

PROCEDURE # 1

PROCEDURES FOR APPLICATION PROCESSING

Reference Section

- 5101:4-2-01&
5101:4-2-05&
5101:4-2-07
1. Applicant requests cash, medical and or the food stamp program assistance in person, electronically, by mail, or by telephone. (Applicant means any responsible adult member of the AG and/or its authorized representative provided the person is an adult who is sufficiently aware of relevant AG circumstances.)
- 5101:4-2-01
2. On the day the request is received, the receptionist or other office staff member gives or mails to the applicant:
- (a) JFS 07200
- 5101:4-2-01
3. If the request was made in person or by other methods as listed in item 1 of this procedure, inform the applicant about same day filing.
- 5101:4-2-01
4. If the applicant has contacted the wrong local office, provide the address and phone number of the correct office for filing and offer to forward the application to the appropriate office.
- 5101:4-2-01
5. Applicant completes, signs, and files the request for assistance. **NOTE:** If the applicant is unable to complete the request, it may be filed as long as it contains the applicant's name and address and is signed by a responsible member of the AG or the authorized representative.
- 5101:4-2-01
6. Receptionist, volunteer, or other staff member helps applicant complete request prior to filing, if requested.
- 5101:4-2-01 &
5101:4-6-09 (C)
7. Receptionist screens request for expedited service. AGs may receive expedited service only if their liquid resources (i.e., cash on hand, checking or saving accounts, savings certificates, and lump sum payments) do not exceed \$100. If their liquid resources do not exceed \$100, the following AGs must receive expedited service.
- AGs with zero net monthly income.
 - AGs with less than \$150 in monthly gross income.
 - Destitute migrant or seasonal farmworker AGs.
 - Eligible AGs whose combined monthly gross income and liquid resources are less than the AG's monthly rent or mortgage, and utilities.

Questions on page 2 of the JFS 07200 will help screen for destitute AGs. Migrant or seasonal farmworker AGs are entitled to expedited service if answers to these questions indicate that:

5101:4-2-01 &
5101:4-6-09 (C)

- Its only income received prior to application was from a terminated source; and
- It does not expect to receive more than \$25 income from a new source within 10 calendar days from the date of application.

NOTE: Any income received from a new source after 10 calendar days from the date of application does not affect entitlement to expedited service.

See Procedure 9 - Procedures For Determining Need For Expedited Service.

- 5101:4-2-01 & 8. Date stamp the request for assistance when received, forward to assigned eligibility worker, 5101:4-2-07 or schedule an interactive interview for the applicant as soon as possible but no later than 20 days after the application was filed unless the AG is destitute. If the applicant keeps the appointment, assign to an eligibility worker, and go to step 11. If the applicant misses the appointment go to step 9.
- 5101:4-2-07 9. Send a Notice of Missed Interview (NOMI).
- 5101:4-2-07 10. If the AG contacts the agency to reschedule a second interview after missing the first appointment but before the thirtieth (30th) day following the application date, schedule a second interactive interview prior to the thirtieth (30th) day, if possible, and assign to an eligibility worker. **NOTE:** Delays caused by the agency may require extensions beyond 30 days (see rule 5101:4-5-07 of the Administrative Code).
- 5101:4-5-07 11. If the applicant misses the second appointment, deny the AG on the 30th day after the application was filed and send denial letter, unless the applicant makes a request prior to the 30th day for the scheduling of a third interview. If so, schedule as soon as possible but before 60 days pass from the date of application. See PROCEDURE 7 FOR PROCESSING AGs INVOLVING DELAYS.
- 5101:4-2-07 12. If a home visit or telephone interview is conducted, record the reason under comments on page 13 of the JFS 01846 and provide the applicant with a JFS 07501.
- 5101:4-2-07 & 13. Advise applicant of the AG's rights and responsibilities. 5101:6
- 5101:4-2-07 14. Review the information on the request for assistance with the applicant, including information he has provided and information provided to him involving fraud, etc.
- 5101:4-5-07 15. Offer assistance in completing the request for assistance if information is missing.
- 5101:4-2-07 16. Explore and attempt to resolve any unclear or questionable information with the applicant.
- 5101:4-2-01 & 17. Explain food stamp eligibility factors and verification to the applicant. Provide the AG with 5101:4-2-07 a notice which contains examples of the types of verification documents the AG should provide and which explains the period of time the documents should cover. In discussing the standard utility allowance, explain the AG's option to change between actual utility costs and the utility standard. Explain that failure to report or verify rent or mortgage payment, utility and/or other shelter costs, medical expenses, dependent care expenses, and legally-obligated child support

paid to a non-household member will result in a benefit level determination without using a deduction for the unverified expense.

- 5101:4-2-09 18. Review verification brought to the interview by the applicant. Inform the applicant if additional verification is needed and offer to help secure it if the applicant indicates a need for help. We suggest giving the applicant a verification checklist (see example attached) or requesting a checklist from CRIS-E, retaining one copy for the case record. If the JFS 07200 is used, generate the automated PCI and provide the applicant with a copy of the signed and dated rights and responsibilities section. In those situations where CRIS-E has gone down prior to the printing of the automated PCI and the automated PCI is subsequently mailed to the AG for review, signature, and date, the agency shall return by mail or in person a copy of the signed and dated section of the automated PCI.
- 5101:4-2-11 19. Inform the applicant of the 30-day timeliness standard, and the time limits which apply to the AG's required actions if the timeliness standard is to be met.
20. Refer the applicant to other program services when appropriate.
21. Discuss when, where, and how to obtain and use benefits.
22. Inform the AG that the time limits and other requirements of the OWF cash program do not apply for food stamp benefits and that the AG may be eligible for food stamp benefits when there is no eligibility for other programs.
- 5101:4-2-01 & 5101:4-2-07 23. Explain the AG's right to withdraw the application. Deny the application if the AG refuses to cooperate with any step necessary for eligibility determination. Send denial letter when appropriate.
- APPENDIX 24. Complete the JFS 07402WS Application Worksheet (only if the information is not recorded on the manual JFS 01846 or automated PCI). If ineligible, go to step 25.
- APPENDIX 25. Send denial letter.
- 5101:4-5-01 & 5101:4-5-03 26. Determine the monthly allotment and the certification period.
27. Send or give the AG the appropriate notices:
- Notice of Eligibility to all AGs.
 - Expiration Notice, (JFS 07404 "Notice of Expiration" or its CRIS-E equivalent) if the AG is certified for one month or if the AG is certified for two months.
 - JFS 07443 "Food Stamp Change Report for Assistance Groups with No Earned Income" form or JFS 04196 "Food Stamp Change Report for Assistance Groups with Earned Income" form and return envelope to all AGs.

EXAMPLE

VERIFICATION CHECKLIST

AG Name:
Case/Cat/Seq Number(s):
Date:

Dear Applicant:

During or after your interview we found that we need proof of the following: (ONLY THE CHECKED ITEMS APPLY TO YOU)

- Gross income from:
- Alien status of:
- Residence in the county:
- Citizenship of:
- Medical expenses for:
- Work registration for:
- Social security numbers for:
- Identity of:
- Resources:
- Age of:
- Legally-Obligated Child Support payments:
- Dependent care:
- Rent/mortgage costs
- Home insurance costs
- Property taxes
- Utility costs:
- Costs for unoccupied home:
- Other:

For a list of documents generally required to verify eligibility factors, see page two.

If you have trouble or cannot obtain any or all of the information needed, please contact your caseworker in order that she/he may help you in obtaining the required information.

We need the information by _____ or your application will be denied. If you don't agree with our decision, you can have a county conference and/or a state hearing of your case. At the hearing you'll have a chance to explain why you think we made a mistake, and it will be determined in the hearing decision who is right.

If you have any questions, please call me.

Caseworker

PROOF OF IDENTITY (for yourself & your authorized representative, if you have one)

- *driver's license
- *state identification card
- *voter registration card
- *school identification card
- *work badge or building pass
- *draft card or military ID
- *U.S. passport or U.S. ID card
- *credit card with signature
- *clinic card or shot record (for pre-schoolers only)
- *current report card, if available

PROOF OF AGE (if you are age 60 or over and wish to claim a medical deduction or work exemption)

- *birth certificate
- *delayed birth certificate
- *baptismal record
- *school record
- *state or federal census record
- *insurance policy
- *marriage certificate (not license)
- *military discharge papers
- *draft card
- *U.S. passport
- *driver's license

PROOF OF ELIGIBLE ALIEN STATUS

(If you or any one in your assistance group are not U.S. citizens and are applying for benefits)

- *naturalization certificate
- *consular report of birth
- *INS I-94, I-151, or I-551
- *alien registration card
- *other Immigration and Naturalization Service documents

PROOF OF SOCIAL SECURITY NUMBER (for each person in need of food stamp benefits)

- *social security card
- *correspondence from the Social Security Administration containing person's name and social security number
- *award letter from Social Security Administration
- *Medicare card
- *employment records
- *tax returns
- *official document containing social security number
- *copy of "SSA-5028", receipt for social security number application
- *copy of "SSA-2853" from the Social Security Administration

PROOF OF EMPLOYMENT TERMINATION

- *notification letter which shows the reason employment ended, the date the employment ended, and the amount of the last pay
- *name, address & telephone number of former employer(s)

PROOF OF RESIDENCY

- *rent receipt with your name, address, amount paid, and landlord's name and phone number
- *lease agreement
- *mortgage book
- *utility bills

UTILITIES, PROPERTY TAXES, HOME INSURANCE, RENT/MORTGAGE (if you wish to receive credit for paying them)

- *rent or mortgage
- *telephone
- *gas or oil
- *electric
- *sewer
- *home insurance
- *property tax statement
- *condominium fees

PROOF OF INCOME OR HOURS WORKED

- *last four paycheck stubs
- *letter from employer
- *court support order or other legal document
- *benefits (award) letter
- *if self-employed, copy of last income tax statement
- *rental income (statement from tenant)
- *strike pay
- *if self-employed, books or bookkeeper's name and phone number
- *verification of hours worked for able-bodied adults without dependents

PROOF OF ASSETS (this does not apply if your assistance group is eligible for Ohio Works First (OWF), Disability Financial Assistance (DFA), Disability Medical Assistance (DMA) and/or Supplemental Social Security (SSI), or a member is authorized to receive Prevention Retention and Contingency (PRC) benefits or services or Ohio Benefit Bank (OBB) services)

- *a written statement of cash on hand
- *checking and/or savings account statement
- *trust fund statement
- *Keogh plans
- *IRAs
- *stock or bonds
- *life insurance policies

PROOF OF OTHER EXPENSES

- *Nonreimbursable medical expenses if you are 60 or older or disabled and wish to claim a medical deduction
- *dependent care expenses
- *legally obligated child support payments paid to or for a non-assistance group member

PROOF OF OTHER DISABILITY (if you wish to claim a medical deduction)

- *RSDI or SSI check
- *RSDI or SSI award letter
- *VA award letter

PROOF OF INELIGIBILITY FOR BENEFITS (you must provide a letter or form which shows ineligibility or expiration of any of the following benefits for which you have applied)

- *social security
- *supplemental social security (SSI)
- *veterans benefits
- *unemployment benefits
- *worker's compensation
- *disability or sick benefits
- *union fund or pension benefits
- *railroad retirement benefits

NOTE: To receive a deduction for the following expenses you must report and provide verification to your caseworker of: rent or mortgage payment, utility and/or other shelter costs, medical expenses, dependent care expenses, and legally-obligated child support paid to a non-household member. Failure to report or verify any of the above listed expenses will be seen as a statement by your assistance group that you do not want to receive a deduction for the unreported or unverified expense(s).

If you are applying for a cash or medical program, it may be necessary for you to provide additional information (e.g. proof of medical insurance coverage for each family member or proof of pregnancy).