assistance in completing them. Other that have to be completed/explained are done so during the application process.

Verification Checklist

When a verification checklist is used to request verification, check specific items that are needed and related to the AU's situation. Do not routinely check all items on the checklist simply because they may apply to an AU.

Release of Information

Form 5459 Authorization of Release of Information is to be used to obtain the AU's permission to seek information. Do not substitute county forms for Form 5459.

If you have questions regarding this email, please email FS.POLICY.

Transfer Form for all programs:

----- (Forwarded letter 1 follows) -----

Date: Friday, 19 January 2007 11:27am ET

To: \$DFCS.Forms

From: DFCS.DIVISION

Subject: FS/TANF/MEDICAID Transfer Form

This form is used to transfer FS, TANF, and Medicaid cases when a customer moves from one county to another. To use this form, PF3 out of this message and then enter a "U" beside this letter.

TO:

FROM:

SUBJECT: FS/TANF/MEDICAID Transfer Form

Transfer from County#: _____ Local Office#: _____ Load#: _____

Transfer to County#: _____ Local Office#: _____ Load#: _____

Case Name: _____ DATE: _____

Food Stamp AU#: _____ Next Review Date: _____

Food E&T#: _____ Pending activity: __Y OR __N

TANF AU#: _____ Next Review Date: _____

TANF ES#: _____ Pending activity: __Y OR __N

Medicaid AU#/COA: _____ Next Review Date: _____

Medicaid AU#/COA: _____ Next Review Date: _____

Medicaid AU#/COA: _____ Next Review Date: _____

NEW ADDRESS: _____

NEW PHONE NUMBER: _____

If Non-English speaking, what language does the customer speak? _____

Comments: _____

CHECKLIST

Yes/No/NA

_____	Child Care Worker Notified of the Change
_____	Non Q Track ABD Case
_____	Claim file mailed
_____	FS E&T Case transferred in SUCCESS
_____	Are there potential ABAWDS in the Case?
_____	TANF ES case transferred in SUCCESS
_____	TANF 44 months are more(not TANF Payee cases)
_____	Does TANF transfer have a work plan conciliation/sanction within last two years?
_____	IPV claim exists
_____	Pending IPV referral exists
_____	Permanent verification in case record prior to transfer

SUCCESS Participant Guide



Case Screening and Registration

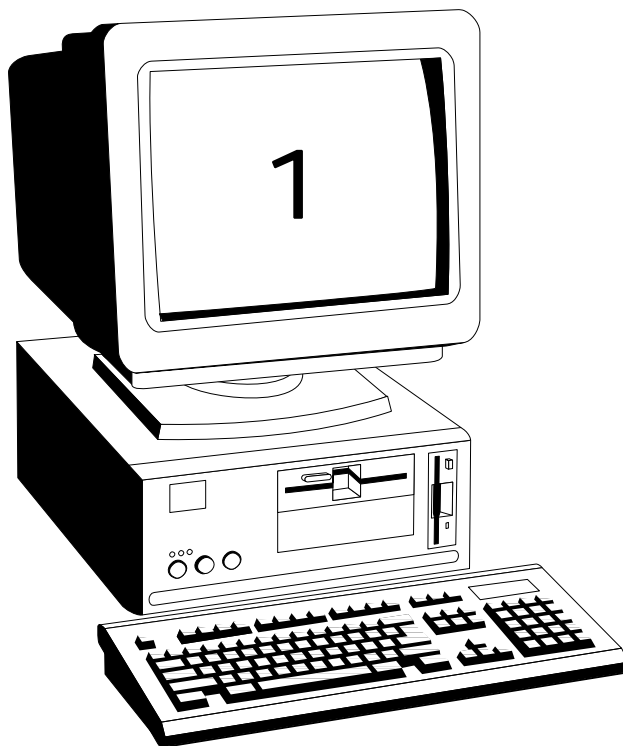
Georgia Division of Family and Children Services

SUCCESS

Objectives

By end of this section, you should know how to:

- SUCCESS Security
- Sign on to SUCCESS
- Navigate in SUCCESS
- Use SUCCESS Function Keys
- Identify the difference between YMEN and AMEN
- Interpret Screen Colors
- Use support tools
- Use SUCCESS sign off procedures



Welcome to SUCCESS Case Registration Training!



This training is designed to be an interactive hands-on training. This handbook is designed for your use during and after training.

About the Training Region

The SUCCESS system used in the training region system is a good simulation of the county SUCCESS system. One limitation in the training region is the date is always **10 – 05 – 06**. Therefore, ALL of the cases used during this training are fictitious and will use the date **10 – 05 – 06**.

Note: During this training session, you may encounter computer technical problems. As problems occur, we will work together to solve problems. DO NOT try to solve problems on your own. Please notify trainers immediately when problems occur.



Working ahead of the trainers can cause major problems for you, other participants, and the trainer. Working ahead can cause you to miss key information about the system and its process. Therefore, we ask that you remember the classroom rules and follow the SUCCESS Training Golden Rule:

**Stay with the
Group!
DO NOT work
ahead**



SUCCESS Production Region Security

- Each employee will be issued his or her own User ID and RACF ID to use to access the SUCCESS system. For this reason security is very important. Please review the "SUCCESS Security" e-mail issued by the Division Director on 05/02/2000. **Review the following page.**
- Staff who are assigned a SUCCESS USER ID and RACF ID that permits authorization of benefits are **legally responsible** for all benefits which are authorized using the assigned User ID and RACF ID.
- User IDs and RACF IDs are **NEVER** to be shared or revealed to anyone other than the person to whom it is assigned. It is critical that anyone with SUCCESS access never leave his/her workstation while signed in to SUCCESS.

Training RACF IDs and Passwords



During this training you will be issued a RACF ID and Password. These RACF IDs and Passwords can be used only in the training region. The RACF IDs available for use by participants in the training region are very limited. You must be very careful when signing-on to SUCCESS. **Two unsuccessful attempts to sign-on, will revoke your RACF ID.** If you make a mistake twice while attempting to sign-on, sign-off completely and move back to the "GO" screen, then start over.

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

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)-----

A black and white line drawing of a man with dark hair, wearing a suit and tie, sitting at a desk. He is looking at a large, boxy computer monitor with a weary or stressed expression. His hands are resting on a keyboard. The drawing style is simple, with bold outlines and no shading.

This Network is owned by the State of Georgia and operated
by the Georgia Technology Authority.
(www.qta.ga.gov)

Unauthorized access is prohibited by the Georgia Computer
Systems Protection Act (O.C.G.A 16-9-90, et seq.),
as well as all applicable FEDERAL laws.

On the “GO” screen, type “CICSV2” and press enter.

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

Welcome to the Division of Family And Children Services	
Integrated Systems Sign On Menu	
OP System	Description
1 CRS	(Client Registration System)
2 \$TARS	(Support, Tracking, Accounting and Reporting System)
3 EBT	(Electronic Benefits Transfer System)
4 SUCCESS	(System Uniform Calculation Consolidation Economic Support Services)
5 SUCCINQ	(Success Statewide Inquiry)
6 SUCCSTAT	(Success Status Messages)
7 RESERVED	(Reserved for future use)
8 EAPS	(Energy Assistance Program)
9 CCRS	(Child Care Reporting System)
10 RESERVED	(Reserved for future use)
11 JIS	(Job Information System)
12 DSO	(Debt Setoff System)

Please enter your selection: ____

RACF ID: _____	PASSWORD: _____	NEW PASSWORD: _____
Please type in UserId, Password and Option		OR Press PF3 to Log Off

On the SUCCESS sign-on screen, type your Training RACF ID and your Training Password.

Write Here



SUCCESS TRAINING RACF ID

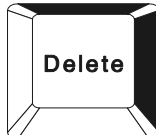
SUCCESS TRAINING Password

Navigating Through SUCCESS

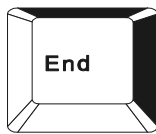
Using the Keyboard



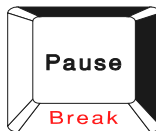
Let's look at several keys that are very important when using SUCCESS.



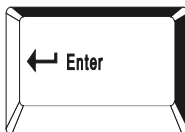
Use the **"Delete"** key to delete information in a field one character at a time.



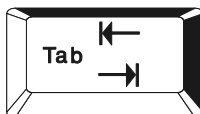
Use the **"End"** key to delete ALL the information in a field. It is better to use the "End" key, as sometimes the "Delete" key does not totally delete information.



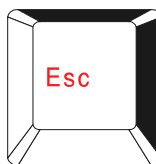
Use the **"Pause"** key to clear the screen.




Use the **"Enter"** key next to the letter keypad. DO NOT use the "enter" key next to the number pad.



Use the **"Tab"** key to move field to field. The "Shift" key plus the "Tab" key (pressing both at the same time) will allow you to move back to the previous field.



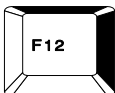
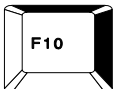
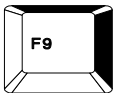
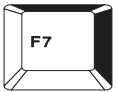
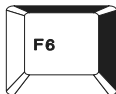
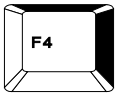
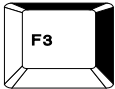
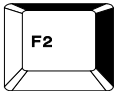
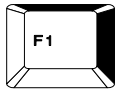
Use the **"Esc"** key to reset the screen when a  appears in the bottom right hand corner of the screen and a bell tone sounds. This means a mistake has been made or a command is not recognized by the system.

One way to Navigate through SUCCESS is by using the Function Keys located across the top of the keyboard.

F1 through F12 have set functions that are the same for ALL screens.

F13 through F24 have specific functions that may be used only if the function appears at the bottom of the screen.

SUCCESS FUNCTION KEY ACTIVITY



F13 - F24 vary by screen. Check the bottom of each screen for the valid function keys. To access F13 through F24, press the “Shift” key and the corresponding F1 - F12 key. Example: Press the “Shift” key and the F1 key at the same time to access F13.

SUCCESS Template for Standard PC Keyboard

Cut on dotted lines. Fold each piece in half lengthwise. Align over keys and tape to keyboard

1 Help	2 Policy	3 Cancel or Exit	4 Bypass Errors	5 Save to SPA	6 List Screens	7 Page Back	8 Test Financial Eligibility	9 View Remarks	10 List AUs	11 List Clients	12 Return to Sub- menu
shift 13	14	15	16	17	18	19	20	21	22	23	24

Main Menu (YMEN)



```
*****
**      W E L C O M E   T O   T H E      **
***      G E O R G I A      ***
***      T R A I N I N G      ***
***      S U C C E S S      ***
**      S Y S T E M      **
*****
```

Selection A
Printer ID ????
System Date 10-05-06
Load ID XXXX

A. Assistance Unit/Client	H. Security	O. File Inquiry
B. Supporting Units	I. Parameters	P. Vendor Files
C. PEACH	J. Mass Mod	Q. Text
D. Alerts	K. Financial Mgmt Iss	R. Benefit Error
E. Scheduling	L. Lifetime Limit	S. AU/Client Misc
F. Letters	M. Benefit History	
G. Electronic Mail (EMC2)	N. Quality Control	U. Register IV-D Case

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

The SUCCESS main menu has several options you can choose. Most often your selection will be the Assistance Unit/Client menu. **On this screen you will need to enter your Printer ID number.**

NOTE: Your Training Caseload ID number is also listed on this screen.

Write Here



SUCCESS Training Caseload ID number here: _____

Assistance Unit/Client Sub-Menu (AMEN)

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection		
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 "?"

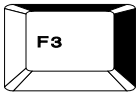

The Assistance Unit/Client sub-menu (**AMEN**) is the starting point for many of the functions you will complete.

Let's answer these questions:

1. What menu option would you choose for a **name inquiry**?
2. What menu option would you choose to **register an application**?
3. What menu option would you choose when **adding a program**?
4. What menu option would you choose for an **AU/Client inquiry**?



SUCCESS Sign-off Procedures

- Press  back to the Main Menu
- Press  again, message will say,
"SUCCESS Session Terminated"
- Press  to clear the screen
- Type "CESF Logoff", then press 



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.

SUCCESS Participant Guide



Case Screening and Registration

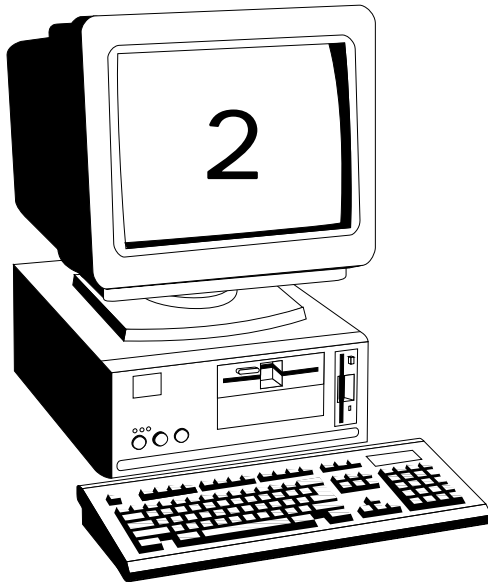
Georgia Division of Family and Children Services

SCREENING

Objectives

By end of this section, you should know how to:

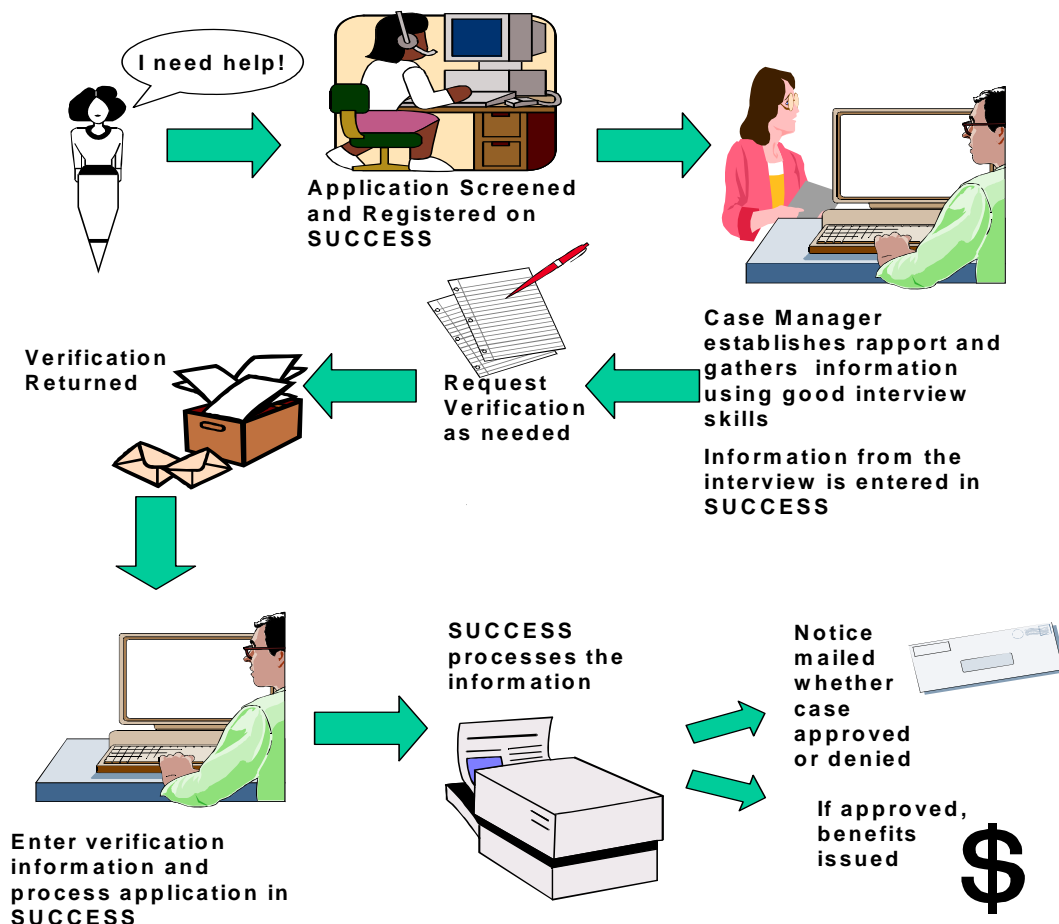
- use the Client Registration System
- screen an A/R for prior or active participation
- use the Requesting a Client ID Correction Chart to determine the proper client ID to use when a client has multiple IDs in the system



GETTING STARTED

Before you begin the screening and registration process in SUCCESS, you must first receive a valid application. A **valid** application for all programs is one that must be signed by the applicant. If there is not a signature on the application, you **should not** register the application. Check with your Supervisor for the procedures that your office uses when an invalid application is received.

OVERVIEW OF THE APPLICATION PROCESS



CASE SCREENING AND REGISTRATION



The Basics of Screening in the Client Registration System (CRS)

Screen *twice* on every AU member prior to registering a case in SUCCESS.

First, screen using the **SSN only** for each AU member.

Even if there are matches, complete the screening process again for **each** AU member.

Second, screen using their **Last name**, **First name**, and **“U” in the sex field**. Do **not** enter the race or the Date of Birth information.

Note: When screening with the name and "U" if this message comes up:

"99306 Unable to display information. Refine search criteria with DOB or SSN" then add DOB information before trying the SSN information.

Screening and Registration Overview

The following chart lists the cases that will be screened and the procedure that would be followed to register the case.

Step 1

Step 2

IF (screen results)		Then (registration procedure)
...there is no match: Patrick Cheese Scenario		Complete a new registration (selection "J" on AMEN with no AU ID - you will assign client IDs)
...there is an exact match:		Inquire on Client Participation ("y" in select field and PF11)
... and the HOH applying for benefits has no history of SUCCESS cases Judy Carpenter Scenario		Complete a new registration (selection "J" on AMEN with no AU ID - you will reuse the client ID).
Susan Jeffrey	... and the HOH applying for benefits has an AU number for the program for which s/he is applying and was HOH for that program ("SE" in the relationship field) and the AU is in Closed or Denied Status:	Reuse this number to Reopen the AU (option "J" on AMEN with AU number in AU ID field). Do not assign a new AU number. You will reuse Client IDs. Using the re-open selection will bring forth all AU members who were active in the case when it last closed. New AU members can be added in the registration process. AU members no longer in the household must be deleted during the interview.
	... and the HOH applying for benefits has an AU number for the program for which s/he is applying and was HOH for that program ("SE" in the relationship field) and the AU is in Active Status:	Do not complete a registration on this application, refer the A/R to his/her case manager. Note: If this is a FS application for an AU moving into your county, take a paper application and contact the other county.
Allison Arroyo		

**Case Screening and Registration PG
Screening**

December 21, 2007

Sheila Greene	<p>...and the HOH applying for benefits does not have an AU number for the program for which s/he is applying or was not the HOH ("SE" in the relationship field) in a closed or denied AU for the program for which s/he is applying</p> <p>and</p> <p>has an active AU for another program in which s/he is HOH</p> <p>and</p> <p>the active case is in your county</p>	<p>Complete an Add-A-Program registration (selection "L" on AMEN using the existing AU number). You will reuse Client IDs.</p> <p>Add-A-Program is for an active HOH applying for a program in which they have never been a HOH before.</p> <p>NOTE: If the active case is not in your county, do not register the case. Take a paper application and follow county procedures to contact the other county and have the case closed or transferred.</p>
...there is an exact match		
Same as Sheila only with an active case out of county	<p>...and the HOH applying for benefits does not have an AU number for the program for which s/he is applying</p> <p>or</p> <p>was not the HOH ("SE" in the relationship field) in a closed or denied AU for the program for which s/he is applying</p> <p>and</p> <p>has an active AU for another program in which s/he is HOH</p> <p>and</p> <p>the active case is not in your county</p>	<p>Complete an Add-A-Program registration (selection "L" on AMEN using the existing AU number). You will re-use client IDs. Add-A-Program is an active HOH applying for a program in which they never have been a HOH.</p> <p>Do not register this case, take a paper application and contact the other county and have the case closed or transferred.</p>

**Case Screening and Registration PG
Screening**

December 21, 2007

Robin Stevens	<p>...and the HOH applying for benefits does not have an AU number for the program for which s/he is applying or was not the HOH ("SE" in the relationship field) in a closed or denied AU for the program for which s/he is applying</p> <p>and</p> <p>does not have an active AU for another program in which s/he is HOH</p>	<p>Complete a new registration for the program for which s/he is applying (selection "J" on AMEN with no AU ID number). You will reuse Client IDs.</p>
----------------------	---	--



**Georgia Department of Human Resources
Application for Benefits**



What Am I Applying For?

I am applying for the following benefits:

☒ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and

decide

which ones you may be eligible to receive.

Tell Us About Yourself What language do you use the most? **English**

Please fill out the chart below about yourself.

First Name Patrick	Middle Initial Cheese	Last Name	Suffix
Street Address Where You Live 121 MLK Blvd		Apt	
City Atlanta	State GA	Zip Code 30303	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature Patrick Cheese		9/18/06	
Witness Signature if signed by 'X'			
For Office Use Only DFCS County		Date Received By The County 9/23/06	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

Name			Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen ? (Yes/No)
First	Middle Initial	Last							
Patrick		Cheese	Self	8/12/66	360-01-XXXX	M	No	White	Yes

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



**Case Screening and Registration PG
Screening**

December 21, 2007

Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Patrick Cheese
Signature

9/18/06
Date

Authorized Representative

Date

Case Manager

Date

I. Screening Example - No match - Patrick Cheese



Background: Patrick Cheese is a single man with no dependents. He comes in to apply for Food Stamps. He states that he has never received assistance before, but recently lost his job and has not been able to find work. He needs help with food. Look at his application and then screen Patrick Cheese in CRS.

From the AMEN Screen Select "A"

CRS

■ First Screen Using the SSN only

HRRS0010	CLIENT REGISTRATION SYSTEM		CICSV2	09/23/2006
NAME/SSN INQUIRY		15:18:06		
L NAME	F NAME	M NAME	SFX	
SSN1 360 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				

CRS

- Then screen on Last Name, First Name only with “U” for sex

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/23/2006
	NAME/SSN INQUIRY		15:02:33
L NAME cheese	F NAME patrick	M NAME t	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

99306 Unable to display information. Refine search criteria with DOB or SSN.
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

Quiz 1

1. The first step I do when I receive an application is: _____

2. The next step is to screen on SUCCESS. I screen
by _____
first to find a match.
3. I screen on each _____.
4. After I screen SUCCESS this way, I then screen again using _____

5. The reason I screen twice in SUCCESS is _____

6. To screen on SUCCESS I must go to _____, and then I use
letter _____ and press enter.
7. I will then be on _____ screen.

When there are no matches, such as in our example with Patrick Cheese,
a

"No Matches Found" message appears in the bottom left corner of the
screen. This informs us that when we register this case we must assign a
new client ID this customer.





Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☒ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☒ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☒ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most?

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Judy		Carpenter	
Street Address Where You Live		Apt	
4818 Brooks Drive			
City	State	Zip Code	
Fortson	GA	30808	
Mailing Address (if different) same			
City	State	Zip Code	
Home Telephone Number	706-555-6541	Other Contact Number	E-Mail address
Signature			
Judy Carpenter		9/9/06	
Witness Signature if signed by 'X'			
For Office Use Only		Date Received By The County	
DFCS County		10/1/06	



Case Screening and Registration PG Screening

December 21, 2007

Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☒ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

Name			Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
First	Middle Initial	Last							
Judy		Carpenter	Self	6/11/56		F	No	black	Yes
Nathaniel		Carpenter	grand child	5/4/04	598-22-xxxx	M	No	black	Yes

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native

AS – Asian

BL – Black/African American

HP – Native Hawaiian/Pacific Islander

WH – White



**Case Screening and Registration PG
Screening**

December 21, 2007

Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Judy Carpenter 9/9/06
Signature Date

Authorized Representative Date

Case Manager Date

II. Screening Example - Exact match with no SUCCESS participation - Judy Carpenter



Background: Judy Carpenter is single with parental care of her two-year-old grandson, Nathaniel. She comes into your office to apply for TANF, LIM and Food Stamps. She states she has never received benefits before. Look at her application and then screen Judy Carpenter in CRS.

From the AMEN Screen Select "A"

CRS

- Screen on Last Name, First Name only with "U" for sex (Note there was no SSN on her application)

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/01/2006
	NAME/SSN INQUIRY		13:48:54
L NAME CARPENTER	F NAME JUDY	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
901000007	007 CARPENTER	JADA	M 11021978 F W 258619910
939000000	060 CARPENTER	JADA	01062007 F B 673329915
901000008	048 CARPENTER	JODI	R 08191974 F W 252199920
907000000	119 CARPENTER	JUDY	K 02251946 F W 256809950
923000000	061 CARPENTER	JUDY	B 07271952 F W 257749955
y 936000000	060 CARPENTER	JUDY	06111956 F B
928000000	067 CARPENTER	JUDY	M 03171962 F B 424949955
906000000	060 CERVANTES	JADE	G 11282002 M W 668189925
909000000	021 CERVIN	JUDY	F 04141971 F W 267919930
901000009	155 CORBIN	JADE	03081988 F B 203689960
925000000	011 CORBIN	JADE	04021991 F B
901000010	060 CORBIN	JUDY	M 09091949 F W 256729935
906000001	027 CORBIN	JUDY	N 11101951 F W 252849940
99128 Inquiry completed successfully			
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

We could not screen by SSN because the customer didn't have one on her application so screening by name and gender code as "U" we discovered we have a match for Judy Carpenter. Once a match is found on the CRS screen we need to go to the Participation History screen.

- To view Client Participation History, place a "Y" in the "sel" field on the CRS screen, and press PF11.

- Press F3 to return to CRS
- Press F2 to refresh the screen



Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☒ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and

decide

which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most?

Please fill out the chart below about yourself.

First Name Susan	Middle Initial Jeffrey	Last Name	Suffix
Street Address Where You Live 1898 Hairston Way		Apt	
City Stone Mountain	State GA	Zip Code 30084	
Mailing Address (if different) same			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature Susan Jeffrey		9/29/06	
Witness Signature if signed by 'X'			
For Office Use Only DFCS County		Date Received By The County 9/30/06	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☒ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

Name			Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen ? (Yes/No)
First	Middle Initial	Last							
Susan	Jeffrey		Self	6/9/74	750-01-XXXX	F	No	White	Yes
Sally	Jeffrey		Daughter	4/22/04	750-02-XXXX	F	No	White	Yes

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



**Case Screening and Registration PG
Screening**

December 21, 2007

Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Susan Jeffery 9/29/06
Signature Date

Authorized Representative Date

Case Manager Date

III. Screening Example - Exact Match for HOH with Closed Case Susan Jeffrey



Background: Susan Jeffrey is a single mother with a two year old daughter, Sally. She comes into your office to apply for Food Stamps. She states she has received benefits before. Look at her application and then screen Susan Jeffrey in CRS.

From the AMEN Screen Select “A”

CRS

■ First Screen Using the SSN only

HRRS0010	CLIENT REGISTRATION SYSTEM		CICSV2	09/30/2006
		NAME/SSN INQUIRY	15:39:40	
L NAME	F NAME	M NAME	SFX	
SSN1 750 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
Xxxx00169	044	JEFFERY	SUSAN	L 06091974 F W 75001xxxx

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

Client Registration System

- Screen on Last Name, First Name with “U” for sex,

If the message “Unable to display information , refine search criteria with DOB or SSN, appears at the bottom of the screen then

- Screen on Last Name, First Name with “F” for sex, and DOB

Note if the same message as above appears, now add the SSN 750-01-XXXX

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/30/2006
	NAME/SSN INQUIRY		15:39:40
L NAME jeffrey	F NAME susan	M NAME	SFX
SSN1	DOB (MM DD YYYY) 06 09 1974 +/-	SEX f	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
y	xxxx00169	044 JEFFERY	SUSAN
		MI	DOB
		L	06091974
		SX	RCE
		F	W
		SSN	A
			75001xxxx
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

- Enter “Y” in select field to view Client Participation History.
- Press F11.

```

HRRS0020          CLIENT REGISTRATION SYSTEM          CICSv2      09/30/2006
                   CLIENT PARTICIPATION HISTORY                   15:41:26

-----
CLIENT JEFFERY          SUSAN          L          ID xxxx00169
                                     MORE: N

S  CASE ID  CTY  OFC  PGM  TYPE  RL  STAT  BEGIN          END          H  COMMENTS
y  xxxx00127 044 049 FS   S   SE   D   08 01 2006 08 31 2006  JEFFE S

-----
F1          F3          F7          F8          F12
HELP        EXIT        SCR UP    SCR DN    SELECT

```

AMEN

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection B		
AU ID xxxx00127	Client ID xxxx00169	
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		

- Press ENTER to page through the inquiry screens

STAT

INQUIRY				ASSISTANCE STATUS - STAT				STAT			
Month 11 06				3991 08 31 06				01			
AU ID xxxx00127		Prog FS	Prog Type S	Prev ABD	Type	Med COA	Claim N				
CO 044		LO 049	Load ID 0793	Conversion Date							
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---		Appeal			
Stat	Reasons	Date	Date	Date	Date	Type	End Date	Ind			
D	550	083106	080106								

First	Last	Rel V	Mand Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty		
Name	Name		Incl Resp	Date		Date	Date	Date	T	Date	
SUSAN	JEF	SE	RE	D 083106	550	080106					
Message											
17-mo< 18-mo>			20-rmen		22-alau(arch)		23-alau(curr)				

- Use arrow keys to place cursor at denial code
- Press PF1

Note: a detailed explanation of this screen is located in the reference section of this Participant Guide.

```

INQUIRY                               ASSISTANCE STATUS - STAT                STAT
Month 11 06                          3991   08 31 06                          01

AU ID xxxx00127 Prog FS Prog Type S Prev ABD Type      Med COA      Claim N
   CO 044      LO 049      Load ID 0793      Conversion Date

   AU      AU Status      AU Stat      Appl      Begin      Pd Thru      ---Penalty---      Appeal
Stat      Reasons      Date      Date      Date      Date      Type      End Date      Ind
  D      550      083106      080106

+-----+-----+
| 550-VOLUNTARY WITHDRAW ALL PROGS |
| 551-WHEREABOUTS UNKNOWN         |
| 552-FAILED PRVD INFO DETERM ELIG |
| 553-AU REQUESTED CLOSURE ONE PROG|
| 554-YOU HAVE MOVED               |
| 555-APPLICATION OPENED IN ERROR   |
| 556-NOT COOPERATING WITH QC      |
| 557-AU REQUESTED CLOSURE ALL PROGS|
| 558-AU CLOSED TO APPROVE TANF CASH|
| 559-CL DISCONTINUED NAME CLEARANCE|
| 560-INELIG - SSI PENDING         |
| A220 CMD: Loc 550                |
| Command ==>                      |
+-----+-----+

```

To do a quick search on a specific code without using the PF buttons is to go to this line and enter :

Go to the Command line and enter L '550 and press enter:

```
Command ==> L `550
```

Ms. Jeffrey had applied for Food Stamps before but it was denied because she had voluntarily withdrew her application for assistance (550 code). We want to reuse this same Food Stamp case number (AU number) when we register this case later.

- PG-27

Quiz 2

1. We screen each AU and AU member by Social Security number first and then by name and gender code "U".

True or False

2. No matches found means that the customer is known to our system, therefore they do not need a new client ID.

True or False

3. Exact matches mean that the customer is known to our system, they will need a new client ID.

True or False

4. Exact matches with no participation means the customer has a client ID but no cases on SUCCESS; therefore we use the same client ID.

True or False

5. Exact matches with closed case(s) requires the usage of the same AU number if the customer was coded "SE" in the AU.

True or False

6. Name the three different types of screening situations we have reviewed



IV. Screening Example - Exact match on HOH with Active Case for same program type – Allison Arroyo



Background: Allison Arroyo has two children. She comes into your office to apply for RSM Pregnant Woman Medicaid. She states she filled out some kind of form at the Health Department when she found out she was pregnant, but has never received any notice. Screen on Allison Arroyo.

Note: there is no application in the participant guide because Ms Arroyo applied at the Health Department.

The A/R:

- Is Allison Arroyo
- Is a black female
- Has an SSN of 999-11-xxxx
- Has a date of birth of 09/12/1974

From the AMEN Screen Select "A"

CRS

- First Screen Using the SSN only

HRRS0010	CLIENT REGISTRATION SYSTEM		CICS84	10/05/2006
NAME/SSN INQUIRY		11:55:05		
L NAME	F NAME	M NAME	SFX	
SSN1 999 11 xxxxx	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
Y xxxxx00283	044 ARROYO	ALLISON	09121974 F	B 99911xxxx
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN				

- Enter "Y" in select field to view Client Participation History.
- Press F11

Client Participation History

HRRS0020	CLIENT REGISTRATION SYSTEM CLIENT PARTICIPATION HISTORY	CICSV2 10/05/2007 15:46:42
CLIENT ARROYO ALLISON		ID xxxx00283
S	CASE ID CTY OFC PGM TYPE RL STAT BEGIN END	H COMMENTS
	xxxx00190 044 049 MA FF22 SE A 10 01 2006 99 99 9999	ARROY A
Y	xxxx00191 044 049 MA PP01 SE A 10 01 2006 99 99 9999	ARROY A
<hr/>		
F1 HELP	F3 EXIT	F7 SCR UP
		F8 SCR DN
		F12 SELECT

- Enter "Y" in select field next to the P01 Medicaid case.
- Press F12.

AMEN

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection B		
AU ID xxxx00191	Client ID xxxx00283	
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		

- Press ENTER to page through the inquiry screens

STAT

INQUIRY				ASSISTANCE STATUS - STAT				STAT							
Month 11 06				9991 10 02 06				01							
AU ID xxx00191		Prog MA	Prog Type P	Prev ABD Type		Med COA P01		Claim N							
CO 044		LO 049	Load ID 1020	Conversion Date											
<hr/>															
AU		AU Status		AU Stat		Appl		Begin		Pd Thru		---Penalty---		Appeal	
Stat		Reasons		Date		Date		Date		Date		Type End Date		Ind	
A				100206		100206		100106							
<hr/>															
First	Last	Rel V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty					
Name	Name		Incl	Resp	Date		Date	Date	Date	T	Date				
ALLISO	ARR	SE OT	Y	RE	A 100206		100206	100106							
CARLOS	ARR	CH OT	Y	RP	A 100206		100206	100106							
ANDREA	ARR	CH OT	Y	RP	A 100206		100206	100106							
<hr/>															
Message															
17-mo< 18-mo>			20-rmen			22-alau(arch)			23-alau(curr)						

- Press ENTER to page through the inquiry screens

What would you do once you confirm that Ms Arroyo's Medicaid case is already active?

- Press F3 back to CRS Name/Inquiry Screen

We will consider this application without regard to race, color, sex, age, disability, religion, national origin or political belief.

MEDICAID APPLICATION

FOR COUNTY USE ONLY:
Date Received in County Dept

10/5/06

Check block(s) that
apply to you:

☒ Pregnant Woman

☐ Child(ren) Only – RSM

☐ Families w/Children – LIM

PLEASE NOTE: A Face to Face interview is not required for Medicaid applications. Please answer all questions as completely and accurately as possible. If you cannot understand or complete this application, please notify DFCS staff and assistance will be provided free of charge.

Your Name: (Please Print) FIRST NAME Sheila R. Greene		M.I.	Last Name:		Today's Date: 9/7/06	
Mailing Address: 79 Hwy 16 Rd				City: Griffin	State: GA	Zip Code: 30224
Residence Address (if different from Mailing Address):				Phone Number(s): 404-657-9592		E-mail Address:

list all persons living with you for whom you want Medicaid. List yourself if you want Medicaid for yourself.

First Name	MI	Last Name	Suffix (Jr.)	Race	Sex M/F	Date of Birth	Relationship to You	Social Security Number	Is this Person a U.S. Citizen? (Y/N) (you may qualify for Medicaid even if you answer No)	Does the Father of this child live in your home? (Y/N)	Does the Mother of this child live in your home? (Y/N)
Sheila	R	Greene		W	F	2/18/66	Myself	254-23-xxxx	Y	N	N

Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).

Is anyone in the household pregnant? ☐ Yes ☒ No If yes, who is pregnant? YES Due Date: 3-5-2007 Please attach verification of pregnancy if available.

Do you have any unpaid medical bills from the past three months? ☐ Yes ☒ No If yes, which months? _____

Does anyone in your household have Health Insurance? ☐ Yes ☒ No If yes, list Insurance Company and policy number below: _____

Case Screening and Registration PG

December 21, 2007 Screening

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving	Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings	none		Just laid off	Cash	\$5	Me
Curent Employer:				Checking Account	\$125	Me
Wages/Earnings				Savings Account		
Curent Employer:				Credit Union		
Social Security Income/SSI				401K/Retirement Account		
Worker's Compensation				Other		
Pensions or Retirement Benefits				Vehicle(s): Cars, trucks, motorcycles (licensed)		
Child Support/Contributions				Make	Model	Year
Unemployment Benefits						Amount Owed?
Other Income, please specify:						

Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)
Not any more				

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:

Child's Name	Absent Parent's Name (Mother/Father)	Do they have Medical Coverage on the Child? Yes/No	If Yes to Medical Coverage, please list name of insurance company & group number

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.

Signature of Self, Parent or Guardian (Required): Sheila Greene Date: 9/7/06

V. Screening Example - Exact match for HOH applying for different program type - Sheila R. Greene

Background: Sheila Greene is a single woman currently receiving Food Stamps for herself. She comes into your office to apply for Medicaid because she was laid off from her job. Screen on Sheila Greene in CRS.

From the AMEN Screen Select "A"

CRS

- First Screen Using the SSN only

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
NAME/SSN INQUIRY			16:48:47
L NAME	F NAME	M NAME	SFX
SSN1 254 23 xxxxx	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
y	xxxx00186 044 GREENE	SHEILA	R 02181966 F W 25423xxxx
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

- Screen on Last Name, First Name with “U” for sex, press enter

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		09:11:36
L NAME greene	F NAME sheila	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
99306 Unable to display information. Refine search criteria with DOB or SSN.			
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

Note: Since the 99306 error code again we will now add her DOB and change her gender code to ‘F’, but we will still get the error message 99306. So add the DOB as well

December 21, 2007

Since we still have the 99306 error code again we will now add her DOB and change her gender code to 'F', but we will still get the error message 99306. Now add the SSN.

**Case Screening and Registration PG
Screening**

December 21, 2007

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/21/2007
	NAME/SSN INQUIRY		17:52:37
L NAME greene	F NAME sheila	M NAME	SFX
SSN1 254 23 1800	DOB (MM DD YYYY) 02 18 1966 +/-	SEX F	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
Y 800000186	044 GREENE	SHEILA	R 02181966 F W 254231800
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

- Enter “Y” in select field
- Press PF11 to view Client Participation History.

Client Participation History

HRRS0020	CLIENT REGISTRATION SYSTEM		CICSV2	10/05/2006						
	CLIENT PARTICIPATION HISTORY			09:05:23						
<hr/>										
CLIENT GREENE	SHEILA		R	ID xxxx00186						
	MORE: N									
S	CASE ID	CTY	OFC	PGM TYPE	RL	STAT	BEGIN	END	H	COMMENTS
Y	Xxxx0038	044	049	FS S	SE	A	08 14 2006	99 99 9999		GREEN S
<hr/>										
F1	F3		F7		F8		F12			
HELP	EXIT		SCR UP		SCR DN		SELECT			

- Enter "Y" in the selection field
- Press F12

Case Screening and Registration PG
Screening
AMEN

December 21, 2007

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection B		
AU ID xxxx00138		Client ID xxxx00186
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		

- Press enter.

Case Screening and Registration PG
Screening
STAT

December 21, 2007

Each program has there own STAT screen. Notice this is for her active Food Stamp case. Notice what is missing on this screen, her children are not listed.

This tells you that you will have to add the children to her Medicaid application. Check with your Supervisor on your county's procedures on these situations. We will learn later how to add notes to the worker on SUCCESS when you register a case.

INQUIRY										ASSISTANCE STATUS - STAT										STAT			
Month 11 06										0002 09 01 06										01			
AU ID		xxxx00138		Prog	FS	Prog	Type	S	Prev	ABD	Type	Med		COA	Claim				N				
CO 044		LO 049		Load		ID	0800		Conversion		Date												
AU		AU Status			AU Stat		Appl		Begin		Pd Thru		---Penalty---			Appeal							
Stat		Reasons			Date		Date		Date		Date		Type		End Date		Ind						
A					090106		081406		081406														

First	Last	Rel	V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty												
Name	Name			Incl	Resp	Date		Date	Date	Date	Date	T	Date										
SHEILA	GRE	SE	OT	Y	RE	A 090106		081406	081406														



Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☒ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and

decide

which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? English

Please fill out the chart below about yourself.

First Name Robin	Middle Initial Stevens	Last Name	Suffix
Street Address Where You Live 179 Jackson Street		Apt	
City Riceboro	State GA	Zip Code 31323	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature Robin Stevens		9/19/06	
Witness Signature if signed by 'X'			
For Office Use Only DFCS County		Date Received By The County 9/29/06	



Screening**Do I Qualify to Get Food Stamps Faster?**

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
Robin	Stevens		Self	11/22/87	259-27-xxxx	f	No	bl	Yes

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



**Case Screening and Registration PG
Screening**

December 21, 2007

Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Robin Stevens
Signature

9/19/06
Date

Authorized Representative

Date

Case Manager

Date

VI. Screening Example - Exact match with no active or closed cases for which client was Head of Household – Robin Stevens

Background: Robin Stevens comes into your office to apply for Food Stamps. She states she received Food Stamps before on her mother's case but has never received any other assistance. Screen on Robin Stevens in CRS.

From the AMEN Screen Select "A"

CRS

■ First Screen Using the SSN only

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/29/2006
	NAME/SSN INQUIRY		09:29:52
L NAME	F NAME	M NAME	SFX
SSN1 259 27 xxxxx	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
Y xxxxx00188	044 STEVENS	ROBIN	11221987 F B 25927xxxx
F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN			

- **Second, screen on Last Name, First Name with “U” for sex,**

Remember if you have the 99306 error code again add her DOB, SSN and change her gender code to ‘F’,

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/29/2006
	NAME/SSN INQUIRY		09:29:52
L NAME Stevens	F NAME Robin	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
Y	xxxx00188 044 STEVENS	ROBIN	11221987 F B 25927xxxx

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

- Enter “Y” in the select field
- Press PF11 to view Client Participation History

Client Participation History

HRRS0020	CLIENT REGISTRATION SYSTEM	CICSV2	09/29/2006
	CLIENT PARTICIPATION HISTORY		09:39:40
CLIENT STEVENS		ROBIN	ID xxxxx00188
			MORE: N
S	CASE ID	CTY OFC PGM TYPE RL STAT	BEGIN END H COMMENTS
	Xxxx00139	044 049 FS S CH D	08 31 2006 09 01 2006 STEVE R
F1	F3	F7	F8 F12
HELP	EXIT	SCR UP	SCR DN SELECT

- Enter "Y" in the select field
- Press PF12 to view Client Participation History

AMEN

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN	
Selection B			
AU ID	xxxx00139	Client ID	xxxx00188
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			

- Press enter

STAT

INQUIRY				ASSISTANCE STATUS - STAT				STAT							
Month 11 06				9991 09 01 06				01							
AU ID 10200xxxx				Prog FS	Prog Type S	Prev ABD	Type	Med COA	Claim N						
CO 044		LO 049		Load ID 0800		Conversion Date									
AU		AU Status		AU Stat		Appl		Begin		Pd Thru		---Penalty---		Appeal	
Stat		Reasons		Date		Date		Date		Date		Type End Date		Ind	
D		320		090106		083106									

First	Last	Rel	V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty				
Name	Name			Incl	Resp	Date		Date	Date	Date	T	Date			
RHONDA	STE	SE	OT	Y	RE	D 090106	320	083106							
ROBIN	STE	CH	OT	Y	RE	D 090106	320	083106							
Message															
17-mo< 18-mo>				20-rmen				22-alau(arch)				23-alau(curr)			

Robin Stevens was a child in her mother's Food Stamp case. This is important to know because we will need to issue her a new Food Stamps AU number, but keep her current client ID.

What does 320 denial reason mean? _____

Independent Study





Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:



Food Stamps

The Food Stamp program helps meet the food and nutritional needs of eligible households.



Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.



Refugee Cash Assistance

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.



Medicaid

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to

receive.

Tell Us About Yourself

What language do you use the most? *english*

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name
Kelly	Landon	
Street Address Where You Live		Apt
332 Peachtree Street		
City	State	Zip Code
Atlanta	GA	30303
Mailing Address (if different) same		
City	State	Zip Code
Home Telephone Number 404-657-8989 Other Contact Number E-Mail address		
Signature		
Kelly Landon		9/14/06
Witness Signature if signed by 'X'		
For Office Use Only		Date Received By The County
DFCS County		9/28/06



Case Screening and Registration PG Screening

December 21, 2007

Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☒ No
2. How much money will you and all household members get this month? \$ 50 a week / 10 from Mom
3. How much money do you and all household members have in cash or in the bank? \$ 10 checking
4. How much do you and all household members pay for rent or mortgage? \$ 250 rent
5. How much do you and all household members pay for electric, gas, water, etc.? \$ 10 phone

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____

Phone: _____

Address: _____

Apt: _____

City: _____

State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
Kelly	Landon		Self	12/9/70	100-01-xxxx	F	No	White	Yes
Robert	Landon		child	3/10/97	100-02-xxxx	M	No	White	Yes

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



**Case Screening and Registration PG
Screening**

December 21, 2007

Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Kelly Landon

Signature

Authorized Representative

Case Manager

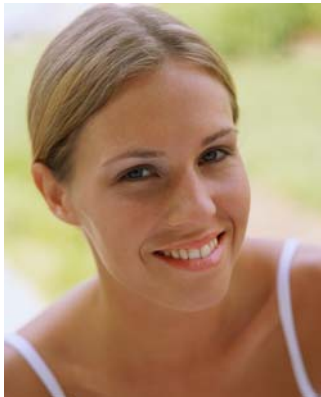
9/14/06

Date

Date

Date

VII. INDEPENDENT STUDY: Screen the A/R Kelly Landon Case:



:

Background: Kelly Landon is a single mother with an eight year old child, Robert. She arrives at your office and requests to apply for Cash Assistance, Medicaid, and Food Stamps. She says she's never received assistance before.

Your Assignment: Screen Kelly Landon. Use Ms. Landon's application and screen her case.

AMEN

- Enter "A" in selection field

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection A		
AU ID Screen ID Benefit Month (MM YY)	Client ID As Of Date 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		

Screening

CRS Name/SSN Inquiry for Kelly Landon

HRRS0010	CLIENT REGISTRATION SYSTEM		CICSV2	09/28/2006
		NAME/SSN INQUIRY	10:06:05	
L NAME	F NAME	M NAME	SFX	
SSN1 100 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				

CRS Name/SSN Inquiry for Kelly Landon				
HRRS0010	CLIENT REGISTRATION SYSTEM		CICSV2	09/28/2006
		NAME/SSN INQUIRY	09:55:36	
L NAME landon	F NAME kelly	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				

What two ways did you screen on Kelly Landon?

Why did you screen on her two different ways?

Screening

CRS Name/SSN Inquiry for Robert Landon

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/28/2006
	NAME/SSN INQUIRY		10:07:50
L NAME	F NAME	M NAME	SFX
SSN1 100 02 xxxxx	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			

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	09/28/2006
	NAME/SSN INQUIRY		10:09:16
L NAME landon	F NAME robert	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			

Name three things you learned today:



SUCCESS Participant Guide



Case Screening and Registration

Georgia Division of Family and Children Services

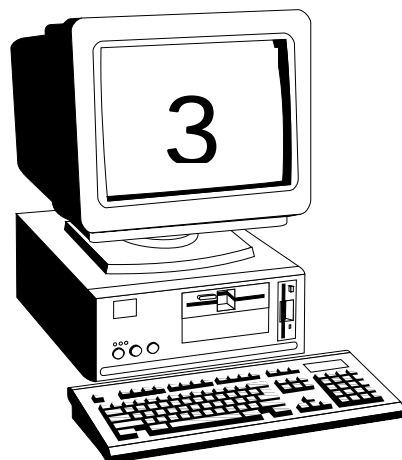
REGISTRATION

Registration

Objectives

By end of this section, you should know how to:

- Define an Assistance Unit
- Describe the flow of registration screens
- Register a standard case in SUCCESS, including:
 - Entering the Head of Household's name and address
 - Identifying the kinds of assistance desired
 - Collecting basic financial and shelter information of a household
 - Identifying each household member and performing name clearance for each
- Register a step parent
- Register a pregnant undocumented alien
- Reopen a case
- Enter narrative text
- Print an appointment letter
- Add a program after an initial registration has been entered
- Re-register a closed case for cash assistance
- Register a case with a non-parent caretaker relative
- Register cases on your own
- Register cases from interview.



REGISTRATION

I. Kelly Landon Case: Registering a TANF, LIM, Food Stamp AU



Background: Kelly Landon is a single mother with an eight year old child, Robert. She arrives at your office and requests to apply for Cash Assistance, Medicaid, and Food Stamps. She says she's never received assistance before.

You've screened Kelly Landon and determined she has no previous or current cases in SUCCESS.

Your Assignment: To complete this assignment you will need to remove Ms. Landon's application from the registration section. Print the AFA at the end of the registration process.

NAME for Kelly Landon

REGISTER		APPLICANT NAME AND ADDRESS - NAME				NAME
CO 044 LO 049 Load ID 1796	Client ID	Prev CO/LO				/
HOH F Name kelly	MI p	L Name landon				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
	332		Peachtree	St		
City	atlanta		ST GA	Zip 30303	Phone 404 657 8989	
Mailing Address						
Address Line 1			Line 2			
Street	Number	Dir	Name	Type	City Dir	Apt
			SAME			
City			ST	Zip		
Message 0013 0156						
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"						
18-tbud						

- Ms. Landon does not live in public
- Enter the Ms. Landon's address and phone number information from her application in the registration section.

KIND for Kelly Landon

REGISTER	KINDS OF ASSISTANCE DESIRED - KIND	KIND
Select kinds of assistance desired		
<input checked="" type="checkbox"/> Financial Assistance		
<input checked="" type="checkbox"/> Food Stamp Assistance		
<input checked="" type="checkbox"/> AFDC Related Medicaid		
Medicaid for the Aged, Blind, Disabled (ABD)		
Foster Care or Adoption Assistance Medicaid		
Other		
Message	18-tbud	

- Place a Y in the selection field next to Financial Assistance, Food Stamps and AFDC Related Medicaid
- Press enter

Registration

CIRC for Kelly Landon

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC	CIRC
Monthly Income (FS)		
Earnings Types/Amts	EI	200
Unearned Types/Amts	CO	10
Liquid Resources (FS)		
Resource Types/Amts	CH	10
Current Rent/Mortgage/Utilities (FS)		290
Select:		
Anyone > 18 who formerly recvd SSI	Y	Any Unpaid Medical Bills Prior Month
Medicare Entitlement		Community-Based Waiver
Nursing Home		Hospital
		Resident Battered Woman Shelter
Migrant/Seasonal Farmworker		Refugee
Y MA needed for adult with dep child		Authorized Rep
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
18-tbud		

- Earnings \$50 per week (\$200 monthly)
- Contribution of 10 monthly
- Checking Account of \$10
- Housing and Shelter expenses total \$280 monthly

Bills

Rent	\$200
Electric	\$50
Phone	\$40

- **Note: Per Policy always allow \$30 as the telephone expense amount when the A/R incurs a telephone expense.**

MEMB for Kelly Landon

REGISTER	HOUSEHOLD MEMBER - MEMB		MEMB 01	
Client ID	Del		01	
F Name Kelly	MI	L Name Landon	Suf	
Relationship SE	DOB (MM DD YYYY) 12 09 1970	V cs	Sex f	
SSA/SSN Appl For	SSN1 100 01 XXXX	V cs	Race: B W A N P	Ethnic: n
Preg n	Due Date	n y n n n		
Alternate Names	F Name	MI	L Name	Suf
More Names				
Additional SSNs				
SSN	V	SSN	V	SSN
More SSNs				
More Members				
Message 0013				
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"				
18-tbud			24-del	

Kelly Landon's...

- Date of Birth is 12 09 1970
- SSN is 100 01 XXXX (Customize using your load id)
- Is white and not Latino

Registration

CRS Name/SSN Clearance

HRRS0070	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN CLEARANCE		15:02:48

CLIENT ID	L NAME	F NAME	MI	DOB	SEX	SSN
000000001	Landon	Kelly		12 09 1970	F	100 01 xxxxx
RACE (Y/N)?:		BLACK OR AFRICAN AMERICAN	N	WHITE	Y	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	

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

- SUCCESS finds no match for Kelly Landon, so you tell SUCCESS to assign a new client ID.
- Enter "Y" and press enter. This takes you back to MEMB screen.

MEMB

REGISTER	HOUSEHOLD MEMBER - MEMB										MEMB 01	
Client ID	Del										01	
F Name	Kelly	MI	L Name Landon					Suf				
Relationship	SE	DOB (MM DD YYYY)	12 09 1970			V	CS	Sex	F			
SSA/SSN Appl For	SSN1		100 01	xxxx	V	CS	Race: B W A N P	Ethnic:	N			
Preg	N	Due Date	N Y 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		

- Place a "Y" in the More Members field
- Press enter

MEMB for Robert Landon

REGISTER	HOUSEHOLD MEMBER - MEMB		MEMB 01	
Client ID	Del		01	
F Name Robert	MI	L Name Landon	Suf	
Relationship CH	DOB (MM DD YYYY) 03 10 1997	V CS	Sex M	
SSA/SSN Appl For	SSN1 100 02 XXXX	V CS	Race: B W A N P	Ethnic: N
Preg	Due Date	N Y N N N		
Alternate Names	F Name	MI	L Name	Suf
More Names				
Additional SSNs				
SSN	V	SSN	V	SSN V
More SSNs				
More Members				
Message				
18-tbud			24-del	

Robert Landon's...

- Date of Birth is 03 10 1997
- SSN is 100 02 XXXX (Customize using your load id)
- Is white and not Latino

CRS Name/SSN Clearance for Robert Landon

HRRS0070	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN CLEARANCE		15:02:48

CLIENT ID	L NAME	F NAME	MI	DOB	SEX	SSN
000000001	Landon	Robert		03 10 1997	M	100 02 xxxx
RACE (Y/N)? : BLACK OR AFRICAN AMERICAN N WHITE Y 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

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

- SUCCESS finds no match for Robert Landon, so you tell SUCCESS to assign a new client ID.
- Enter "Y" in the assign a new client id field
- Press enter. This takes you back to MEMB screen.

Registration

MEMB for Robert Landon

REGISTER	HOUSEHOLD MEMBER - MEMB		MEMB 01	
Client ID 953265843	Del		01	
F Name Robert	MI	L Name Landon	Suf	
Relationship CH	DOB (MM DD YYYY) 03 10 1997	V CS	Sex M	
SSA/SSN Appl For	SSN1 100 02 xxxx	V CS	Race: B W A N P	Ethnic: N
Preg	Due Date	N Y N N N		
Alternate Names	F Name	MI	L Name	Suf
More Names				
SSN	V	SSN	V	SSN
Additional SSNs				
SSN	V	SSN	V	SSN
More SSNs				
More Members				
Message				
18-tbud			24-del	

- There are no more members
- Press Enter

Registration

INCH for Kelly Landon

REGISTER	INFORMED CHOICE - INCH	INCH
HOH Name Kelly Landon Client ID 00000xxxx		
Indicate/add all programs the head of household wishes to apply for		
Ind	Program	Med COA AU ID
y	AF TANF	
y	FS FOODSTMP	
y	MA MED ASST	F01
TANF 2P Able Bodied N All FS Applicants receive AF, RF, SSI n		
Expedited Food Stamps Y		
Appl Date 09 28 XXXX		
Message 0013 1354		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
18-tbud 20-afa		

- Place Y in the indicator fields for TANF, Food Stamps and Medicaid.
- Place a Y in the FS Applicant's Receive AF RF SS field
- Enter the application date of 09 28 06.
- Press F20 to print the AFA.

REDI for Kelly Landon

```

REGISTER                                REGISTRATION DISPOSITION - REDI                                REDI
HOH Name Kelly      Landon                                Client ID 00000xxxx
                                           Withdrawal?
Sched Interview
                                           Unit Type 02                                Unit Supv 0989
                                           Inquiry Date 10 05 06                        Load ID 1796
                                           Appt Date ?                                Appt Type INT
Appt Begin Time (HH:MM)      :                        Appt End Time (HH:MM)      :
L Name/Appt Remarks
Appointment Letter Print Location
Other Persons At This Address/Other Narrative Information

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

```

- Change the unit type to 02 and Load ID to neighbor's Load ID.
- Appointment date will be 10 06 06
- Appointment time 10:00 to 11:00 AM
- Enter LName/Appt Remark: Landon/TANF, MAO, FS Intake
- Appointment Location "L"
- Press Enter



HERE and wait for the trainer to direct you to continue.

Quiz 3

1. From the AMEN screen, what is the selection to register the case? _____
2. What is the first screen in the Registration Process? _____
3. What information is found on this screen? _____

4. What is the second screen in the Registration Process? _____
5. What is the purpose of this screen? _____

6. What is the third screen in the Registration Process? _____
7. This screen captures what basic information about the AU's situation?

8. SUCCESS will use the information on this screen to determine if the AU is eligible for what type of Food Stamps? _____
9. What is the fourth screen in the Registration Process? _____
10. Will each member in the AU have this fourth screen? _____
11. From the fourth screen in the Registration Process, what separate system can be accessed? _____

12. In this system, which is separate from SUCCESS, what can be assigned to an AU member? _____

13. How can you access an addition fourth screen for other AU members?

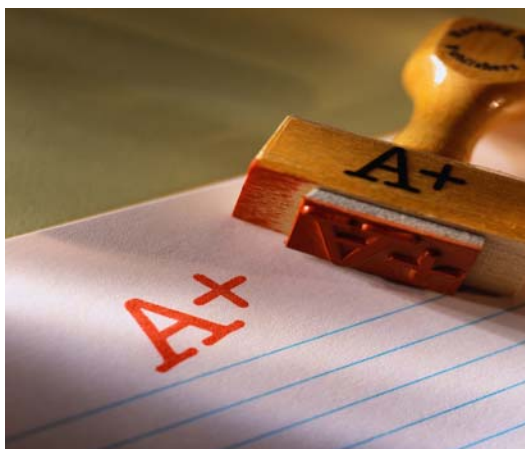
14. What is the fifth screen in the Registration Process? _____

15. What information is found on this screen? _____

16. How can you print an Application for Assistance (AFA)? _____

17. What is the last screen in the Registration Process? _____

18. What is the purpose of this screen? _____



What Am I Applying For?

I am applying for the following benefits:

☒ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☒ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most?

Please fill out the chart below about yourself.

First Name Ebenezer	Middle Initial	Last Name Bartley	Suffix
Street Address Where You Live 1313 South Street			Apt
City Macon	State GA	Zip Code 31298	
Mailing Address (if different) same			
City	State	Zip Code	
Home Telephone Number	912-555-1949	Other Contact Number	E-Mail address
Signature Ebenezer Bartley		9/26/06	
Witness Signature if signed by 'X'			
For Office Use Only DFCS County		Date Received By The County 9/26/06	



Registration

Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☒ No
2. How much money will you and all household members get this month? \$ VA 495 a month
3. How much money do you and all household members have in cash or in the bank? \$ 100
checking
4. How much do you and all household members pay for rent or mortgage? \$ 200
5. How much do you and all household members pay for electric, gas, water, etc.? \$ 120

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
Ebenezer	Bartley		Self	9/28/45	200-01-XXXX	M	No	BL	Yes

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native

AS – Asian

BL – Black/African American

HP – Native Hawaiian/Pacific Islander

WH – White



Registration**Tell Us More About Yourself and Your Household Members**

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☒ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☒ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☒ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☒ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☒ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☒ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☒ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Ebenezer Bartley 9/26/06
Signature Date

Authorized Representative Date

Case Manager Date

II. Ebenezer Bartley Case – Registering an ABD Medicaid AU



Background: Ebenezer Bartley is a 61-year-old recently widowed veteran of the Vietnam War who has difficulty communicating. He receives disability benefits from the Veteran's Administration. His son, Zachariah Bartley, is his authorized representative.

Mr. Bartley and his son requested Medical Assistance and Food Stamps for Mr. Ebenezer Bartley.

Your Assignment: Screen and register Ebenezer Bartley. Don't forget to print the AFA.

Step 1 – Screen to see if Mr. Ebenezer Bartley is know to the system. “A”

Step 2 – Register the Case “J”

NAME

REGISTER		APPLICANT NAME AND ADDRESS - NAME				NAME
CO 044 LO 049 Load ID 1796	Client ID	Prev CO/LO			/	
HOH F Name ebenezer MI	L Name bartley	Suf				
Primary Language E	Visually Impaired N	Hearing Impaired N	Public Housing z	Serial Number	Census Tract n	
Residential Address						
Address Line 1		Line 2				
Street Number Dir	Name	Type	City Dir	Apt		
1313	South	St				
City macon	ST GA	Zip 31298	Phone			
Mailing Address						
Address Line 1		Line				
Street Number Dir	Name	Type	City Dir	Apt		
	SAME					
City	ST	Zip				
Message 0013 0156						
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"						
18-tbud						

KIND

REGISTER	KINDS OF ASSISTANCE DESIRED - KIND	KIND
	Select kinds of assistance desired	
	Financial Assistance	
	Y Food Stamp Assistance	
	AFDC Related Medicaid	
	y Medicaid for the Aged, Blind, Disabled (ABD)	
	Foster Care or Adoption Assistance Medicaid	
	Other	
Message	18-tbud	

- Place a Y in the selection field for Medicaid for the Aged, Blind and Disabled
- Press enter

Registration

CIRC

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC	CIRC
Monthly Income (FS)		
Earnings Types/Amts	NI 0	
Unearned Types/Amts	VA 495	
Liquid Resources (FS)		
Resource Types/Amts	CH 100	
Current Rent/Mortgage/Utilities (FS) 330		
Select:		
Anyone > 18 who formerly recvd SSI y	Any Unpaid Medical Bills Prior Month	
Medicare Entitlement	Community-Based Waiver	
Nursing Home	Hospital	
Migrant/Seasonal Farmworker	Resident Battered Woman Shelter	
	Refugee	
MA needed for adult with dep child y	Authorized Rep	
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
18-tbud		

Ebenezer Bartley:

- Earns no income. Use NI for no income in the earned income field.
- Receives \$495/month in disability from the Veteran's Administration

Has bills for:

- \$200/month for rent
- \$60/month for electricity
- \$20/month for telephone **Note: Per Policy always allow \$30 as the telephone expense amount when the A/R incurs a telephone expense.**
- \$40/month for gas
- Has unpaid medical bills
- Has an authorized representative, his son

MEMB

REGISTER	HOUSEHOLD MEMBER - MEMB		MEMB 01	
Client ID	Del		01	
F Name	EBENEZER	MI	L Name	BARTLEY
Relationship	SE	DOB (MM DD YYYY)	09 28 1945	V cs Sex m
SSA/SSN Appl For	SSN1	200 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
SSN	V	SSN	V	SSN V
				More SSNs
				More Members
Message 0013				
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"				
18-tbud				24-del

Ebenezer Bartley's...

- Date of Birth is 09 28 1945
- SSN is 200 01 XXXX (Customize using your load id)
- Is black and not Latino

CRS Name/SSN Clearance

HRRS0070	CLIENT REGISTRATION SYSTEM	CICSV2	05/17/2006
	NAME/SSN CLEARANCE		15:02:48

CLIENT ID	L NAME	F NAME	MI	DOB	SEX	SSN
00000xxxx	BARTLEY	EBENEZER		09 28 1945	M	200 01 xxxx

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

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

- Place a Y in the assign new client id number
- Press enter

Registration

AURP for Zacharia Bartley

REGISTER	AUTHORIZED REPRESENTATIVE - AURP	AURP
		01
HOH Name EBENEZER	BARTLEY	Client ID 901000016
Rep Type R1	Relationship or Del	
F Name zachariah	MI L Name bartley	
Address Line 1 3939 dolberry ln	Line 2/Apt	
City marietta	ST ga Zip 30062	Phone 404 973 4821
Rep Type F1	Relationship or Del	
F Name zachariah	MI L Name bartely	
Address Line 1 3939 dolberry ln	Line 2/Apt	
City marietta	ST ga Zip 30062	Phone 404 973 4821
Rep Type	Relationship Del	
F Name	MI L Name	
Address Line 1	Line 2/Apt	
City	ST Zip	Phone
		More
Message		
	18-tbud	24-del

Ebenezer's son, Zachariah Bartley:

- Zachariah Bartley will be the Authorized Rep for both Medicaid and Food Stamps
- Zachariah Bartley is Ebenezer's authorized representative for interviewing purposes, but will not receive notices, EBT card or MA cards.
- Lives at 3939 Dolberry Lane in Marietta, GA 30062
- Has a phone number of 404-973-4821

INCH

REGISTER	INFORMED CHOICE - INCH		INCH
HOH Name EBENEZER	BARTLEY	Client ID 901000016	
Indicate/add all programs the head of household wishes to apply for			
Ind	Program	Med COA	AU ID
y	MA MED ASST	S95	
TANF 2P Able Bodied		All FS Applicants receive AF, RF, SSI	
		Expedited Food Stamps	
		Appl Date 09 26 06	
Message 0013		1354	
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
		18-tbud	20-afa

- Press F20 to print the AFA.

REDI for Ebenezer Bartley

REGISTER	REGISTRATION DISPOSITION - REDI	REDI
HOH Name EBENEZER	BARTLEY	Client ID 901000016
Withdrawal?		
Sched Interview		
Unit Type 01		Unit Supv xxxx
Inquiry Date 10 05 06		Load ID xxxx
Appt Date 10 16 06		Appt Type INT
Appt Begin Time (HH:MM) 2:30		Appt End Time (HH:MM) 3:30
L Name/Appt Remarks Bartley ABD/FS		
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		

- The intake worker who will do the interview has a Load ID of enter your neighbors load id.
- The appointment date is 10/16/06
- The appointment begins at 2:30 and ends at 3:30
- The A/R's last name is Bartley
- The appointment letter should not be printed (L)



Independent Study



Registration

III. Julio Gonzalez Case: Independent Study

Background: Julio Gonzalez is a married father with a five-year-old son. He says he's never received assistance before. He comes in to apply for TANF Cash Assistance, Food Stamps, and Medicaid on 10-05-06.

Your Assignment:

Screen and register Julio Gonzalez. Schedule an intake appointment for him.

Supporting Data for the Three AU Members**HOH: Julio Gonzalez**

The A/R:

- Wants to register to vote
- Lives with his son and wife at 8121 Pleasant Place in Atlanta, GA 30303
- Has a phone number: (404) 687-9855
- Was born 4/14/62, according to his birth certificate
- Is a white Latino male
- Has an SSN of 300-01-XXXX, verified by Social Security card
- Earns \$150/week (\$600 per month) for 22 hours of work each week.

Spouse: Consuela Gonzalez

The A/R:

- Is Jose's stepmother
- Was born 10/23/66, according to her birth certificate
- Is a white Latino female
- Has an SSN of 300-02-XXXX, verified by Social Security card
- Has no income or resources of her own

Registration

Son: Jose Gonzalez

The A/R:

- Was born 4/22/01, verified by birth certificate
- Is a white Latino male
- Has an SSN of 300-03-XXXX, verified by Social security card
- Draws \$500 a month RSDI Social Security Benefits

Expenses

The Gonzalez' expenses are:

- Rent: \$375/month
- Electric and gas bills: \$110/month

Appointment

- An open slot is available for an appointment on 10/12/06 at 9:00
- Use the load # after yours.



HERE and wait for the trainer to direct you to continue.

Case Screening and Registration PG Registration

April 22, 2008

We will consider this application without regard to race, color, sex, age, disability, religion, national origin or political belief.

MEDICAID APPLICATION

☒ Pregnant Woman

Child(ren) Only – RSM

Families w/Children – LIM

FOR COUNTY USE ONLY:

Date Received in County Dept 10/5/06

Check block(s) that
apply to you:

PLEASE NOTE: A Face to Face interview is not required for Medicaid applications. Please answer all questions as completely and accurately as possible. If you cannot understand or complete this application, please notify DFCS staff and assistance will be provided free of charge.

Your Name: (Please Print) FIRST NAME Kim		M.I. Ling	Last Name: Ling		Today's Date: 9/16/06	
Mailing Address: P.O. Box 233				City: Athens	State: GA	Zip Code: 30603
Residence Address (if different from Mailing Address): 204 5th Street				Phone Number(s): 706-369-3478		E-mail Address:

Please list all persons living with you for whom you want Medicaid. List yourself if you want Medicaid for yourself.

First Name	MI	Last Name	Suffix (Jr.)	Race	Sex M/F	Date of Birth	Relationship to You	Social Security Number	Is this Person a U.S. Citizen? (Y/N) (you may qualify for Medicaid even if you answer No)	Does the Father of this child live in your home? (Y/N)	Does the Mother of this child live in your home? (Y/N)
Kim		Lingxxxx		A	F	2/10/85	me		N	N	N

Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).

Just friends														
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is anyone in the household pregnant? ☐ Yes ☐ No If yes, who is pregnant? yes Due Date: 12/15/06

Please attach verification of pregnancy if available.

Do you have any unpaid medical bills from the past three months? ☒ Yes ☐ No If yes, which months? 9/06

Does anyone in your household have Health Insurance? Yes ☐ No ☐ If yes, list Insurance Company and policy number below: none

Form 94 (12/03)

INCOME, RESOURCES and DAYCARE

Case Screening and Registration PG

April 22, 2008

Registration

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. **If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.**

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving		Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings					Cash		
Current Employer:					Checking Account		
Wages/Earnings					Savings Account		
Current Employer:					Credit Union		
Social Security Income/SSI					401K/Retirement Account		
Worker's Compensation					Other		
Pensions or Retirement Benefits					Vehicle(s): Cars, trucks, motorcycles (licensed)		
Child Support/Contributions					Make	Model	Year
Unemployment Benefits							Amount Owed?
Other Income, please specify:							

Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:

Child's Name	Absent Parent's Name (Mother/Father)	Do they have Medical Coverage on the Child? Yes/No	If Yes to Medical Coverage, please list name of insurance company & group number

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.

Signature of Self, Parent or Guardian (Required): Kim Ling Date: 9/16/06

IV. Kim Ling Case: Walk Through Case



Background: Kim Ling is an unmarried, undocumented alien from China. She was referred to your office by the hospital, where she recently received emergency room treatment and two nights of follow-up care. Kim Ling has never received assistance before and is unfamiliar with the available assistance programs. The

hospital doctor told her Medicaid could help with her medical bills. She has a doctor's statement describing her medical treatment and documenting that she is seven months pregnant. She does not have a Social Security Number.

Your Assignment: Use the supporting data that follows. Screen and register Kim Ling.

Supporting Data:

HOH: Kim Ling

- Is staying with friends
- Lives at 204 5th Street, Apt. 24, Athens, GA 30603
- Gives her mailing address as P.O. Box 233 in Athens, GA 30603
- Gives her phone number as (706) 369-3478
- Was born 2/10/85 - has no verification, accept A/R Statement
- No Social Security Number
- Has no income or resources
- Has some medical bills for this month and last month
- Wants to apply for Medicaid
- Pregnancy due date is 12/15/06



HERE and wait for the trainer to direct you to continue.

V. Anna Dawson Case: Walk Through



Background: Anna Dawson is a pregnant mother of two children Richard and April. She recently married the father of her two children Ron Dawson. She applies on 10/05/06 for Food Stamps for her family. She says the family applied for Food Stamps before, but their case was denied. She also wants to apply for Medicaid for herself. She states she has unpaid medical bills for the past three months. Her EDD is 4/15/07 Her husband, Ron Dawson, is a construction worker. Mr. Dawson has a brother, David Dawson, who lives with them. Mrs. Dawson tells you that her husband's brother does not

want food stamps because he purchases and prepares his own food. 1/20/07.

Your Assignment: Screen on Ms. Dawson's case. Obtain Ms. Dawson's old FS AU ID and reopen her FS case. Register the application for Medicaid with an add a program process.

Anna Dawson

- Is a white female, non-Latino
- Has an SSN of 191-01-XXXX
- Has a date of birth of 4/12/81
- EDD 4/15/07

Randy Dawson (Child)

- Is a white male, non-Latino
- Has an SSN of 191-02-XXXX
- Has a date of birth of 12/4/95

April Dawson (Child)

- Is a white female, non-Latino
- Has an SSN of 191-03-XXXX
- Has a date of birth of 12/4/98

Ron Dawson (Husband)

- Is a white male, non-Latino
- Has an SSN of 191-04-XXXX
- Has a date of birth of 2/15/80

CRS Client Participation History for Anna Dawson

- Anna Dawson's previous application for food stamps was denied
- Select the record and press PF11
- Write down/copy paste the AU ID number for the denied FS AU

Reopen the Denied FS AU

AMEN for Anna Dawson

- Select J
- Enter the AU ID number for the denied FS AU

NAME for Anna Dawson

This screen is prefilled from the earlier denial. You verify that Anna Dawson:

- Still lives at 435 West Magnolia Lane, Savannah, GA 31298
- Has a phone number of 912-751-8232
- Speaks English
- Is not visually or hearing impaired
- Does not live in public housing
- Does not want to register to vote

CIRC for Anna Dawson

Has a husband, Ron Dawson, who earns \$300/week

- Has no unearned income
- Has \$24 cash on hand and \$15 in a checking account
- Has bills for:
 - \$500/month rent
 - \$40/month gas
 - \$105/month electricity
 - \$45/month phone

Note: Per Policy always allow \$30 as the telephone expense amount when the A/R incurs a telephone expense.

- Has unpaid medical bills



HERE and wait for the trainer to direct you to continue.

MEMB for Anna Dawson

- Exists in the system, so this screen is prefilled
- Change pregnancy to “Y” and enter pregnancy due date of 4/15/07

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 01
Client ID 02000xxxx	Del	01
F Name ANNA	MI	L Name DAWSON
Relationship SE	DOB (MM DD YYYY) 04 12 1981	V CS Sex F
SSA/SSN Appl For	SSN1 191 01 XXXX	V CS Race: B W A N P Ethnic: N
P reg Y	Due Date 04 15 07	N Y N N N
Alternate Names	F Name	MI L Name Suf
		More Names
SSN V	SSN V	SSN V
		More SSNs
		More Members Y
Message		
	18-thud	24-del

MEMB for Randy Dawson

- Exists in the system, so this screen is prefilled

MEMB for Andrea Dawson

- Exists in the system, so this screen is prefilled
- Type “Y” in the More Members Field to generate a blank MEMB Screen

MEMB - Complete for Ron Dawson

- Is a white male, non-Latino
- Has an SSN of 191-04-XXXX
- Has a date of birth of 2/15/80

CRS

- Assign a Client ID Number
- Press Enter

MEMB

- There are no other AU Members, Press Enter

Registration

INCH

- Anna wants to apply for Food Stamps and MA (P01)
- Application date is 10/05/06
- PF20 to print AFA

REGISTER	INFORMED CHOICE - INCH	INCH
HOH Name ANNA DAWSON Client ID 02000xxxx		
Indicate/add all programs the head of household wishes to apply for		
Ind	Program	Med COA AU ID
Y	FS FOODSTMP	00000xxxx
Y	MA MED ASST	P01
AFDC UP All FS Applicants receive AF, RF, SSI N		
Expedited Food Stamps Y		
Appl Date 10 05 06		
Message 0013 1354		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
18-tbud 20-afa		

Registration

REDI

- The intake worker who will do the interview has a Load ID of XXXX.
- The appointment date is 10/10/06.
- The appointment begins at 9:00 and ends at 10:00.
- The appointment letter will print locally (L).
- There is narrative text to enter (Y).
- There are remarks to enter: "Dawson reopen and Add a Program."

NARR

- Enter the following data about Anna's brother-in-law:

UPDATE	NARRATIVE - NARR	NARR 01
10/01/06 - OV - IM WORKER/XXXX -FS		
ANNA DAWSON'S BROTHER-IN-LAW, DAVID DAWSON, LIVES WITH THE FAMILY. HE DOES NOT WISH TO BE INCLUDED IN THE FOOD STAMP APPLICATION BECAUSE HE PURCHASES AND PREPARES HIS MEALS SEPARATELY FROM THE REST OF THE FAMILY. HIS DATE OF BIRTH IS 02/14/1980. Reopened FS case and added Medicaid.		
MESSAGE		More

Registration

Add a Program for RSM for Anna Dawson

The next day, Ms. Dawson comes in and states that she would like Medicaid for her daughter.

AMEN

- Select L
- Enter the FS AU ID number

NAME

- This screen is prefilled from the reopened FS application; verify and press enter

KIND

- Wants to apply for Medicaid for her daughter

CIRC

- Anna has the unpaid medical bills. April does not have any unpaid medical bills.

Note: You don't need to enter any financial data here the way you did in the FS AU, since SUCCESS doesn't need that to determine if Anna Dawson qualifies for RSM.

MEMB for Anna Dawson

- Exists in the system, so this screen is prefilled, press enter

MEMB for Randy Dawson

- Exists in the system, so this screen is prefilled, press enter

MEMB for April Dawson

- Exists in the system, so this screen is prefilled, press enter

MEMB for Ron Dawson

- Exists in the system, so this screen is prefilled, press enter

Remember to print the AFA.

INCH for Anna Dawson

- Wants to apply for Medicaid for Andrea today.

```

ADDPROGRM                                INFORMED CHOICE - INCH                                INCH

HOH Name ANNA      DAWSON                                Client ID XXXXXXXXX
Indicate/add all programs the head of household wishes to apply for

Ind      Program      Med COA      AU ID
Y      MA MED ASST      F22

AFDC UP      All FS Applicants receive AF, RF, SSI
              Appl Date 10 05 06

Message

18-tbud      20-afa

```

REDI for Anna Dawson

- The intake interview is already scheduled. Don't schedule it again.



**HERE and wait for the trainer
to direct you to continue**

SUCCESS Participant Guide



Case Screening and Registration

Georgia Division of Family and Children Services

Putting It All Together

Putting It All Together



Ralph Nelson Real Play

Your Background:

You are Ralph Nelson, a married, unemployed father with two small children, Marcus and Brenda. You applied for Food Stamps a while ago, but the application was denied. Three weeks ago, you were laid off (again). Your unemployment benefits are not enough to make ends meet.

Today, you're reluctantly applying for Food Stamps and cash assistance to pay this month's rent. Your wife is out looking for work, so you've brought both of your children with you. You've been waiting for three hours since you gave your name to the receptionist.

Note: Complete a Form 297, then exchange with your assigned partner. You will be interviewed by your partner. Mr. Nelson will be interviewed today, do not schedule an appointment.

Your Vital Statistics

HOH: Ralph Nelson

- Sex: male
- Race: white
- SSN is 319-02-XXXX, according to your social security card
- DOB: 3/12/79, according to your birth certificate
- Address is 9019 Crestline Way, Apt. 5, Atlanta, GA 30303
- Phone: (404) 358-0976

Spouse: Susan Nelson

- Is mother of Marcus and Brenda
- Sex: female
- Race: white
- SSN: 319-01-XXXX, according to her social security card
- DOB: 6/2/79, according to her birth certificate
- EDD is 10/17/06

Son: Marcus Nelson

- Sex: male
- Race: white
- SSN: 319-03-XXXX, according to his social security card
- DOB: 4/4/00, according to his birth certificate

Daughter: Brenda Nelson

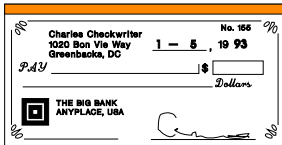
- Sex: female
- Race: white
- SSN: 319-04-XXXX, according to her social security card
- DOB: 9/20/05, according to her birth certificate

Income:

- Unemployment benefits: \$50/week



Resources:



- Joint checking account with wife: Georgia Savings Bank, Acct. #123456, balance: \$450.23 (according to your checkbook)

Expenses:



- Rent: \$200/month
- Electricity: \$30/month



HERE and wait for the trainer to direct
you to continue.



Georgia Department of Human Resources

Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☐ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix	
Street Address Where You Live				Apt
City	State	Zip Code		
Mailing Address (if different)				
City	State	Zip Code		
Home Telephone Number	Other Contact Number	E-Mail address		
Signature		Date		
Witness Signature if signed by 'X'				
For Office Use Only		Date Received By The County		



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
			Self						

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native

AS – Asian

BL – Black/African American

HP – Native Hawaiian/Pacific Islander

WH – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☐ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☐ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☐ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☐ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☐ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☐ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

Dana Cooper Real Play

Your Background:

You are Dana Cooper, a pregnant, married mother of one child. Two months ago, your sister left her two children with you and while she looked for work in another state. You haven't heard from her since she left. You're not able to handle the extra burden, so you've come to apply for cash assistance for your nephews, Medicaid for yourself, and Food Stamps for your entire family.

You're completely unfamiliar with the welfare system, but you assume it will be a simple matter, since your case seems open and shut to you. You haven't brought any documentation.

Note: Complete a Form 297 and exchange with your assigned partner. You will be interviewed by your partner. It is the screener's option to set an appointment.

Your Vital Statistics

HOH: Dana Cooper



- Sex: female
- Race: black
- SSN: 520-01-XXXX (no verification)
- DOB: 7/10/69 (no verification)
- Address: 2525 Lake Street, Gainesville, GA 30504
- Phone: (706) 532-3461
- Pregnant, due 12/12/06

Spouse: Lee Cooper



- Is the father of Lisa
- Sex: male
- Race: black
- SSN: 520-02-XXXX (no verification)
- DOB: 10/11/69 (no verification)

Daughter: Lisa Cooper



- Sex: female
- Race: black

- SSN: You can't remember her social security number, but you know she has one.
- DOB: 12/5/95(no verification)

Nephew: Christopher Crawford

- Sex: male
- Race: black
- SSN: unknown
- DOB: 5/12/05 (is David's twin brother)



Nephew: David Crawford

- Sex: male
- Race: black
- SSN: unknown
- DOB: 5/12/05 (is Christopher's twin brother)



Income:

- Husband earns \$150/week



Expenses:

- Rent: \$250/month
- Electricity: \$30/month
- Gas: \$40/month



HERE and wait for the trainer to direct you to continue.



Georgia Department of Human Resources

Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☐ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live		Apt	
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature		Date	
Witness Signature if signed by 'X'			
For Office Use Only		Date Received By The County	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
			Self						

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native

AS – Asian

BL – Black/African American

HP – Native Hawaiian/Pacific Islander

WH – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☐ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☐ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☐ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☐ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☐ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☐ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

Karen Long Real Play

Your Background:

You are Karen Long, a pregnant, married mother of one child. Two months ago, your brother left his three children with you while he looked for work. You haven't heard from him since he left. You're not able to handle the extra burden, so you've come to apply for cash assistance for your nephew and nieces, Medicaid for yourself, and food stamps for your entire family.

You're completely unfamiliar with the welfare system, but you assume it will be a simple matter, since your case seems open and shut to you. You haven't brought any documentation.

Note: Complete a Form 297 and exchange with your assigned partner. You will be interviewed by your partner. It is the screener's option to set an appointment.

Your Vital Statistics

HOH: Karen Long



- Sex: female
- Race: white
- SSN: 680-01-XXXX (no verification)
- DOB: 8/4/68 (no verification)
- Address: 1523 Smith Road, Atlanta, GA 30304
- Phone: (404) 682-3172
- Other household members: husband, daughter, niece, and two nephews
- Pregnant, due 11/18/06

Spouse: David Long



- Is the father of Lesley
- Sex: male
- Race: white
- SSN: 680-02-XXXX (no verification)
- DOB: 12/11/69 (no verification)

Daughter: Lesley Long

- Sex: female
- Race: white
- SSN: You can't remember her social security number, but you know she has one.
- DOB: 04/15/90 (no verification)



Nephew: Kevin Sims

- Sex: male
- Race: white
- SSN: unknown
- DOB: 7/4/04 (no verification)



Niece: Christine Sims

- Sex: female
- Race: white
- SSN: unknown
- DOB: 4/21/02 (is Denise's twin sister)




Niece: Denise Sims

- Sex: female
- Race: white
- SSN: unknown
- DOB: 4/21/02 (is Christine's twin sister)



Income:

-  Husband earns \$250/week

Expenses:

- Rent: \$325/month
- Electricity: \$60/month
- Gas: \$50/month





Georgia Department of Human Resources

Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

☐ **Food Stamps**

The Food Stamp program helps meet the food and nutritional needs of eligible households.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live			
Apt			
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature		Date	
Witness Signature if signed by 'X'			
For Office Use Only		Date Received By The County	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much money will you and all household members get this month? \$ _____
3. How much money do you and all household members have in cash or in the bank? \$ _____
4. How much do you and all household members pay for rent or mortgage? \$ _____
5. How much do you and all household members pay for electric, gas, water, etc.? \$ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is:

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

First	Name Middle Initial	Last	Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
			Self						

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native

AS – Asian

BL – Black/African American

HP – Native Hawaiian/Pacific Islander

WH – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? ☐ Yes ☐ No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? ☐ Yes ☐ No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? ☐ Yes ☐ No

4. Is anyone disqualified from the Food Stamp or TANF Program? ☐ Yes ☐ No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No

Who: _____

6. Is anyone violating conditions of probation or parole? ☐ Yes ☐ No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? ☐ Yes ☐ No

Who: _____

When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

Initiating a Review Walk Through Case: Jasmine Coleman

Your Assignment: Screen Applicant and determine if a Food Stamp review is due. Then initiate review for the Food Stamp case using the instructions provided below.

Steps to Initiate a Review

Step 1: Screen by HOH SSN

AMEN

- Select “A” from the AMEN menu
- Press Enter

CRS (Name/SSN Inquiry)

- Enter SSN for Jasmine Coleman, 444-76-XXXX (Customize with Load ID)
- Press Enter
- Write down HOH client ID #
- Enter “Y” in the select field to view Client Participation History
- Press F11

CRS (Client Participation History)

- Enter “Y” in select field for the case
- Press F12

AMEN

- Press ENTER to page through the inquiry screens

STAT

- Check status of case.

- If the case is active, press Enter

NOTE: If the case was denied within the last 30 days for any of the following reason codes: 235, 288, 566, 552, or 230, forward the application to the ongoing worker.

MISC

- Press ENTER

ELIG

- Press ENTER

FSFI

- Check the Review End Date
- If the review end date is the current month, then initiate the review.
- F3 Back to AMEN

Step 2: Initiate the Review

AMEN

- Select "N"
- Delete any AU ID numbers
- Enter the HOH client ID #
- Press enter

REDE

- Enter the date the application for Review is received in the county office as the Recert Appl Date
- Enter "Y" to select the case
- Press Enter

AMEN

- The case is now initiated.

Independent Study: Ms. Patricia Casey

Ms. Patricia Casey is in the office for her FS review. Please screen and initiate the FS review. Ms. Casey SSN # is 521-01- XXXX.

SUCCESS Participant Guide



Case Screening and Registration

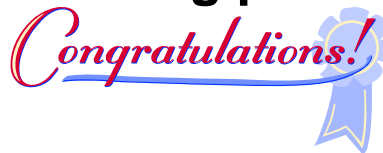
Georgia Division of Family and Children Services

CLOSING



**Now that you have completed training, in your opinion
what are the three most important aspects of your job?**

Thank you for being part of the team!!!



SUCCESS Participant Guide



Case Screening and Registration

Georgia Division of Family and Children Services

REFERENCE SECTION

REFERENCE SECTION

Chart 1110.1 TANF Application	Page 2
Chart 3105.1 FS Application	Page 3 – 4
SUCCESS Screening Instructions	Page 5
Requesting a Client ID Correction	Page 6
Address Inquiry	Page 7
CRS Screens	Page 8 – 9
Screen Identification	Page 10
STAT Screen	Page 11 - 14
Print A Temporary Medicaid Card	Page 15 - 16
Informed Choice	Page 17
CIRC Screen for ABD	Page 18
Register, Reopen, and a Program	Page 19
Ask Your Supervisor List	Page 20

Chart 1110.1 - TANF APPLICATION FILING PROCEDURES	
IF	THEN
the AU files an application in its county of residence	accept and date the application on the day the AU makes the initial request for assistance.
the AU resides in the county and files an application in that county but at an office which does not serve the area	<p>inform the AU of the option to file the application and have the office mail it to the correct office or to take the application to the other office.</p> <p>If the AU requests that the agency mails the application, the agency must do so on the same day.</p> <p>The date of application is the date the application is first received in any office in the county.</p>
the AU does not reside in the county in which it is filing an application	<p>inform the AU of the option to file the application and have the office mail it to the correct office or to take the application to the other office.</p> <p>If the AU requests that the agency mails the application, the agency must do so on the same day. The date of application is the date the application was first filed in any county.</p> <p>If the AU chooses to take the application to its county of residence, the date of application is the date the AU presents the application to the correct county office.</p>
the AU mails an application to the wrong county	<p>forward the application to the county of residence.</p> <p>The date of application is the date the application is received by any county in the state.</p>
<p>the AU moves to Georgia and files a new application</p> <p>AND</p> <p>is currently receiving benefits in the other state</p> <p>OR</p> <p>received benefits in the month prior to the month of application in Georgia</p>	<p>process as an initial application.</p> <p>Verify closure of benefits in the other state.</p> <p>The date of application is the date the application is received in the county office.</p>

* Best practice if an application is received in your county, and it belongs to another county, is to fax the application to the correct county the same day, and

mail the original to that county the same day. Make sure the application was date stamped by your office first.

Chart 3105.1 FS Application Filing Procedures	
IF	THEN
AU is a resident of the county and files an application in the office in that county	accept and date the application on the day the AU makes the initial request for assistance.
AU is a resident of the county and files an application in that county but at an office which does not serve his area	accept and date the application. Forward/fax to the correct office no later than the next workday following the day the application was received in the wrong office. The date of application is the date the application is first received in any office in the county/state.
AU is not a resident of the county in which the application is filed	accept and date the application. Forward/fax to the correct office no later than the next workday following the day the application was received in the wrong office. The date of application is the date the application is first received in any office in the state.
AU mails an application to the wrong county	accept and date the application. Forward/fax to the correct office no later than the next workday following the day the application was received in the wrong office. The date of application is the date the application is first received in any office in the state.
AU files a FS application at the SSA office	accept and date the application with the date the application was filed at the Office of the Social Security Administration (SSA). Refer to

Section 3115, Special Considerations for Applications.	
Chart 3105.1 FS Application Filing Procedures	
IF	THEN
<p>AU moves to Georgia and files a new application</p> <p>AND</p> <p>is currently receiving benefits in the other state</p>	<p>accept and date the application.</p> <p>NOTE: Verify closure of benefits in the other state. Do not approve benefits until it has been established that the other state did not issue benefits for the month of application or that benefits for the month of application were returned to the other state.</p> <p>NOTE: If benefits were received in another state for the month prior to the month of application, do not prorate benefits for the month of application.</p>
<p>AU applying for SSI prior to release from an institution under the Social Security Administration's Pre-release Program for the Institutionalized is permitted to apply for food stamp benefits at the same time</p>	<p>SSA shall notify the State agency of the date of release of the applicant from the institution.</p> <p>The date recorded on the FS application will be the date of release.</p> <p>NOTE: If the agency is not notified in a timely manner of the applicant's release date, the agency shall restore benefits back to the release date.</p>
<p>AU moves to another county after filing application:</p> <p>During or after the interview</p> <p>Prior to interview</p>	<p>The application has already been accepted and dated in the county in which it was filed.</p> <p>If the change of address is reported prior to finalizing the application, process the application. Use the appropriate POE. Update SUCCESS with the correct address and other information that has changed. Add text to the notice to advise the AU of the name of the new county and to contact the new county for ongoing case management. Transfer the case to the new county.</p> <p>Fax or forward the application form to the receiving county and transfer the pending application in SUCCESS to the receiving county. The receiving county processes the application. Do not deny the application.</p>

Procedure: SUCCESS Screening Instructions	
Step	Procedure
<p>Scenario: A customer, known or unknown to the agency submits an application for services. A customer is applying to add a NEW person, known or unknown to the agency, to the AU for new or existing services. When interviewing the customer, always ask if they have ever applied for or received benefits or services.</p>	
Step 1	From the AMEN screen enter option 'A' Name/Part Inquiry. The Client Registration System Name/SSN Inquiry screen will appear.
Step 2	Then screen by SSN . Press <enter>.
Step 3	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 the customer 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 customer'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 customer has any active SUCCESS cases.
Step 7	If there is more than 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 must be assigned a new client ID. You cannot assign a new client ID during this inquiry process. In application registration, you would use F8 to move to the last page of the Client Registration System NAME/SSN Clearance screen and then type 'Y' on 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	<p>Determine which client ID is the correct ID and which is erroneous based on the following guidelines.</p> <ul style="list-style-type: none"> A. SUCCESS active status takes priority over \$TARS active status. B. SUCCESS active status takes priority over closed/denied status. C. Active in Medicaid AU takes 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	<p>When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS.</p> <p>If the SSN is not in an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.</p>
Step 4	<p>If both client IDs are in an active status in SUCCESS, then the worker will have to take the following steps:</p> <ul style="list-style-type: none"> A. Deny client from the case with the erroneous ID. B. Select ADD A PERSON function and match on correct client ID.
Step 5	If the incorrect client ID is active in a \$TARS case, contact your local CSE agent to clear up problem.
Step 6	<p>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.</p> <ul style="list-style-type: none"> A. On subject line type, ERRONEOUS CLIENT ID. B. In the text of the email, give us all relevant client IDs and tell us which is the correct ID and which is the erroneous ID. C. Include the following client demographic information on all client IDs. <ul style="list-style-type: none"> - 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.



Address Inquiry for Support Staff

After screening and registering each case, complete an address inquiry on the Head of the Household. The Head of the Household is the person's name in which the case is registered.

Step 1 - from the AMEN screen select "D" (Address Inquiry), press enter

Step 2 - on the ADQI screen (Address Inquiry), type the address of the Head of the Household, and press enter

Possible address matches will appear. If the name in the Head of the Household field (HOH) is someone other than the applicant, screen print the page and attach to the AFA for the case manager. DO NOT discuss the results with the applicant. The case manager will discuss the address match(s) with the client.

HRRS0020

CLIENT REGISTRATION SYSTEM
CLIENT PARTICIPATION HISTORY

CICSv2 10/05/2001

10:21:57

CLIENT JEFFREYS SUSAN J ID 929001983

Selected Client: Note that the name could be different if the client has a different primary identity.

S	CASE ID	CTY	OFC	PGM	TYPE	RL	STAT	BEGIN	END	H	COMMENTS
	230006567	147		CS				08 12 1996	99 99 9999		No data found
Y	294403314	049	049	FS	S	SE	D	10 16 1996	10 16 1996		JEFFR S
	595403314	049	049	MA	FF22	SE	D	10 16 1996	10 16 1996		JEFFR S

Status of Case: A = active; C = closed; D = denied; P = pending

Benefit begin date

Relation code of client for AU

Benefit End date: all "9s" case is active or pending

The type of Medicaid (class of assistance)

Head of Household in SUCCESS case

Program type: CS = \$TARS; MA = Medicaid; AF = TANF; FS = Food Stamps

Head of Household in \$TARS case

Current/last known county and local office in which case resides

SUCCESS & \$TARS AU ID

To inquire on a specific case, enter "Y" in field and press PF12

F1
HELP

F3
EXIT

F7
SCR UP

F8
SCR DN

F12
SELECT

HRRS0010 CLIENT REGISTRATION SYSTEM CICSU1 01

Note Last Name First NAME/SSN INQUIRY **Broadest search with "U"**

L NAME F NAME M NAME SFX
SSN1 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

First county client ever known in. Never changes.

*** In "A" field indicates this is an "alternate" SSN for this client.**

*** in "E" field means this is an alias client ID - cannot be used.**

Client ID Displays

Enter "Y" to select Client

Client Participation for \$TARS - otherwise returns to AMEN.

Client Participation after client is selected.

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

REGISTER Screen Name → APPLICANT NAME AND ADDRESS - NAME Screen ID → NAME

Function Field 049 Load ID 1857 Client ID Prev CO/LO /
 HUH F Name ? MI L Name ? Suf

Primary Visually Hearing Public Serial Census Voter
 Language Impaired Impaired Housing Number Tract Reg
 N N Field Content ?

Field IDs Client ID

Residential Address
 Address Line 1
 Street Number Dir Name Type City Dir Apt
 ? ? ST GA Zip ? Phone

City ?

Mailing Address
 Address Line 1
 Street Number Dir Name Type City Dir Apt
 City SAME ST Zip

Message 0013 0156 Error Codes
 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?" Warning/Error Messages
 18-tbud

Screen Layout Chart

Case Screening and Registration PG Reference Section

December 21, 2007

STAT

THIS SCREEN SHOWS THE MOST CURRENT COMPOSITION OF THE ASSISTANCE UNIT, AND THE MOST CURRENT STATUS OF EACH MEMBER WITHIN THE ASSISTANCE UNIT. INFORMATION IS SHOWN FOR ONE PROGRAM AT A TIME IN THE FOLLOWING PRIORITY ORDER: TANF, MAO, FS.

AU STAT = CURRENT STATUS OF THE ASSISTANCE UNIT.

A-ACTIVE **C**-DISCONTINUED
B-DECLINED PRIOR MA
D-DENIED **P**-PENDING
H-DISCONTINUED HISTORICALLY
M-MA SPENDDOWN **S**-SUSPENDED

ASSISTANCE STATUS - STAT
A001 02 12 0X

MAND INC = MANDATORY INCLUDE - IS THIS INDIVIDUAL REQUIRED, BY POLICY, TO PARTICIPATE IN THIS ASSISTANCE UNIT? IF YES, ENTER "Y".

FINL RESP = FINANCIAL RESPONSIBILITY - THIS CODE TELLS THE SYSTEM WHETHER THE INDIVIDUAL IS INCLUDED IN THE AU AND WHETHER HIS/HER INCOME AND RESOURCES NEED TO BE COUNTED IN THE FINANCIAL ELIGIBILITY DETERMINATION.

AL-ALIEN SPONSOR
AS-ABD APPLICANT/ RECIPIENT SPOUSE
IP-INELIGIBLE PARENT/SPOUSE
LS-ABD APPL/RECIPI SPOUSE IN LTC
NA-ABD NON-APPL/RECIPI LEGAL SPSE
ND-NON IPV DISQUALIFIED (FS)
NL-ABD NON-APPL/ RECIPI NON-LGL SPS
NM-NON-MEMBER
NR-NON-PARENT CARETAKER RELATIVE
PB-PARENT OF BLIND/ DISAB CHILD
PM-PARENT MINOR PARENT
PN-APPLICANT
RE-RECIPIENT
RP-RESPONSIBLE PERSON
SA-SANCTIONED
SC-SPOUSE OF RSM CHILD
SI-ONLY CHLD RSCD SSI
SR-SPOUSE NON-PARENT CARETAKER
ST-STEPARENT

*These are deemors. As a deemor, a deal screen will appear. The number entered in the IRS field is the number of person(s) the deemor is responsible for excluding self & AU members.

000002 Prog MA Prog Type F Prev ABD Type Med COA F2

CO 072 LO 096 Load ID 000W Conversion Date

AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	Penalty	App
Reasons	Date	Date	Date	Date	Date	Type	End Date
A		12140X	12130X	12130X	12010X		

220-FAILED AGE REQUIREMENT
221-FAILED ABD MA REQUIREMENT
222-REFUSED PARTI ES 1ST OFFENSE
223-REFUSED PARTI ES 2ND OFFENSE
224-REFUSED PARTI ES 3RD OFFENSE
225-NOT IN INSTITUTION IN MONTH
226-CLIENT IN PUBLIC INSTITUTN
227-PRIOR PENALTY EMP SVCS - FS

REL = RELATIONSHIP -
RELATIONSHIP OF CLIENT TO HEAD OF HOUSEHOLD
CH-DEP NATURAL/ADOPTED CHILD
CP-DEP CHILD WHO IS PARENT
FC-DEP FIRST COUSIN
FM-FATHER MOTHER
GC-DEP GREAT/GRAND CHILD
HS-DEP HALF SIBLING
LG-DEP CHILD OF LEGAL GUARDIAN
NN-DEP NIECE NEPHEW(INCL GREATS)
NS-NON PARENT SPOUSE
OC-OTHER RELATED/UNRELATED CHILD
OP-OTHER PARENT
OR-OTHER RELATED ADULT
OU-OTHER UNRELATED ADULT
SC-DEP STEPCHILD
SE-HEAD OF HOUSEHOLD (SELF)
SI-DEP SIBLING CHILD
SP-SPOUSAL PARENT
SS-DEP STEPSIBLING
UA-AUNT UNCLE

V = VERIFICATION - HOW THE RELATIONSHIP HAS BEEN ESTABLISHED & VERIFIED
BC-BIRTH CERTIFICATE
BR-BAPTISMAL RECORD
CO-NOT VERIFIED CONVERSION
FB-FAMILY BIBLE
HC-HOSPITAL CERTIFICATE
IN-INSURANCE DOCUMENT
NV-NOT VERIFIED FAILED
OT-OTHER

STAT DATE = STATUS DATE - THE DATE THE INDIVIDUAL'S CURRENT STATUS BECAME EFFECTIVE.

APPL DATE = APPLICATION DATE - THE DATE THAT THIS PARTICULAR INDIVIDUAL APPLIED FOR ASSISTANCE UNDER THIS PROGRAM.

BEGIN DATE - THE FIRST DATE FOR WHICH BENEFITS WERE PAID TO THIS INDIVIDUAL UNDER THIS PROGRAM.

PAID THRU DATE - THE LAST DATE FOR WHICH BENEFITS WERE PAID UNDER THIS PROGRAM FOR THIS INDIVIDUAL, OR THE LAST DATE OF MEDICAID ELIGIBILITY.

PENALTY "T" AND DATE - IF THE CLIENT IS CURRENTLY UNDER PENALTY, THIS FIELD SHOWS THE TYPE OF PENALTY AND THE DATE THE PENALTY PERIOD ENDS.

L-RECEIPT LUMP SUM
P-NON-COOPERATION WITH PEACH
Q-NON-COOPERATION WITH QC
T-TRANSFER OF RESOURCES
V-VOLUNTARY QUIT

NOTE: THE BEGIN DATE OF MEDICAID IS ALWAYS THE FIRST DAY OF THE MONTH UNLESS THE AU IS MEDICALLY NEEDY.

NOTE ON FINANCIAL RESPONSIBILITY CODES FOR MULTIPLE ARM AUs:

A SIBLING CAN BE IN HIS/HER SIBLING'S AU AS A BUDGET GROUP MEMBER. TO INCLUDE A CHILD AS A BUDGET GROUP MEMBER IN THE AU BUT NOT AS A RECIPIENT, CODE THE CHILD'S FINANCIAL RESPONSIBILITY AS "RP". RP's ARE NOT ALLOWED IN LIM.

**ALL FINANCIAL RESPONSIBILITY CODES ALLOWED ON SUCCESS ARE LISTED
BELOW, INCLUDING THE PROGRAMS IN WHICH THEY ARE USED AND THE AFFECT
ON ELIGIBILITY AND BUDGET GROUP.**

AL = ALIEN SPONSOR - TANF AND FOOD STAMPS ONLY. USE THIS CODE TO BUDGET THE ALIEN SPONSOR'S INCOME AND RESOURCES USING ALIEN SPONSOR RULES.

AS = ABD MEDICAID APPLICANT/RECIPIENT SPOUSE - ABD MEDICAID ONLY. USE THIS CODE FOR AN ABD MEDICAID APPLICANT'S SPOUSE WHO IS APPLYING FOR/RECEIVING MEDICAID IN ANOTHER AU. ALSO, USE THIS CODE FOR AN SSI SPOUSE ACCORDING TO PROGRAM POLICY GUIDELINES. DO NOT USE THIS CODE IN A LONG TERM CARE/WAIVER AU (AU THAT HAS A COA OF L** OR W01).

IP = TANF/ARM INELIGIBLE PARENT - TANF/ARM ONLY. USE THIS CODE FOR AN INELIGIBLE PARENT WHO IS INCLUDED IN A TANF AU OR AN ARM AU THAT USES TANF INCOME LIMITS. THE SYSTEM WILL PERFORM A RESPONSIBILITY BUDGET AND DEEM THE REMAINDER FROM THIS BUDGET TO THE AU. IN LIM, THE TOTAL SURPLUS INCOME IS DEEMED TO THE AU.

LS = ABD MEDICAID LONG TERM CARE SPOUSE - ABD MEDICAID ONLY. USE THIS CODE FOR AN ABD MEDICAID APPLICANT'S SPOUSE WHO IS RESIDING IN LONG TERM CARE IN THE SAME NURSING HOME AND APPLYING FOR OR RECEIVING MEDICAID IN ANOTHER MEDICAID AU. ALSO USE THIS CODE FOR THE SPOUSE IF THE MEDICAID APPLICANT AND HIS/HER SPOUSE BOTH RESIDE AT HOME TOGETHER AND ARE BOTH APPLYING FOR MEDICAID BECAUSE THEY RECEIVE HOME AND COMMUNITY BASED CARE SERVICES, I.E. COMMUNITY CARE. THIS CODE IS CRITICAL FOR THE CORRECT DEEMING OF RESOURCES FOR THE MONTH OF ADMISSION. ALSO, THIS CODE WILL TELL THE SYSTEM TO PERFORM A COUPLE MEDICAID CAP BUDGET TO DETERMINE THE APPLICANTS' ELIGIBILITY AS A COUPLE LIVING IN THE SAME LA-D.

NA = ABD MEDICAID NON-APPLICANT COMMUNITY SPOUSE - ABD MEDICAID ONLY. USE THIS CODE FOR A COMMUNITY (LEGAL) SPOUSE WHO IS NOT APPLYING FOR OR RECEIVING MEDICAID. THIS TELLS THE SYSTEM TO USE SPOUSAL IMPOVERISHMENT RULES FOR RESOURCE ELIGIBILITY AND PATIENT LIABILITY BUDGETING, USING THE "NA" SPOUSE'S RESOURCES AND INCOME THAT YOU ENTER ON THE SYSTEM. ALSO, USE THIS CODE IN A LONG TERM CARE OR WAIVER AU FOR THE SPOUSE THAT IS A MEDICAID A/ IN ANOTHER ABD MEDICAID AU THAT IS NOT LONG TERM CARE/WAIVER (L** OR W01).

ND = FOOD STAMP NON-IPV DISQUALIFIED INDIVIDUAL - FOOD STAMPS ONLY. USE THIS CODE FOR AN INDIVIDUAL WHO IS ENUMERATION SANCTIONED OR AN INELIGIBLE ALIEN.

NI = ABD MEDICAID NON-LEGAL SPOUSE - ABD MEDICAID ONLY. USE THIS CODE FOR WHAT IS OFTEN REFERRED TO AS AN "SSI SPOUSE". THIS IS THE ABD MEDICAID APPLICANT'S SPOUSE WHO FITS THE SSI DEFINITION OF MARRIAGE (NOT A LEGAL MARRIAGE IN GEORGIA) AND WHO IS NOT A MEDICAID APPLICANT OR RECIPIENT.

NM = NON MEMBER - ALL PROGRAMS. USE THIS CODE FOR AN INDIVIDUAL WHO WILL NOT RECEIVE BENEFITS AS PART OF THE AU AND WHOSE INCOME AND RESOURCES WILL NOT BE CONSIDERED IN DETERMINING ELIGIBILITY. THIS WILL

ALLOW THE PERSON TO CONTINUE TO SHOW AS PART OF THE CLIENT LIST FOR AU SO THAT IT IS EASY TO SEE WHO IS LIVING TOGETHER IN THE HOUSEHOLD.

NR = NON-PARENT CARETAKER RELATIVE - TANF AND ARM ONLY. USE THIS CODE FOR A NON-PARENT CARETAKER WHO WANTS TO HAVE HIS/HER NEEDS INCLUDED IN THE BUDGET. THE "NR" INDIVIDUAL'S INCOME WILL ALSO BE INCLUDED IN THE BUDGET FOR THE AU IF HE/SHE HAS A SPOUSE ("SR" FINANCIAL RESPONSIBILITY), THE SPOUSE' INCOME WILL BE DEEMED TO THE AU IF ANY REMAINS AFTER THE SYSTEM COMPLETES A RESPONSIBILITY BUDGET. IN LIM, NO MORE THAN \$235 OF THE SURPLUS INCOME WILL BE DEEMED TO THE LIM AU.

PB = PARENT OF BLIND OR DISABLED ABD MEDICAID CHILD - ABD MEDICAID ONLY. USE THIS CODE FOR THE PARENT OF A CHILD APPLYING FOR AN ABD MEDICAID COA WHERE PARENT TO CHILD DEEMING IS REQUIRED BY POLICY, SUCH AS SSI MEDICAID (S10) AND DEEMING WAIVER MEDICAID (W01 COA WITH A WAVIER TYPE CODE OF "D"). ALSO, MAKE SURE THIS CODE IS USED FOR THE PARENT FOR THE MONTH A CHILD IS ADMITTED TO A NURSING HOME OR COMMUNITY BASED CARE (ANY LA-D) SO THAT THE SYSTEM WILL DEEM A PORTION OF THE PARENTS' RESOURCES FOR THE MONTH OF ADMISSION (APPLIES TO L** COAS AND W01 COA).

PM = PARENT OF A MINOR PARENT - TANF AND ARM ONLY. USE THIS CODE FOR THE PARENT OF A MINOR PARENT WHO IS REQUESTING TANF OR ARM. THE SYSTEM WILL DEEM THE REMAINDER OF THE PARENT'S INCOME TO THE AU IF ANY REMAINS AFTER A RESPONSIBILITY BUDGET IS COMPLETED. IN LIM, NO MORE THAN \$235 OF SURPLUS INCOME WILL BE DEEMED TO THE LIM AU.

PN = PENDING APPLICANT - ALL PROGRAMS. THE INDIVIDUAL WILL BE INCLUDED IN THE AU, AND HIS/HER INCOME AND RESOURCES WILL BE INCLUDED IN THE ELIGIBILITY DETERMINATION.

RE = RECIPIENT - ALL PROGRAMS. THE SYSTEM CONVERTS THE "PN" CODE TO THIS CODE AFTER THE AU IS FINALIZED IF THE INDIVIDUAL IS DETERMINED TO BE ELIGIBLE FOR ASSISTANCE.

RP = RESPONSIBLE PERSON - ARM ONLY, NOT LIM. USE THIS CODE FOR COAS THAT USE AN INCOME LIMIT OTHER THAN THE AFDC LIMIT, SUCH AS TMA, RSM AND ARM MEDICALLY NEEDY. USE THIS CODE FOR INDIVIDUALS SUCH AS THE SPOUSE OF A PREGNANT WOMAN OR AN RSM CHILD THAT IS TO BE INCLUDED IN THE BUDGET GROUP ONLY. THIS CODE TELLS THE SYSTEM THAT THE INDIVIDUAL IS NOT ELIGIBLE TO RECEIVE ASSISTANCE, BUT THAT HIS/HER NEEDS AND INCOME NEED TO BE INCLUDED IN THE BUDGET GROUP USED TO DETERMINE THE AU'S FINANCIAL ELIGIBILITY.

SA = SANCTIONED INDIVIDUAL - TANF, ARM AND FOOD STAMPS ONLY. USE THIS CODE FOR AN INDIVIDUAL IN THE AU WHO IS SANCTIONED FOR FAILURE TO COMPLY WITH A PROGRAM REQUIREMENT. THIS TELLS THE SYSTEM TO CONSIDER ALL THE INDIVIDUAL'S INCOME/RESOURCES BUT EXCLUDE THE SANCTIONED INDIVIDUAL'S NEEDS WHEN DETERMINING ELIGIBILITY. FOR ARM, THIS CODE IS ONLY ALLOWED FOR LIM (F01).

SC = SPOUSE OF AN ARM CHILD - ARM ONLY (F01, F22,). USE THIS CODE FOR THE SPOUSE OF AN INDIVIDUAL WHO IS APPLYING FOR ARM AS A CHILD (NOT A PREGNANT WOMAN). THE SYSTEM WILL DEEM THE REMAINDER OF THE SPOUSE'S

INCOME AFTER A RESPONSIBILITY BUDGET IS COMPLETED. IN LIM, THIS WILL BE NO MORE THAN THE STANDARD OF NEED FOR ONE. IN RSM, IT WILL BE NO MORE THAN THE FPL FOR ONE.

SI = SSI CHILD IN A TANF/LIM AU – TANF & LIM ONLY. USE THIS CODE FOR THE ONLY CHILD IN A TANF/LIM AU. THIS WILL TELL THE SYSTEM TO LET THE PARENT BE AN AU OF ONE PERSON. THE SSI CHILD'S NEEDS AND RESOURCES/INCOME WILL NOT BE CONSIDERED IN THE TANF ELIGIBILITY DETERMINATION.

SR = SPOUSE OF A NON-PARENT CARETAKER RELATIVE – TANF/LIM AND ARM ONLY. USE THIS CODE ONLY IF THE NON-PARENT CARETAKER RELATIVE IN A TANF/LIM OR ARM AU HAS A SPOUSE LIVING IN THE HOME. THE SYSTEM WILL DEEM THE REMAINDER OF THE SPOUSE'S INCOME TO THE AU IF ANY REMAINS AFTER A RESPONSIBILITY BUDGET IS COMPLETED. IN LIM, NO MORE THAN THE STANDARD OF NEED FOR ONE WILL BE DEEMED TO THE AU FROM THE SURPLUS INCOME.

ST = STEPPARENT OF A TANF/LIM OR ARM CHILD – TANF/LIM AND ARM ONLY. USE THIS CODE FOR A STEPPARENT OF CHILDREN WHO ARE INCLUDED AS RECIPIENTS IN AN TANF OR ARM AU, SUCH AS LIM (F01)ARM MEDICALLY NEEDY MEDICAID (F99). THE SYSTEM WILL DEEM THE REMAINDER OF THE "ST'S" INCOME TO THE AU IF ANY REMAINS AFTER A RESPONSIBILITY BUDGET IS COMPLETED. IN LIM, NO MORE THAN THE STANDARD OF NEED FOR ONE WILL BE DEEMED.

Print a temporary Medicaid card

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*****
**      W E L C O M E   T O   T H E      **
***      G E O R G I A      ***
***      T R A I N I N G      ***
***      S U C C E S S      ***
**      S Y S T E M      **
*****

Selection k
Printer ID $ZBA
System Date 10 05 06
Load ID xxxx

A. Assistance Unit/Client    H. Security                O. File Inquiry
B. Supporting Units          I. Parameters              P. Vendor Files
C. Employment Services      J. Mass Mod               Q. Text
D. Alerts                   K. Financial Mgmt Iss     R. Benefit Error
E. Scheduling               L. Lifetime Limit        S. AU/Client Misc
F. Letters                  M. Benefit History       U. Register IV-D Case
G. Electronic Mail (EMC2)   N. Quality Control

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
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Select “K” and make sure your printer ID is listed, press enter

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FINANCIAL MANAGEMENT ISSUANCE SUBMENU - KMEN      KMEN

Selection j

A. AU Pull/Hold Inquiry      AU ID
B. AU Pull/Hold Update

C. Issuance Request Inquiry  AU ID
D. DMP Issuance Request Update
E. Food Stamp Issn Request Update

F. Stop/Cancel/Reissue Request  AU ID      Iss Num
                               Inst Type     Iss Dt

G. Stop/Cancel/Reis Approval Inq
H. Stop/Cancel/Reis Approval Upd  Iss Num      Approval Stat

I. Mass Cancel/Reissue Request  Instrument Type

J. MA ID Replacement           AU ID xxxx00188

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
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“J” and the AU number, press enter

UPDATE	MA ID REPLACEMENT - MAID		MAID
AU ID xxxx00188			
NELSON		SUSAN	
9019	CRESTLINE	WAY	
ATLANTA	GA 30303 0000		
MA ID Coverage Begin Date 10 01 06			
MA ID Coverage End Date 10 31 06			
First Day Liability .00			
Message			

Press enter and the temporary Medicaid card will start to print

Registration Informed Choice

Program	Choice	Conditions
Food Stamps	Expedited	<ul style="list-style-type: none"> ▪ Migrant/seasonal farm worker and total resources less than or equal to expedited limit ▪ Total income and resources are less than total shelter ▪ Total income and total resources less than expedited limits
Cash Assistance	Refugee (R01)	<ul style="list-style-type: none"> ▪ Financial and refugee
	TANF	<ul style="list-style-type: none"> ▪ Financial, client pregnant and due date is less than current date + 45 days ▪ Financial, AU size greater than one, and non-HOH client is less than 18 years old
AFDC Related Medicaid	Low Income Medicaid (F01)	<ul style="list-style-type: none"> ▪ AFDC Related MA selected, financial, AU size greater than one and one non-HOH client is less than 18 years old
	IV-E Foster Care (F11)	<ul style="list-style-type: none"> ▪ Foster care or adoption assistance (regardless of other selections)
	IV-E Adoption Assistance (F13)	<ul style="list-style-type: none"> ▪ Foster care or adoption assistance (regardless of other selections)
	RSM Child (F22)	<ul style="list-style-type: none"> ▪ Cash not selected and any client less than 19 years old (regardless of pregnancy)
	RSM Pregnant Woman (P01)	<ul style="list-style-type: none"> ▪ Client pregnant (regardless of whether cash is already selected)
	Refugee MA (R03)	<ul style="list-style-type: none"> ▪ Cash not selected and refugee (regardless of pregnancy)
ABD Medicaid	Nursing Home (L01)	<ul style="list-style-type: none"> ▪ Nursing home
	Hospital (L02)	<ul style="list-style-type: none"> ▪ Hospital
	QMB (Q01)	<ul style="list-style-type: none"> ▪ Medicare entitlement
	Public law (S03-S06)	<ul style="list-style-type: none"> ▪ Anyone over age 18 with prior SSI
	SSI MA (S10)	<ul style="list-style-type: none"> ▪ Any unpaid medical bills in prior month
	Medically Needy De Facto (S95) AMN (S99)	<ul style="list-style-type: none"> ▪ Spend down
	Waiver (W01)	<ul style="list-style-type: none"> ▪ Home community-based waiver (ICWP, MRWP, CCSP, Katie Beckett)

CIRC For ABD

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC	CIRC
Monthly Income (FS)		
Earnings Types/Amts	?	?
Unearned Types/Amts	?	?
Liqud Resources (FS)		
Resource Types/Amts	?	?
Current Rent/Mortgage/Utilities (FS) ?		
Select:		
1 Anyone > 18 who formerly recvd SSI	5 Any Unpaid Medical Bills Prior Month	
2 Medicare Entitlement	6 Community-Based Waiver	
3 Nursing Home	7 Hospital	
	Resident Battered Woman Shelter	
Migrant/Seasonal Farmworker	Refugee	
4 MA needed for adult with dep child	8 Authorized Rep	
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
18-tbud		

1. This is selected for Pulic Law COAs in ABD. Just use S03 when registering. Even if S10 appears, change it to S03.
2. If the customer has Medicare select this one.
3. If the application shows the customer lives in a Nursing Home check this one. Obtain from your Supervisor the county listing of Nursing Homes in your area.
4. For Family Medicaid, when the person is an adult and wants to be included with the child(ren) select this one.
5. For all COAs check this one off. The only COA that doesn't have 3 months Medicaid entitlement is Newborn Medicaid (F15) and you shouldn't be registering any of those.
6. This is for ABD COAs that are in MRWP, ICWP, CCSP or Katie Beckett.
7. If the application shows the customer is in a Hospital check this one. Confirm with your Supervisor on the local hospitals in your area.
8. This is for a customer that wants an Authorized Representative and/or Personal Representative. The customer must sign the application listing this person in order for you to add them.

Valid Value	Relationship	Where are the Notices sent?	Where does the Medicaid Card go?	COAs
A1	Court Appointment #1	AREP	AREP	F track except F11 & F40
P1	Protective Payee #1	ADDR	AREP	F track except F11 & F40
MA	MA Authorized Representative	ADDR	ADDR	Any except F11 & F40
R1	Responsible Adult 1 (ABD Only)	1 to ADDR, 1 to AREP, 1 to NH	ADDR	Any L, S, Q or W track
R2	Responsible Adult 2 (ABD Only)	1 to ADDR, 1 to AREP, 1 to NH	AREP	Any L, S, Q or W track
SB	Foster Care Services Worker – Both	1 to AREP	ADDR	F11 & F40 only
SN	Foster Care Services Worker - notice	1 to AREP	AREP	F11 & F40 only

Register, Reopen, Add a Program

Screen ID	Register	Reopen	Add a Program
AMEN	Option J	Option A to get AU ID. Option J with AU ID	Option A to get AU ID Option L with AU ID
NAME	Worker enters all required data from scratch.	Worker can only change HOH address.	Worker cannot change any data.
KIND	Worker can select any program.	Does not appear, no selection is made.	Worker can select any program.
CIRC	Worker can enter any required data	Worker can enter any required data	Worker can enter any required data
MEMB	Worker completes one MEMB screen for each household member.	Screens come up prefilled with name clearance data; worker can only enter pregnancy data or add members.	Screens come up prefilled with name clearance data; worker can only enter pregnancy data or add members.
CRS Name/SSN Clearance	SUCCESS automatically checks CRS database to see if each new entered household member already exists; worker sees CRS Name clearance after each MEMB screen.	Worker may use CRS Name inquiry to find old AU ID or Client ID to reopen, but doesn't see CRS Name/SSN Clearance after each MEMB screen, since person already exists in system except for new AU members added during registration.	Worker may use CRS Name inquiry to find old AU ID or Client ID to reopen, but doesn't see CRS Name/SSN Clearance after each MEMB screen, since person already exists in system except for new AU members added during registration.
INCH	Worker can select any program.	Worker can select only closed or denied programs associated with the HOH's client ID. Exception: RSM Pregnant Woman can be done.	Worker can select any program. Worker can tab to next available field select and enter program MA COA.

Ask Your Supervisor

[illegible]