

OBJECTIVES OF INTRODUCTION

By the end of this training, you should:

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

Outline for 9 Day Training

CALL CENTER FS/FM SUCCESS



DAY ONE

Introduction

Introduction to SUCCESS

DAY TWO

Understanding the Screening and Registration Process

Understanding the Initial Application Process

DAY THREE

Understanding the Initial Application Process

Call Center Responsibilities

DAY FOUR

Processing Food Stamp Changes

DAY FIVE

Processing Food Stamp Changes

DAY SIX

Processing Food Stamp Changes

Family Medicaid SUCCESS

DAY SEVEN

Processing Family Medicaid Changes

DAY EIGHT

Processing Family Medicaid Changes

Putting it All Together

DAY NINE

Skill Demonstration

Skill Demonstration Review

Closing



TRAINING INFORMATION

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

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

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

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

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

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

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

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

UNSATISFACTORY

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

MEMORANDUM

May 1, 1995

TO: County Directors of Family and Children Services
Field Managers

FROM: Robert Riddle, Acting Director
Human Resources Section

RE: FLSA Non-Exempt Employees Attending Required Training

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

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

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

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

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

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

RR: spa

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

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

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

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

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

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

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

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

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

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

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

August 23, 2006

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

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

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

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

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

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

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

OR

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

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

August 23, 2006

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

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

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

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

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

Signature _____ Date _____

August 23, 2006



DHR VISION AND DFCS STATEMENT OF PURPOSE AND GOALS

DHR VISION FOR THE FUTURE:

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

DHR MISSION:

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

DFCS STATEMENT OF PURPOSE:

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

DFCS GOALS:

➤ **Safe Futures for Georgian's Children**

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

➤ **Self-Sufficiency for Georgia's Families**

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

➤ **Safe, Supportive Communities**

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

➤ **Infrastructure**

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

ASSISTANCE PROGRAMS AVAILABLE IN GEORGIA

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

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

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

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

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

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

THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



OUR MISSION:

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

VALUES:

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

Goal of DHR/DFCS Staff:



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

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

❖ **Home/Community-Based Services:**

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

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

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

DFCS Focus: Develop Strong Families

Developing strong families means:

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

The Right Work the Right Way

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

Temporary Assistance to Needy Families (TANF)

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

The purposes of TANF are to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Assistance Program

(This is not an all-inclusive list)

Family Medicaid Classes of Assistance

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

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

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

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

Medical Assistance Program

Family Medicaid Classes of Assistance (continued)

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

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

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

Medical Assistance Program

Aged, Blind, or Disabled Medicaid Classes of Assistance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MEDICAID GENERALLY COVERS THE FOLLOWING:

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

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

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

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

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

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

ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.

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

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

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

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

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

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

INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL

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

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

Child Protective Services (CPS) Referral Situations

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

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

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

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

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

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

Determining Your Learning Style

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

1. When solving a problem, I prefer to
 - a. take a step-by-step approach
 - b. take immediate action
 - c. consider the impact on others
 - d. make sure I have all the facts

2. As a learner, I prefer to
 - a. listen to a lecture
 - b. work in small groups
 - c. read articles and case studies
 - d. participate in role plays

3. When the trainer asks a question to which I know the answer, I
 - a. let others answer first
 - b. offer an immediate response
 - c. consider whether my answer will be received favorably
 - d. think carefully about my answer before responding

4. In a group discussion, I
 - a. encourage others to offer their opinions
 - b. question others' opinions
 - c. readily offer my opinion
 - d. listen to others before offering my opinion

5. I learn best from activities in which I
 - a. can interact with others
 - b. remain uninvolved
 - c. take a leadership role
 - d. can take my time

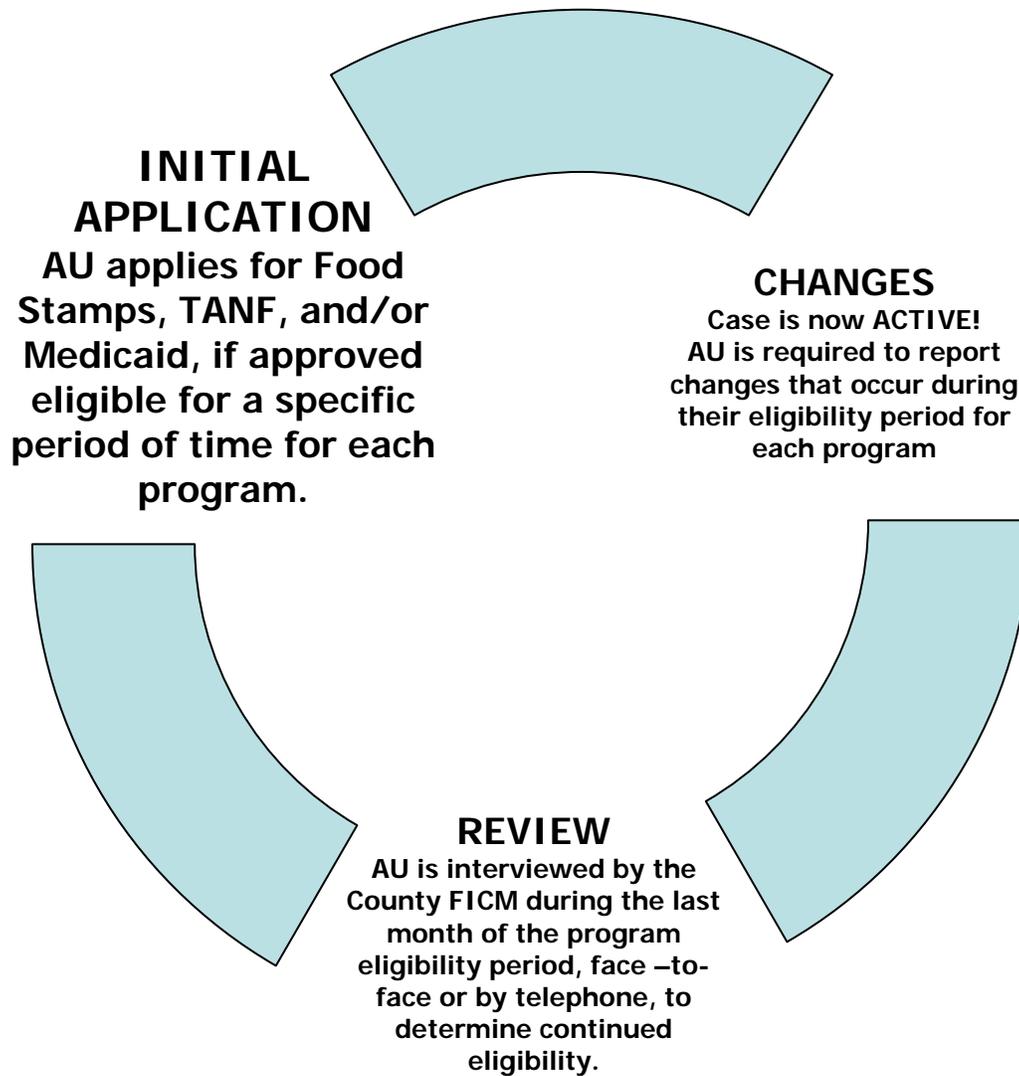
6. During a lecture, I listen for
 - a. practical how-to's
 - b. logical points
 - c. the main idea
 - d. stories and anecdotes
7. I am impressed by a trainer's
 - a. knowledge and expertise
 - b. personality and style
 - c. use of methods and activities
 - d. organization and control
8. I prefer information to be presented in the following way:
 - a. model such as a flow chart
 - b. bullet points
 - c. detailed explanation
 - d. accompanied by examples
9. I learn best when I
 - a. see relationships between ideas, events, and situations
 - b. interact with others
 - c. receive practical tips
 - d. observe a demonstration or video
10. Before attending a training program, I ask myself, "Will I...?"
 - a. get practical tips to help me in my job
 - b. receive lots of information
 - c. have to participate
 - d. learn something new
11. After attending a training session, I
 - a. tend to think about what I learned
 - b. am anxious to put my learning into action
 - c. reflect on the experience as a whole
 - d. tell others about my experience
12. The training method I dislike the most is
 - a. participating in small groups
 - b. listening to a lecture
 - c. reading and analyzing case studies
 - d. participating in role plays

SCORING SHEET

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

1c__	1a__	1d__	1b__
2b__	2a__	2c__	2d__
3c__	3a__	3d__	3b__
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10d__	10c__	10b__	10a__
11d__	11c__	11a__	11b__
12c__	12a__	12d__	12b__
Totals __	__	__	__

AU Cycle of Eligibility



WEEKLY PLANNER

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20	21	22	23	24	25	26																																																																																																																																	
27	28	29	30	31																																																																																																																																			

Objectives for Introduction to SUCCESS

By the end of this section, you should know:

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

SUCCESS Computer Labs



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

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

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

From: Juanita Blount-Clark
Division Director

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

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

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

------(end of letter)-----

The DHR Computer System

Novell Sign On Procedures



- Step 1 – Turn on your computer
- Step 2 – When the Novell Client prompt appears, enter your password and click OK. Note: In the training region use the password designated for the SUCCESS Lab. In the county your Novell Username will pre-populate.
- Step 3 – Your computer will boot and the Group Wise sign on will appear..

Novell Facts

1. Your Novell Username is usually your first initial, middle initial and last name.
2. Your Novell Password will need to be updated monthly.
3. Your Novell Username and Group Wise Id are the same.
4. Your Group Wise password does not have to be changed monthly.
5. If you are away from your computer but at a net work computer and you want to check your e-mail, follow the instructions below:
 - a. Click on Start
 - b. Click on Novell Group Wise
 - c. Click on Group Wise
 - d. Enter your Group Wise id and password and click OK.

Group Wise Sign On Procedures



- Step 1 – Double click on the group wise icon.
- Step 2 – Enter your group wise password and click OK.
- Step 3 – Your e-mail will appear

Accessing the On-line Policy Manual



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

Step 2. Choose Index

Step 3. Select Family and Children

Step 4. Select the specific program area



SUCCESS Sign – On Procedure



Step 1 The first screen that displays is the “GO” screen.

Note: In the county you will type DHR8.

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

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

Step 4 At the SUCCESS sign-on screen...

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

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

SUCCESS Template for Standard PC Keyboard

RESET	CLEAR
-------	-------

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

1	2	3	4
shift 13	14	15	16

5	6	7	8
17	18	19	20

9	10	11	12
21	22	23	24

shift

EXERCISE

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

SUCCESS Sign-Off Procedures



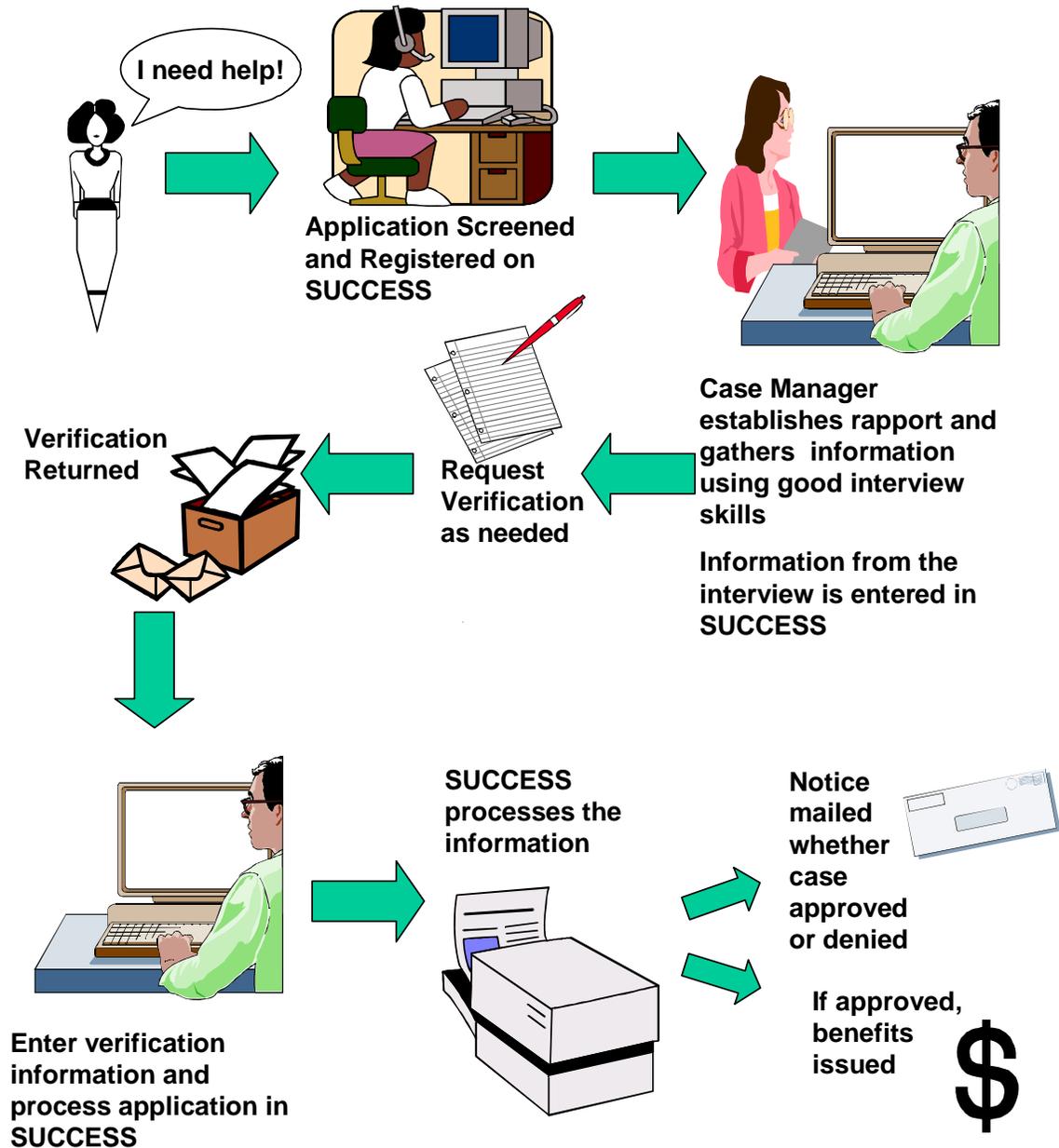
- Step 1** PF3 to the Main Menu
- Step 2** PF3 once more
- Step 3** A black screen with “SUCCESS
Session Terminated” at the top will
appear.
- Step 4** Press the Pause/Break key to clear
the screen
- Step 5** Type “**CESF Logoff**” and press enter
You will return to the GO screen

Objectives for Screening and Registration

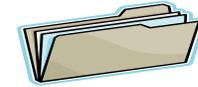
By the end of this section, you should know:

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

OVERVIEW OF THE APPLICATION PROCESS



Case Record Organization



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

Procedure: SUCCESS Screening Instructions	
Step	Procedure
<p>Scenario: A customer, known or unknown to DFCS, submits an application for services. A customer is applying to add a NEW person, known or unknown to DFCS to the AU for new or existing services. When interviewing the client, always ask if they have ever applied for or received benefits or services.</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	Screen by SSN. Press <Enter>.
Step 3	If no match on SSN, then type in the Head of Household's (HOH) information that the customer provided-Last Name, First Name, Sex ('U' for unknown can also be used). Press <enter>. If client has used other names, also screen on the other name(s).
Step 4	Repeat steps 2 and 3 for each person listed in the household.
Step 5	If there is one match, check to ensure the information provided on the application is the same as the data in CRS. Screen print and/or document if all data does not match the client's application.
Step 6	Next, type a 'Y' to the left of the matching client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Check to see if the client has any active SUCCESS cases.
Step 7	If there is more 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 will be assigned a new client ID. Use F8 to move to the last page of the Client Registration System NAME/SSN Clearance screen. Type 'Y' in Assign New Client ID field and press <enter>.
Procedure: Requesting a Client ID Correction	

Step	Procedure
<p>In order for the DFCS Systems Help Desk to correct a client ID, the county worker will need to complete the following steps:</p>	
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 take priority over \$TARS active status. B. SUCCESS active status takes priority over closed/denied status. C. Active in Medicaid AU take priority over Active in non-Medicaid AU. (Exception: If one client ID is in Medicaid COA and the other ID is active in multiple SUCCESS cases, keep the ID in the multiple AUs.) D. Client ID with active claims cases needs to be the correct ID.
Step 3	<p>When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS. If the SSN is not an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.</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 the client from the case with the erroneous ID. B. Select ADD A PERSON function and match on correct client ID.
Step 5	If incorrect client ID is active in a \$TARS case, contact your local CSE agent to clear up problem.
Step 6	<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, provide all relevant client IDs and indicate which the correct ID is and which is the erroneous ID. C. Include the following client demographic information on all client IDs <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.

Margaret Simmons: Screen an Applicant

Background

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

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection A		
AU ID 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 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

CRS Name/SSN Inquiry for Margaret Simmons

- SSN 595 01 XXXX

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:08:21
L NAME	F NAME	M NAME	SFX
SSN1 595 01 XXXX	DOB (MM DD YYYY)	+/-	SEX
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY L NAME	F NAME	MI DOB SX RCE SSN A

92169 No matches found

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

+ PF2 to refresh the screen

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

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

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:12:42
L NAME SIMMONS	F NAME MARGARET	M NAME	SFX
SSN1	DOB (MM DD YYYY)	+/-	SEX U
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY L NAME	F NAME	MI DOB SX RCE SSN A

92169 No matches found

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

- PF2 to refresh the screen

CRS Name/SSN Inquiry for Tina Simmons

- SSN 595 02 XXXX

HRRS0010	IENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:08:21
L NAME	F NAME	M NAME	SFX
SSN1 595 02 XXXX	DOB (MM DD YYYY)	+/-	SEX MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY L NAME	F NAME	MI DOB SX RCE SSN A

92169 No matches found

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

- PF2 to refresh the screen.

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

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

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006											
	NAME/SSN INQUIRY		11:12:42											
L NAME SIMMONS	F NAME TINA	M NAME	SFX											
SSN1	DOB (MM DD YYYY)	+/-	SEX U MORE											
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN											
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE												
ETHNICITY (L/N)?: HISPANIC/LATINO														
SEL	CL	ID	E	CTY	L	NAME	F	NAME	MI	DOB	SX	RCE	SSN	A

92169 No matches found

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

- PF2 to refresh the screen.

CRS Name/SSN Inquiry for Susan Simmons

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

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:12:42
L NAME SIMMONS	F NAME SUSAN	M NAME	SFX
SSN1	DOB (MM DD YYYY)	+/-	SEX U
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL	CL ID	E CTY	L NAME
			F NAME
		MI	DOB
		SX	RCE
			SSN
			A

92169 No matches found

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

- PF3 to exit CRS back to AMEN.

Margaret Simmons Registration

- Select "J" from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection J

AU ID
Screen ID
Benefit Month (MM YY)

Client ID
As Of Date
Notice Type

A. Name/Part Inquiry
B. AU/Client Inquiry
D. Address Inquiry
E. Trial Budget
F. Trial Eligibility
G. Batch Print Request
H. Notice History
I. SPA Inquiry

J. Registration
K. Add A Person
L. Add A Program
M. Reinstatement
N. Initiate Review
O. Interview
P. Process Appl Months
Q. Finalize Application

R. Interim/Hist Change
S. QRF Change
Y. Spndwn Med Expnse Update
Z. Spndwn Med Expnse Inquiry
1. Spndwn Authorization
5. Prior Medicaid Copy
6. Finalize Prior Medicaid

Message

NAME for Margaret Simmons

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

REGISTER APPLICANT NAME AND ADDRESS - NAME NAME

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

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

Residential Address

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

Mailing Address

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

Message 0013 0156

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

KIND for Margaret Simmons

- Margaret wants to apply for Food Stamp Assistance

REGISTER	KINDS OF ASSISTANCE DESIRED - KIND	KIND
----------	------------------------------------	------

Select kinds of assistance desired

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

Message

18-tbud

CIRC for Margaret Simmons

Margaret:

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

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC		CIRC
Monthly Income (FS)			
Earnings Types/Amts	EI 200	EI 125	
Unearned Types/Amts	NI 0		
Liquid Resources (FS)			
Resource Types/Amts	CH 300	CA 50	
Current Rent/Mortgage/Utilities (FS)	330		
Select:			
Anyone > 18 who formerly recvd SSI		Any Unpaid Medical Bills Prior Month	
Medicare Entitlement		Community-Based Waiver	
Nursing Home		Hospital	
		Resident Battered Woman Shelter	
Migrant/Seasonal Farmworker		Refugee	
MA needed for adult with dep child		Authorized Rep	
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
		18-tbud	

MEMB for Margaret Simmons

Margaret:

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

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 01 01
----------	-------------------------	---------------

Client ID	Del
-----------	-----

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

Alternate Names	F Name	MI	L Name	Suf
-----------------	--------	----	--------	-----

	Additional SSNs	More Names
SSN V	SSN V	SSN V

More SSNs

More Members

Message 0013
 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del

MEMB for Tina Simmons

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

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 02
		01
Client ID	Del	
F Name TINA	MI	L Name SIMMONS
Relationship CH	DOB (MM DD YYYY) 05 15 2000	V CS Sex F
SSA/SSN Appl For	SSN1 595 02 XXXX	V CS Race: B W A N P Ethnic: N
Preg	Due Date	Y N N N N
Alternate Names	F Name	MI L Name Suf
		More Names
SSN	V	SSN Additional SSNs SSN V SSN V
		More SSNs
		More Members

Message 0013
 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del

CRS Name/SSN Clearance for Tina Simmons

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

HRRS0070	CLIENT REGISTRATION SYSTEM	CICSY2	
	NAME/SSN CLEARANCE		13:51:53
CLIENT ID	L NAME	F NAME	MI DOB SEX SSN
000000002	SIMMONS	TINA	05 15 2000 F 595 02 1000
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN Y		WHITE N	ASIAN N
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N		AMERICAN INDIAN/ALASKAN NATIVE N	
ETHNICITY (L/N)?: HISPANIC/LATINO N			
0000 POSSIBLE MATCHES		TYPE OF MATCH NO POSSIBLE MATCHES	
SEL	CL ID	E CTY	L NAME F NAME MI DOB SEX RCE SSN ALT

ASSIGN IV-A CLIENT ID
ASSIGN NEW CLIENT ID Y

NEXT MATCH TYPE

END OF MATCHES

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

Back on MEMB for Tina Simmons

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

REGISTER	HOUSEHOLD MEMBER - MEMB				MEMB 02
					01
Client ID 751006210	Del				
F Name TINA	MI	L Name SIMMONS		Suf	
Relationship CH	DOB (MM DD YYYY) 05 15 2000	V CS	Sex F		
SSA/SSN Appl For	SSN1 595 02 XXXX	V CS	Race: B W A N P	Ethnic: N	
Preg	Due Date		Y N N N N		
Alternate Names	F Name	MI	L Name	Suf	
					More Names
SSN V	SSN	V	Additional SSNs	SSN V	SSN V
					More SSNs
Message					More Members Y
				18-tbud	24-del

MEMB for Susan Simmons

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

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 03 01
Client ID	Del	
F Name SUSAN	MI	L Name SIMMONS
Relationship CH	DOB (MM DD YYYY) 11 25 2003	V CS Sex F
SSA/SSN Appl For	SSN1	V Race: B W A N P Ethnic: N
Preg	Due Date	Y N N N N
Alternate Names	F Name	MI L Name Suf
		More Names
SSN V	SSN V	Additional SSNs SSN V
		More SSNs
		More Members

Message 0013
 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del

Back on MEMB for Susan Simmons

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

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 03 01
----------	-------------------------	---------------

Client ID 758006076 Del

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

Alternate Names	F Name	MI	L Name	Suf
-----------------	--------	----	--------	-----

				Additional SSNs	More Names
SSN	V	SSN	V	SSN	V

More SSNs

More Members

Message

18-tbud

24-del

REDI for Margaret Simmons

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

REGISTER	REGISTRATION DISPOSITION - REDI	REDI
----------	---------------------------------	------

HOH Name MARGARET SIMMONS Client ID 986002419

Withdrawal?

Sched Interview

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

Other Persons At This Address/Other Narrative Information

Message 0164

0164 DO YOU NEED TO SCHEDULE AN APPOINTMENT?

13-note 14-schs 15-nmiq 18-tbud

Inquire to check for pending status



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

AMEN

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

- B. **Intake Schedule Inquiry**

AMEN

- PF3 back to the Main Menu

Main Menu

- Select E
- press enter

EMEN

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

SCHD

- PF3 back to the Main Menu

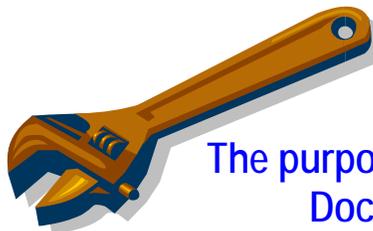
Main Menu

- select A
- press enter

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Overview of FS Eligibility Determination in SUCCESS.....	Page 12





Automated Documentation Tools

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

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

- The documentation standards include the information required to substantiate the eligibility determination.
- Documentation is completed on the REMA screen. To access the REMA screen press **F9** on a data screen.
- ADTs are also available. ADTs are pre-programmed statements and questions that populate to the REMARKs screen by depressing the tilde (~) key while ON THE DATA SCREEN.
- *Rules for REMA*
 - ~ REMA does not have word wrap.
 - ~ There is a selection field on the right side of the screen that will allow insertion or deletion of a line.
 - ~ Pressing the “**END**” key on any line will erase the remaining portion of that line.
- *Accessing ADTs*
 - ~ Press the tilde (~) key from the data screen.
 - ~ The Remarks screen will appear and the ADT will appear shortly there after.
- *Navigating on an ADT*
 - ~ Be sure that the insert function is turned off when documenting on an ADT.
 - ~ Press tilde to move from field to field.

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

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

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

 - *Loading the FICMs Information*
 - ~ On the REMA screen press tilde
 - ~ The FICM must set up their tilde on the main menu.
 - Entering the FICMs information:**
 1. Access the main menu.
 2. Press tilde (~) on the main menu.
 3. Type your name, county, load id and phone number in this area.
 4. Click **OK**.

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

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

FS Automated Documentation Screen Guide

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

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



Food Stamp Documentation Standards

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

NARR Documentation Requirements:

Document manually the following on NARR:

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

There are 3 ADTs to document the following claims information:

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

STAT Documentation Requirement:

Document the following:

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

There are 6 available ADTs.

- Enter 1 – For AUs w/no other HH members.
ADT #1 is selected at initial application and review when there are no other HH members. The ADT adds the statement, “No other HH members” and allows the FICM to document identity as well as SRR status.
- Enter 2 – For AUs with other HH members.
ADT #2 is selected at initial application, when there is a change and at review when there are other HH members and allows the FICM to list the other members as well as document identity and SRR status.
- Enter 3 – To add or delete HH members.
ADT #3 is selected in interim or at review when a change is reported that adds or removes an AU member.
- Enter 4 – To document missed appointments
ADT #4 is selected at initial application or review when the AU misses an appointment
- Enter 5 – To document the reason for a Food Stamp denial.
ADT #5 is selected at initial application or review when the AU is denied Food Stamp benefits.
- Enter 6 – To document a request for a Fair Hearing.
ADT #6 is selected when the AU requests a Fair Hearing

 **DEM1 Documentation Requirement:**

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

No ADT is available.

 **DEM2 Documentation Requirement:**

- ✓ Details of disability / incapacity

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

No ADT is available.

 **DEM3 Documentation Requirement:**

- ✓ Details of any IPV Disqualifications from OIS.

No ADT is available.

 **ALAS Documentation Requirement:**

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

There are 2 available ADTs:

- Enter 1 – For a non-citizen.
Choose ADT #1 on the DEM2 screen when there is a non-citizen in the AU.
- Enter 2 – For students.
Choose ADT #2 on the DEM2 screen when there is a adult student in the AU.

 **FSME Documentation Requirement:**

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

There is 1 ADT available.

 **RES1 Documentation Requirements:**

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

No ADT is available.

 **RES2 Documentation Requirement:**

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

No ADT is available.

 **RES3 Documentation Requirement:**

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

No ADT is available.

 **TRAN Documentation Requirement:**

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

There is 1 ADT available.

 **ERN1 Documentation Requirement**

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

There is 1 ADT available.

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

ERN2 Documentation Requirement:

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

There are 4 ADTs available:

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

CARE Documentation Requirement:

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

There is 1 ADT:

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

UINC Documentation Requirement:

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

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

There are 2 ADTs:

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

WORK Documentation Requirement:

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

There are 6 ADTs:

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

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

SHEL Documentation Requirement:

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

There is 1 ADT:

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

MISC Documentation Requirement:

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

There are 2 ADTs available:

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

Overview of Eligibility Determinations in SUCCESS



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

➔ Residency

ADDR – displays and validates the HH address.

Screen Name is **Household Addresses**.

➔ AU Composition, Identity and SRR

STAT – FICM determines AU composition.

Screen Name is **Assistance Status**.

➔ Enumeration

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

Screen name is **Demographic 1**.

Policy affected by DEM1:

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

➔ Alien Status, Student Status

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

Screen name is **Demographic 2**.

Policy affected by DEM2:

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

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

 **Aliens Status, Student Status**

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

Screen name is **Aliens and Students**.

Policy affected by **ALAS**:

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

 **Sanctions**

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

 **Excess Medical Deduction**

FSME – FICM determines the excess medical cost so that SUCCESS can calculate the deduction.

Screen name is **Food Stamp Medical Expenses**.

 **Resources**

RES1 – FICM enters liquid resources.

Screen name is **Resources 1**.

Information entered on RES1 will be used to determine total countable resources.

RES2 – FICM enters non-liquid resources.

Screen name is **Resources 2**.

Information entered on RES2 will be used to determine total countable resources.

RES3 – FICM enters non-liquid resources.

Screen name is **Resources 3**.

Information entered on RES3 will be used to determine total countable resources.



Transfer of Resources

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



Income

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

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

Policy Function:

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



Child Support Deduction

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

Screen name is **Deem/Allocate**.

Policy Function:

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



Child Care Deductions

CARE – FICM enters the amount of child care paid for each child it is paid.

Screen name is **Dependent Care Expense**.



Income

UINC – FICM enters unearned income including work study income.

Screen name is **Unearned Income**.

 **E&T / ABAWD status**

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

Screen name is **Work Registration/Participation**.

Policy Function:

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

 **Shelter Deductions**

SHEL – FICM enters shelter costs.

Screen name is **Shelter Expenses**.

Policy Function:

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

 **Management, Expedited Services**

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

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

I. Introduction

Objectives for Intake

By the end of this section, you should know:

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

Margaret Simmons: A Case Study

Non-Financial Criteria

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

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

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

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

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

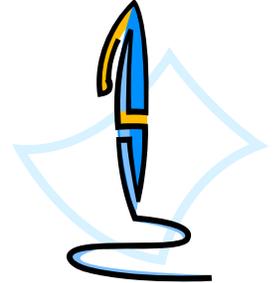
Her case number is _____ and has been assigned to your caseload, _____, for disposition. Your telephone number is 404-656-8100.

Ms. Simmons provides you with her drivers license.



Non-Financial Criteria

Using the information provided, answer the following questions:



1. To what other agencies/programs would you refer Ms. Simmons?
2. By what date must the AU receive benefits?
3. If third party verification is required, what due date will you enter on Form 173?
4. If the AU does not return requested verification that is required to establish eligibility, what is the earliest date that you could deny the application?
5. If the AU does not return requested verification that is required to establish eligibility, what is the latest date to deny the application?
6. Who must be included in the AU?
7. Whose identity must be verified?
8. Have all points of non-financial eligibility been established?

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

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

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

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

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

14. Who is the Head of AU?

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

Complete Form 173.



II. Margaret Simmons: Interview an Applicant

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

- Select "O" from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection **O**

AU ID **10000000**

Screen ID

Benefit Month (MM YY)

Client ID

As Of Date

Notice Type

A. Name/Part Inquiry

B. AU/Client Inquiry

D. Address Inquiry

E. Trial Budget

F. Trial Eligibility

G. Batch Print Request

H. Notice History

I. SPA Inquiry

J. Registration

K. Add A Person

L. Add A Program

M. Reinstatement

N. Initiate Review

O. Interview

P. Process Appl Months

Q. Finalize Application

R. Interim/Hist Change

S. QRF Change

Y. Spndwn Med Expnse Update

Z. Spndwn Med Expnse Inquiry

1. Spndwn Authorization

5. Prior Medicaid Copy

6. Finalize Prior Medicaid

Message 0021

0021 CANCELLATION COMPLETED SUCCESSFULLY

NARR Documentation Requirements

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

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

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

13-bott

Press ENTER to return to ADDR

STAT-FS for Margaret Simmons

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

INTERVIEW	ASSISTANCE STATUS - STAT						STAT	A			
Month 11 06	0071		10 0506		01						
AU ID 674173806 CO 049	Prog FS LO 049	Prog Load ID	Type S 1700	Prev ABD Type Conversion Date	Med COA	Claim N					
AU Stat P	AU Status Reasons	AU Stat Date 100506	Appl Date 100506	Begin Date	Pd Thru Date	---Penalty--- Type End Date	Appeal Ind				

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

Message 0013 01

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

20-rmen

22-alau(arch)

23-alau(curr)

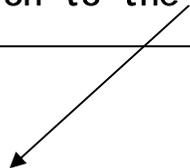
STAT Documentation Requirements:

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

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

Note: SUCCESS automatically adds FICM information to the ADT

UPDATE	REMARKS - REMA	REMA 01
*****FS		
STAT*****		
10/05/06 16:16; FICM Caseworker A123 123D Ful ton 555-555-5555		
There are NO OTHER HH members.		
Ineligible/Sanctioned AU member? Y/N [M]		
Explain: _____		



Identity of Applicant verify by: Drivers License

MESSAGE
13-bott

More

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

DEM1 for Margaret Simmons

Margaret:

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

INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1							DEM1 01			
Month 11 06	1001		10 05 06								
Client Name MARGARET			SIMMONS			Suf	Client ID 771006042				
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth	
			555 01 1003	CS		12 05 1980	CS	F	B	N	
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral		-- Date		
Y	N	AH									
Concurr Out of St	SSI Recip	Depriv	V	Prenatal Care Ind	Good Cse	----- Pregnant -----	Term/Due Code	Term/Due Date	V	Num V Exp	FTC Code
CA FS MA											
N N N											

Message

15-lett

16-crs

23-alau

DEM1 Documentation Requirement:

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

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

DEM2 for Margaret Simmons

Margaret:

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

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 2 - DEM2 1001 10 05 06	DEM2 01
Client Name MARGARET SIMMONS Client ID 771006042		
Citiz V Student V High Grade V Striker	-----Immunization -----	Law -Health Chk -
Stat Completed Stat	Curr GCse Due Dt	Brkr Ref Date
C BC	12 CS	N
TPL TPL V	----- Medicare -----	----- Disability / Incapacity -----
Coop Entitlmnt Claim Num	Disab Approval Begin Date End Date	Type Source (MM YYYY) (MM YYYY)
N		
Joint Vet Military Death TANF Cap Parent	----- TANF Cap Child -----	
SSI/FS Stat Serv Num Date Ctr End Date	Parnt ID Rcv Mo Cncpt GCse	
N		
Non-Custodial Parent? V		
Message		
15-lett		22-tpl 23-alau

DEM2 Documentation Requirement:

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

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

DEM1 for Susan Simmons:

Susan Simmons

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

INTERVIEW		CLIENT DEMOGRAPHIC 1 - DEM1				DEM1 02				
Month 11 06		1001		10 05 06		Remarks				
Client Name SUSAN		SIMMONS		Suf		Client ID 827002292				
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
	P	10 05 06				11 25 2003	CS	F	B	N
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-----	Family Planning Referral	-----	
Y	N	AH								
Concurr Out of St	SSI Recip	Depriv	V	Prenatal Care Ind	Good Cse	-----	Pregnant Term/Due	-----	FTC Code	
CA FS MA						Code	Date	V Num V Exp		
N N N										

Message

15-lett

16-crs

23-alau

DEM2 for Susan Simmons

Susan Simmons:

- is a US Citizen based on birth certificate

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

Client Name SUSAN SIMMONS Client ID 827002292

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

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

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

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

DEM1 for Tina Simmons

Tina Simmons:

- lives at home with her mother

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

Client Name TINA SIMMONS Suf Client ID 800002353

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

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

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

Message

15-lett

16-crs

23-alau

DEM2 for Tina Simmons Tina Simmons:

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

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 2 - DEM2 1001 10 05 06	DEM2 03
Client Name TINA	SIMMONS	Client ID 800002353
Citiz V	Student V	High Grade V
C	BC	FT
Striker	-----Immunization-----	Law -Health Chk -
Stat N	Curr GCse Due Dt Brkr	Ref Date
TPL	TPL V	----- Medicare -----
Coop	Entitlmt	Claim Num
N	Disab	Approval
	Type	Source
		Begin Date
		End Date
		(MM YYYY) (MM YYYY)
Joint SSI/FS	Vet Stat	Military Serv Num
N	Death Date	TANF Cap Parent
	Ctr End Date	----- TANF Cap Child -----
	Parnt ID	Rcv Mo Cncpt GCse

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

ALAS – Student – ADT

*****Student*****

Tue Oct 05 2006 16:16; FICM Caseworker B123 123Z Fulton 555-555-55555

For FS, does the client meet student status elig for Higher ED (HE)?

Age 18-49 Y/N []

Institution meets def of HE Y/N []

Enrolled at least ½ time Y/N []

Eligible Student Criteria Y/N []

Explain: _____

For TANF, does AU contain a minor parent? Y/N []

If yes, is school attendance satisfactory as def by the school? Y/N []

- If no, does good cause exist? Y/N []

Explain: _____

To complete this ADT the FICMs will need to know student policy. This ADT will help FICMs identify persons who must have student criteria applied. This ADT is not necessary for children because student policy only applies to adults.

FSME ADT

*****FSME*****

Tue Oct 05 06 16:25; FICM Caseworker B123 123Z Fulton 555 – 555 – 55555

MEMBER MUST BE ELDERLY 60 YRS / OLDER OR DISABLED AS DEFINED BY POLICY

Disabled / elderly HH member has medical expenses? Y/N []

If No,
explain: _____

If Yes, explain if none
allowed: _____

MEDICAID APPLICATION PENDING? Y/N []

If yes, Expenses is not given since we are unable to verify reimbursement

Computation or explanation of expenses given if needed;

FSME for Susan Simmons

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

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

Client Name SUSAN SIMMONS Client ID 728005972

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

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett

24-del



Margaret Simmons

Resources, Income, and Budgeting

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

Ms. Simmons states that she is currently baby-sitting 20 hours a week for her neighbor, Sally Hughes. Ms. Hughes pays her \$50 gross weekly on Fridays. She began baby-sitting for Ms. Hughes back in January 2006 and received her first pay in January. Ms. Simmons previously worked full-time at Reynolds Dry Cleaners until it went out of business in September. Her last day of employment was September 25th. She received her final paycheck on October 2nd in the amount of \$125.

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



Resources, Income, and Budgeting



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

1. What resource limit applies to this AU?
2. What resources are counted?
3. What are this AU's total countable resources?
4. Is the AU eligible based on resources?
5. What resource requires verification from a third party source?
6. What income limit test(s) apply(ies) to this AU?
7. Whose income must be considered?
8. What additional third party verification will you request?
9. What amount of income will be budgeted for the month of October?

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

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

Complete Form 173.

Complete Form 339, if necessary.



RES2 for Margaret Simmons

Margaret:

- none

INTERVIEW Month 11 06	RESOURCES 2 - RES2	RES2 01 01
--------------------------	--------------------	---------------

Client Name MARGARET SIMMONS Client ID 777006064

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

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

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

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

Message More

15-lett	23-alau	24-del
---------	---------	--------

RES2 Documentation Requirement

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

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

RES3 for Margaret Simmons

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

INTERVIEW Month 11 06	RESOURCES 3 - RES3	RES3 01 01
--------------------------	--------------------	---------------

Client Name MARGARET	SIMMONS	Client ID 777006064
----------------------	---------	---------------------

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

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

Del Type	FMV	V	Encumb	V	Annl Rate	V
					Return	

Message

15-lett

More

24-del

RES3 Documentation Requirement

- Document details for any resources listed on this screen.

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

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

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

Client Name MARGARET SIMMONS Client ID 777006064

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

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

Message More

15-lett 24-del

TRAN Documentation Requirement

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

DOL Clearinghouse

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

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

Tot Wages	14,477	Potential Amount	91	Num of Wks	20	Max Amt	
Message							
13-Bendex	14-SDX1		16-UCBI				

ERN1 for Margaret Simmons

- currently baby sits for her neighbor, Sally Hughes
- did not obtain this job through Applicant Job Search
- reports Ms. Hughes' address as 234 Redmon Avenue, Atlanta, GA, 30365
- reports that Ms. Hughes' phone number is (404)656-7890
- has been babysitting since January '06
- received her first pay from this job on 01/09/06
- Ms. Simmons began working full-time at Reynold's Dry Cleaners on January 1, 2004 and was first paid on January 5th. She received her last check from this job on 10/2/06. She provides her last check stub and separation notice. We will enter this information for October only when we process the case. For now, complete the ERN1 history ADT.

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

Client Name MARGARET SIMMONS Client ID 777006064

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

Employer Name **SALLY HUGHES** AJS Employ **N**
 Line 1 **234 REDMON AVENUE** Line 2
 City **ATLANTA** ST **GA** Zip **30365** Phone **404 656 7890**
 Begin First End Late SON \$30+1/3 \$30+1/3 \$30
 Type Date Pay Date Date Rpt Ovr Ind Cntr End Date End Date
EI 01 05 06 01 09 06 N TANF
LIM
RSM

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

More Jobs

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

ERN1 Documentation Requirement

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

Press tilde (~) to document

REMA for ERN1

UPDATE REMARKS - REMA REMA
01

*****ERN1 History*****

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

EMPLOYER: REYNOLDS CLEANERS

BEGIN DATE: 01/01/04 END DATE: 09/25/06 TIMELY? Y/N [Y]

REASON FOR TERMINATION: WENT OUT OF BUSINESS

HOW WAS THE TERMINATION VERIFIED: SEPARATION NOTICE

SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N [N]

EXPLAIN: Termination due to layoff not quit

ACTUAL MONTHS OF 30 + 1/3 TANF: _____

MAO: _____

DOL Hit? Y/N [Y]

DISCREPANCIES? Y/N [N] Resolution of

discrepancies: _____

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

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

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

More

MESSAGE

13-bott

ERN2 Documentation Requirement:

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

REMA for ERN2

UPDATE REMARKS - REMA REMA
01

*****ERN2 Cal *****

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

App () Review () New Job () Rate Of Pay () Hrs Chg ()

Date of change: _____ Date of Report: _____ Timely () Untimely ()

If new employment, rate of pay / hours: _____

Employer: Sal I y Hughes

Date Pd	Gross	Ti ps	Verf	Rep (Y/N)
1: _____	() ()	()	: _____	()
2: _____	() ()	()	: _____	()
3: _____	() ()	()	: _____	()
4: _____	() ()	()	: _____	()
5: _____	() ()	()	: _____	()
6: _____	() ()	()	: _____	()

Total : _____ /: _____ = : _____ Rep Pay

If not Rep, explain: _____

Freq of pay WK () BIWK () SEMIMTH () MONTHLY () ACTUAL ()

Hr Rate: _____

Calculate Y/N () Cal Monthly Income: _____

More

MESSAGE

13-bott

REMA for CARE

UPDATE	REMARKS - REMA	REMA 01
--------	----------------	------------

*****DEPENDENTCARE*****

*

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

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

IS DEPENDENT CARE DEDUCTION NEEDED Y/N [N]

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

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

: _____

—

More

MESSAGE

13-bott

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

UINC for Margaret

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

REMA for UINC

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

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

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

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

Types of UI: _____

Date payment will Begin: _____ End: _____

If RSDI on another account? Name:
_____ Relationship:_____

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

: _____
—

Reason any fluctuating income is not considered Rep:

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

If contributions, source:
_____ Duration:_____

: _____
:
—

More
MESSAGE

13-bott

UINC for Susan

- Susan has no unearned income.

INTERVIEW	UNEARNED INCOME - UINC	UINC 02
Month 11 06		01

Client Name SUSAN SIMMONS Client ID 728005972

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

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V

Client Potentially Elig For Other Benefits?
More

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

UINC for Tina

- Tina has no unearned income.

INTERVIEW	UNEARNED INCOME - UINC	UINC 03
Month 11 06		01

Client Name TINA SIMMONS Client ID 803002352

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

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V

Client Potentially Elig For Other Benefits?
More

Appl Type	Stat	Date	Appl Type	Stat	Date
Message 5107					
5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.					
15-lett			16-uvnc		23-alau 24-del

WORK for Margaret Simmons

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

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

Client Name MARGARET SIMMONS Client ID 777006064

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

High School -- FS ABAWD Non-Compliance --
Non-compliance Regain Dates 2nd 3 Months

Grad/GED Bnft mth/yr Start End Bnft mth/yr
Y 1
2
3

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

WORK Documentation Requirement

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

Margaret Simmons Deductions

Margaret Simmons states she has the following monthly expenses:

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



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

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

Ms. Simmons does not have any verification with her.

Answer the following questions:

1. What Food Stamp deductions will be allowed? List.
2. For which utility standard is the AU eligible?
3. What is the amount of the utility standard?
4. What is the total shelter cost for this AU?
5. What third party verification would you request?

Complete Form 173.

SHEL for Margaret Simmons

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

INTERVIEW
Month 11 06

SHELTER EXPENSES - SHEL

SHEL 01

Client Name MARGARET

SIMMONS

Client ID 777006064

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

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

Landlord Name **MARY HILL**
Address **122 BROAD ST**

City **NEWMAN**

Phone **770 987 9876**
ST **GA** Zip **30305**

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

SHEL Documentation Requirement

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

SHEL REMA

- press tilde to document shelter choice

UPDATE	REMARKS - REMA	REMA
		01

*****Shelter / Utility Expense*****

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

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

Housing Cost A/R Incurs Rent[**Y**] Mortg[] Insur[] Taxes[] Lot Rent[]
: _____

Calc if other than monthly:

Included in mortg? Insurance[] Taxes[] If none, explain: _____
UTILITY EXPENSE incurred by DWELLING? Y/N [**Y**] Included in Rent? Y/N [**M**]
If none, explain: _____

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

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

More

MESSAGE

13-bott



Margaret Simmons Management

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

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

Complete Form 339.



MISC REMA for Management

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

Form 354 is in the case record.

Monthly expenses : 330.00
Available net income : 316.66

Mgmt met? Y/N [Y]

If no, explain discrepancies: Ms. Simmons recently lost her employment. She received a last pay check of \$125 on Oct. 5th. ($\$125 \times 20\% = \25 . $\$125 - 25 = \100 . $\$100 + 216.66 = \316.66) She has \$300 in her checking account and \$50 cash. She states that she paid her October expenses with her September pay. With her net income and checking account, Ms. Simmons can meet her expenses for the current month. She states that she is currently looking for employment and hopes to find a new job soon. She states she may be able to pay partial expenses for a couple of months to get by; management will be re-evaluated at her March 2007 review.

More

MESSAGE

13-bott

SRR Explained and Form 339 given. Y/N

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

ERRO for Margaret Simmons

The errors which appear on this screen:

- error code 0014 shows that verification was not received for earnings, resources, and shelter expenses; this is true, so, we will request verification.
- error codes 1723, 1724, 1725,1726 and 1944 show that Clearinghouse was not accessed during this interview. This sometimes happens in the training system so we will "PF4" around that as well. If this happens in the county, you should try again to access Clearinghouse prior to case approval.

INTERVIEW

CONSOLIDATED ERRORS - ERRO

ERRO
01

Display Error Text for This Code

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

Message

VERF-FS for Margaret Simmons

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

INTERVIEW	OUTSTANDING VERIFICATIONS - VERF	VERF	A
Month 11 06		01	

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

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

Message

20-verf 21-nite

System Generated Form 173

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

MARGARET SIMMONS

P.O. BOX 5680

ATLATNA GA 30303

Client Number:

0028 – MISSING VERIFICATIONS

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

Program: FS

NAME	VERIFICATION	BY PROVIDING
MARGARET SIMMONS	SHELTER EXPENSE AMT <i>Needed in order to give deduction</i>	BILL CHECK LANDLORD STATEMENT LETTER RECEIPT OTHER
	EARNED INCOME AMT <i>Need a statement from Sally Huahes</i>	CHECK STUB IRS FORM LETTER OTHER QRF EMPLOYER WAGE FORM

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

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

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

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

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

DONE for Margaret Simmons

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

INTERVIEW	SESSION SUMMARY - DONE	DONE
Month 11 06		01
		Narr

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

Message 0428 0759
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

Margaret Simmons

Returns Verification

ON 10/09/06

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

ADDR for Margaret Simmons

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

CHANGE		CLIENT LIST FOR CASE UNIT - CLLI					ADDR 01		
Month 10 06							01		
CI			Client	AU			AU		
Pntr	F Name	L Name	ID	Pntr	Prog	AU ID	Pntr	Prog	AU ID
01	MARGARET	SIMMONS	761005918	A	FS	492513807			
02	TINA	SIMMONS	787005850	A	FS	492513807			
03	SUSAN	SIMMONS	912002486	A	FS	492513807			

Message

- fast path to ERN2 for Margaret

ERN2 for Margaret

- enter the verification source (letter) for the babysitting income from Sally Hughes
- Press F9 to update documentation.

CHANGE	EARNED INCOME 2 - ERN2	ERN2 01
Month 10 06	0071 10 05 06	01
		Remarks
Client Name MARGARET	SIMMONS	Client ID 761005918
Employer Name SALLY HUGHES		

	Avg Hrs 20	Freq WK	Day Week Pd	Extra Pay						
Del										
Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V	
50.00	LE									
-----					Work Expenses	-----				
Type	Amount	Freq	V	Type	Amount	Freq	V			

Message More Jobs

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

REMA for ERN2

UPDATE REMARKS - REMA REMA
01

*****ERN2 Cal*****

10/09/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

App (Y) Review () New Job () Rate Of Pay () Hrs Chg ()

Date of change: _____ Date of Report: _____ Timely () Untimely ()

If new employment, rate of pay / hours: _____

Employer: **Sally Hughes**_____

Date Pd	Gross	Ti ps	Verf	Rep (Y/N)
1: <u>10/02/06</u>	(50.00)	()	: Letter_____	(Y)
2: <u>09/25/06</u>	(50.00)	()	: Letter_____	(Y)
3: <u>09/18/06</u>	(50.00)	()	: Letter_____	(Y)
4: <u>09/11/06</u>	(50.00)	()	: Letter_____	(Y)
5: _____	()	()	: _____	()
6: _____	()	()	: _____	()

Total: : ___ /: _____ = : _____ Rep Pay

If not Rep, explain: _____

Freq of pay WK (X) BIWK () SEMIMTH () MONTHLY () ACTUAL ()

Hr Rate: _____

Calculate Y/N (Y) Cal Monthly Income: _____

MESSAGE

More

13-bott

Place a "Y" and press the tilde. The macro will calculate the rep. pay and the monthly income to budget for fluctuating income using the weekly, biweekly or semi-monthly check stubs entered by the FICM. The FICM will then need to enter the rep pay on ERN2.

RESULTS

(SUCCESS has now determined the Rep Pay amount and the Monthly Amount)

REMA for ERN2

UPDATE REMARKS - REMA REMA
01

*****ERN2 Cal *****

10/07/2006 14: 35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

App (Y) Review () New Job () Rate Of Pay () Hrs Chg ()

Date of change: _____ Date of Report: _____ Timely () Untimely ()

If new employment, rate of pay / hours: _____

Employer: **Sally Hughes**_____

Date Pd	Gross	Tips	Verf	Rep (Y/N)
1: <u>10/02/06</u>	(50.00)	()	: Letter _____	(Y)
2: <u>09/25/06</u>	(50.00)	()	: Letter _____	(Y)
3: <u>09/18/06</u>	(50.00)	()	: Letter _____	(Y)
4: <u>09/11/06</u>	(50.00)	()	: Letter _____	(Y)
5: _____	()	()	: _____	()
6: _____	()	()	: _____	()

Total: : **200.00** /: **4** = : **50** Rep Pay

If not Rep, explain: _____

Freq of pay WK (**X**) BIWK () SEMIMTH () MONTHLY () ACTUAL ()

Hr Rate: _____

Calculate Y/N (**Y**) Cal Monthly Income: **216.66**

More

MESSAGE

13-bott

- Press enter to return to ERN2 and enter the Rep Pay amount

▪ ERN2

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

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name SALLY HUGHES

Avg Hrs 20 Freq WK Day Week Pd Extra Pay

Del

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

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

More Jobs Y

Message

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

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

ERN2 for Margaret Simmons

Margaret's average hours at the cleaners were 40 hours per week.

- Margaret received her last check for \$125 in 10/06
- fast path to SHEL so we can enter the rent verification
- Note: The total amount of terminated income is entered ONLY in the "Amt 1" field using the frequency code of "AC" for actual.

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

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name REYNOLD'S CLEANERS

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

Del

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

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

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

More Jobs

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett

16-evnc

23-alau

24-del

SHEL for Margaret Simmons

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

CHANGE		SHELTER EXPENSES - SHEL				SHEL 01
Month 10 06		0071	10 05 06			
						Remarks
Client Name MARGARET		SIMMONS		Client ID 761005918		
Primary	Receive	Public	SUA	Number	Phone	
Heat/Cool	LIHEAP	Housing/Exc	Type	Sharing	STD	
G			HC			
Expense Type	Amt	V	Expense Type	Amt	V	
Rent	250.00	LL	Mortgage			
Taxes			Insurance			
Gas			Electric			
Telephone			Water			
Sewer			Garbage			
Disaster Repair			Oil			
Other Fuel			Other Housing			
Landlord Name MARY		HILL		Phone 770 987 9876		
Address 122 BROAD ST		City NEWNAN		ST GA Zip 30305		

Message

15-lett

APP1 for Margaret Simmons

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

- enter a "y" beside 11/06

UPDATE	PROCESS APPL MONTHS - APP1	APP1 01
--------	----------------------------	------------

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

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

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

ADDR for Margaret Simmons

- Fast path to ERN2 for Margaret.

CHANGE	HOUSEHOLD ADDRESSES - ADDR						ADDR
Month 11 06			0071	10 05 06			
CO 049	LO 049	Load ID 1700	Client ID 761005918		Prev CO/LO		
HOH	F Name MARGARET	MI	L Name SIMMONS		Suf		
Auth Rep	Prim Lang	Voter Reg	Visually Impaired	Hearing Impaired	Public Hsng/ Rent Subsidy	Serial Number	Census Tract
N	E	N	N	N	N		
Residential Address							
Address Line 1			Line 2				
Street Number	Dir	Name		Type	City Dir	Apt	
2640		LINCOLN		BLVD			
City ATLANTA		ST GA	Zip 30303	Phone 404 656 1200			
Mailing Address Del							
Address Line 1			Line 2				
Street Number	Dir	Name		Type	City Dir	Apt	
		PO BOX 5680					
City ATLANTA		ST GA	Zip 30303	Previous Addresses in last 2 years N			
Message 1884	1881						
1884 STREET NAME NOT FOUND IN ZIP CODE AREA							
15-lett					21-narr 23-alau 24-del		

ERN2 for Margaret Simmons

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

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

Client Name MARGARET SIMMONS Client ID 775006272

Employer Name SALLY HUGHES

Avg Hrs 020 Freq WK Day Week Pd FR Extra Pay

Del

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

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

More Jobs

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett

16-evnc 23-alau 24-del

SHEL for Margaret Simmons

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

CHANGE Month 11 06	SHELTER EXPENSES - SHEL 1001 10 05 06				SHEL	
Remarks						
Client Name MARGARET		SIMMONS		Client ID 775006272		
Primary Heat/Cool G	Receive LIHEAP	Public Housing/Exc	SUA Type HC	Number Sharing	Phone STD	
Expense Type	Amt	V	Expense Type	Amt	V	
Rent	250.00	LL	Mortgage			
Taxes			Insurance			
Gas			Electric			
Telephone			Water			
Sewer			Garbage			
Disaster Repair			Oil			
Other Fuel			Other Housing			
Landlord Name MARY		HILL		Phone 770 987 9876		
Address 122 BROAD ST		City NEWNAN		ST GA Zip 30305		

Message

15-lett

ERRO for Margaret Simmons

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

CHANGE	CONSOLIDATED ERRORS - ERRO	ERRO 01
--------	----------------------------	------------

Display Error Text for This Code

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

Message

DONE for Margaret Simmons

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

CHANGE	SESSION SUMMARY - DONE	DONE
Month 11 06		01
		Narr

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

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

APP1 for Margaret Simmons

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

- press PF13 to return to AMEN

UPDATE	PROCESS APPL MONTHS - APP1	APP1 01
--------	----------------------------	------------

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

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

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



Disposition the Application

On October 17th, you receive the attached verification for Margaret Simmons' case.

Answer the following questions:

1. What POE will you assign to this AU? Why?
2. What type of notice will the AU receive?
3. When will Ms. Simmons' FS benefits be available each month?

Complete Form 74 for the ongoing month.



Margaret Simmons - Finalize the Application

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

- select "Q" to finalize

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
		Selection Q
AU ID 10000000	Screen ID	Client ID
Benefit Month (MM YY)		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 1012

1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY

ELIG-FS for Margaret Simmons

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

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A		
Month 10 06								01			
AU ID 492513807		Prog FS	Prog Type S		Med COA						
Confirm Y											
AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	-----Penalty-----		Type	End Date		
A		100506	100506	100506							
First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARGAR	SIM	SE	OT	Y	RE	A 100506		100506	100506		
TINA	SIM	CH	OT	Y	RE	A 100506		100506	100506		
SUSAN	SIM	CH	OT	Y	RE	A 100506		100506	100506		

Message

FSFI for Margaret Simmons

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

FINALIZE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 10 06					
AU ID 492513807 Prog FS Prog Type S					
Resources			Income Test (cont)		
Resources Limit	2000.00		Excess Shelter	400.00	
Total Resources	350.00		Medical Deduction	.00	
Income Test			Dep Care Deduction		
Gross Income Standard	1744.00		Child Support Ded	.00	
Gross Count Earned	341.66		Adjusted Net Income	.00	
Self Employ Expenses	.00		Net Income Standard	1341.00	
Earned Income Deductn	68.33		Thrifty Food Plan	399.00	
Net Earned Income	273.33		Allotment Amount	399.00	
Gross Count Unearned	.00		Recoupment Amount	.00	
TANF / Refugee	.00		Benefit Amount	345.00	
Standard Deduction	134.00		Previous Benefit	.00	
Bnft Eff Date 100506		Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive	Timely Notice Period		Notice Override	
Review Begin Dt 10 06		Review End Dt 03 07	Strat 2	Issue Type	

Message

13-note

ELIG-FS for Margaret Simmons

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

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG		A	
Month 11 06								01			
AU ID 492513807		Prog FS	Prog Type S		Med COA						
Confirm Y											
AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---					
A		100506	100506	100506		Type	End Date				

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

Message

FSFI for Margaret Simmons

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

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

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

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

Message

13-note



III. Margaret Simon - Review Notice and Benefit History

Background

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

Your Assignment

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

Benefit History

MAIN Menu

- select M

MMEN

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

BENL

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

MMEN

- PF3 to return to the MAIN Menu

Notice History

MAIN Menu

- select A

AMEN

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

NHIS

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

NCON

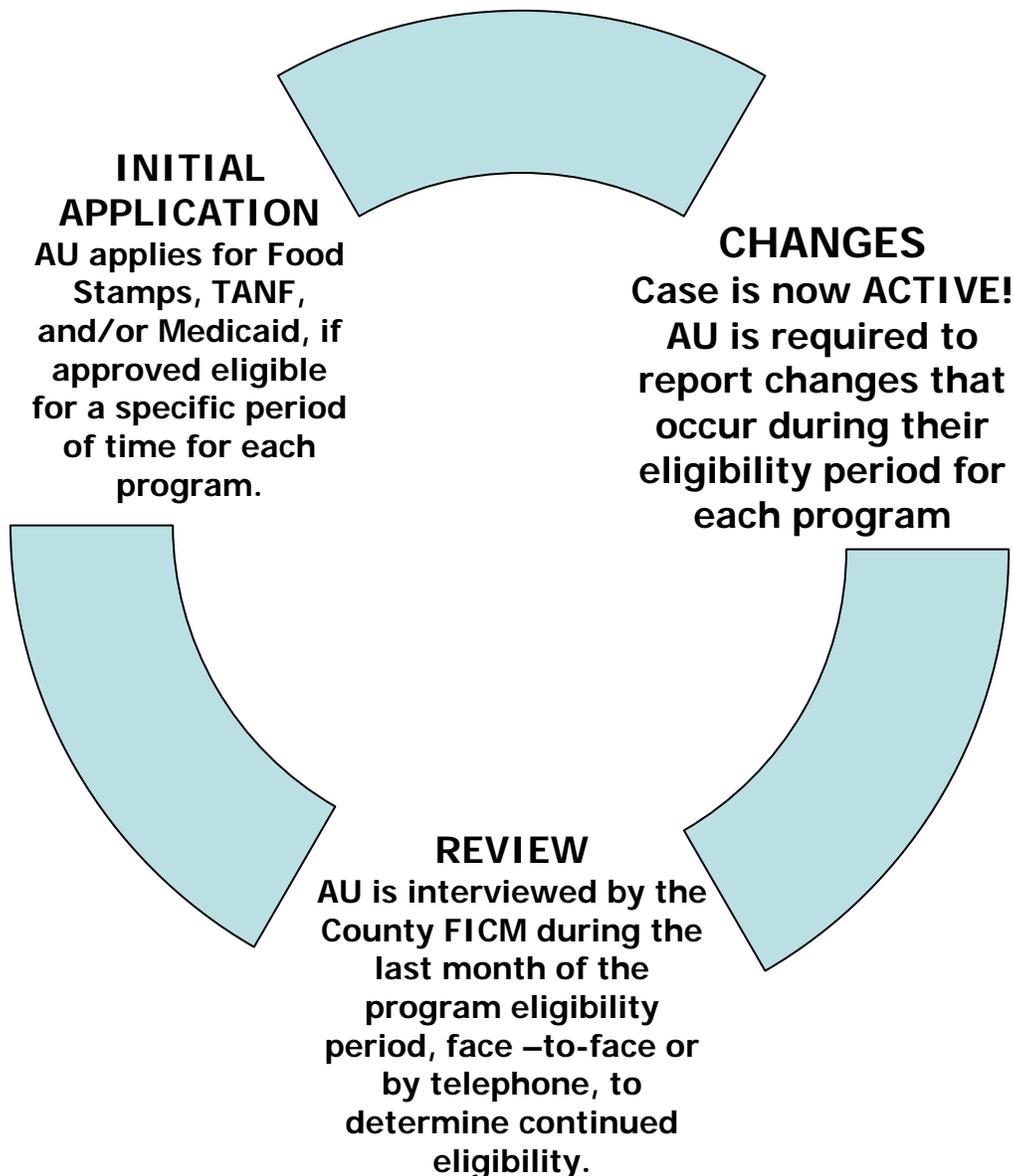
- read the entire notice (press enter to scroll forward)
- PF3 to return to AMEN

OBJECTIVES

By the end of this section, you should know:

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

AU Cycle of Eligibility



Georgia's Call Centers

**Total Calls Received
FY 2005**

Metro Call Center	214,009
South Georgia Call Center	<u>192,602</u>
Total Calls	406, 611

AU Changes

Shelter Changes

Income Changes



Address Changes

Resource Changes

Changes Processed by the Call Center



☎ Earned and Unearned Income Changes which include:

New or Terminated Income Changes

Increased or Decreased Income Changes

☎ Address/Shelter Changes

☎ Adding/Removing Household Members

☎ Name Changes

☎ Changes in Medical Deductions

☎ Changes in Child Care Deductions

☎ Changes in Resources

☎ DOB and Gender/Race Corrections

☎ SSN Corrections

☎ Determine Student Eligibility

☎ Review Continued Medicaid Eligibility

☎ Lift Enumeration/Immunization Sanctions

☎ Process and Schedule Claims

☎ Correct Agency Error Cases For the Ongoing Month

☎ Fair Hearing Requests

Changes NOT Processed by the Call Center



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

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



Documentation Abbreviations

AC _____	HOH _____
A/R _____	HUD _____
Appt _____	Mgmt _____
AU _____	MGR _____
BC _____	Mthly _____
Bwkly _____	OIS _____
Case Mgr _____	OP/UP _____
CC _____	QC _____
CI _____	Rec'd _____
CO _____	Shel _____
COB _____	Smthly _____
CS _____	SSI _____
CCS _____	SSN _____
DOL _____	Stmt _____
E&T _____	Supv _____
EITC _____	TC _____
ES _____	UCB _____
EW _____	Verif _____
FS _____	W/ _____
GA _____	W/O _____
GIC _____	WC _____
Hrly _____	Wkly _____

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ADTs vs. Macros/Quick Scripts

Documentation Tools



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



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



Instructions: Accessing Macros/Quick Scripts

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

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

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

Step 3: Using the mouse select one of the following Macros/Quick Scripts:

Narrative Macros

Master Macros

Note Macros

Letter Macros

New Hire Macros

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

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



Macro/Quick Script Helpful Hints

- ✓ Once a Macro/Quick Scripts is accessed, the date, the time, the Call Center Agent's name, the load ID, and the telephone number automatically loads into the Macro/Quick Script
- ✓ Use arrow keys or mouse to move from field to field.
- ✓ To access a blank REMA screen when documentation already exists, using the mouse or the arrow keys, move to the field next to the word "More" located at the bottom right corner of the screen. Type "Y", press enter.
- ✓ Upper right corner of the screen will identify the number of REMA screens that already exist.
- ✓ The NARR screen can be accessed from the ADDR screen and the DONE screen
- ✓ Use the F7 key to move back to the previous screen.
- ✓ Do not press the "Enter" key until you have completed the Macro/Quick Script.

Narrative Macros/Quick Scripts

(must be on the "NARR" Screen F21 to view and complete)

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

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

UPDATE

NARRATIVE - NARR

NARR

xxxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxxxxxxx

Today's Date is 11/3/2006 12:16:52 PM

Reported Change: Earned Income() Unearned Income()

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

Childcare() Resources() Other()

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

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

Or () Ineligibility

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

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

If E-mail was sent: Why?

Does A/R receive subsidized Child Care? () Y/N

REMARKS:

Enter Name, Load and Tel #

xx

UPDATE

NARRATIVE - NARR

NARR

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Case Reinstatement XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Today's Date is 11/3/2006 12:34:30 PM

AU Name: AU Number:

Date Timely Notice Expired:

Month of Effective Closure:

Date Verification Received:

Type of Verification:

Reinstatement Month:

Overpayment Months:

Underpayment Months:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

NARRATIVE - NARR

NARR

XXXXXXXXXXXXXXXXXXXXXXXXX OIS Referral/Payment Error XXXXXXXXXXXXXXXXXXXXXXXX

Today's Date is 11/3/2006 12:31:51 PM

Date of OIS Referral:

Date Overpayment created:

Date Underpayment created:

Reason:

*****Remember to send Claims Screen Print to the County*****

Enter Name, Load and Tel #

XX

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

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

- | | |
|---|---|
| <ol style="list-style-type: none">1. Add HH Members2. Change in Dependent Care3. Change in Employer4. Change in Rent5. Change in Shelter for New Address6. Change in Unearned Income7. Change in Wages8. Child Support Deduction9. Closure – Moved Out of State10. Closure - Pregnancy11. Closure – Voluntary12. Dependent Care13. Deprivation14. Information Not Received15. Liquid Resources16. Loss of unearned Income17. Loss of Wages18. Management | <ol style="list-style-type: none">19. Medical Deductions for Food Stamps20. New Address21. Newborn22. New Employment23. New HH Member Not in AU24. New Unearned Income25. OSOP Case26. Removing a HH Member27. TPL Medicaid28. TMA – F07 Determination29. Vehicle Resource30. verification Not Received31. Verification Received32. Work Status33. Choice 8 |
|---|---|

UPDATE REMARKS - REMA REMA

XXXXXXXXXXXXXXXXXX ADDITIONAL HH MEMBERS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 11/3/2006 12:39:54 PM

METHOD OF CONTACT ()PHONE ()FAX ()MAIL ()OTHER

CONTACT'S NAME/SOURCE:

NEW MEMBER NAME DOB SSN RELATION INCL

: : : : :
: : : : :
: : : : :
: : : : :

SHOULD AU'S BE COMBINED DUE TO AGE/RELATION? Y/N() DATE MOVED IN:
PREVIOUS WHEREABOUTS () INCARCERATED () OUT OF STATE () FOSTER CARE
() OTHER PARENT () OTHER EXPLAIN:

IF OUT OF STATE, DID AU MEMBER RECEIVE BENEFITS IN LAST STATE? Y/N ()

IF NOT INCLUDED, EXPLAIN:

IF INELIGIBLE/SANCTIONED, EXPLAIN:

*IMMUNIZATION VERIF. NEEDED FOR 2 MOS. - SCHOOL AGE*SEE DEM FOR DEPRIVATION*

INCOME OF NEW MEMBER: RESOURCES OF NEW MEMBER:

A/R WOULD LIKE PERSON ADDED TO FS() TANF() MED()

TYPE OF VERIFICATION:

FORMS SENT()C173 ()C178 ()C809

SENT DATE: DUE DATE:

REMARKS:

ENTER NAME, LOAD AND TEL #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXCHANGE IN EMPLOYER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DATE SGCC WORKED CASE: 11/3/2006 12:51:04 PM

METHOD OF CONTACT PHONE FAX MAIL OTHER

CONTACT'S NAME/SOURCE:

PERSON WORKING:

EFFECTIVE DATE:

*****PREVIOUS EMPLOYER'S NAME:

LAST DAY OF WORK:

DATE AND AMOUNT OF FINAL CHECK:

REASON NO LONGER WORKING

HOW VERIFIED:

*****NEW EMPLOYER'S NAME:

START DATE:

EMPLOYER'S ADDRESS/PHONE NUMBER:

HOURS WORKED/WEEK:

RATE OF PAY:

FREQUENCY OF PAY:

DAY OF WEEK PAID:

DATE FIRST CHECK RECEIVED:

DOES A/R HAVE INSURANCE:

DOES A/R PAY CHILDCARE:

CALCULATION OF PAY:

DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION:

**** UPDATE WORK CODE IF NECESSARY***SEE MISC REMARKS FOR MANAGEMENT ****

TYPE OF VERIFICATION:

FORMS SENTC173 C178 C809 DUE DATE:

REMARKS:

ENTER NAME, LOAD AND TEL #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXX Rent Increase/Decrease XXXXXXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 12:54:59 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

Old Rent Amount: New Rent Amount:

Does AU receive Housing Assistance? Yes() No()

If yes, what portion of rent does AU pay:

Effective Date:

***** See MISC Remarks for Management *****

Type of Verification:

Forms Sent()C173 ()C178 ()C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXX Unearned Income Increase/Decrease XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:00:24 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

Old Amount: New Amount:

Reason for change:

Date of First Check Reflecting Change:

***** See MISC Remarks for Management *****

Type of Verification:

Forms Sent()C173 ()C178 ()C809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXX Closure - Moved Out of State XXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:09:50 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

Client moved from:

Client moved to:

Date of move:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX Voluntary Closure Request XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:43:11 PM

Method of Contact Phone FAX Mail Other

Contact's Name/Source:

Request made to close the following case(s)

FS() TANF() MEDICAID() ALL()

Reason for closure request:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXX Failure to Return Requested Information - Medicaid XXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:48:35 PM

Date Change Reported:

A/R Name:

has failed to provide the requested Information for mao.

No contact from client, eligibility cannot be determined.

Information return DEADLINE EXPIRED ON:

REMARKS:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX FSME Medical Deductions XXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:56:33 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

AU Name:

Disabled/Elderly HH member has medical expenses Yes()No()

Medicaid Application Pending Yes()No()

*If yes,deduction is not allowed since we are unable to verify reimbursement.

Computation or explanation of expenses given, if needed:

Type of Verification:

Forms Sent()C173 ()C178 ()809

Sent Date: Due Date:

Remarks:

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 1:58:11 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

Date Moved: New phone #:

New Address:

New Rent or Mortgage Amount:

***** Verify Amount of Rent or Mortgage *****

Did everyone move with customer: Are there any new members:

***** If there is a change in HH comp, update STAT screen.*****

Moved out of county? No() Yes() New County's Name:

See Remarks on Shel for Deductions and STAT for change in HH comp.

Remarks:

Enter Name, Load and Tel #

XXX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXX New HH Members Not in AU XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 2:03:04 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

MEMBERS OF HH NOT IN AU INCLUDE:

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

CL REPORTS NO OTHER HH MEMBERS. STATES THAT AU P & P SEPARATELY FROM ALL OTHER HH MEMBERS.

Enter Name, Load and Tel #

XX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TPL Medicaid XXXXXXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 2:07:41 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

AU member with Third Party Insurance:

Is member receiving or financially responsible in MA case:

Insurance company Name,Address and Phone #:

Policy holder:

Policy #:

Form 285 sent to DMA on:

Remarks:

Enter Name, Load and Tel #

XXX

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX TPL Medicaid XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 11/3/2006 2:07:41 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source:

AU member with Third Party Insurance:

Is member receiving or financially responsible in MA case:

Insurance company Name,Address and Phone #:

Policy holder:

Policy #:

Form 285 sent to DMA on:

Remarks:

Enter Name, Load and Tel #

XXX

NOTE MACROS



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

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

Examples:

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

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

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

LETTER MACROS



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

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

LETTER Macros include:

C139 – Contribution Statement

C173 – Eligibility Programs Verification Checklist

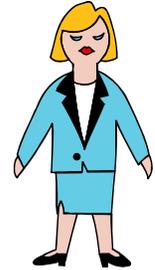
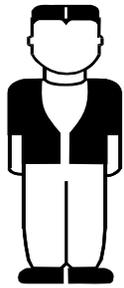
C809 – Verification of Earned Income

I. Objectives for Adding and Deleting Individuals

By the end of this section, you should know:

- how to add a new person to an ongoing case
- which Macros/Quick Scripts to document when adding a new person to an ongoing case
- how to delete a person from an ongoing case
- which Macros/Quick Scripts to document when deleting a person from an ongoing case

Four Things You Need to Think about When You Add a New Person to an Ongoing Case



- **How has enumeration been met?**
- **Does this person have income or resources?**
- **Are changes needed on the WORK screen?**
- **Is childcare needed for this person?**



Margaret Simmons

Adding An AU Member



Margaret Simmons calls on February 18, 2007 and faxes a copy of the hospital confirmation of birth to report that her baby, Michael S. Simmons, was born on February 16, 2007. She states that Michael was enumerated at birth at the hospital. She states she will not receive child support from Michael's father Jack Owens.

Answer the following questions:

1. Was the AU required to report this change?
2. What is your deadline to complete the change?
3. What verification is needed to process this change?
4. What month will the change become effective?



II. WALK THROUGH CASE: MARGARET SIMMONS ADD A PERSON

- This case will demonstrate how to add a new baby to an ongoing case. **Note: Due to system limitations in the training region we must use the dates below to process the change.**

Background

Margaret Simmons calls on 10/05/06 to report that she had her baby, Michael S. Simmons on 10/03/06. He is a black male, a U.S. citizen, and has no income or resources. She states the hospital completed papers to send to Social Security to enumerate Michael and presented her with a letter of confirmation of birth which she faxed to the worker. She states she will not receive child support from Michael's father Jack Owens. You review all points of eligibility on SUCCESS while you have her on the phone.

Your Assignment

- Register, interview, and complete the application processing and finalization functions to add Michael to the FS case using the data below.

STEP 1 Register New Person

AMEN

- select **K**
- enter Margaret's FS AU ID#

NAME

- cannot change any information, press enter

MEMB

- Michael S. Simmons
- DOB 10/03/06
- black male
- leave all SSN info fields blank (this will be completed in the interview)

CRS

- assign a new client ID number

MEMB

- Press enter as there are no more members to add

INCH

- select FS
- enter N for all persons receiving TANF, RF, SSI
- application date is 10/05/06
- do not print AFA as this is not needed when adding a person to the FS case
- PF4 around the warning message

NOTE: The application date for adding a person will be the day that the change is reported.

REDI

- do not schedule an appointment, PF4

STEP 2 Interview

AMEN

- select **O**
- enter Margaret's FS AU ID#

ADDR

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

STAT A

- press enter to DEM1 for Michael

DEM1 for Michael

- enter B for SSN application code
- enter Michael's Birthdate
- lives at home with his mother

DEM2 for Michael

- client provided confirmation of birth as verification of citizenship
- fast path to WORK for Michael

WORK for Michael

- SUCCESS automatically code as exempt for due to age
- fast path to MISC (Case Level Screen)

MISC

- press F8 – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has increased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the Management Macro/Quick Script.



- Check and confirm benefit amount. It should not have changed.

DONE

- press enter to commit data to data base

STEP 3: Processing Application Months

AMEN

- select **P** and enter Margaret's FS AU ID#

APP1

- select 10/06
- fast path to DONE

DONE

- press enter to commit to the data base

APP1

- PF 13 back to AMEN

STEP 4 Finalize

AMEN

- select **Q** and enter Margaret's FS AU ID#

APP2

- press enter

ELIG A for 10/06

- review and enter Y to confirm

FSFI for 10/06

- review and enter Y to confirm

ELIG A for 11/06

- review and enter Y to confirm

FSFI for 11/06

- review and enter Y to confirm

APP2

- enter Y to confirm

FSFI for MARGARET SIMMONS -ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	341.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	68.33	Thrifty Food Plan	399.00
Net Earned Income	273.34	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	345.00
Standard Deduction	134.00	Previous Benefit	345.00

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

Message

13-note

FSFI for MARGARET SIMMONS -ADD A PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	216.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	43.33	Thrifty Food Plan	506.00
Net Earned Income	173.34	Allotment Amount	506.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	506.00
Standard Deduction	134.00	Previous Benefit	399.00

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

Message

13-note

III. Becky White : Independent Study Add a Person

Background

- Becky White calls on 10/5/06 to report that she had her baby on 10/03/06. Her name is Mindy C. White. She is a white female citizen and has no income or resources. She states the hospital completed the paperwork to enumerate Mindy and presented her with a letter of confirmation of birth which she faxed to the worker. Becky will continue to receive her income of \$6.00 per hour, 40 hours per week, while on maternity leave.
- **Becky White's AU# XXXX00203**

Your Assignment

- **Complete the following steps to add Amanda to the Food Stamp case:**

K – Add a person (registration)

O – Interview

P – Process Application Months

Q – Finalize the Case (one RACF ID required)

FSFI for BECKY WHITE -ADD A PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	221.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	213.00
Standard Deduction	134.00	Previous Benefit	213.00

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

Message

13-note

FSFI for BECKY WHITE ADD-A-PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	207.99	Thrifty Food Plan	399.00
Net Earned Income	832.00	Allotment Amount	342.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	342.00
Standard Deduction	134.00	Previous Benefit	221.00

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

Message

13-note

*Three Things to Think About
When you delete an AU member*



- Verify the change if it's questionable.
- Is child care being paid for this person?
- Consider whether the family can manage without the person (if they had income).

IV. WALK THROUGH CASE: MARCIE KIRBY DELETE A PERSON

This case will demonstrate how to delete a person from an ongoing case.

Background

- Marcie Kirby calls on 10/05/06 to report that her two grandchildren, Angela and Steven Ledbetter, moved out on 10/02/06. They are now living with their parents.

Your Assignment

- Delete the children and the childcare from the FS case.

AMEN

- select R and enter **Marcie's FS AU ID# XXXX00201**

REDE

- if the REDE screen appears, F4 around without initiating the review

ADDR

- A/R reports that Angela and Steven moved out on 10/02/96 to live with their parents. Children deleted 10//05/06.
- press F21 to access the NARR Screen. Select and complete the **Narrative Macro/Quick Script "Change Reported to Change Center"**



Children Angela and Steven Ledbetter are moving out. Both children will now live with their parents. Childcare no longer needed.

- enter a Y in the Del field and PF24
- fast path to WORK

WORK

- review the work status code for Marcie and each remaining AU Member

Note: If changes are made to any of the work status codes on the WORK Screen, post a WORK STATUS Macro to explain why a change is being made.

- fast path to MISC (Case Level Screen)

MISC

- press F8 – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the Management Macro/Quick Script.





■ FSFI for MARCIE KIRBY - DELETE A PERSON 11/06

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 805354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	301.95	
Total Resources	110.00	Medical Deduction	147.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	1213.32	Adjusted Net Income	1338.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	242.66	Thrifty Food Plan	399.00	
Net Earned Income	970.66	Allotment Amount	.00	
Gross Count Unearned	950.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	.00	
Standard Deduction	134.00	Previous Benefit	308.00	

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 09 06 Review End Dt 02 07 Strat 4 Issue Type

Message

13-note

V. INDEPENDENT STUDY: ELAINE BROOKS DELETE A PERSON

- This case gives you an opportunity to practice deleting an AU member.

Background

- Elaine Brooks calls on 10/05/06 to report that she has separated from her husband, Steve. Steve moved out on 10/04/06. He is now living with his mother in another state. When asked about management, she states she has applied for SSI. Her SSA case manager told her last week she should be hearing something very soon

Your Assignment

- Document the case and delete Daniel from the FS AU.

Elaine Brooks' AU# - XXXX00074

FSFI for ELAINE BROOKS -DELETE A PERSON -11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	150.00	Medical Deduction	.00
Income Test		Dep Care Deduction	200.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	556.87	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	111.37	Thrifty Food Plan	399.00
Net Earned Income	445.50	Allotment Amount	399.00
Gross Count Unearned	125.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	321.00

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

Message

13-note

I. Objectives for Changes to Income and Deductions

By the end of this section, you should know:

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

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

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

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

Income Changes

Earned Income

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

Unearned Income

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

Related Changes

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

Income Change MACROS



Earned Income Macros

UPDATE	REMARKS - REMA	REMA
	XXXXXXXXXXXXXXXXXXXXCHANGE IN EMPLOYER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	DATE SGCC WORKED CASE: 11/3/2006 12:51:04 PM	
	METHOD OF CONTACT ()PHONE ()FAX ()MAIL ()OTHER	
	CONTACT'S NAME/SOURCE:	
	PERSON WORKING:	EFFECTIVE DATE:
	*****PREVIOUS EMPLOYER'S NAME:	
	LAST DAY OF WORK:	DATE AND AMOUNT OF FINAL CHECK:
	REASON NO LONGER WORKING	
	HOW VERIFIED:	
	*****NEW EMPLOYER'S NAME:	START DATE:
	EMPLOYER'S ADDRESS/PHONE NUMBER:	
	HOURS WORKED/WEEK:	RATE OF PAY: FREQUENCY OF PAY:
	DAY OF WEEK PAID:	DATE FIRST CHECK RECEIVED:
	DOES A/R HAVE INSURANCE:	DOES A/R PAY CHILDCARE:
	CALCULATION OF PAY:	
	DOES A/R RECEIVE UCB/WORKERS COMP/CONTRIBUTION:	
	**** UPDATE WORK CODE IF NECESSARY***SEE MISC REMARKS FOR MANAGEMENT ****	
	TYPE OF VERIFICATION:	
	FORMS SENT()C173 ()C178 ()C809 DUE DATE:	
	REMARKS:	
	ENTER NAME, LOAD AND TEL #	
	XX	

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

Unearned Income Macros

UPDATE REMARKS - REMA REMA

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

UPDATE REMARKS - REMA REMA

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

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



**ADD THE INCOME TO THE CASE
IMMEDIATELY!**

Ask if they're paying child care

**Look at the WORK screen to see if
changes are needed**

II. WALK THROUGH CASE: HELENA JACKSON NEW WAGES

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

Background:

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

Your Assignment:

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

AMEN

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

ADDR

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



ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base



HELENA JACKSON- NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	301.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1087.00	Child Support Ded	.00
Gross Count Earned	909.99	Adjusted Net Income	293.00
Self Employ Expenses	.00	Net Incomes Standard	1070.00
Earned Income Deductn	181.99	Thrifty Food Plan	278.00
Net Earned Income	728.00	Allotment Amount	190.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	190.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 96	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

III. INDEPENDENT STUDY: LINDA THOMAS NEW WAGES

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Linda Thomas calls to report on 10/05/06 to report that she has begun babysitting for a neighbor's child after school. She brings in a statement from Mary Aspen. verifying she is receiving \$45 per week paid on Fridays. Mary Aspen lives at 4502 Peachtree Circle, Atlanta, Ga., 30314, (404)656-6003. Linda began babysitting on 9/28/06 and received her first check today 10/05/06. She works 15 hours each week.

Your Assignment:

- Enter wages for the ongoing month and document the appropriate Macros/Quick Scripts.

Linda Thomas AU# XXXX00202



LINDA THOMAS - NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	357.34
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1642.00	Child Support Ded	.00
Gross Count Earned	1581.64	Adjusted Net Income	774.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	316.32	Thrifty Food Plan	506.00
Net Earned Income	1265.32	Allotment Amount	274.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	274.00
Standard Deduction	134.00	Previous Benefit	333.00

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

Message

13-note



Margaret Simmons Increased Wages

Ms Simmons calls on 12/02/06 to report that she will now baby-sit full time, 40 hours per week for her employer Sally Hughes. She states she will now earn \$160.00 per week effective 12/07/06 to baby-sit both of Ms Hughes. Ms Simmons states she will now work 40 hours per week. Ms Hughes states that she thinks she may be over the income limit for Food Stamps but she is not sure.

Answer the following questions:

1. Was Ms. Simmons required to report this change?
2. What third part verification, if any, is required?
3. What is your deadline to complete this change?
4. What is the total amount of income to be budgeted ongoing?
5. Will this change cause benefits to increase or decrease?
6. What type of notice is required?
7. Will this change effect Ms Simmons' reporting requirement?



IV. Walk Through: MARGARET SIMMONS Increased Wages

This case will give you an opportunity to practice changing a timely report of an increase in earnings already budgeted in the case. **Note: Due to system limitations in the training region we must use the dates below to process the change.**

Background

Ms Simmons calls on 10/02/06 to report that she will now baby-sit full time, 40 hours per week for her employer Sally Hughes. She states she will now earn \$160.00 per week effective 10/05/06 to baby-sit both of Ms Hughes. Ms Simmons states she will now work 40 hours per week. Ms Hughes states that she thinks she may be over the income limit for Food Stamps but she is not sure.

Your Assignment:

- Change wages for the ongoing month and complete the appropriate Macros/Quick Scripts.

AMEN

- Select R and enter Margaret's FS AU ID#

ADDR

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



- fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base



FSFI for Margaret Simmons Increased Wages

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 544105116	Prog FS			
		Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	362.67	
Total Resources	350.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	2097.00	Child Support Ded	.00	
Gross Count Earned	693.32	Adjusted Net Income	58.00	
Self Employ Expenses	.00	Net Income Standard	1613.00	
Earned Income Deductn	138.66	Thrifty Food Plan	506.00	
Net Earned Income	554.66	Allotment Amount	489.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	489.00	
Standard Deduction	134.00	Previous Benefit	506.00	
Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 076	Strat 2	Issue Type	

Message

13-note

v. INDEPENDENT STUDY: HELENA JACKSON INCREASED WAGES

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Helena Jackson calls on 10/05/06 to report that she has received a raise. She will now earn \$6.00 per hour week, 40 hours per week, paid on Fridays. She will receive this raise on his next check on 10/12/06. She states everything else remains the same.

Your Assignment:

- Enter the increased wages for the ongoing month and complete the appropriate Macros/Quick Scripts

Helena Jackson's FS AU ID# XXXX00204



FSFI for HELENA JACKSON – Increased Wages

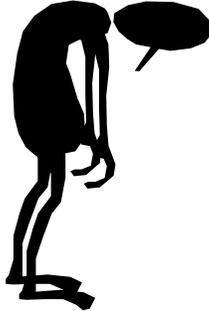
CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 374252116	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	249.00	
Total Resources	500.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	1039.99	Adjusted Net Income	449.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deductn	207.99	Thrifty Food Plan	278.00	
Net Earned Income	832.00	Allotment Amount	143.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	143.00	
Standard Deduction	134.00	Previous Benefit	190.00	
Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type	

Message

13-note



Six Things You Need to Think about When a Person Reports a Loss of Income



What will be the effect to the FS benefits? Is verification required?

Can the AU manage their reported expenses without this income?

Are we paying child care for this person? Will it need to change?

Are changes needed on the WORK screen?

Is this a Voluntary Quit situation?

Is this person eligible for UCB?

VI. WALK-THROUGH CASE: ARTHUR GRIFFITH LOSS OF INCOME

This case will demonstrate how to remove income from an ongoing case.

Background:

- Arthur Griffith calls on 10/05/06 to report that he was terminated from his job at McDonald's on 10/02/06 due to lack of work. He will receive his last paycheck on 10/11/06. His former supervisor is Gary Hines, PHONE NUMBER 770-627-3321. You advise Mr. Griffith that you will need to verify termination of employment. You discuss management with Mr. Griffith. He states he is unsure of how he will manage until he can find another job. You discuss with him the possibility of applying for UCB. You advise Mr. Griffith that to report if he starts to receive UCB and his income exceeds 130% of the FPL. You also advise Mr. Griffith that you will send him a verification checklist in the mail.

Your Assignment:

- **First:** Run trial eligibility "F" to determine whether or not verification is required.
- **Second:** If verification is needed document the case using the appropriate Macros/Quick Scripts and send a verification checklist in "R".
- **Third:** Once verification is received, in "R" delete the income and child care for the ongoing month to make the change effective.

First - AMEN

- select **F** and enter **Arthur's FS AU ID#. XXXX00077**

ADDR

- press enter to ERN2 for Arthur.

ERN2

- place a "Y" in the delete field and press **F24**.
- fast path to Done

ELIG

- review to ensure that the AU is still eligible.

FSFI

- this change causes benefits to increase, so verification is required.
- Press enter to return to AMEN.
-

Second - AMEN

- select **R** and enter **Arthur's FS AU ID# XXXX00077**

REDE

- SUCCESS is reminding you that Maggie is due for review next month and checking to see if you want to initiate the review now.
- press F4 to go to ADDR without initiating a review

ADDR

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



Letter Sub-Menu - FMEN

- Select A for Letter Generation
- Leave the AU number and Load ID
- Letter Type C173 – Verification Checklist
- press enter

Letter Details - LDTL

- Enter your telephone number
- Press F4 to bypass warning
- Review the top of Form 173
- Press Enter
- Enter 10/15/06 for the Food Stamps due date
- Type “X” next to “Your Ongoing TANF, Medicaid, or Food Stamps will be closed” statement
- Press Enter
- Type “X” in the Food Stamp column
- Verification needed – Separation Notice from McDonalds
- Press Enter back to Letter Details

Letter Details - LDTL

- Press F14 (Shift F2) to update the data base

Letter Sub-Menu - FMEN

- Press F3 back to ERN1

To check to see if the letter has been sent

- Press F15 (shift F3)

Letter Sub-Menu - FMEN

- Select A for Letter Generation
- Leave the AU number and Load ID
- press enter

Letter Summary - LSUM

- Review the screen (**Note: you can type a Y in the Select field to review the letter sent to the AU**)
- Press F3 back to the ERN1 Screen

ERN2

- Fast path to DONE

ERRO

- ignore all Clearinghouse errors and problem solve all others.

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

VERIFICATION RECEIVED 10/13/06

- You receive a separation letter from McDonalds verifying Arthur Griffith was terminated for lack of work on 10/02/06. Her last check for \$118.50 was received 10/13/06. Verification received on 10/13/06.

Third - AMEN

- select **R** and enter **Arthur's FS AU ID# XXXX00077**

ARTHUR GRIFFITH - LOSS OF INCOME

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 805354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00	
Total Resources	732.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	.00	Adjusted Net Income	.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	.00	Thrifty Food Plan	399.00	
Net Earned Income	.00	Allotment Amount	399.00	
Gross Count Unearned	494.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	399.00	
Standard Deduction	134.00	Previous Benefit	399.00	

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 07 06	Review End Dt 09 06	Strat 2	Issue Type

Message

13-note



VII. INDEPENDENT STUDY: LINDA THOMAS LOSS OF INCOME

This case will give you an opportunity to practice removing income from an ongoing case.

Background:

- Linda Thomas calls on 10/05/06 to report that she will not be babysitting anymore because her neighbor Mary Aspen just lost her job on 10/02/05 and will be caring for her own child until she obtains another job. She only worked one and 1/2 weeks in 10/06 and received \$60. You will need to verify this income termination so you tell Lucy verbally what you will need and that you will send her a verification checklist in the mail. You also discuss management with her and check clearinghouse for potential eligibility for UCB.

Your Assignment:

- Determine if verification is needed. Document the case using the appropriate Macros/Quick Scripts. Send Ms Thomas a verification checklist. Once verification is received make the change on SUCCESS.

Verification Received 10/12/06

- Letter from Mary Aspen verifying that Linda Thomas' last day of employment was 10/02/06 and the amount of her last pay check was 60.00. Verification received on 10/12/06



LINDA THOMAS - LOSS OF INCOME

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	575.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	333.00
Gross Count Unearned	.00	Recoupment Amount	.00
AFDC / Refugee	.00	Benefit Amount	333.00
Standard Deduction	134.00	Previous Benefit	274.00

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

Message

13-note



viii. Walk Through: Arthur Griffith New Unearned Income Unemployment Compensation Benefits (UCB)

This case will give you an opportunity to practice adding unearned income.

Background

Arthur Griffith calls on 10/05/06 to report that he has started to receive UCB. He will receive \$105 per week on Wednesdays. He will receive her first UCB check on 10/21/06. You review Clearinghouse which verifies her UCB amount.

Your Assignment:

- Add the unearned income for the ongoing month and complete the appropriate Macros/Quick Scripts.

AMEN

- select **R** and enter **Arthur FS AU ID# XXXX00077**

ADDR

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



FSFI for Arthur Griffith – New Unearned Income

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 374252116	Prog FS		Prog Type T	
Resources			Income Test (cont)	
Resources Limit	2000.00		Excess Shelter	400.00
Total Resources	732.00		Medical Deduction	.00
Income Test			Dep Care Deduction	.00
Gross Income Standard	1744.00		Child Support Ded	.00
Gross Count Earned	.00		Adjusted Net Income	.00
Self Employ Expenses	.00		Net Income Standard	1341.00
Earned Income Deductn	.00		Thrifty Food Plan	399.00
Net Earned Income	.00		Allotment Amount	399.00
Gross Count Unearned	454.99		Recoupment Amount	.00
TANF / Refugee	.00		Benefit Amount	399.00
Standard Deduction	134.00		Previous Benefit	399.00
Bnft Eff Date 100506	Bnft Confirm y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 07 06	Review End Dt 09 06	Strat 1	Issue Type	

Message

13-note

IX. Independent Study: Linda Thomas New Unearned Income – Contribution

Background

Linda Thomas calls to report on 10/05/06 that her mother Sarah Jones now gives her \$50.00 each Friday to help her until she finds a job. She received her first contribution on 10/02/06.

Your Assignment

- Add the unearned income for the ongoing month and complete the appropriate Macros/Quick Scripts case as you would when you receive the telephone call.

Linda Thomas' AU# XXXX00202



FSFI for Linda Thomas –Unearned Income

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI	FSFI	A
Month 11 06			
AU ID 565575116	Prog FS	Prog Type S	
Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	327.01
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	865.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	246.00
Gross Count Unearned	216.66	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	246.00
Standard Deduction	134.00	Previous Benefit	333.00

Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 3	Issue Type

Message

13-note



UPDATE REMARKS - REMA REMA

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

XX

UPDATE REMARKS - REMA REMA

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

XX

Four Things You Need to Think about When a Person Reports a Change of Address



Do they still live in the same county?

Did their shelter costs change?

Did they move in with anyone; will this change their AU composition?

Can the AU manage their reported expenses?

**Margaret Simmons - ADDRESS CHANGE/INCREASE IN SHELTER
DEDUCTIONS**

Margaret Simmons comes by the office on 1/5/07 to report that she and her children moved to 433 Trinity Avenue Atlanta, Ga., 30304 on 12/30/06. Her phone number has not changed. Her new rent amount will be \$275/month which includes the gas for heat. She provides you with a statement from her new landlord. She is responsible for paying the electric, water and telephone bills. She cools her home with a window air conditioning unit. Management is not questionable. Her new landlord is Frank Stone, address 1821 Taylor Lane, Atlanta Ga. 30304. Margaret has already faxed a copy of her lease to your office.

Answer the following questions:

1. Was Ms. Simmons required to report this change?
2. Is proof of residency required?
3. For which utility standard is the AU eligible?
4. What is the Total Shelter Costs?
5. Is third party verification required? Why or Why Not?
6. What happens if Ms Simmons fails to verify?

X. WALK THROUGH CASE: MARGARET SIMMONS

ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

This case will demonstrate how to change an address and change deductions in an ongoing case.

Background:

Margaret Simmons comes by the office on 10/05/06 to report that she and her children moved to 433 Trinity Avenue Atlanta, Ga., 30304 on 9/28/06. Her phone number has not changed. Her new rent amount will be \$275/month which includes the gas for heat. She provides you with a statement from her new landlord. She is responsible for paying the electric, water and telephone bills. She cools her home with a window air conditioning unit. Management is not questionable. Her new landlord is Frank Stone, address 1821 Taylor Lane, Atlanta Ga. 30304. Margaret has already faxed a copy of her lease to your office.

Your Assignment:

- Document the change, change her address and SUA type, the new rent amount. Run trial eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts.

AMEN

- select R and enter Margaret's FS AU ID#

ADDR

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



- press enter (if SUCCESS has moved forward one screen, press F7 to go back to ADDR)

ADDR

- press F9 to access the REMARKS Screen. Select and Complete the **New Address Macro/Quick Script**

UPDATE

REMARKS - REMA

REMA

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:58:11 PM

Method of Contact (**X**)Phone ()FAX ()Mail ()Other

Contact's Name/Source: **Margaret Simmons**

Date Moved: **9/28/06** New phone #: **remains the same**

New Address: **433 Trinity Avenue, Atlanta GA 30304**

New Rent or Mortgage Amount: **\$275 per month**

***** Verify Amount of Rent or Mortgage *****

Did everyone move with customer: **YES** Are there any new members: **NO**

***** If there is a change in HH comp, update STAT screen.*****

Moved out of county? No(**X**) Yes() New County's Name:

See Remarks on Shel for Deductions and STAT for change in HH comp.

Remarks: **Address Screen Updated**

Enter Name, Load and Tel #

XX

- press enter to return to ADDR
- fast path to SHEL

SHEL

- F1 to look up the correct code in the Primary Heat/Cool field to indicate that the heat is included in the rent.
- change the SUA Type
- change the rent amount to \$475. Verified by Lease and Receipt faxed to office
- press F9 to access the REMARKS Screen. Select and complete the **Change Shelter for New Address Macro/Quick Script**



FSFI

- review and enter Y to confirm

DONE

- press enter to commit to the data base

MARGARET SIMMONS - SHELTER

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	387.67
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	693.32	Adjusted Net Income	33.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	138.66	Thrifty Food Plan	506.00
Net Earned Income	554.66	Allotment Amount	496.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	496.00
Standard Deduction	134.00	Previous Benefit	489.00

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

Message

13-note

XI. INDEPENDENT STUDY: TANGELA HEARD ADDRESS CHANGE/ INCREASE IN SHELTER DEDUCTIONS

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Tangela Heard calls on 10/05/06 to report that she has moved on 9/30/06 to 236 Hampton Road Atlanta, GA. 30304. She still lives in the same county. Only her and her daughter in the AU. Her phone number has not changed. Her new rent amount will be \$680/month, which includes the gas for heat. She does have a window air conditioning. She is responsible for paying the electric, water and telephone bills. Her new landlord is Diana Miller, 1821 West Hampton Road, Atlanta, GA 30345, phone number 678-564-8954 Management is not questionable. She has already faxed a copy of her new lease and rent receipt. She has the same landlord.

Your Assignment:

Document the change, change her address and SUA type and rent amount. Run trial budget/eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts.

Tangela Heard AU# XXXX00085



FSFI for Tangela Heard Address Change / Increase in Shelter

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 544105116	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00	
Total Resources	.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	928.12	Adjusted Net Income	209.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	185.62	Thrifty Food Plan	399.00	
Net Earned Income	742.50	Allotment Amount	336.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	336.00	
Standard Deduction	134.00	Previous Benefit	336.00	
Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 07 06	Review End Dt 12 06	Strat 2	Issue Type	

Message

13-note



XII. WALK THROUGH CASE: HELENA JACKSON CHANGE OF ADDRESS/DECREASE IN SHELTER

Background:

- Helena Jackson calls on 10/05/06 to report that she and her child moved home with her parents, Jack (62) and Margie (60) Jackson on 09/30/06. She will be allowed to live there rent free, but she will be responsible for her own food. The new address is 675 Willow Dr., Cedartown GA., 30298 (770) 655-4789. She still lives in the same county. Client statement is accepted as verification of no shelter expenses. Management is not questionable.

Your Assignment:

- Change address and shelter expenses for the ongoing month. Complete the appropriate Macros/Quick Scripts.

AMEN

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

ADDR

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



- press enter (if SUCCESS has moved forward one screen, press F7 to go back to ADDR)

ADDR

- press F9 to access the REMARKS Screen. Select and Complete **the New Address Macro/Quick Script**

UPDATE	REMARKS - REMA	REMA
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XXXXXXXXXXXXXXXXXXXXXXXXXXXX New Address Reported XXXXXXXXXXXXXXXXXXXX

Date SGCC Worked Case: 10/05/2006 1:58:11 PM

Method of Contact ()Phone ()FAX ()Mail ()Other

Contact's Name/Source: **Helena Jackson**

Date Moved: **9/30/06** New phone #: **770-655-4789**

New Address: **675 Willow Drive, Cedartown GA, 30298**

New Rent or Mortgage Amount: **Zero – Now lives with parents**

***** Verify Amount of Rent or Mortgage *****

Did everyone move with customer: **YES** Yes there any new members: **YES, Non-AU**

***** If there is a change in HH comp, update STAT screen.*****

Moved out of county? No() Yes() New County's Name:

See Remarks on Shel for Deductions and STAT for change in HH comp.

Remarks: **Address Screen Updated**

Enter Name, Load and Tel #

XX

- press enter to return to ADDR
- press enter

STAT

- press enter to MISC

MISC

- press F8 – to run a trail budget/eligibility to view the income and expenses you will use to document management

ELIG

- press enter

FSFI

- Note the FS Benefit has decreased. (write down the income and expenses amount)
- press enter

MISC

- press F9 to access the REMARKS Screen. Select and complete the **Management Macro/Quick Script.**



HELENA JACKSON - SHELTER

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039 .00	Adjusted Net Income	698.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	69.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	69.00
Standard Deduction	134.00	Previous Benefit	143.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type

Message

13-note

XIII. INDEPENDENT STUDY: LINDA THOMAS ADDRESS CHANGE/ DECREASE IN SHELTER DEDUCTIONS

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Linda Thomas calls on 10/05/06 to report that she and her family purchased a smaller home on 10/01/06. Her new address is 184 Sharp Drive, Atlanta, GA 30303. Her new phone number remains the same. She still lives in the same county. She will now pay \$ 500 per month which will include taxes and insurance. She states she have central heat and air. She is responsible for paying electric, water, and the telephone. She has already faxed a copy of her mortgage payment to your office. Client statement is accepted. Management is not questionable

- Your Assignment:

Document the change, change her address and SUA type, and request verification of the new amount, if necessary. Run trial eligibility to determine whether or not verification is required. Complete the appropriate Macros/Quick Scripts

Linda Thomas AU# XXXX00202



FSFI for Linda Thomas – Address Change/ Decrease in Shelter Deductions

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06 0701 10 16 96
 AU ID 374252116 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	227.01
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	965.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	216.00
Gross Count Unearned	216.66	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	216.00
Standard Deduction	134.00	Previous Benefit	246.00

Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P
Notice Type	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type

Message

13-note

Different Shelter Situations



Food Stamp Shelter Exercise

Instructions: Read the situation, then complete the SHEL screen and document the Shelter ADT as you would on SUCCESS.

- Situation A: ONE AU
 - Mary Sims lives alone with the following shelter costs:
 - heats with gas, pays about \$50 monthly
 - pays \$500 per month rent, has copy of lease with her
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
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Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD
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Expense Type	Amt	V	Expense Type	Amt	V
Rent			Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name			Phone
Address .	City	ST	Zip

Message
15-lett

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UPDATE	REMARKS - REMA	REMA
		01

*****Shelter / Utility Expense*****
Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []
: _____

Calc if other than monthly: _____
Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []
If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;
[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []
[] Non H/C based on two types of expenses: _____

: _____ OR Excess Non H/C Public Hsg []
[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?
Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

: _____
More

MESSAGE

13-bott

Situation B: SHARING UTILITIES EQUALLY

- Mary Sims lives with her sister, Jacquie Myers and they share the gas, electric for lights, phone and water utility costs, equally. Both receive Food Stamps. Mary pays all the rent. They have the following costs:
 - heats with gas, pays about \$50 monthly
 - pays \$500 per month rent, has copy of lease with her
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW	SHELTER EXPENSES - SHEL	SHEL 01
Month 11 06	3001 10 05 06	

Client Name MARY SIMS Client ID 934000103

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

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

Landlord Name			Phone
Address .	City	ST	Zip

Message
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UPDATE REMARKS - REMA REMA

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain
: Sister Jacqueie Meyers shares in the utility cost. _____

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []
: _____

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []
If none, explain: _____

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

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

More

MESSAGE

13-bott

01

*****Shelter / Utility Expense*****

10/16/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual
includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone
Std ()

More
MESSAGE

13-bott

Situation C: ONE AU PAYS ONE UTILITY COST

- Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and half of the rent. Jacquie pays half of the rent. All other utilities are included in the \$500/month rent. They have the following costs:
 - Electricity (not used for heating and cooling), pays \$50 monthly
 - pays \$250 per month of the \$500/month rent, has copy of lease with her and letter from Jacquie verifying their agreement.
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
--------------------------	--	---------

Client Name MARY	SIMS	Client ID 934000103
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Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD
----------------------	-------------------	-----------------------	---------------	-------------------	--------------

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

Landlord Name	City	ST
Address .		Phone
		Zip

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UPDATE REMARKS - REMA REMA

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain
: Sister Jacqui e Meyers pays half of the rent. _____

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []
: _____

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []
If none, explain: gas, water & sewer included in rent. _____

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

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

More

MESSAGE

13-bott

Situation D: ONE AU PAYS AT LEAST TWO UTILITIES OTHER THAN HEATING OR COOLING

- Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and 1/2 of the rent. Gas heat is included in the rent. Jacquie pays all the other utility bills which include water and telephone. Mary has the following costs:
 - Electricity (not used for heating and cooling), pays about \$50 monthly
 - pays \$250 per month of \$500/month rent, has copy of lease with her and a letter from Jacquie
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
--------------------------	--	---------

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD
----------------------	-------------------	-----------------------	---------------	-------------------	--------------

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

Landlord Name			Phone		
Address .	City	ST	Zip		

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

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain
: Sister Jacquie Meyer pays half of the rent and all the water and telephone.

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []
:
Calc if other than monthly: _____
Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []
If none, explain: Electricity paid by A/R but other utilities in rent.

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

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

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

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual
includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone
Std ()

More
MESSAGE

13-bott

Situation E: ONE AU PAYS PHONE EXPENSE ONLY

- Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays only the telephone bill and nothing towards other utility bills or the rent. Jacquie pays all of the rent which includes all utility costs. Mary has the following costs:
 - telephone, pays \$34.00 monthly
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
--------------------------	--	---------

Client Name MARY SIMS Client ID 934000103

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD
----------------------	-------------------	-----------------------	---------------	-------------------	--------------

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

Landlord Name	City	ST	Phone	Zip
Address .				

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UPDATE

REMARKS - REMA

REMA

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

:

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

:

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

: _____ OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

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

:

More

MESSAGE

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*****Shelter / Utility
Expense*****

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

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual
includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone
Std ()

More

MESSAGE

13-bott

Situation F: BOTH AUs PAY HALF OF ALL COSTS

- Mary Sims and sister, Jacquie Myers, live together and are purchasing a home together. They share utility costs equally. Both receive Food Stamps as separate AUs. Each one pays half of the mortgage, property tax, homeowner's insurance and half of all utility bills. Mary has the following costs:
 - heats with gas, pays about \$50 monthly
 - pays one half of \$500 mortgage, one half of \$300 annual Property Taxes and one half of \$240 annual homeowner's insurance

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
--------------------------	--	---------

Client Name MARY	SIMS	Client ID 934000103
------------------	------	---------------------

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type v	Number Sharing	Phone STD
----------------------	-------------------	-----------------------	---------------	-------------------	--------------

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

Landlord Name	City	ST
Address .		Phone
		Zip

Message
15-lett

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UPDATE	REMARKS - REMA	REMA
		01
*****Shelter / Utility Expense*****		
Wed OCT 05 2006 14: 35; FICM CASEWORKER B123 123Z FULTON 555-555-5555		
Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain : _____		
Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent [] : _____		
Calc if other than monthly: _____		
Included in mortg? Insurance [] Taxes [] If none, explain: _____		
UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N [] If none, explain: _____		
DEWELLING IS ELIGIBLE for Utility Deduction based on; [] H/C SUA based on, Heating[] AC[] LIHEAP[] Excess H/C Public Hsg[] [] Non H/C based on two types of expenses: _____ : _____OR Excess Non H/C Public Hsg[] [] Actual based on one type of expense: _____ [] Eligible for Phone Std only?		
Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED} : _____		
MESSAGE		

13-bott

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

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual
includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone
Std ()

More
MESSAGE

13-bott

NOTE:

- If housing costs are shared, determine the correct prorated amount and enter
the amount in the rent or mortgage field.

- For other housing expenses, manually prorate the amount and enter the amount
in the appropriate field.

**Situation G: AU LIVES IN SEPARATE DWELLING, BILLED BY
UTILITY COMPANY**

- Mary Sims lives alone in a trailer behind her landlord's house. She receives the gas bill in her name and pays for it herself. She has the following costs:
 - heats with gas, pays about \$50 monthly
 - pays \$250 per month rent, verifies with landlord statement
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
--------------------------	--	---------

Client Name MARY SIMS Client ID 934000103

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

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

Landlord Name			Phone
Address .	City	ST	Zip

Message
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UPDATE	REMARKS - REMA	REMA
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*****Shelter / Utility Expense*****

Wed OCT 05 2006 14: 35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

:

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

:

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating[] AC[] LIHEAP[] Excess H/C Public Hsg[]

[] Non H/C based on two types of expenses: _____

: _____OR Excess Non H/C Public Hsg[]

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

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

:

More

MESSAGE

13-bott

Situation H: AU LIVES IN SEPARATE DWELLING, BILLED BY LANDLORD

- Mary Sims lives alone in a trailer behind her landlord's house. She pays the landlord a total of \$100 monthly on all utility expenses as she has no utilities in her name. She has the following costs:
 - heats with gas, pays the landlord \$100 for gas, electricity and water
 - pays \$250 per month rent, verifies with landlord statement
 - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW	SHELTER EXPENSES - SHEL	SHEL 01
Month 11 06	3001 10 05 06	
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
	SUA Type v	Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE

REMARKS - REMA

REMA

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

:

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

:

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

:

OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

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

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More

MESSAGE

13-bott

I . OBJECTIVES

By the end of this section, you should:

- be familiar with the Medicaid SUCCESS Screens and Fields.
- be familiar with the Absent Parent Screens.
- be familiar with the differences between Food Stamp SUCCESS screen order and Family Medicaid SUCCESS screen order.

II. Sandra Langford – Active LIM case with Absent Parent Information

FM Screen Review Walk Through

Background

Sandra Langford receives Low Income Medicaid for herself and her two children Mary age 6 and Kyle age 3. Ms Langford is currently employed at Garden Ridge part-time. Anthony Mason is the father of both children. He was referred to Child Support Services on 7-01-06.

AMEN

- select “R” and enter Sandra Langford’s AU ID #.

ADDR

- press F4 to move to the STAT Screen

STAT

- Medicaid Class of Assistance F01 – Low Income Medicaid
- press enter to DEM2 01 for Sandra

DEM2 for Sandra

- review the TPL and TPL Cooperation Field
- press F9 to review the current documentation

Note: if an A/R calls to report a change in Third Party Resources there is a TPL Macro available

- press enter to DEM1 01 for Mary

DEM1 for Mary

- review the DEPRIVATION Field
- F1 to review the Deprivation Codes

Note: when this field is coded to reflect the Absence of one or both parents, it will trigger five additional Absent Parent Screens which are completed to refer the Absent Parent(s) to Child Support Services

- press enter to DEM1 for Kyle

DEM1 for KYLE

- review the DEPRIVATION Field
- press enter to APID A (this is a Case Level Screen)



APID

- This is the Absent Parent Identification Screen (APID) Screen for Anthony Mason.

INTERVIEW
Month 11 06

ABSENT PARENT IDENTIFICATION-APID

APID A
00

HOH Name **SANDRA LANGFORD** Del AP AP returned Home N
AP Name ANTHONY MASON
SSN Seq Num 00001

Dep	First Name	Last Name	Legal Rel	Pat Type	Dep	First Name	Last Name	Legal Rel	Pat Type	Dep	First Name	Last Name	Legal Rel	Pat Type
01	MARY	LAN	AK	NF	02	KYLE	LAN	AK	NF					

IV-D --- Good Cause Claim--- Referral 130 Form UCB Other Income
Coop Ind Rsn Stat Date Date Date Ind Types
Y

Union/Local More Aps **Y**
Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett 20 -next ap 23-alau 24-del

-
- **press enter.**



APAD

➤ This is the Absent Parent Address Screen for Anthony Mason.

INTERVIEW
Month 11 06

ABSENT PARENT ADDRESS-APAD

APAD A
01

HOH Name **SANDRA LANGFORD** Client ID 105000125

AP Name **ANTHONY MASON**

Curr Addr Line 1 **1547 Thomas Lane** Line 2

City **Macon** ST **GA** Zip Phone

Date at Address

Prev Addr Line 1_

Line 2

City ST Zip Phone

Date at Address

AP's Father

Street City

Delete
ST Zip

AP's Mother

Maiden Street City

Delete
ST Zip

Message

15-lett 20-next ap

24-del

➤ **press enter.**



APDE

- This is the Absent Parent Demographic/Description Screen for Anthony Mason.

INTERVIEW
Month 11 06

ABSENT PARENT DEMOGRAPHIC-APDE

APDE A
01 More

HOH Name **SANDRA LANGFORD**
AP Name **Anthony Mason**

Client ID 105000125

-----Marital Information-----

Stat Date City ST

Rel HOH
To AP
FR

Drvr Lic License Plate
ST ST Number

DOB (MM DD YYYY)	Approx Age	Birth Place--- City ST	Sex	Race	Hgt Inches	Hair Color	Eye Color	Wgt Lbs
06 09 1973	32		M	W	72	B	B	205

Military Information

Stat ID Num Branch Entry Dt Exit Dt Allotment Pay Allotment Recip

Incarceration Information

Cd Release Dt Sentence Lgth Min Confine Institution
Yr Mo Yr Mo

Message

15-lett 20-next ap

- **press enter.**



APEM

➤ This is the Absent Parent Employment Screen for Anthony Mason.

INTERVIEW Month 11 96	ABSENT PARENT EMPLOYMENT-APEM	APEM A 01
--------------------------	-------------------------------	--------------

HOH Name SANDRA	LANGFORD	Client ID 1005000125
AP Name KENNETH	BAKER	

Primary Employer	Delete	Occupation Truck Driver
Name anc Trucking Co		Empl Date (MM YY) 05 00
Address Line 1		Line 2
City Macon	ST GA	Zip_ Phone

Secondary Employer	Delete	Occupation
Name		Empl Date (MM YY)
Address Line 1		Line 2
City	ST	Zip Phone

Former Employer	Delete	Occupation
Name		Empl Date (MM YY)
Address Line 1		Line 2
City	ST	Zip Phone

Message

15-lett 20-next ap 24-del

➤ press enter.



APCO

➤ This is the Absent Parent Court Order Screen for Anthony Mason.

INTERVIEW
Month 11 96

ABSENT PARENT COURT ORDER-APCO

APCO A
01

HOH Name **SANDRA LANGFORD**
AP Name **ANTHONY MASON**

Client ID 105000125
SSN

Order Date	Support Obligation	Support Arrears	Freq	Payee Code	Docket Number
---------------	-----------------------	--------------------	------	---------------	------------------

Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment
-------------------	-----------------------	----------------------	--------------------------

Message

15-lett 20-next ap

➤ press enter to RES1 01



RES1

- review the AU Resources
- press enter

RES2

- AU currently owns a vehicle
- press enter to ERN1 01

ERN1

- Sandra is currently employed
- LIM related fields: SON Override, 30+1/3 Counter, 30+1/3 End Date, \$30 End Date
- press enter

ERN2

- Sandra currently works part-time
- press enter to MISC

MISC

- press enter

ELIG

- press enter

CAFI

- this is the LIM Budget
- press enter

DONE

- press enter

Medicaid SUCCESS vs. FS SUCCESS



Thinking about the Food Stamp SUCCESS Screens, list the screens that you did not see in the Family Medicaid case:

Thinking about the Food Stamp Case Documentation Requirements, list the documentation that is not required for Family Medicaid cases:

I . OBJECTIVES

By the end of this section, you should know:

- how to process a reported change in income

- how to determine if SUCCESS has trickled to another Medicaid Class of Assistance

- how to accurately code the MISC screen when an AU is eligible for TMA

TMA REVIEW

1. When an AU becomes ineligible for LIM due to _____,
_____, or
_____ TMA may
be the appropriate COA.

2. The potential time period for TMA is _____
which is divided into the _____
and the _____.

3. In order for TMA to be appropriate, the AU must have
correctly received

_____.

4. The AU must include a child under the age of _____.

II. KATHERINE NORWOOD – INCREASE INCOME WALK THROUGH

Background:

- Ms. Norwood currently receives LIM. She calls to report on 10/05/06 that she has received a raise. Her hours at Walmart will increase to 40 hours per week. She will earn \$6.25 per hour (\$250 per week) effective 11/01/06. She continues to pay \$10.00/week in child care for Joey.
- Document the change on SUCCESS per Ms. Norwood’s report and request verification.

AMEN

- Select “R” from the AMEN screen and enter **Ms. Norwood’s AU# XXXX00184**

ADDR

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

```

UPDATE                NARRATIVE - NARR                NARR
xxxxxxxxxxxxxxxxxxxxx Change Reported to Change Center xxxxxxxxxxxxxxxxxxxxxxxx
Today's Date is 10/05/2006 12:16:52 PM
Reported Change: Earned Income(X)   Unearned Income( )
Change in Address( )   Shelter( )   HH Size( )
Childcare( )   Resources( )   Other( )
Expenses exceed income? ( ) Y/N (X) N/A
Change resulted in FS Benefit ( )Increase ( )Decrease ( )No Change
Or (X) Ineligibility for LIM / Eligible for TMA
E-mail sent: Follow up required by county? (N) Y/N
                No action taken by call center. ( ) Y/N
If E-mail was sent: Why?
Does A/R receive subsidized Child Care? (N) Y/N
REMARKS: Reports a raise will now earn $250 per week
Enter Name, Load and Tel #
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

```


MISC – Katerine Norwood in the Call Center/County Office

Note: Due to system limitation the following two actions cannot be performed in the training region, however in the Call Center/County Office you must complete these actions in order to establish the correct first month of TMA. This way the MISC Screen should look in the Call Center/County.

- “11 06” would be coded in the “Extended Start Dt” field as this will be Ms. Nelson’s first month of TMA
- “Y” must be coded in the “MA COA Cor” field to ensure Ms. Nelson will receive a correct notice

CHANGE	AU NON-FINANCIAL MISCELLANEOUS - MISC										MISC	A			
Month	11	06	0071		10 05 06										
HOH Name	KATHERINE NORWOOD				Client ID 771006042										
AU ID	969544313		Prog MA												
Pre Issn	Pre EBT Card	AU Issn Mode	ATP Prnt Cnty	ATP Cyc Num	ORF Status Code	ORF Ctr	Pre-sump Elig Ind	Calc Elig Ind	Trial HH Ind	Pro Ovr	Exp Svc	SLAM Cd	-Extended Start Dt	MA COA Cor	
		E											11 06	Y	
-----	Revi ew	-----	Auto	-----	Lump Sum	Remai nder	-----	Del ay	QMB	RSM					
Compl	Mand Std	Last Type	Reasgn Ovr	N	Amount	100 %	133 %	185 %	Rsn	Ovr	Elig	Ovr			
Sched Interview	Del	Unit Number	170002	QC Penalty	End Date	Inquiry Date 10 16 96		Load ID							
Next Revi ew	Appt Begin Time (HH:MM)	Appt End Time (HH:MM)	L Name/Appt Remarks		Appt Date	Appt Letter Print Location L		Appt Type							
Message															
13-note	14-schd	15-l ett						20-schs	23-al au						

Call Center/County Office Screen



ELIG for Ms. Nelson – F01

- Check AU status and COA. Ms. Nelson is now ineligible for LIM.
- If the Non-Financial screen is correct enter “Y” to confirm.

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

AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
D	308	100206	100206	100206			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
KATHER	NOR	SE	OT	Y	RE	D 100206	308	100206	100106		
LISA	NOR	CH	OT	Y	RE	D 100206	308	100206	100106		
JOEY	NOR	CH	OT	Y	RE	D 100206	308	100206	100106		

Message

Call Center/County Office Screen →

CAFI for Ms. Nelson – F01

- Check to be sure the correct amount of income is budgeted for 11/96.
- Ms. Nelson is now over the GIC for LIM.
- If the budget is correct, enter “Y” to confirm.

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID 969544313	Prog MA	Prog Type F	Med COA F01 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	133.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	1083.32		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	1133.32		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	1083.32		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 308		Budgeting Method P	
Notice Type 0005	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 06	Review End Date 11 06			Strat 2	
Message					

13-note

Call Center/County Office Screen



ELIG for Ms. Nelson – F07

- Check AU status and COA. Ms. Nelson is now eligible for TMA.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	-----	Penalty	-----
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		100206	110106	110106				

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
KARTHER	NOR	SE	OT	Y	RE	A	100206			110106	110106		
LISA	NOR	CH	OT	Y	RE	A	100206			110106	110106		
JOEY	NOR	CH	OT	Y	RE	A	100206			110106	110106		

Message

Call Center/County Office Screen →

CAFI for Ms. Nelson – F07

- There is no budgeting for TMA.
- If the budget is correct enter “Y” to confirm.

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID 605262611	Prog MA	Prog Type F	Med COA F07 ←		
Resources			Net Income Test (cont)		
Resource Limit	.00		Standard - 30 1/3	.00	
Total Resources	.00		Dependent Care	.00	
Gross Income Test			Net Earned Income	.00	
Gross Income Limit	.00		Net Unearned Income	.00	
Gross Earned Income	.00		Deemed Income	.00	
Net Unearned Income	.00		Allocated Income	.00	
Deemed Income	.00		Net Income	.00	
Allocated Income	.00		Grant Amount	.00	
Total Gross Income	.00		Recoupment Amount	.00	
Net Income Test			Benefit Amount	.00	
Net Income Limit	.00		Previous Benefit	.00	
Gross Earned Income	.00		Spenddown Amount		
Self Employ Work Exp	.00		Medical Expense Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons	Budgeting Method Q		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 11 06	Review End Date 10 07		Strat 3		
Message					

13-note

Call Center/County Office Screen



ELIG for Ms. Norwood – F22

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	----- Penalty -----
A		100206	110106	110106		-----

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
KARTHER	NOR	SE	OT	Y	RE	A 100206	220	110106	110106		
LISA	NOR	CH	OT	Y	RE	A 100206		110106	110106		
JOEY	NOR	CH	OT	Y	RE	A 100206		110106	110106		

Message

Training Region
SUCCESS Trickled to F22 →

CAFI for Ms. Norwood – F22

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID 605262611	Prog MA	Prog Type F	Med COA F22 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	441.10	
Resource Limit	.00		Dependent Care	43.33	
Total Resources	.00		Net Earned Income	598.89	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	1083.00		Allocated Income	.00	
Net Unearned Income	50 .00		Net Income	649.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	1133.32		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1384.00		Spenddown Amount		
Gross Earned Income	1083.32		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 233 308 302	Budgeting Method Q		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 4 07		Strat 3		
Message					

13-note

Training Region
SUCCESS Trickled to F22



III. ANDREW KNOLLS – INCREASE INCOME INDEPENDENT STUDY

Background:

- Mr. Andrew Knolls calls to report on 10/05/06 that ACE Hardware has given him a raise. His hours have increased to 40 hours per week. He will now earn \$240.00 per week effective 11/01. He will continue to pay \$15.00 per week child care for Trey.
- Document the change on SUCCESS using the appropriate Macro/Quick Scripts per Mr. Knoll's report and request any necessary verification.

AMEN

- Select "R" from the AMEN screen and enter **Mr. Knolls' AU# XXXX00185**.

ADDR

- press F21 to access the NARR Screen. Select and Complete the **Narrative Macro/Quick Script "Change Reported to Change Center"**.
- Fast path to ERN1

ERN1

- Press F9 to access the REMARKS Screen. Select and complete the **Change in Wages Macro/Quick Script**.

Verification Provided

Background:

- Mr. Knolls provides a letter from his employer verifying increased wages on **10/9/06**

AMEN

- Select "R" from the AMEN screen and enter **Mr. Knoll's AU# XXXX00185**
- Fast path to ERN1

ERN1

- Press F9 to access the REMARKS Screen. Review the **Change in Wages Macros/Quick Script for accuracy.**
- Access a blank REMARKS Screen. Select and complete the **Verification Received Macro/Quick Script.**

ERN2

- Update the amount of earnings
- Fast path to MISC

MISC

- Press F9 to access the REMARKS Screen. Select and complete the **TMA-F07 Determination Macro/Quick Script.**
- press enter

ERRO

- ignore all Clearinghouse errors and problem solve all others



MISC – Andrew Knolls in the Call Center/County Office

Note: Due to system limitation the following two actions cannot be performed in the training region, however in the Call Center/County Office you must complete these actions in order to establish the correct first month of TMA. This way the MISC Screen should look in the Call Center/County.

- “11 06” would be coded in the “Extended Start Dt” field as this will be Ms. Nelson’s first month of TMA
- “Y” must be coded in the “MA COA Cor” field to ensure Ms. Nelson will receive a correct notice

CHANGE	AU NON-FINANCIAL MISCELLANEOUS - MISC										MISC	A			
Month 11 06	0071 10 05 06														
HOH Name ANDREW	KNOLLS					Client ID 771006009									
AU ID 969544313	Prog MA														
Pre Issn	Pre EBT Card	AU Issn	ATP Prnt Cnty	ATP Cyc Num	ORF Status Code	ORF Ctr	Pre-sump Elig	Calc Elig Ind	Trial HH Ind	Pro Ovr	Exp Svc	SLAM Cd	-Extended Start Dt	MA COA Cor	
	E												11 06	Y	
-----	Revi ew	-----	Auto	-----	Lump Sum	Remai nder	-----	Del ay	QMB	RSM					
Compl	Mand Std	Last Type	Reasgn Ovr	Amount	100 %	133 %	185 %	Rsn	Ovr	Elig	Ovr				
			N												
Sched Interview	Del	Unit Number	170002	QC Penalty	End Date	Inquiry Date	10 16 96	Load ID							
Next Revi ew	Appt Begin Time (HH:MM)	Appt End Time (HH:MM)			Appt Date			Appt Type							
L Name/Appt Remarks	Appt Letter Print Location L														
Message															
13-note	14-schd	15-l ett							20-schs	23-al au					

Call Center/County Office Screen

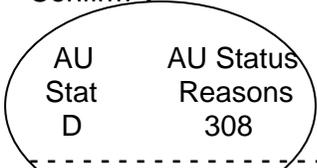


ELIG for Mr. Knolls – F01

- Check AU status and COA. Ms. Nelson is now ineligible for LIM.
- If the Non-Financial screen is correct enter “Y” to confirm.

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

AU ID 969544313 Prog MA Prog Type F **Med COA F01** ←
Confirm Y



AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
D	308	100206	100206	100206			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ANDREW	KNO	SE	OT	Y	RE	D 100206	308	100206	100106		
DION	KNO	CH	OT	Y	RE	D 100206	308	100206	100106		
TREY	KNO	CH	OT	Y	RE	D 100206	308	100206	100106		

Message

Call Center/County Office Screen



CAFI for Mr. Knolls – F01

- Check to be sure the correct amount of income is budgeted for 11/96.
- Ms. Nelson is now over the GIC for LIM.
- If the budget is correct, enter “Y” to confirm.

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID 969544313	Prog MA	Prog Type F	Med COA F01 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	90.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	524.32		Allocated Income	.00	
Net Unearned Income	75.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	599.32		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	524.32		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 308		Budgeting Method P	
Notice Type 0005	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 06	Review End Date 11 06			Strat 2	
Message					

13-note

Call Center/County Office Screen



ELIG for Ms. Nelson – F07

- Check AU status and COA. Ms. Nelson is now eligible for TMA.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F07** ←
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	-----	Penalty	-----
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		100206	110106	110106				

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
ANDREW	KNO	SE	OT	Y	RE	A	100206			110106	110106		
DION	KNO	CH	OT	Y	RE	A	100206			110106	110106		
TREY	KNO	CH	OT	Y	RE	A	100206			110106	110106		

Message

Call Center/County Office Screen →

CAFI for Ms. Nelson – F07

- There is no budgeting for TMA.
- If the budget is correct enter “Y” to confirm.

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID 605262611	Prog MA	Prog Type F	Med COA F07 ←		
Resources			Net Income Test (cont)		
Resource Limit	.00		Standard - 30 1/3	.00	
Total Resources	.00		Dependent Care	.00	
Gross Income Test			Net Earned Income	.00	
Gross Income Limit	.00		Net Unearned Income	.00	
Gross Earned Income	.00		Deemed Income	.00	
Net Unearned Income	.00		Allocated Income	.00	
Deemed Income	.00		Net Income	.00	
Allocated Income	.00		Grant Amount	.00	
Total Gross Income	.00		Recoupment Amount	.00	
Net Income Test			Benefit Amount	.00	
Net Income Limit	.00		Previous Benefit	.00	
Gross Earned Income	.00		Spenddown Amount		
Self Employ Work Exp	.00		Medical Expense Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons	Budgeting Method Q		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 11 06	Review End Date 10 07		Strat 3		
Message					

13-note

Call Center/County Office Screen



ELIG for Ms. Norwood – F22

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F **Med COA F22** ←
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Type	Penalty End Date
A		100206	110106	110106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ANDREW	KNO	SE	OT	Y	RE	A 100206	220	110106	110106		
DION	KNO	CH	OT	Y	RE	A 100206		110106	110106		
TREY	KNO	CH	OT	Y	RE	A 100206		110106	110106		

Message

Training Region
SUCCESS Trickled to F22 →

CAFI for Ms. Norwood – F22

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID 605262611	Prog MA	Prog Type F	Med COA F22 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	426.66	
Resource Limit	.00		Dependent Care	64.99	
Total Resources	.00		Net Earned Income	548.34	
Gross Income Test			Net Unearned Income	75.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	1039.99		Allocated Income	.00	
Net Unearned Income	75.00		Net Income	623.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	1114.99		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1384.00		Spenddown Amount		
Gross Earned Income	1039.99		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 233 308 302	Budgeting Method Q		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 4 07		Strat 3		
Message					

13-note

Training Region
SUCCESS Trickled to F22



I . OBJECTIVES

By the end of this training, participants will:

- have a basic knowledge of the RSM Medicaid COAs in SUCCESS
- be able to identify screens and fields specific to RSM in SUCCESS
- be able to process Newborn Medicaid using SUCCESS
- have a basic knowledge of the RSM Review process on SUCCESS

II. Allison Arroyo – Add a Newborn Walk Through

Background

- The household members are a pregnant mother, Allison Arroyo, her spouse, Carlos Arroyo, and their three-year-old child, Andrea. Allison receives RSM PgW Medicaid and Andrea receives RSM Child Medicaid. The mother calls you on 10/05/06 to tell you that she has had her baby, Emanuel, on 10/03/06. Their current address is 1152 Stoney Brook Lane, Jackson, GA 30233, Butts County. Phone (678) 875-6432. Ms Arroyo has already faxed a copy of the Hospital Confirmation of Birth to your office.

Your Assignment

Add the newborn to the existing RSM AUs; add his own Newborn MA AU and document the appropriate Macro/Quick Script. Use the screens and data that follow. The trainer will assist you as necessary.

AMEN

- Select **K** for Add-A-Person and enter **Allison Arroyo's F22 AU# XXXX00190**

NAME for Allison Arroyo

- No information can be changed on this screen. Press ENTER to continue.

MEMB for Emanuel Arroyo

- Date of Birth is 10/03/06 verified by mother's statement.
- Is a black male
- Was enumerated at birth.

NAME/SSN Clearance for Emanuel Arroyo

- Assign a new client ID for Emanuel. **(write down the ID#)**

INCH for Allison Arroyo

- Select the RSM Child (F22)
- Application date is 10/05/06

- PF4 past the warning message (do not print an AFA)

REDI for Allison Arroyo

- Do not schedule an appointment
- PF4 past the warning message back to AMEN

AMEN

- Select “**J**” for Add a Program (**do not enter an AU #**)
- Press Enter

NOTE: In the county office the county FICM would select “L” to Add a Program. The Call Center cannot use “L” therefore “J” will always need to be used when adding a program. Mother and Newborn Only in the Newborn Medicaid Case.

NAME for Allison Arroyo

- 1152 Stoney Brook Lane
- Jackson, GA 30233
- (678) 875-6432

KIND for Allison Arroyo

- Select “**OTHER**”

CIRC for Allison Arroyo

- No input required, press Enter to continue

MEMB for Allison Arroyo

- DOB 9 – 12- 1964 statement accepted
- Black Female
- SSN - 999 – 11- XXXX (customize using your load #) statement accepted
- press enter

CRS Name/SSN Clearance for Allison Arroyo

- **SUCCESS** should have a match for Allison Arroyo, find match based on SSN, type Y to select, press F12

Back on MEMB for Allison Arroyo

- Enter a “Y” in the More Members Field located at the bottom right corner of the screen to indicate that there are more members to add.

MEMB for Emanuel Arroyo

- DOB 10 – 03 - 2006 statement accepted
- Black Male
- Was enumerated at birth
- press enter

CRS Name/SSN Clearance for Emanuel Arroyo

- **SUCCESS** should have a match for Emanuel Arroyo, find match based on the Client ID # (written down earlier), type Y to select, press F12

Back on MEMB for Emanuel Arroyo

- press enter

INCH for Allison Arroyo

- Enter the new MA program code F15 (Newborn Medicaid Code)
- Enter Emanuel’s date of birth as the Application Date



Interview for the New Program and New Person

AMEN

- Select '0' and press Enter (**AU# should already appear on the screen**)

ADDR

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



DEM1 for Emanuel

- Enter "B" in the SSA field
- 10/03/06 (child's DOB) is the SSN application date
- Emanuel lives at home
- Enter C for RSM child
- Emanuel does not receive SSI

DEM2 for Emanuel

- Emanuel is a U.S. citizen verified by Hospital Confirmation
- Enter "Y" for Health Check
- Fast path to DONE



CAFI for F22

- Enter Y to confirm

INTERVIEW	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	B
Month 11 06				
AU ID 101134407	Prog MA	Prog Type F	Med COA F22	
			Net Income Test (cont)	
Resources			Standard - 30 1/3	90.00
Resource Limit	.00		Dependent Care	.00
Total Resources	.00		Net Earned Income	710.00
Gross Income Test			Net Unearned Income	.00
Gross Income Limit	.00		Deemed Income	.00
Gross Earned Income	800.00		Allocated Income	.00
Net Unearned Income	.00		Net Income	710.00
Deemed Income	.00		Grant Amount	.00
Allocated Income	.00		Recoupment Amount	.00
Total Gross Income	.00		Benefit Amount	.00
Net Income Test			Previous Benefit	.00
Net Income Limit	1396.00		Spenddown Amount	
Gross Earned Income	800.00		Medical Expense Amt	
Self Employ Work Exp	.00		Net Spenddown Amt	
Bnft Eff Date 093096	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0011	Waive Timely Ntc Period		Notice Override	
Review Begin Date 09 96	Review End Date 03 97		Strat 2	
Message				

13-note



Process Application Months

AMEN

- Select **P** for Process Application Months
- There are no changes in any of the application months. To tell SUCCESS there are no changes complete the following steps:
 - **Select the Initial Application Month**
 - **From ADDR fast path to DONE.**
- Note. You may receive an error message. If so, you will need to complete the Health Check field on DEM2 for Andrea due to problems in the training region.

Finalize Application for the Newborn and the RSM Child AU Separately.

AMEN

- Select **Q** for Finalize Application and enter the **Newborn AU#**
- Review and confirm benefits for all months.

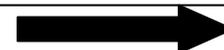
F15 ELIG for 10/06

INTERVIEW NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 10 06 3981 10 05 06 01

AU ID 101134407 Prog MA Prog Type F **Med COA F15**
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	--- Penalty --- Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	OT	Y	NM	A 100506		100306			
EMAN	ARR	CH	OT	Y	RE	A 100506		100306	100106		



F15 CAFI for 10/06

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 10 06				
AU ID 103384905	Prog MA	Prog Type F	Med COA F15 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0003	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 10 07		Strat 2	
Message				

13-note



F15 ELIG for 11/06

INTERVIEW	NON-FINANCIAL ELIGIBILITY RESULTS - ELIG	ELIG	B
Month 11 06	3981 10 05 06	01	

AU ID 101134407 Prog MA Prog Type F **Med COA F15**
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---	Penalty	---
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		100506	100306	100106				

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
ALLIS	ARR	SE	OT	Y	NM	A	100506			100306			
EMAN	ARR	CH	OT	Y	RE	A	100506			100306	100106		



F15 CAFI for 11/06

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID 103384905	Prog MA	Prog Type F	Med COA F15		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 10 07		Strat 2		
Message					

13-note



F22 CAFI for 10/06

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI	CAFI	A
Month 10 96				
AU ID XXXX34407	Prog MA	Prog Type F	Med COA F22 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	90.00	
Resource Limit	.00	Dependent Care	175.00	
Total Resources	.00	Net Earned Income	948.29	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	1213.29	Allocated Income	.00	
Net Unearned Income	.00	Net Income	948.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	1213.29	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	2594.00	Spenddown Amount		
Gross Earned Income	1213.29	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 324	Budgeting Method A	
Notice Type	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 04 07		Strat 2	
Message				

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F22 CAFI for 11/06

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI	CAFI	A
Month 11 06				
AU ID XXXX34407	Prog MA	Prog Type F	Med COA F22	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	90.00	
Resource Limit	.00	Dependent Care	175.00	
Total Resources	.00	Net Earned Income	948.29	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	1213.29	Allocated Income	.00	
Net Unearned Income	.00	Net Income	948.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	1213.29	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	2594.00	Spenddown Amount		
Gross Earned Income	1213.29	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 324	Budgeting Method A	
Notice Type	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 04 07		Strat 2	
Message				

13-note



III. Susan Nelson – Add a Newborn Independent Study

Background

Susan Nelson was just approved for RSM PG for herself and RSM child for her two children in her household which includes her spouse, Ralph. You have processed her request for prior month Medicaid. Now she calls on 10/05/06 to report she had her baby, Donna Nelson, a white female, on 10/03/06. Their current address is 9019 Crestline Way, Atlanta, GA 30303, Fulton County. Phone (404) 765-0987. Ms Nelson has already faxed a copy of the Hospital Confirmation of Birth to your office. Ms Nelson's DOB is 06-02-1969. Her SSN is 319-01-XXXX (customize).

Your Assignment

- Process Add-a-Person to add Donna Nelson to the F22 case
- Add Newborn Medicaid as a new program
- Complete the O&P functions for both registrations
- Document the appropriate Macros/Quick Scripts
- Use a different RACF ID and complete the Q function for these registrations
- Don't forget to check the budgets. If you find an error, ask your trainer to help you.

Susan Nelson's F22 AU# XXXX00189

REMEMBER to follow these steps to Add a Person and Add a Program:

STEP 1 K – to Add the Newborn to the RSM Child (F22) Budget Group

STEP 2 J – to create a Newborn Medicaid Case (F15)

STEP 3 O – to complete a mini interview for the Newborn

STEP 4 P – to process the application and ongoing months

STEP 5 Q – to finalize the Newborn (F15) and the RSM Child (F22) cases

F15 ELIG for 10/06

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

AU ID 100471119 Prog MA Prog Type F **Med COA F15 ←**
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---	Penalty	---
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		100506	100306	100106				

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
SUSAN	NEL	SE	OT	N	NM		A 100506			100306			
DONNA	NEL	CH	OT	Y	RE		A 100506			100306	100106		

Message

F15 CAFI for 10/06

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 10 06					
AU ID 100471119	Prog MA	Prog Type F	Med COA F15 ←		
Resources		Net Income Test (cont)			
Resource Limit	.00	Standard - 30 1/3	.00		
Total Resources	.00	Dependent Care	.00		
Gross Income Test		Net Earned Income		.00	
Gross Income Limit	.00	Net Unearned Income	.00		
Gross Earned Income	.00	Deemed Income	.00		
Net Unearned Income	.00	Allocated Income	.00		
Deemed Income	.00	Net Income	.00		
Allocated Income	.00	Grant Amount	.00		
Total Gross Income	.00	Recoupment Amount	.00		
Net Income Test		Benefit Amount		.00	
Net Income Limit	.00	Previous Benefit	.00		
Gross Earned Income	.00	Spenddown Amount			
Self Employ Work Exp	.00	Medical Expense Amt			
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 10 07		Strat 2		
Message					

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F15 ELIG for 11/06

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

AU ID 100471119 Prog MA Prog Type F **Med COA F15 ←**
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand	Finl Incl	Stat	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	N	NM	A		100506	100306		
DONNA	NEL	CH	OT	Y	RE	A		100506	100306	100106	

Message

F15 CAFI for 11/06

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 11 06					
AU ID 100471119	Prog MA	Prog Type F	Med COA F15 ←		
Resources		Net Income Test (cont)			
Resource Limit	.00	Standard - 30 1/3	.00		
Total Resources	.00	Dependent Care	.00		
Gross Income Test		Net Earned Income		.00	
Gross Income Limit	.00	Net Unearned Income	.00		
Gross Earned Income	.00	Deemed Income	.00		
Net Unearned Income	.00	Allocated Income	.00		
Deemed Income	.00	Net Income	.00		
Allocated Income	.00	Grant Amount	.00		
Total Gross Income	.00	Recoupment Amount	.00		
Net Income Test		Benefit Amount		.00	
Net Income Limit	.00	Previous Benefit	.00		
Gross Earned Income	.00	Spenddown Amount			
Self Employ Work Exp	.00	Medical Expense Amt			
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 10 07		Strat 2		
Message					

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F22 ELIG for 10/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 06 4981 10 05 06 01

AU ID 893164118 Prog MA Prog Type F **Med COA F22 ←**
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 100206		100206	100106		
RALPH	NEL	SP	OT	Y	RP	A 100206	220	100206	100106		
MARCUS	NEL	CH	OT	Y	RE	A 100206		100206	100106		
BRENDA	NEL	CH	OT	Y	RE	A 100206		100206	100106		
DONNA	NEL	CH	OT	Y	RP	A 100506		100506	100106		

Message

F22 CAFI for 10/06

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 10 06				
AU ID 893164118	Prog MA	Prog Type F	Med COA F22 ←	
Resources		Net Income Test (cont)		
Resource Limit	.00	Standard - 30 1/3	90.00	
Total Resources	.00	Dependent Care	.00	
Gross Income Test		Net Earned Income	1375.73	
Gross Income Limit	.00	Net Unearned Income	.00	
Gross Earned Income	1465.73	Deemed Income	.00	
Net Unearned Income	.00	Allocated Income	.00	
Deemed Income	.00	Net Income	1376.00	
Allocated Income	.00	Grant Amount	.00	
Total Gross Income	1465.73	Recoupment Amount	.00	
Net Income Test		Benefit Amount	.00	
Net Income Limit	2234.00	Previous Benefit	.00	
Gross Earned Income	1465.73	Spenddown Amount		
Self Employ Work Exp	.00	Medical Expense Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0003	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 04 07		Strat 2	
Message				

13-note



F22 ELIG for 11/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 96 4981 10 05 06 01

AU ID 893164118 Prog MA Prog Type F **Med COA F22** ←
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 100206		100206	100106		
RALPH	NEL	SP	OT	Y	RP	A 100206	220	100206	100106		
MARCUS	NEL	CH	OT	Y	RE	A 100206		100206	100106		
BRENDA	NEL	CH	OT	Y	RE	A 100206		100206	100106		
DONNA	NEL	CH	OT	Y	RP	A 100506		100506	100106		

Message

F22 CAFI for 11/06

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 10 06				
AU ID 893164118	Prog MA	Prog Type F	Med COA F22 ←	
Resources		Net Income Test (cont)		
Resource Limit	.00	Standard - 30 1/3		90.00
Total Resources	.00	Dependent Care		.00
Gross Income Test		Net Earned Income		1375.73
Gross Income Limit	.00	Net Unearned Income		.00
Gross Earned Income	1465.73	Deemed Income		.00
Net Unearned Income	.00	Allocated Income		.00
Deemed Income	.00	Net Income		1376.00
Allocated Income	.00	Grant Amount		.00
Total Gross Income	1465.73	Recoupment Amount		.00
Net Income Test		Benefit Amount		.00
Net Income Limit	2234.00	Previous Benefit		.00
Gross Earned Income	1465.73	Spenddown Amount		
Self Employ Work Exp	.00	Medical Expense Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons		Budgeting Method A
Notice Type 0003	Waive Timely Ntc Period			Notice Override
Review Begin Date 10 06	Review End Date 04 07			Strat 2
Message				

13-note



IV. Summary of SUCCESS Procedures



Initial Application

- O** – to interview the customer
- P** – to add verification, new or terminated income
- Q** – to make case active and issue benefits

Add a Person

- K** – to place the individual in existing cases
- O** – to add the financial and non-financial information for the new person
- P** – to process verification, new or terminated income for the new person
- Q** – to make the person active in the case and issue benefits for that individual.

Add a Program (Call Center Only)

- J** – to add the new program to the head of households list of the AUs
- O** – to add the non-financial and financial information for the new program
- P** – to add verification, new or terminated income for the new program
- Q** – to make the case active and issue benefits for the new program

Putting It Together

Call Center Only



Combined Add a Person (Newborn to Existing Food Stamp and RSM Budget Group) and Add a Program (Create Newborn Medicaid Case)

K – to place the Newborn to the existing Food Stamp and RSM Budget Group

J – to add the new Newborn Medicaid Case (no AU# required on AMEN, during this process you will register the Newborn Medicaid case SUCCESS will generate an AU# at the end of this process)

O – to add the non-financial and financial information for the Food Stamp and Newborn Medicaid Cases

P – to add verification (if required), new or terminated income, or any other required information for the Food Stamp and Newborn Medicaid Cases

Q – to make the EACH case active and issue benefits for the new program. EACH case must be finalized separately.

CHANGE EARNED INCOME 2 - ERN2 **DONE 02**
Month 11 96 01
Remarks

Client Name Allison Arroyo Client ID XXXX62468

Employer Name Toys R Us

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

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V
610.00 LE

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

Message More Jobs

15-l ett 16-evnc 23-al au 24-del

-
- fast path to DONE



ELIG-P01 for Allison Arroyo

- Confirm the results

CAFI-P01 for Allison Arroyo

- Confirm results

ELIG-RSM Child for Allison Arroyo

- RSM child has trickled to an F99 (Medically Needy) case.
- Look up the AU Status Reasons in Valid Values help.
- **Do not confirm the case!**
- Fast path to the F22 STAT screen.

CHANGE Month 11 06 NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
01

AU ID XXXX34407 Prog MA Prog Type F
Confirm

Med COA F99 ←

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
M	347	100506	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	BC	Y	RP	A 100506	347	100206	100106		
CARL	ARR	SP	BC	Y	RP	A 100506	347	100206	100106		
ANDR	ARR	CH	BC	Y	RE	A 100506	347	100206	100106		
EMAN	ARR	CH	OT	Y	RP	A 100506	347	100506	100106		

Message

STAT for F22

- Enter status reason code **518**
- PF9 to REMA “**free form documentation**” for m to enter and enter the following remark: “New income exceeds the RSM limits. MN spend down explained. RSM case closed and PEACH Care information given to A/R.”
- Fast path to DONE

ERRO

- No errors that need to be dealt with press ENTER.

ELIG F22

NOTE: You can now confirm the F22 Case for Closure, if the AU applies later this AU# can be re-used. Case closed under F99 cannot be reused.

- Enter Y to confirm

CHANGE Month 11 06 NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
01

AU ID XXXX34407 Prog MA Prog Type F
Confirm

Med COA F22 ←

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	--- Penalty --- Type	End Date
C	518	100506	100206	100106	10312006		

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	BC	Y	RP	C 100506	518	100206	100106	10312006	
CARL	ARR	SP	BC	Y	RP	C 100506	220	100206	100106	10312006	
ANDR	ARR	CH	BC	Y	RE	C 100506	518	100206	100106	10312006	
EMAN	ARR	CH	OT	Y	RP	C 100506	518	100506	100106	10312006	

Message

CAFI F22

- Enter Y to confirm

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 11 06				
AU ID 100134407	Prog MA	Prog Type F	Med COA F22 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 101506	Bnft Confirm Y	Reasons 518	Budgeting Method A	
Notice Type 0007	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 04 07		Strat 2	
Message				
13 -note				



ELIG PO1

■ Enter Y to confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B
Month 11 06 01

AU ID XXXX34407 Prog MA Prog Type F **Med COA P01** ←
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	OT	Y	RP	A 100206		100206	100106		
CARL	ARR	SP	OT	Y	RP	A 100206		100206	100106		
ANDR	ARR	CH	OT	Y	RE	A 100206		100206	100106		

Message

CAFI P01

■ Enter Y to confirm

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	B
Month 11 06		1001	10 16 96		
AU ID 100144407	Prog MA	Prog Type P	Med COA P01 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100206	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0011	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 99 99		Strat 2		
Message					
13-note					



ELIG F15

- Enter Y to confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 3981 10 05 06 01

AU ID 689122410 Prog MA Prog Type F **Med COA F15** ←

Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	--- Penalty --- Type	End Date
A		100506	100306	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	OT	N	NM	A 100506		100306			
EMAN	ARR	CH	OT	Y	RE	A 100506		100306	100106		

Message



CAFI for F15

- Enter Y to confirm

CHANGE	CASH/MA	FINANCIAL ELIGIBILITY - CAFI	CAFI	C
Month 11 06		3981 10 05 06		
AU ID 689122410	Prog MA	Prog Type F	Med COA F15 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0003	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 10 07		Strat 2	
Message				

13-note



VI. Susan Nelson – Increased Income Independent Study

Background

- Susan Nelson was just approved for RSM PG for herself and RSM child. She calls on 10/05/06 to report she has received a promotion. She will now earn \$20 per hour, 40 hours per week effective immediately. You have processed her request for prior months Medicaid and added her newborn to the existing cases as well as adding a Newborn (F15) Medicaid case. The first paycheck affected will be 10/12/06.

Your Assignment

- Document the reported change using the appropriate Macros/Quick Scripts and request verification
- A/R provides a statement from his employer verifying the raise
- Once verification is received, process the increased income change
- **Do not confirm an F99 case**
- Check your budgets carefully and ask a trainer for help if needed.



F22 Trickled to F99 Elig for 11/06

DO NOT CONFIRM

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F
Confirm

Med COA F99 ←

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
M	347	100506	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 100506	347	100206	100196		
MARCUS	NEL	CH	OT	Y	RE	A 100506	347	100206	100106		
RALPH	NEL	SP	OT	Y	RP	A 100506	347	100206	100106		
DONNA	NEL	CH	OT	Y	RP	A 100506	347	100206	100106		
BRENDA	NEL	CH	OT	Y	RE	A 100506	347	100506	100106		

Message

STAT for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA F22** ←

Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
C	518	100506	100206	100106	100312006		

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	C100506	518	100206	100196	100312006	
MARCUS	NEL	CH	OT	Y	RE	C 100506	518	100206	100106	100312006	
RALPH	NEL	SP	OT	Y	RP	C 100506	220	100206	100106	100312006	
DONNA	NEL	CH	OT	Y	RP	C100506	518	100206	100106	100312006	
BRENDA	NEL	CH	OT	Y	RE	C 100506	518	100506	100106	100312006	

Message



F22 CAFI for 11/96

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 11 06				
AU ID 100134407	Prog MA	Prog Type F	Med COA F22 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 101506	Bnft Confirm Y	Reasons 518	Budgeting Method A	
Notice Type 0007	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 04 07		Strat 2	
Message				
13 -note				



F15 ELIG for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA F15** ←

Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---	Penalty Type	---	End Date
		100506	100306	100106					

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	100506		100306			
DONNA	NEL	CH	OT	Y	RP	100506		100306	100106		

Message

F15 CAFI for 11/06

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06		2001	10 05 06		
AU ID 396272514	Prog MA	Prog Type F	Med COA F15		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 06	Review End Date 10 07		Strat 2		
Message					

_13-note



P01 ELIG for 11/96

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C
Month 11 06 01

AU ID 313131514 Prog MA Prog Type F **Med COA P01** ←

Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		100206	100206	100106			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 100206		100206	100196		
MARCUS	NEL	CH	OT	Y	RE	A 100206		100206	100106		
RALPH	NEL	SP	OT	Y	RP	A 100206		100206	100106		
BRENDA	NEL	CH	OT	Y	RE	A 100206		100206	100106		

Message

P01 CAFI for 11/06

CHANGE		CASH/MA FINANCIAL ELIGIBILITY - CAFI	CAFI	A
Month 11 06		2001 10 05 06		
AU ID 396272514	Prog MA	Prog Type F	Med COA P01	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm y	Reasons	Budgeting Method A	
Notice Type 0003	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 06	Review End Date 10 07		Strat 2	
Message				

13-note



OBJECTIVES

- To motivate participants to apply on the job what they have learned in this 9 day training course
- To reinforce to participants that training is a process, not an event
- To encourage participants to establish goals for the next 90 days
- To encourage participants to establish and utilize support networks
- To encourage participants to use other resources available in the resources in their Call Center office
- To encourage participants to do the Right Work, the Right Way.

SUCCESS Training



**Georgia Division of Family & Children Services
&
University of Georgia School of Social Work**

SUCCESS Training

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Welcome to SUCCESS Training!  This training is designed to be an interactive hands-on training that integrates the application of Food Stamp policy with the SUCCESS system.

About the Training Region

The SUCCESS system used in the training region is a good simulation of the County SUCCESS system with only a few differences. In the training region we will not be able to view Clearinghouse and the Automated Documentation Tools. Copies of the Clearinghouse screens are located in the Income section of your Phase I Training Manual. Specific information about Clearinghouse will be provided in Phase 3 training. A copy of the Automated Documentation Tools is located in your Phase 2 manual.

The Major System Limitation



In the training region the date is always **10 - 05 - 06**.

Therefore, ALL examples, which include initial application processing, interim changes, and reviews will use **10 - 05 - 06**.

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.



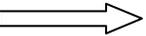
Working ahead of the trainers can cause major problems for you, other participants, and the trainers. Working ahead may cause you to miss key information about the system and its process. Therefore, we ask that you remember the UGA/DFCS Classroom rules and follow the SUCCESS Training Golden Rule:

**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. 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 that are authorized under that assigned User ID and RACF ID.
- There are two critical absolutes: (1.) User IDs and RACF IDs are NEVER to be shared or revealed to anyone other than the person to whom it is assigned. (2.) NEVER leave your workstation while signed-on to SUCCESS.

Training RACF IDs and Passwords



During this training you will be issued a RACF ID and a Password. These RACF IDs and Passwords can be used only in the training region. The number of RACF IDs available for participants in the training region is very limited. You must be extremely careful when signing-on to SUCCESS, because **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 go 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)-----

Navigating Through SUCCESS

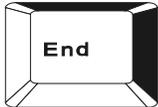
Using the Keyboard



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.



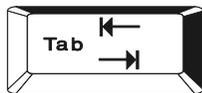
Use the "End" key to delete ALL the information in a field. It is better to use the "End" key, as sometimes the "Delete" key does not totally delete information.



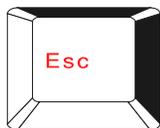
Use the "Pause" key to clear the screen.



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 left 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.

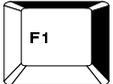
The Function Keys are located across the top of the keyboard.

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

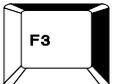
F13 through F24 have specific functions used only if the function appears at the bottom of the screen.

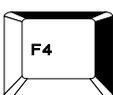
Let's complete a Function Key Activity

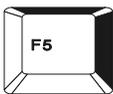
SUCCESS FUNCTION KEY ACTIVITY

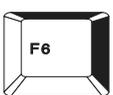


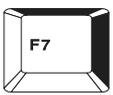


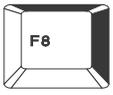


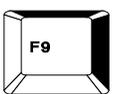


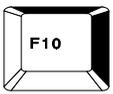


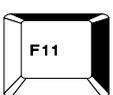


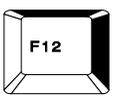




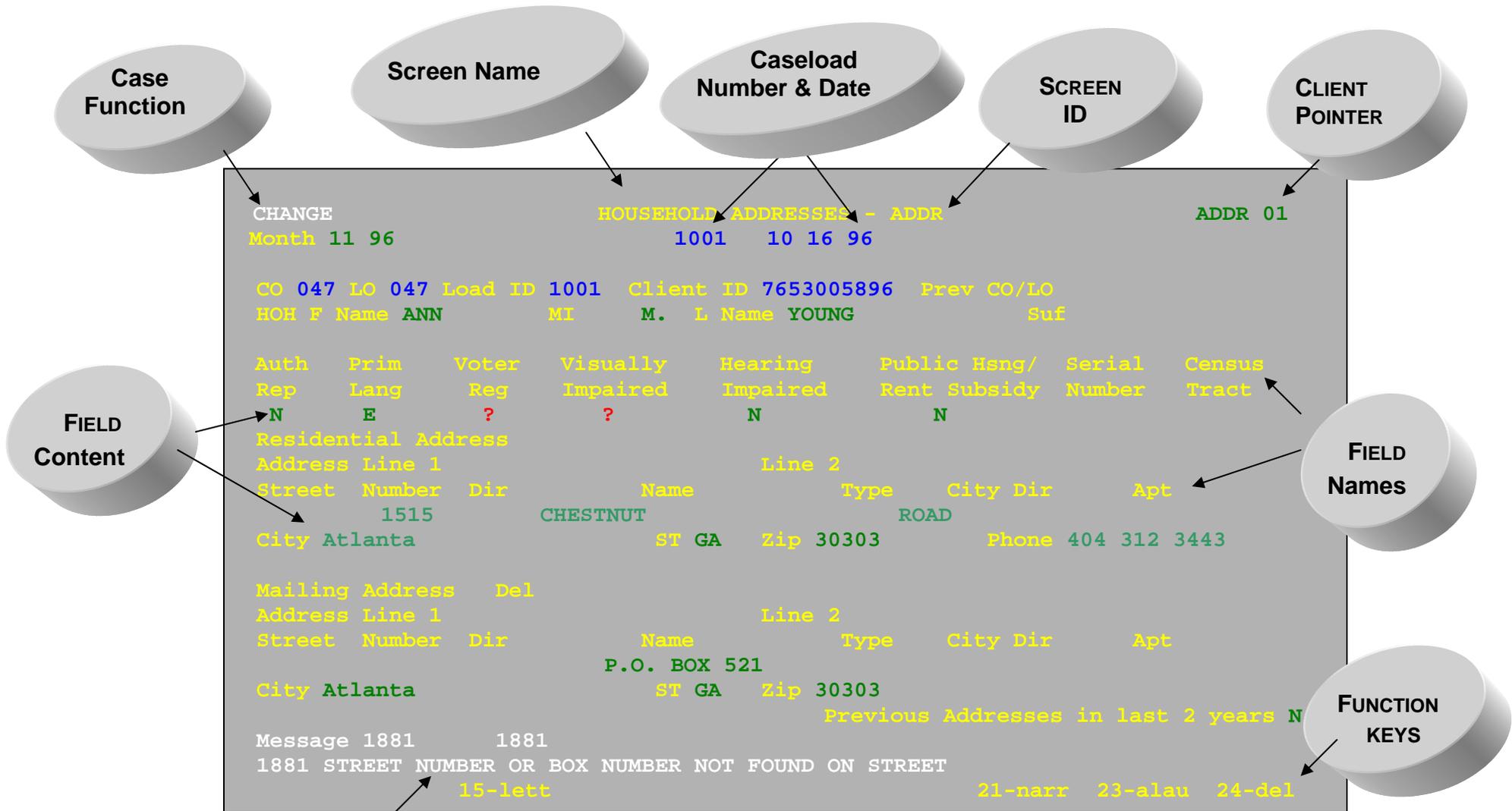








F13 - F24 vary by screen. Check the bottom of each screen for the valid function keys. To access F13 through F24, press the "Shift" key and the corresponding F1 - F12 key. Example: Press the "Shift" key and the F1 key at the same time to access F13.



```

CHANGE
Month 11 96
HOUSEHOLD ADDRESSES - ADDR
1001 10 16 96
ADDR 01

CO 047 LO 047 Load ID 1001 Client ID 7653005896 Prev CO/LO
HOH F Name ANN MI M. L Name YOUNG Suf

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

Residential Address
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
1515 CHESTNUT ROAD
City Atlanta ST GA Zip 30303 Phone 404 312 3443

Mailing Address Del
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt
P.O. BOX 521
City Atlanta ST GA Zip 30303

Previous Addresses in last 2 years N
Message 1881 1881
1881 STREET NUMBER OR BOX NUMBER NOT FOUND ON STREET
15-lett 21-narr 23-alau 24-del
    
```

**WARNING
Message**

SUCCESS Screen Layout

Screen Colors

- Yellow** – Screen and Field Names
- Blue** – Data that cannot be changed
- Green** – Data that can be changed
- White** – Warning Messages
- Red Question Marks** – Mandatory Fields

Helpful Hints for SUCCESS



Moving Past ADDR.

In the training region and sometimes in the production region you will be unable to move past the ADDR screen by just pressing the "enter" key. This is because in the training region the ADDR screen cannot interface with the Code-1 Plus System to verify the address. In order to move from ADDR to the next screen, remember to press



The Fast Path Process in SUCCESS



Before you can Fast Path in SUCCESS, you must first know the A/R's line number and the screen name abbreviation.

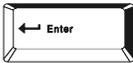
To find the A/R's line number, press  which will display the list of client's in the AU.

To find the screen name abbreviation, press  which will display a list of all the screen names and their abbreviations.

HOW TO FAST PATH!!

Step 1 Press  to take the cursor to the top right hand corner of the screen.

Step 2 Type in the screen name abbreviation and the A/R's line number. **Example:** If you want to Fast Path to Demographic Screen 2 for Jim who is on line 3, you would type DEM2 03.

Step 3 Press 

SUCCESS: The Scratch Pad



If you are in the middle of a case and you need to STOP, simply put your case on the SPA and return to it later. The SPA is the holding area for your case. SUCCESS will store the case for you until you are ready. **To SAVE the data to the SPA**

*Press 

*Wait for message " Press PF5 to hold"

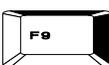
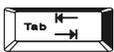
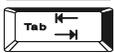
*Press  again

*The AMEN screen will display the message
"SPA successfully put on hold."

Look for more information about the SPA during training.



REMARKS/Documentation & Text Wrap

Press  to enter remarks/documentation behind any screen on SUCCESS. Beginning with the second line of the documentation hit  twice , then begin typing. At the end of each text line, press  to move to the next line. Only press "Enter" when all documentation is completed and you want to return to the SUCCESS Screen.

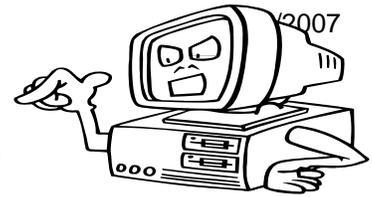


Policy Manuals Available Online For Use

Website - www.odis.dhr.state.ga.us.

No Password Required

**See the Accessing the On-line Policy Manual
for Step by Step Instructions**



SUCCESS Trouble Shooting

<p>I'm unable to move forward from ADDR.</p>	<p>Did you press  ?</p>
<p>I've entered my RACF once, but it will not work.</p>	<p> back to the GO screen and start over, also check your RACF</p>
<p>I'm unable to move to the next screen.</p>	<p>Check the bottom left corner of the screen, if a  displays press </p>
<p>I'm having trouble using the Fast Path steps</p>	<p>Check the A/R's line number and the screen name abbreviation in the upper right corner of the screen, then review the Fast Path Steps</p>
<p>I'm on the DONE screen, but I cannot commit the data, I see the message "Eligibility Processing Required"</p>	<p>Did you type a "Y" to confirm each "ELIG" and "FSFI" screen?</p>
<p>I'm on the ERRO screen, how do I resolve the errors</p>	<p>Type the error code in the "Display Error Text field", then Fast Path to the screen to correct</p>

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AU Background



Elaine Brooks receives Food Stamps for herself, her husband Steve, their son John and her niece Emily. Elaine works part time. Her husband works full time and her niece receives Social Security.

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	PSDS	(Protective Services Data System)
8	EAPS	(Energy Assistance Program)
9	CCRS	(Child Care Reporting System)
10	DIS/MIS	(Miscellaneous & Disaster Check 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 _____

MAIN MENU

```
*****  
**      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    1895
```

- | | | |
|---------------------------|-----------------------|-----------------------|
| 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
Selection R
AMEN

AU ID 881053012	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 completed as a case manager.

Let's answer these questions:

1. What menu option would you choose to complete an initial interview?
2. What menu option would you choose to register an application?
3. What menu option would you choose when a client reports a change?

HOUSEHOLD ADDRESSES (ADDR)

ADDR for Elaine Brooks

CHANGE HOUSEHOLD ADDRESSES - ADDR ADDR 01
 Month 11 06 1001 10 05 06

CO 049 LO 049 Load ID 1001 Client ID 793005890 RES CO
 HOH F Name **ELAINE** MI L Name **BROOKS** Suf

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

Residential Address

Address Line 1	Line 2						
Street Number Dir	Name	Type	City Dir	Apt			
143	MAIN	ST		25			
City MACON	ST GA	Zip 31201	Phone 478 445 8823				

Mailing Address Del

Address Line 1	Line 2						
Street Number Dir	Name	Type	City Dir	Apt			
	P.O. BOX 4820						
City MACON	ST GA	Zip 31201					

Previous Addresses in last 2 years **N**

Message 1881 1881
 1881 STREET NUMBER OR BOX NUMBER NOT FOUND ON STREET
 15-lett **21-narr** 23-alau 24-del

INFORMATION

The ADDR screen is used to document the residential address of the AU. It is important that addresses be entered correctly on the ADDR screen. SUCCESS compares addresses entered to the "Code-1 Plus System" for recognition of valid addresses. If the Code-1 System does not recognize the address, an error message will appear when the enter key is pressed. If the AU states the address is correct, PF4 around the error message.

KEY FIELDS

"Auth Rep": If the A/R has a personal representative, change the "Auth Rep" code from an "N" to a "Y". If there is an Authorized Representative, a separate screen will appear where information about the Authorized Representative may be entered.

"Residential Address": Enter the Head of Household's residential address. Address Line 1 field is used only when there is a C/O

"Mailing Address": If the HOH's mailing address differs from the residential address, enter that information in the mailing address fields. If the mailing address is the same as the residential address, no data should be entered here.

Previous Addresses in last 2 years: Enter a "Y" to access the PREV screen to enter information on former residences.

- Note: The function keys at the bottom of the screen. In the production region, F15 – will allow you to send letter, F21 – narrative documentation screen, F23 – will take you to the alerts, and F24 – can be used to delete a mailing address.**

ASSISTANCE STATUS (STAT)

STAT for Elaine Brooks

CHANGE		ASSISTANCE STATUS - STAT				STAT		A	
Month 11 06		2001		10 05 06		01			
AU ID	881053012	Prog FS	Prog Type S	Prev ABD Type	Med COA	Claim N			
CO	049	LO	049	Load ID	1001	Conversion Date			
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---		Appeal	
	Reasons	Date	Date	Date	Date	Type	End Date	Ind	
A		100506	100506	100106					
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat--Rsn	Appl	Begin	Pd Thru	Penalty
					Date	Date	Date	Date	T Date
ELAINE	BRO	SE OT	Y	RE	A 100506	100506	100506		
JOHN	BRO	CH OT	Y	RE	A 100506	100506	100506		
STEVE	BRO	SP OT	Y	RE	A 100506	100506	100506		
EMILY	TAY	NN OT	Y	RE	A 100506	100506	100506		

Message

20-rmen 22-alau(arch) 23-alau(curr)

INFORMATION

The STAT Screen is an AU level screen, which displays information regarding the status of the case. Each AU will have a separate STAT screen.

KEY FIELDS

“AU Stat”: Indicates a code for the current status of the AU. The most commonly used codes are listed below. To access additional codes press F1.

“A” = active

“D” = denied

“C” = closed

“M” = spenddown

“H” = closed historically

“P” = pending

“AU Status Reasons”: Enter a numeric code from 500 – 579 to manually close/deny an AU. If the system has denied/closed the AU, the code will be a numeric code other than a “500 level” code. Do not use code “570 – Call your caseworker”; effective 1/27/03, SUCCESS will not allow the entry of this code.

“Rel”: The relationship code describes each household member’s relationship to the HOH. The most commonly used codes are listed below. To access additional codes press F1.

“CH” = Dependent Natural or Adopted Child of the Head of Household (HOH)

“NS” = Spouse to the HOH and no children live in the household

“SE” = Self - Head of the Household (HOH)

“SP” = Spouse to the HOH and children live in the household

“Finl Resp”: The Financial Responsibility code determines how the income/resources of this household member is counted in the AU. It is crucial that the Finl Resp code be entered correctly. The most commonly used codes are listed below. To access additional codes press F1.

“PN” = A/R who is applying for some form of FS. Don’t use if the individual does not intend to receive any benefits. Used only at application.

“RE” = Individual is FS recipient. If the AU status is “A” and the A/R is not coded as an “RE”, then that individual is not eligible to receive FS. Workers cannot assign a financial responsibility code of “RE”, the system does this automatically when the AU is approved for any eligible individual coded initially as “PN”.

“NA” = Use for all ineligible spouses.

“NM” = Use when the individual is to have no financial responsibility in the AU. For example, an ineligible child is coded as “NM”.

“NI” = Use for an ineligible non-legal spouse.

“Stat”: A code is assigned by the system to identify the current status of each individual HH member.

“Rsn”: Closure/Denial reason codes from 500 - 579 are entered in this field to close out an individual HH member, but not necessarily the entire AU. If the system has closed/denied the HH member a system generated code will appear in this field.

Note: The function keys at the bottom of the screen. In the production region, F20 – will take you into the claims sub-menu, F22 – will take you into the archives for alerts, and F23 – will take you into the sub-menu for current alerts.

Documentation Requirement

There are 3 available ADTs.

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

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

- Enter 2 – For AUs with other HH members.

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

- Enter 3 – To add or delete HH members.

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

WORKER ENTERED AU / CLIENT LEVEL REASON CODES

The following are codes workers are able to enter on the STAT screen to deny an AU or a client.

500	Reside Community Boarding House
501	Reside Authorized Institution
502	Child Member Other TANF Case
503	Child Member SSI Assist Group
504	No Child Under Age 18
505	Disqualified Fail Provide SSN
506	Household Out of Project Area
507	Do Not Meet Alien Elig Requirement
508	Do Not Meet Student Elig Requirement
509	Resources Exceed Allowed Amount
510	Income Exceeds Max Amount
511	Citizenship
512	Residence
513	Not Within Degree of Relationship
514	Child No Longer Deprived
515	HH Participated Other Project Area
516	Failed to Apply for Potential Income
517	No Longer in FC Facility
518	Not Eligible Med Needy MAO
519	Employment Hours Exceed Max AF-UP
520	Program End Due to Federal Law Change
521	Moved Out of County (FS Only)
522	Approved for SSI
523	Client in Nursing Home
524	AU Suspended for Excess Income
526	Group Living Arrangement Lost Certification
527	Group Living Arrangement Lost Authorization
528	Not Pregnant
549	Voluntary Withdraw One Program
550	Voluntary Withdraw All Programs
551	Whereabouts Unknown

552	Failed to Provide Info to Determine Eligibility
553	AU Requested Closure of One Program
554	You Have Moved
555	Application Opened in Error
556	Not Cooperating with QC
557	AU Requested Closure of All Programs
558	AU Closed to Approve TANF Cash
559	Client Discontinued Name Clearance
560	Ineligible — SSI Pending
562	Financially Eligible for SSI
563	Failed to Sign Citizen Declaration
564	DAIHOH Failed to Comply with E&T
566	Did Not Cooperate with Eligibility Process
567	Drug/Alcohol Lost Certification
569	Placed in Foster Care
570	Other — Call Your Caseworker (not available for use after 01/03)
571	ABAWD Ineligible
572	Failed/Refused to Sign a PRP
573	TANF — Material Violation, Second Sanction
574	Ineligible - Employed
575	Ineligible - Married
577	Missed Application Deadline
578	Approved in Other Assistance Program
579	Received Benefits for the Same Month in Other County.
*598	Case Closed at Conversation — This is a 500 level reason code but is not worker returned. It is used only on cases converted from PARIS to SUCCESS.

CLIENT DEMOGRAPHIC 1 (DEM1)

DEM1 for Elaine Brooks

CHANGE Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 1001 10 05 06	DEM1 01							
Client Name ELAINE BROOKS Suf Client ID 793005890									
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race
			113 11 1001	CS		07 01 1976	CS	F	W
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral	Date	
Y	M	AH							
Concurr Out of St CA	SSI FS	Depriv MA	V	Prenatal Care Ind	Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- V Num V Exp	FTC Code
N	N	N							
Message			15-lett	16-crs	23-alau				

INFORMATION

The DEM1 screen is a client level screen that captures specific information regarding each household member. Much of the demographic information is not required if the individual is not coded with a financial responsibility code of "PN".

KEY FIELDS

"SSA/SSN Appl For": Code representing the reason why the individual has not applied for a SSN. If the A/R is an undocumented alien, use a code of "G" or "N". Use of "R" for refusal will result in denial of benefits to the individual.

"GA Res": A Georgia residency code of "N" will result in denial of benefits for the individual.

"Marital Status": This code is for documentation purposes only and has no impact on the outcome of the AU.

"Living Arrngmt": The living arrangement code is important to ensure that the correct POE is assigned for the homeless and migrant farm workers. The most commonly used codes are listed below. To access additional codes press F1.

- "AH" = The individual resides at home.
- "BT" = Person lives in a battered-spouse shelter.
- "HL" = Homeless.
- "HS" = Homeless shelter.
- "MI" = Migrant/Seasonal Farmworkers

“SSI Recip”:

“N” = Use in most instances when the individual has never applied for or received SSI. SUCCESS does not use this field to recognize disability status of someone applying for Food Stamps. Disability information for FS is entered on DEM2, the next screen.

- **Note:** The function keys at the bottom of the screen. In the production region, F15 – will allow you to send letters, F16 – will allow you to access the CRS system to change an individual’s SSN, date of birth, sex, race, or ethnic information (this information cannot be keyed directly onto the DEM1 screen), and F23 – will take you into the sub-menu for current alerts.

Documentation Requirement:

Receipt of out-of-state benefits/termination of benefits and verification

Why Failure To Comply code is entered

No ADT is available.

CLIENT DEMOGRAPHIC 2 (DEM2)

DEM2 for Elaine Brooks

INTERVIEW CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 01
Month 11 06 3981 10 05 06

Client Name ELAINE BROOKS Client ID 800002354

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

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

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

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

INFORMATION

The DEM2 is a client-level screen. It is a continuation of the demographic information obtained on DEM1. Coding the "Student Stat" field will trigger the ALAS screen.

KEY FIELDS

"Citiz": For U.S. citizens, use a code of "C". For undocumented aliens who want EMA, use a code of "U".

"Student Stat": Must be completed for any adults in school. For adults specific student criteria must be met to be eligible for FS. It is also good casework practice to complete this field for all school-age children in the FS. When this field is completed, the ALAS screen will appear to be completed with more student information.

"TPL Coop": If the A/R agrees to cooperate with TPL requirements, enter a "C". A code of "N" indicates that the A/R refuses to cooperate.

"Disability/Incapacity": These are required fields for any FS A/R who is disabled/incapacitated and under the age of 60.

"Disab Type": Any disability code is acceptable. Access these codes by pressing PF1.

"Approval Source": The most commonly used codes for FS are "RR", "RS", "SM", "SS", and "VA" – these codes will trigger special deductions for the disabled.

"Begin Date": Enter the month and four digit year that the A/R was determined disabled.

“End Date”: Normally a disability end date is not entered unless the A/R is ruled no longer disabled. If an end date is entered, the AU was determined disabled.

“Death Date”: Enter the month, day, and two-digit year that a household member dies.

- **Note:** The function keys at the bottom of the screen. In the production region, F15 – will allow you to send letters, F22 – will allow you to enter TPL information for Medicaid cases, and F23 – will take you into the sub-menu for current alerts.

Documentation Requirement:

Details of disability / incapacity

Details, resolution of Death Match matches

Date of conviction, if conviction meets the lawbreaker criteria and how it was verified

Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators

No ADT is available.

DEM1 for John Brooks

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

Client Name JOHN BROOKS Suf Client ID 703006018

Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race
Name	Appl For	Date			SSNs	(MM DD YYYY)			
	B	08 15 06				08 15 2006	CS	M	W

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

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

Message

15-lett

16-crs

23-alau

DEM2 for Emily Brooks

INTERVIEW CLIENT DEMOGRAPHIC - DEM2 DEM2 03
Month 11 06 3981 10 05 06

Client Name EMILY TAYLOR Client ID 750006167

Citiz V Student V High Grade V Striker ---Immunization -- Law -Health Chk -
Stat Completed Stat Curr GCse Due Dt Brkr Ref Date
C CS FT CS 01 CS N

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

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

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

ALIENS AND STUDENTS (ALAS)

ALAS for Emily Brooks

INTERVIEW ALIENS AND STUDENTS - ALAS ALAS 04
Month 11 06 1001 10 05 06

Client Name EMILY BROOKS Client ID 753005971
Permanent
Citiz Elig V Doc Spons Country Entry Date INS -- Emergency Med ---
Stat Type Alien of Origin (MM YYYY) Number Ind Beg Dt End Dt
C
Refugee Resettlement Agency
Student Educ School Name Dep Care Grad Date Meals 20 Hr/Wk
Status Level Respon (MM YY) Provided Work Rqmt
FT EL Compton Elementary

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

INFORMATION

The ALAS screen is a conditional client-level screen which only appears when information is entered in the demographic screen, indicating that the individual is an alien or a student in a post-secondary school. The citizenship field and student status fields are pre-filled by SUCCESS based on data entered on DEM2.

KEY FIELDS

"Citiz": If the A/R is an alien, the citizenship code determines what is required on this screen and the outcome of the case. If the citizenship code needs to be changed, return to DEM2.

"C" (US citizen): This screen will only appear for a citizen if the A/R is a student.

"D" (Documented Alien) or "X" (Permanent Resident): The "Elig Stat", "Spons Alien", "Country of Origin", and "Permanent Entry Date" are required fields. Eligibility for FS is permitted with either of these citizenship codes.

"E" (Entrant after 8/22/96), "P" (Parolee after 8/22/96), or "R" (Refugee): "Elig Stat", "Country of Origin", and "Permanent Entry Date" are required fields. Eligibility for FS is permitted with any of these citizenship codes.

"U" (Undocumented alien): "Country of Origin" is a required field. FS will automatically deny/close.

"Elig Stat": Enter the appropriate code for the program type(s) for which the A/R is applying..

- “Spon Alien”**: Enter a “Y” or “N” to indicate if the individual is a sponsored alien. This will have no effect on eligibility for FS.
- “Country of Origin”**: Enter the appropriate code to reflect the individual’s home country. If the country does not have a code on the code list, select “OT” and document the name of the country.
- “Permanent Entry Date”**: Enter the month and four-digit year that the individual was granted permanent entry into the US. This is a required field for citizen status of “D”, “E”, “P”, “R”, or “X”.
- “INS Number”**: Enter the A/R’s Immigration and Naturalization Service number, this is an optional field.
- “Emergency Med”**: The fields under “Emergency Med” should only be used in situations where the individual is eligible for Emergency Medical Assistance (EMA).
- “Ind”**: Enter a “Y” to indicate potential EMA eligibility. A code of “N” will result in denial of eligibility.
- “Beg Dt”**: Enter the two-digit month, day, and year as indicated on the medical statement or Form 526. The system will approve individuals with a citizenship code of “U” for the benefit period entered in the “Begin Date” and “End Date” fields.
- “End Date”**: Enter the two-digit month, day, and year in which a medical statement or Form 526. The end date should never be more than 90 days from the begin date, even if the medical statement does not include an end date. If the date entered is in the future, PF4 around the warning message.
- “INS Auth to Work”**: Although the screen allows a “Y” or “N” response in this field, it creates a “Hard Error” at processing. **Do not use this field.**
- “Refugee Resettlement Agency”**: This is a free-form area for the name of the Refugee Resettlement Agency.
- “Student Status”**: If the individual is a student, enter the appropriate code to reflect whether the student is full-time, half-time, less than half-time, or not a student.
- “Educ Level”**: Enter the code that best represents the type of training/schooling the individual is receiving.
- “School Name”**: This field is free-form for entry of the name of the institution. If the “Student Status” field is completed, the name must be entered.
- “Dep Care Respon”**: Enter the appropriate code that reflects the reason why the individual is paying child-care expenses for his/her children.
- “Grad Date”**: Enter the two-digit month and year that the school/training is expected to be completed.
- “Meals Provided”**: Enter a “Y” or “N” to indicate if the school provides a majority of the individual’s meals. This field only applies to FS AUs.
- “20 HR/Wk Work Rqmt”**: Enter a “Y” or “N” to indicate if the FS individual works at least 20 hours per week or if the FS individual is participating in an activity that is a substitute for the 20 hour per week requirement. Consult your policy manual.
- “School Attend Cd”**: Enter the appropriate code if the individual has a good cause reason not attend school, or if the individual satisfactorily or unsatisfactorily meets the requirement.

Documentation Requirement:

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

There are 2 available ADTs:

- Enter 1 – For a non-citizen.
- Choose ADT #1 on the DEM2 screen when there is a non-citizen in the AU.
- Enter 2 – For students.
- Choose ADT #2 on the DEM2 screen when there is a adult student in the AU.

RESOURCES 1 (RES1)

RES1 for Elaine Brooks

CHANGE RESOURCES 1 - RES1 RES1 01
Month 11 06 1001 10 05 06 01

Client Name ELAINE BROOKS Client ID 793005890

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

Del Type	Amount	V	Acct Num	Institution Name
CH	150.00	BS		FIRST UNION
SV	300.00	BS		WACHOVIA
CU	50.00	BS		FEDERAL CREDIT UNION

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

Del Type	Face Amt	Cash Amt	V	Policy Num	Company Name	More
----------	----------	----------	---	------------	--------------	------

Message

15-lett

23-alau 24-del

INFORMATION

There are 3 Resource screens available to document liquid and non-liquid resources. The RES1 screen is used to gather information about the A/R's liquid resources. Press F1 for a list of resource types.

RESOURCES 2 (RES2)

RES2 for Elaine Brooks

CHANGE RESOURCES 2 - RES2 RES2 01
Month 11 06 1001 10 05 06 01

Client Name ELAINE BROOKS Client ID 793005890

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

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

VIN

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

Address City ST Zip

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

More

Message

15-lett

23-alau 24-del

INFORMATION

The Resource 2 screen is used to document information about the A/R's non-liquid resources. The two questions on this screen specifically collect information on vehicles and real estate. Only one vehicle may be listed on this screen. If the A/R has a second vehicle, enter "Y" in the "MORE" field at the bottom-right of the screen and press enter. A blank RES2 will appear. Currently we do not count the value of vehicles in Food Stamps.

KEY FIELDS: First Question

"Type": Enter the appropriate code for the type of vehicle owned. If a vehicle type code is entered, then the "Use", "FMV", "YR", "Make", and "Model" fields are required. The effect on the eligibility budget in FS is reflected in the chart below:

VEHICLE TYPE	FS
MV (Motor vehicle)	Counts
RV (Recreational vehicle)	Counts
UV (Unlicensed vehicle)	Counts

"Use": The vehicle use field is for determining how the individual utilizes the identified vehicle. See the chart below for the affect on the eligibility budget.

VEHICLE USE	FS
DA (Daily activities)	Counts*
EM (Employment travel)	Counts*
FV (Family/Primary vehicle)	Counts*
HA (Handicapped use)	Excludes
IN (Inaccessible)	Excludes
IP (Income producing)	Excludes
LD (Distance work travel)	Excludes
MA (Medical transport)	Excludes
OT (Other)	Counts*
PR (Living in vehicle)	Excludes
SE (travel while seeking employment)	Counts*
TE (Work training use)	Counts*
WF (Water & fuel transportation)	Excludes

NOTE: "DA" for daily activities does not give a \$4650 deduction. "DA" is the code used for unlicensed vehicles subject to the EV only.

*** Applies \$4650 exclusion to determine countable amount.**

"Encumb": Enter the amount of any encumbrances (claims) against the vehicle, if any. This amount will be subtracted from the Fair Market Value (FMV).

"Yr": Enter the two-digit year of the vehicle.

"Make": Enter the "Make" of the vehicle, such as "Ford", "Toyota", etc. Up to five characters may be entered.

"Mod": Enter the model name of the vehicle, such as "Civic", "Corolla", etc. Up to five characters may be entered.

"Lic Num": Enter the license number of the vehicle. Up to seven characters may be entered. This is an optional field.

"Registration": Enter the registration number of the vehicle. Up to twelve characters may be entered. This is an optional field.

"VIN": Enter the vehicle identification number. Up to twenty characters may be entered. This is an optional field.

KEY FIELDS: Second Question (rarely used in Food Stamps)

“Address”: Enter the street address of the real estate property. Up to twenty-two characters may be entered.

“City”: Enter the name of the city where the property is located. Up to fifteen characters may be entered.

“ST”: Enter the two-letter abbreviation for the state where the property is located.

“Zip”: Enter the five-digit zip code and four-digit zip-plus, if known.

“Use”: Enter the appropriate code for the use of the property. When certain codes are entered, other fields may be required. Refer to the chart below for the effect of the “Use” code on the eligibility determination.

USE CODE	REQUIRED FIELDS	“Try to sell”	FS
HP (Home Place)	“FMV”	NA	Excludes
IN (inaccessible)	“FMV”, “Try to Sell”	Y	Excludes
		N	Excludes
“IP” (Income Producing)	“FMV”, “Try to Sell”	Y	Excludes
		N	Excludes
LE (Life Estate)	“FMV”, “Try to Sell”, “Age Life Est Own”	Y	Excludes
		N	Excludes
NP (Non-business Income Producing)	“FMV”, “Try to Sell”, “Annl Rate Ret Amt”	Y	Excludes
		N	Excludes
RI (Remainder Interest)	“FMV”, “Try to Sell”, “Age Life Est Own”	Y	Excludes
		N	Excludes
RP (other)	“FMV”, “Try to Sell”	Y	Excludes
		N	Counts

“Encumb”: Enter the amount of any encumbrances (claims) against the property. This amount will be deducted from the Fair Market Value (FMV).

“Annl Rate Ret Amt”: Enter the dollar amount of the annual rate of return or the amount this property produces in a year. This field is only required for “Non-business Income Producing” property and has no impact on the eligibility budget. However, if the property is producing income, the income should be entered as earned or unearned income, as appropriate.

RESOURCES 3 (RES3)

RES3 for Elaine Brooks

CHANGE RESOURCES 3 - RES3 RES3 01
Month 11 06 01

Client Name ELAINE BROOKS Client ID 793005890

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

----- Other Property -----
Del Type FMV V Encumb V Annl Rate V
Return

Message 15-lett More
24-del

INFORMATION

The RES3 screen is used to document other resources owned by the A/R but not captured on RES1 or RES2.

KEY FIELDS

“**Type**”: Enter the appropriate valid value for the resource owned by the individual. The effect it has on the eligibility of the AU is indicated in the chart on the previous page.

“**FMV**”: Enter the Fair Market Value of the resource entered. This is a required field if a resource type is entered.

“**Encumb**”: Enter the amount of any encumbrances (claims) against the resource entered, if any.

“**Annl Rate Return**”: Enter the Annual Rate of Return or income generated once a year from this resource. This amount has no effect on the resource value. However, consider if the generated income should be entered as earned or unearned income.

TRANSFER OF RESOURCES (TRAN)

TRAN for Elaine Brooks

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

Client Name ELAINE BROOKS Client ID 793005890

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

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

Message 15-lett More 24-del

INFORMATION

The TRAN screen is used to document regarding a transfer of resources, It is a client-level screen. If transfer information is entered, all fields are mandatory on the screen, except for "Undue Hardship", which is optional.

KEY FIELDS

"Del Ind": Using the delete indicator field will not result in deleting data entered on the TRAN screen. The only time using this field will work is if the worker has not yet exited SUCCESS and committed information to the database. However, data may be deleted by tabbing to each field and pressing the "delete" or "end" keys.

"Transf Date": Enter the month and two-digit year that the transfer actually occurred.

"Discovery Date": Enter the month and two-digit year in which the worker learns of the transfer.

"Transferee R'Ship": Enter the appropriate code for the relationship of the person to whom the resource was transferred to the person who did the transfer. Of all the codes available, only using "NT, Spouse Not Transferred" will not result in a transfer penalty.

"Resource Type": Enter the code for the type of resource, which was transferred. All these codes will result in a penalty. If "OT" (Other Resource) is used, be sure to document.

"FMV": Enter the Fair Market Value of the transferred resource and the appropriate verification code. Enter the FMV without commas.

RES2 for Steve Brooks

CHANGE RESOURCES 2 - RES2 RES2 03
Month 11 06 01

Client Name STEVE BROOKS Client ID 771006042

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

Del	Type	Use	FMV	V	Encumb	V	Yr	Make	Mod	Lic	Num	Registration
		MA/AF	FS									
	MV		IN	4000	BB	500	LB	93	CHEV	CAV		
												VIN

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

Address	City	ST	Zip
---------	------	----	-----

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

More

Message

15-lett

23-alau 24-del

EARNED INCOME (ERN1)

ERN1 for Elaine Brooks

CHANGE EARNED INCOME 1 - ERN1 ERN1 01
Month 11 06 1001 10 05 06 01

Client Name ELAINE BROOKS Client ID 793005890

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

Employer Name MIDTOWN MEDICAL ASSOCIATES AJS Employ N

Line 1 56 COVINGTON HIGHWAY Line 2

City MACON ST GA Zip 31201 0000 Phone 478 455 9991

Begin First End Late SON \$30+1/3 \$30+1/3 \$30
Type Date Pay Date Date Rpt Ovr Ind Cntr End Date End Date
EI 02 01 05 02 15 05 N TANF

LIM
RSM
Num of ABD Stdnt TANF Student -----JTPA-----
Bordrs Excl Ind Cnt Ind Cnt Excl

More Jobs

Message 5107

5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.

15-lett

INFORMATION

The ERN1 screen is used to enter the earned income of the household members. The system will count the income according to policy guidelines for the appropriate case type. You may list one employer on this screen. If the A/R has more than one employer, enter a "Y" in the "More Jobs" field at the bottom-right of the screen.

SUCCESS will automatically interface with DOL Clearinghouse information. The DOL screen will automatically display. If there is no information available through Clearinghouse, a message will appear at the bottom of the screen.

KEY FIELDS

"AJS": This is a required field for FS AUs. Enter a Y or N to indicate if the job was the result of an "Applicant Job Search".

The **"Employer Name"**, **"Type"**, **"Begin Date"**, **"First Pay Date"** and **"Late Rpt"** are required fields. **"Late Rpt"** should be coded **"N"** for the application month.

The **"SON Ovr"**, **"\$30+1/3 Ind Cntr"**, **"\$30+/13 End Date"**, and **"\$30 End Date"** fields are only used for **TANF and ARM AUs**.

"Num of Bordrs": When the Earned Income types of **"BO"** and **"RB"** are used for FS AUs, it is required to enter the number of borders in the household.

"ABD Stdnt Excl": This field shows a running total of how much an ABD Medicaid individual's earned income has been excluded in the calendar year under the ABD Medicaid student earnings exclusion.

“AFDC Student Ind and Cnt”: These fields are for TANF AUs.

“JTPA Ind, Cnt and Excl”: These fields are for Job Training Partnership Act and apply to TANF A/Rs.

Explanation of earned income “Type” codes as to how they are counted in eligibility and patient liability/cost share budgets are as follows:

TYPE CODE	COUNTS FS
BO (Earned Income from Boarder)	Y, deducts self-employment expenses
BS (Bonus Severance Pay)	Y
EI (Earned Income)	Y
FM (Farming Income)	Y
GT (Green Thumb)	N
IK (Income In-Kind)	Y
JC (Job Corps)	Y
JT (Job Training Employment Income)	Y
LS (Lump Sum Income)	N
MI (Migrant Worker)	Y
MP (Military Pay)	Y
OA (Other GTSG ARM Countable)	N
OF (Other FS Countable)	Y
OJ (On the Job Training Income)	Y
OM (Other ABD Countable)	N
OT (Other Countable)	Y
PS (Pre Strike Earned Income)	Y
RB (Roomer and Boarder Earned Inc)	Y, deducts self-employment expenses
RI (Rental Income)	Y
RO (Earned Income From Roomer)	Y
SE (Self Employment Earned Income)	Y
SH (Sheltered Workshop Income)	Y
SP (Sick Pay)	Y
SW (Supported Work Income)	NA
TR (Tax Refunds)	N
VI (Visa Payment)	Y
WS (Federal Work Study Income)	Y

EARNED INCOME 2 (ERN2)

ERN2 for Elaine Brooks

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

Client Name ELAINE BROOKS Client ID 793005890

Employer Name **MIDTOWN MEDICAL ASSOCIATES**

Avg Hrs **20** Freq **WK** Day Week Pd **FR** Extra Pay

Del

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

128.75 CH

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

Type Amount Freq V Type Amount Freq V

More Jobs

Message

15-lett

16-evnc

23-alau

24-del

INFORMATION

The ERN2 screen is used to document the amount(s) of earned income. ERN2 is a conditional screen and will only appear if ERN1 has been completed. If the AU member's earnings fluctuate, press PF16 for the EVNC screen.

KEY FIELDS

"Avg Hrs": Enter the average number of hours worked within the pay period.

"Freq": Enter the code for the appropriate frequency of pay. The pay will be budgeted for the benefit month shown on a monthly basis, according to the code entered, as follows:

"AC" (actual): The individual's pay varies. SUCCESS adds all the amounts entered in the budget.

"AN" (annually): Individual is paid once a year. SUCCESS budgets only the first amount entered and divides that amount by 12.

"BM" (bi-monthly): Individual is paid every other month. SUCCESS budgets only the first amount entered and divides by 2.

"BW" (bi-weekly): Individual is paid every other week.

"MO" (monthly): Individual is paid once a month. SUCCESS adds all the amounts entered for budgeting.

"OT" (one-time): This is the only payment the individual will receive. Remove for benefit months in which the individual does not receive. FS totals all the amounts entered for budgeting.

“QU” (quarterly): Individual is paid once every three months. FS budgets the first amount entered and divides that amount by 3.

“SA” (semi-monthly): Individual is paid twice a month. SUCCESS budgets the first amount entered and multiplies by 2.

“WK” (weekly): Individual is paid once a week. If only one amount is entered for FS, the system multiplies the amount entered by 4.3333.

“**Day Week Pd**”: Optional field for entering the day of the week the AU member is paid. PF1 for the codes for each week day.

“**Extra Pay**”: Enter a “Y” if the month has an extra pay period in it or if the employee receives a bonus. Entering a “Y” does not affect the FS case. The FS case will still multiply the first amount by 4.3333.

“**Work Expenses**” **Fields**: The work expenses entered are included with the other earned income deductions.

“Type”: Enter the appropriate code for the type of work expense. Only three are allowed per screen.

“Amount”: Enter the dollar amount of the work expense.

“Freq”: Enter the appropriate frequency code. It must be the same as the frequency of the pay entered on this screen above.

“**Extra**”: Enter the dollar amount of a fifth or periodic paycheck, if using Actual Income.

“SM” (semimonthly): Individual is paid twice a month. For FS, the budget will reflect the average amount multiplied by 2.

“WK” (weekly): Individual is paid once a week. For FS, the budget will reflect the average amount multiplied by 4.3333.

“**Day Week Pd**”: Enter the code for the day of the week that the individual is normally paid. This is an optional field with no impact on the budget.

“**Extra Pay**”: Enter a “Y” if any of the pay entered is an extra paycheck. This has no impact on the budgeting.

“**PP End Date**”: Enter the month, day and two digit year of the pay period end date for this paycheck.

“**Pd/Rcvd Date**”: Enter the month, day and two digit year of the date the individual received this paycheck.

“**Amount**”: Enter the amount of the paycheck in dollars and cents, omit the dollar sign.

“**Repres**”: Enter a “Y” if this paycheck is typical of what the individual receives. Enter an “N” if the paycheck is not typical of what the individual receives. (For example, if one paycheck reflects a lot of overtime, and the individual does not normally work overtime.) If a code of “N” is entered, that paycheck is omitted from the averaging calculation. This is a mandatory field. Consult policy manual for definition of “Representative Pay”.

DEEM/ALLOCATE (DEAL)

DEAL for Elaine Brooks

```
CHANGE                                DEEM/ALLOCATE - DEAL                                DEAL 01
Month 11 06
Client Name ELAINE                    BROOKS                    Client ID 793005890
----- Deemor Budget -----          ----- CS Paid Outside Home -----
  Num IRS Dep Alimony V   Other Exp V           Del Oblig Amt V   Paid Amt V
----- ABD Allocation -----
  Inelig                    Inelig
Del Ind   Amount V   Del Ind   Amount V
----- Alien Sponsor -----          ----- AF Allocation -----
  Amt Actually Contributed/V           Client ID
Number of Other Spons Aliens           Who can
Number of Other FS Recips Spons        Allocate to me

Message                                15-lett                                24-del
```

INFORMATION

The DEAL screen is used in FS to show the amount of child support paid to someone outside the home.

KEY FIELDS: "CS Paid Outside Home"

"Del": Enter "Y" to delete information.

"Oblig Amt": Enter the amount the A/R is legally obligated to pay.

"V": Enter the method used to verify the legally obligated amount.

"Paid Amt": Enter the amount the A/R actually pays.

"V": Enter the method used to verify the amount the A/R actually pays.

DEPENDENT CARE EXPENSES (CARE)

CARE for Elaine Brooks

CHANGE Month 11 06	DEPENDENT CARE EXPENSES - CARE 1001 10 05 06	CARE 01 01
-----------------------	---	---------------

Client Name ELAINE BROOKS Client ID 793005890

Provider **KIDS R US** Phone **478 455 7765**
 Address **52 LEE ST** City **MACON** ST **GA** Zip **31201**
More providers

Del Extra Dependent Expense Day of Week Pd FR Rsn **EM**

Depname	Und2	Freq	Date Pd	Amt	Date Pd	Amt	Date Pd	Extra	V
JOHN	Y	WK	10 01 06	50.00					PR

More Dependents For This Provider

Message

15-lett

24-del

INFORMATION

The CARE screen is used to record dependent care expenses.

KEY FIELDS

“**Provider**”: Enter the name, address, and phone number of the child care provider.

“**Depname**”: Each child should be listed separately.

“**Und2**”: If the child is under age 2, put a Y in the field; if not, “N”. SUCCESS will allow only up to the maximum per child.

“**Freq**”: How often childcare is paid.

NOTE: Each child uses two lines, as the verification field is on the second line.

“**V**”: how the child care expense was verified.

“**RSN**”: For what reason is child care needed – employment, attend school or training, or to comply with E&T.

“**More Providers**”: If the AU has another provider, type a “Y” to pull up another CARE screen.

ERN1 for Steve Brooks

CHANGE EARNED INCOME 1 - ERN1 ERN1 03
Month 11 06 2001 10 05 06 01

Client Name STEVE BROOKS Client ID 771006042

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

Employer Name **ACE GRADING** AJS Employ **N**

Line 1 **1115 WALKER AVE** Line 2
City **MACON** ST **GA** Zip **31201 0000** Phone **478 455 5512**
Begin First End Late SON \$30+1/3 \$30+1/3 \$30
Type Date Pay Date Date Rpt Ovr Ind Cntr End Date End Date
EI 05 01 00 05 15 00 N

TANF
LIM
RSM

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

More Jobs

Message 5107
5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.
15-lett

ERN2 for Steve Brooks

CHANGE EARNED INCOME 2 - ERN2 ERN2 03
Month 11 06 2001 10 05 06 01

Client Name STEVE BROOKS Client ID 771006042

Employer Name **ACE GRADING**

Avg Hrs **040** Freq **WK** Day Week Pd **FR** Extra Pay
Del
Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V
219.23 CH

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

Message 15-lett 16-evnc 23-alau 24-del
More Jobs

UNEARNED INCOME (UINC)

UINC for Emily Taylor

CHANGE	UNEARNED INCOME - UINC	UINC 04
Month 11 06	10 05 06	01

Client Name EMILY TAYLOR Client ID 791005894

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

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay
SA		MO	113131001A				

Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
10 01 06	125.00	AL						

Client Potentially Elig For Other Benefits?
More

Appl Type	Stat	Date	Appl Type	Stat	Date	
Message 5107						
5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.						
	15-lett		16-uvnc		23-alau	24-del

INFORMATION

The UINC screen is used to gather information on the unearned income of the A/R identified by the client pointer on the screen. Income from one source is entered per screen. If the individual has more than one type of unearned income, access another UINC screen by entering a "Y" in the "More" field in the bottom right hand corner of the screen. If an average amount is needed, press PF16 to access the Unearned Variable Income Calculation screen. The UVNC screen works in the same manner as the EVNC screen. All AU members will have a UINC screen.

The UINC screen has three functions: (1) Used to gather unearned income for AU members, (2) used to gather information about application for other benefits, and (3) SUCCESS automatically interfaces with Clearinghouse information to check for receipt of UCB, RSDI, and SSI. If there is no information available through Clearinghouse, a message will appear at the bottom of the screen.

KEY FIELDS

"Type": Select the appropriate type of income from the list of valid values.

"Freq": Enter the appropriate frequency code for the income type entered. The effect on the FS eligibility budgets are as follows:

"AC" (actual): System budgets the actual amount(s) as entered for FS.

"AN" (annually): For FS, the system divides the total of the actual amount(s) by 12.

“BM” (bimonthly): For FS, the system uses the first amount entered and divides by 2.

“BW” (biweekly): For FS, the system uses the first amount entered, divides by 2, and then multiplies by 4.3333.

“MO” (monthly): System budgets the actual amount(s) as entered for FS.

“OT” (other): For FS, the system budgets a total of the amounts entered. Delete the income from the system for month(s) in which it should not be budgeted.

“QU” (quarterly): For FS, the system uses the first amount entered and divides by 3.

“SA” (semiannually): For FS, the system uses the first amount entered and divides by 6.

“SM” (semimonthly): For FS, the system uses the first amount entered and multiplies by 2.

“WK” (weekly): For FS, the system uses the first amount entered and multiplies by 4.3333.

“**Claim Number**”: The claim number is only a required field if the income type is either “RR” or “SA”. Enter the number and suffix with no spaces or dashes.

“**Ded**”: If the individual has items deducted from their pay, enter the appropriate valid value. Press F1 to access the list of deduction codes.

“**Extra Pay**”: Enter a “Y” in this field when an individual gets an extra weekly or biweekly pay. There will be no impact on the FS budget.

“**Date Rcvd**”: Enter the month, day, and two-digit year that the check is received. This cannot be a date in the future. The date entered will have no impact on the case. If the income is entered for a specific benefit month, it will be counted in the budget unless it is a type code that is disregarded. You may enter up to five payment dates and amounts on this screen.

WORK REGISTRATION/PARTICIPATION (WORK)

WORK for Elaine Brooks

CHANGE WORK REGISTRATION/PARTICIPATION - WORK WORK 01
 Month 11 06 1001 10 05 06

Client Name ELAINE BROOKS Client ID 793005890

```

----- Employment Services ----- - Applicant Job Search -
Exempt Partic Number Supp DA/PE Non-Partic AJS Start
Reason Stat V Date Offenses Work Reason Date
CA
FS CA NI CS 10 05 06
High School -- FS ABAWD Non-Compliance --
Grad/GED Non-compliance Cure Dates
Y Bnft mth/yr Start End
1
2
3
    
```

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

INFORMATION

The Work screen is used to enter information regarding the employment of FS recipients. It will automatically appear if there is either of these AUs present. The use of this screen will be discussed as it pertains to FS.

KEY FIELDS

“Exempt Reason”: This field may be automatically pre-populated under some circumstances. It may be changed if needed. If the individual is **not** aged, blind, or disabled and has no income, then the worker will have to enter an exempt reason code if the individual is exempt from working by policy.

IF	THEN
Disability information is entered on the DEM2 screen and tied to a Federal approval source,	The exempt reason code will automatically appear as “FE” (disability approved by federal).
The individual's age is 60 or older, or under age 18,	The exempt reason code will automatically appear as “AG” for aged.

“STAT”: Enter the appropriate status for employment services according to policy. If the system determines that the individual is exempt for any reason, the status code will be set to “NI”, exempt from participating.

“V”: Enter the appropriate valid value to indicate the verification reason for exemption. The correct code to enter will always be “CS” for client statement.

“Partic Date”: The system will update this date.

“Number Offenses”: The system will update this field based on the number of occurrences of non-cooperation with employment services.

“Supp Work”: The system will update this field with “Y” if the individual has an earned income type of “SW” (Supported Work).

“DA/PE”: This field is no longer required to be coded.

“Applicant Job Search”: Complete this field for FS if an ABAWD must receive employment services to regain eligibility after a sanction and his/her FS eligibility depends upon his/her cooperation with Employment Services (ES). This field opens the ES case prior to FS certification.

“High School Grad/GED”: This is a required field to enter a “Y” or “N” to indicate if the individual has a high school diploma or a GED.

“FS ABAWD Non-Compliance”: This field records the specific months in which the ABAWD received FS but was in non-compliance with work requirements. SUCCESS will remove the individual (or close a one-person AU) if three non-compliance months are entered with no start and end regain dates.

Shelter Expenses (SHEL)

SHEL for Elaine Brooks

CHANGE SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 1001 10 05 06

Client Name ELAINE BROOKS Client ID 793005890

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

Expense Type	Amt	V	Expense Type	Amt	V
Rent	650.00	RC	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name **TONY SMITH** Phone **478 455 8847**
Address **SHERWOOD FORREST** City **MACON** ST **GA** Zip **31201**

Message
15-lett

INFORMATION

The SHEL screen is to document housing costs. These expenses may impact the amount of the FS allotment. It is a client-level screen, so each person in the AU will have a SHEL screen; however all housing costs should be entered on SHEL 01 for the Head of Household.

KEY FIELDS

“Primary Heat/Cool”: Enter the valid value which best reflects how the home is heated and cooled. Press F1 to access the list of codes.

“Receive LIHEAP”: Enter a “Y” or “N” to indicate if the household receives assistance from the “Low Income Energy Assistance Program”.

“Public Housing/Exc”: Enter a “Y” or “N” to indicate if the household lives in public housing and pays excess utility expenses.

“SUA Type”: Enter the valid value which best reflects the “Standard Utility Allowance” which the household is eligible to receive. Press F1 to access the list of codes.

“Number Sharing”: This field is no longer used

“Phone STD”: If the household has a phone, enter a code of “OW” to indicate ownership, as households no longer rent phone equipment. The phone standard is only budgeted if “AC” (actual) is coded in “SUA Type”, or is blank.

“Expense Type”: Enter the amounts of the various household expenses and verification code in the spaces provided. Enter utility amounts only if “AC” (actual) is coded in “SUA Type”. Utility amounts should not be entered if the heating/cooling or non-heating/cooling SUAs are coded SUA types.

“Landlord Name”, “Address”: There are three fields provided to enter the first name, middle initial, and last name of the landlord. These are optional fields. Enter the phone number, street name, city, state, and zip code for the landlord.

AU NON-FINANCIAL MISCELLANEOUS (MISC)

MISC for Elaine Brooks

CHANGE AU NON-FINANCIAL MISCELLANEOUS - MISC MISC A
Month 11 06 2001 10 05 06

HOH Name ELAINE BROOKS Client ID 793005890
AU ID 881053012 Prog FS

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

-----	Review	----	Auto	-----	Lump	Sum	Remainder	-----	Delay	QMB	RSM
Compl	Mand	Last	Reasn	Amount	100 %	133 %	185 %	Rsn	Ovr	Elig	Ovr
	Std	Type	Ovr								
			N								

Sched Interview QC Penalty End Date
Del Unit Number 100202 Inquiry Date 10 05 06 Load ID
Next Review **S** Appt Date Appt Type
Appt Begin Time (HH:MM) :
Appt End Time (HH:MM) : Appt Letter Print Location L
L Name/Appt Remarks

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

INFORMATION

The MISC screen is an AU-level screen and one will appear for each AU. Non-financial information for each AU is shown on this screen. This screen is where review information is found, where appointments may be scheduled, and where issuance information is located.

KEY FIELDS

“Calc Elig Ind”: Enter a “Y” if you would like the system to re-run eligibility. Usually the system will do this automatically; however, by entering a “Y”, this forces the system to look at eligibility again based on current data.

“Trial HH Ind”: Enter the number of additional members of the household to have the system complete a trial budget to show the impact of these additional members. Use only if running trial eligibility.

“Pro Ovr”: Enter a “Y” in this field if you want the system to **not prorate FS** benefits for the benefit month indicated in the benefit month field.

“Exp Svc”: If you wish to override the FS expedited code determined by the system, enter the appropriate code in this field. Enter “E” for expedited or “U” for unexpedited.

“Review”: The next three fields are to be used upon completion of a review.

“Compl”: Enter a “Y” in this field when the review is complete.

“Mand Std”: Enter an “S” or “A” to indicate if the next review should be standard or alternate. If the review type does not match between related AUs, a warning message will appear. If you do not want them to match, press enter/P4 to bypass the error message.

“Last Type”: This field indicates the review type of the current review.

“Auto Reasgn Ovr”: This field is pre-filled with an “N”. If you want to retain this AU in your caseload, change the “N” to a “Y”.

“Delay Rsn”: If this AU is OSOP, enter the appropriate valid value to reflect the reason for the delay. Be sure to document if further explanation is needed.

“Sched Interview”: The next few fields relate to scheduling or changing an interview.

“Del”: To delete this interview appointment from the schedule and to delete all information pertaining to the interview, enter a “Y” and press F24. If the scheduled appointment is a review, be sure to delete it before the 15th of the month to ensure that the appointment letter isn’t mailed.

“Inquiry Date”: The inquiry date is automatically entered to show the current date. If you wish to inquire on the schedule for a different date, key over the current date with the date for which you wish to inquire and press F14.

“Load ID”: Enter the caseload ID for the worker completing the interview.

“Next Review”: Enter “S” or “A” for the type of review. If the system has automatically scheduled the review, it may be changed from this screen. If an alternate review has been scheduled and is subsequently changed to an alternate, the review data will be automatically deleted from the schedule.

“Appt Date”: Enter the date (MM/DD/YY) for the interview. If this is a system-scheduled standard review, the date will automatically appear in this field. To change this date, simply key over the existing date. This will cause the old date to be removed from the schedule and reappear on the new scheduled day.

“Appt Type”: Enter the valid value for the type of appointment you wish to schedule. If this is a system determined interview, the code will automatically appear in this field.

“Appt Begin/End Time”: Enter the time you wish the appointment to begin and end. The appointment times must fall on the hour or half-hour. If the system has automatically scheduled the appointment, the begin and end times will appear in this field. To change the appointment times, key over the existing time to the new time.

“Appt Letter Print Location”: Enter the remark you wish to appear on your schedule to alert you to this interview. At a minimum, enter the A/R’s name.

NOTE: To add text to the notice which will be generated, press F13. If this is for a review, be sure to add text prior to the 15th of the month. Also individual schedules, letter templates, unit schedules, and alerts may be accessed from this screen by pressing F14, F15, F20, and F23 respectively.

SESSION SUMMARY (DONE)

DONE for Elaine Brooks

CHANGE	SESSION SUMMARY - DONE	DONE
Month 11 06		01

AU ID	Prog	Med COA	Elig Req	- Status - Code	- Benefit - - Amt	Outstanding Verifications
881053012	FS		Y	A	169	

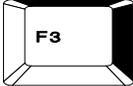
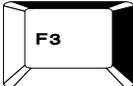
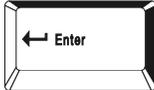
Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

INFORMATION

The DONE screen is the last screen. It shows the status and benefit amount for the case. From this screen, data is committed to the database.

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 

DO NOT TURN OFF THE COMPUTER !





Food Stamp Documentation Standards Guide

Food Stamp Documentation Standards Guide

- Documentation standards include the information required to substantiate the eligibility determination. Below is a list of SUCCESS screens that are used when completing FS cases. Each screen could require documentation.
- Free form documentation is completed on the REMA screen. To access the REMA screen press F9 on any SUCCESS data screen.
- Automated Documentation Tools (ADTs) are also available for some SUCCESS screens. ADTs are pre-programmed statements and questions that populate to the REMARKS screen by depressing the tilde (~) key while ON THE DATA SCREEN. The list below indicates for which screens ADTs are available.

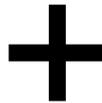
SUCCESS Screen

ADDR
STAT
DEM1
DEM2
ALAS
DEM3
FSME
RES1
RES2
RES3
TRAN
ERN1
ERN2
EVNC
DEAL
CARE
UINC
WORK
SHEL
MISC
FSFI

Documentation Tool

F21 to document
Tilde (~) to document
F9 to document
F9 to document
Tilde (~) to document
F9 to document
Tilde (~)
F9 to document
F9 to document
F9 to document
Tilde (~) to document
Tilde (~) to document earnings
Tilde (~) to document
F9 to document
F9 to document
Tilde (~) to document
Tilde (~) to document

Accessing the On-line Policy Manual



www.odis.dhr.state.ga.us

Accessing the on-line policy manual Step by Step

Step 1. Open Internet Explorer.

Click Favorites toolbar
icon at the top of the menu

The screenshot shows a Microsoft Internet Explorer browser window. The address bar displays the URL: <http://dhr.georgia.gov/02/dhr/home/0,2220,5696,00.html>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Home, Search, Favorites, Media, Print, and a dropdown menu. A callout box with a black border and white background points to the Favorites icon, containing the text: "Click Favorites toolbar icon at the top of the menu".

The website content includes the following sections:

- georgia.gov** Online access to Georgia government
- GEORGIA DEPARTMENT OF HUMAN RESOURCES** Georgians living safe, healthy, and self-reliant lives DHR
- Navigation: [georgia.gov](#) > [Agencies & Organizations](#) > Department of Human Resources
- Date: Monday, March 29, 2004
- About Us**
 - [Divisions & Offices](#)
 - [Contact Information](#)
 - [Services](#)
 - [News & Events](#)
 - [Multicultural Resources](#)
- FAQ | [Sitemap](#) | [Career Opportunities](#) | [Employee Intranet](#)
- Welcome to DHR**

Welcome to the Georgia Department of Human Resources home page. DHR touches the lives of all Georgians by providing about 80 programs that ensure their health and welfare.

These include programs that control the spread of disease, enable older people to live at home longer, prevent children from developing lifelong disabilities, train single parents to find and hold jobs, and help people with mental or physical disabilities live and work in their communities.
- News**
 - [Georgia launches "Medicare 2 Seniors" public awareness campaign](#)
 - [Department of Human Resources publishes FY 2003 Annual Report](#)
 - [You can help children and the elderly through your state income taxes](#)
- Georgia's Olmstead Strategic Plan**

Georgia's Olmstead Strategic Plan is a working document that identifies key areas to make quality community services more available and accessible to Georgians with disabilities within the resources available to the state.

[More >](#)
- How Do I**
 - [Find DCFS Key Performance Indicators and Results](#)
 - [Report abuse in a nursing home](#)
 - [Report child abuse](#)
- At Your Service**
 - [Meet The Board of Human Resources](#)
- Footer: [georgia.gov](#) | [Privacy](#) | [Important Notices](#) | [Accessibility](#) | [Portal Assistance](#)

Step 2. Select the On-line Directives Information System

georgia.gov - Department of Human Resources - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address <http://dhr.georgia.gov/02/dhr/home/0,2220,5696,00.html> Go Links >>

Favorites X

Add... Organize...

Dell

Links

MSN.com

Radio Station Guide

Procurement - SVP Finance and ...

F-Secure Welcomes You#windows2

ODIS Home Page

IOTIS Online Training Login

Index of -dfax-references

mail2web <http://www.gadfcs.org/academic/>

Administrative Forms - SVP for Fi...

DawgTRAK

georgia.gov Online access to Georgia government

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Georgians living safe, healthy, and self-reliant lives DHR

georgia.gov > Agencies & Organizations > Department of Human Resources Monday, March 29, 2004

About Us
Divisions & Offices
Contact Information
Services
News & Events
Multicultural Resources

FAQ | Sitemap | Career Opportunities | Employee Intranet Search GO

Welcome to DHR
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These include programs that help prevent the spread of disease, enable older people to live at home longer, prevent children from developing lifelong disabilities, train single parents to find and hold jobs, and help people with mental or physical disabilities live and work in their communities.

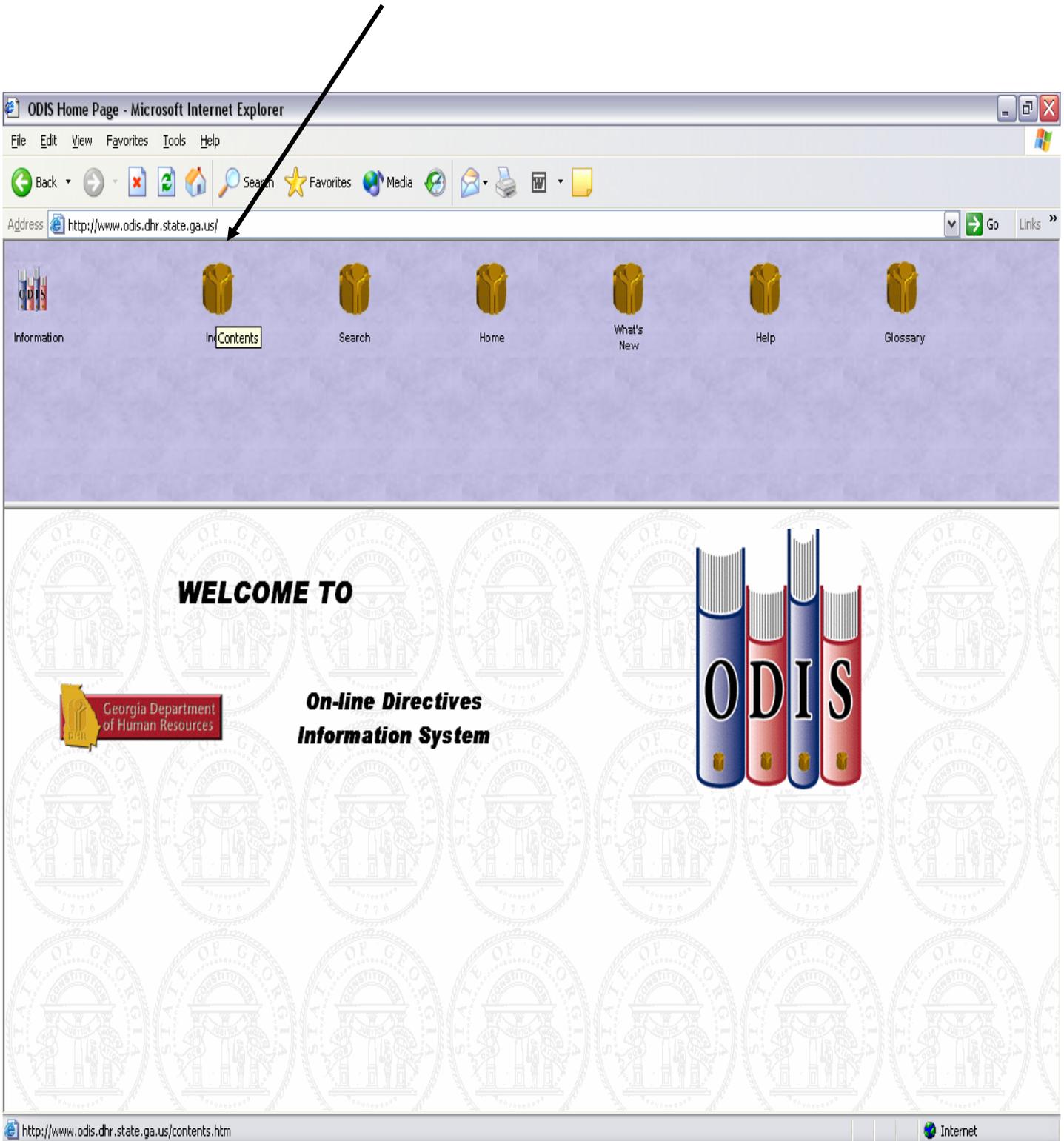
Georgia's Olmstead Strategic Plan
Georgia's Olmstead Strategic Plan is a working document that identifies key areas to make quality community services more available and accessible to Georgians with disabilities within the resources available to the state. [More >](#)

Income taxes
Meet The Board of Human Resources

georgia.gov | Privacy | Important Notices | Accessibility | Portal Assistance

Internet

Step 3. Click on the 'Index' icon.



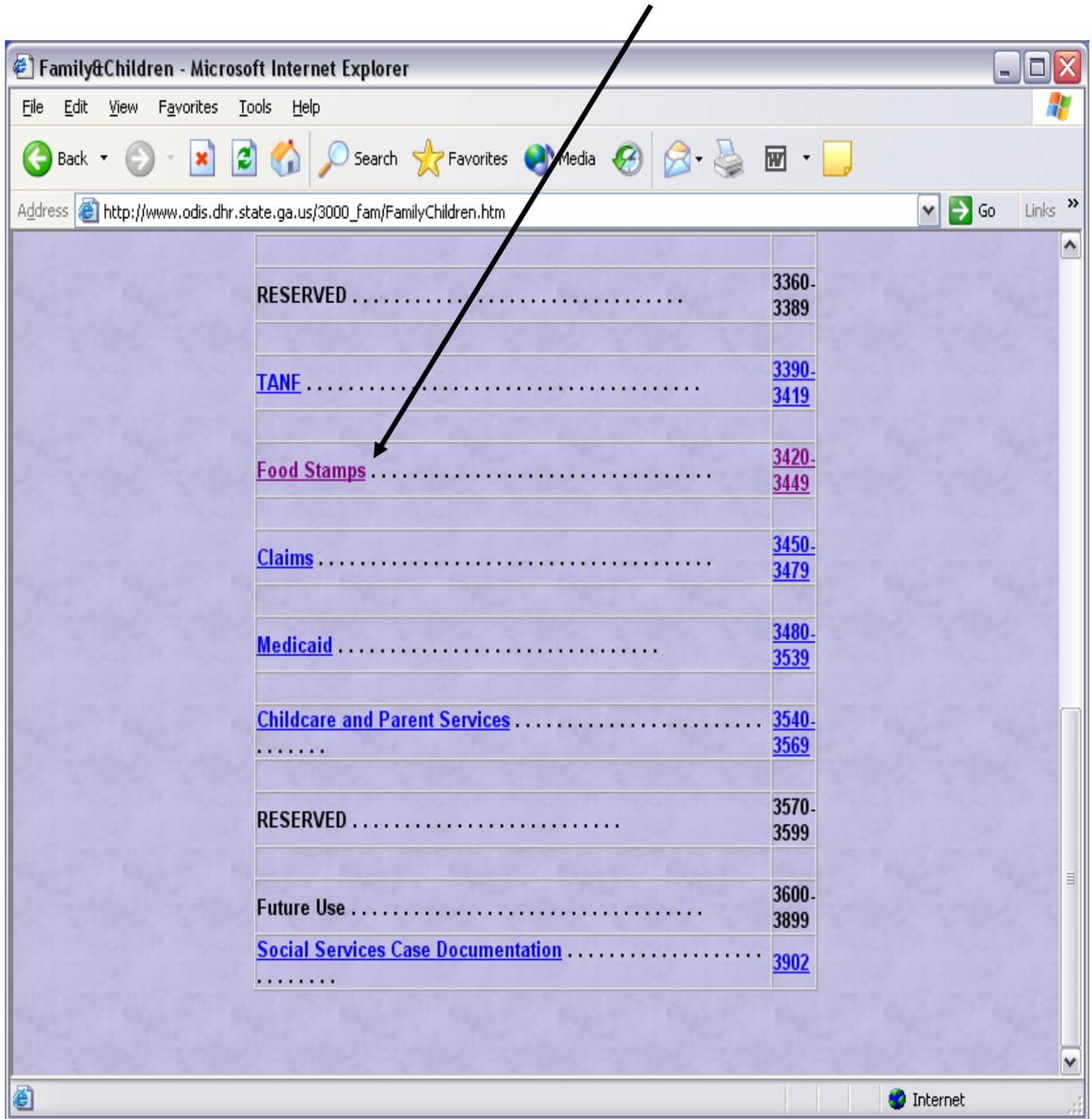
Step 4. Click on the Family and Children Directive.

The screenshot shows a Microsoft Internet Explorer browser window titled "Directives Index - Microsoft Internet Explorer". The address bar displays "http://www.odis.dhr.state.ga.us/contents.htm". The main content area is titled "Directives Index" and contains a table of directive categories. A black arrow points to the "Family and Children" category.

Directive Category	Range
Administration	0001-1999
Health	2000-2999
Family and Children	3000-3999
Reserved	4000-4999
Aging	5000-5999
Mental Health, Developmental Disabilities, and Addictive Diseases	6000-6999
Regulatory	7000-7999
Adoptions	8000-8999

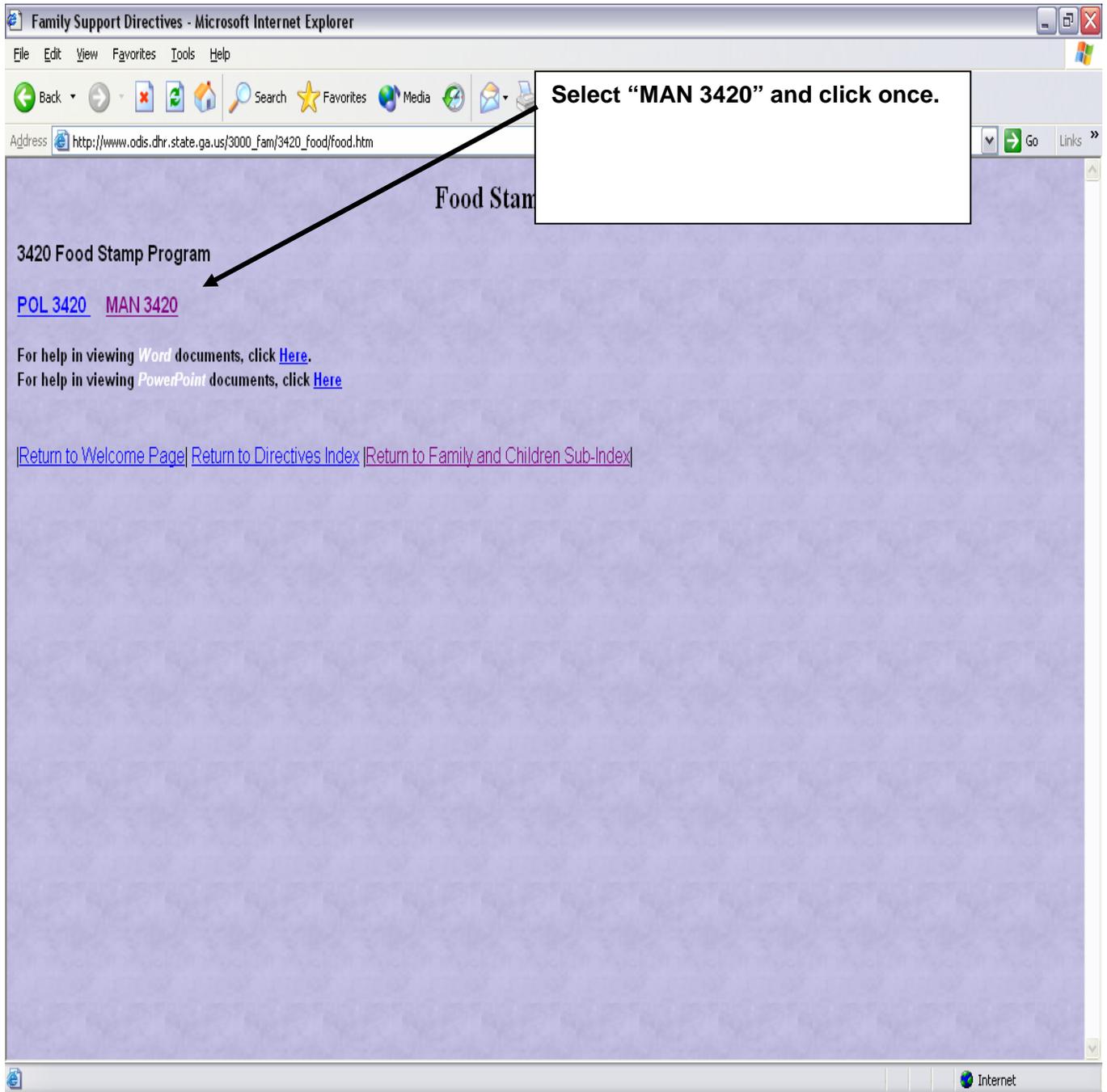
Back to ODIS

Step 5. Scroll to the Food Stamps Directives and click once.



Step 6. Select “MAN 3420” and click once.

If asked whether you want to ‘open’ or ‘save’ the file, always select ‘open’.



Step 7. Scroll to the section of the policy manual you want to review, then click on it. Once you have clicked on the policy section, use the scroll bar to move up and down.

To Return to the Table of Contents or the Family and Children Directives Sub-Index to choose another program, click the "Back" button .

http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MAN3420.doc - Microsoft Internet Explorer

File Edit View Insert Format Tools Table Go To Favorites Help

Back Forward Stop Home Search Favorites Media

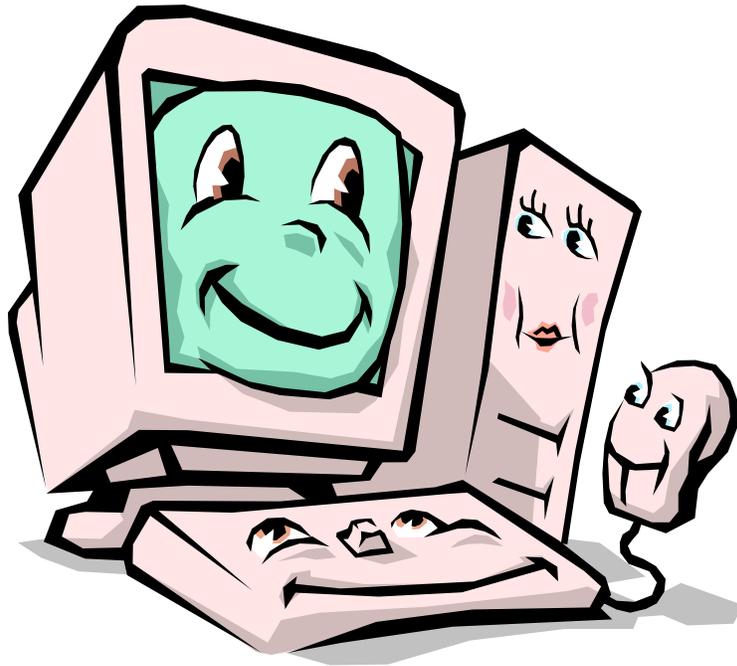
Address http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MAN3420.doc Go Links

	Department of Human Resources Online Directives Information System	Index: MAN3420 Effective: 3/1/2002 Review: 3/1/2004
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FOOD STAMP PROGRAM
TABLE OF CONTENTS
VOLUME III

3000	General Program Overview
3005	Confidentiality
3010	Voter Registration
3020	Mandated Reporting of Child Abuse or Neglect
3025	Americans With Disabilities Act
3030	Title VI/Section 504 Civil Rights
3035	Verification
3100	Application Process Overview
3105	Application Processing
3110	Expedited Application Processing
3115	Special Considerations for Applications
3120	Authorized Representatives

Unknown Zone



SUCCESS

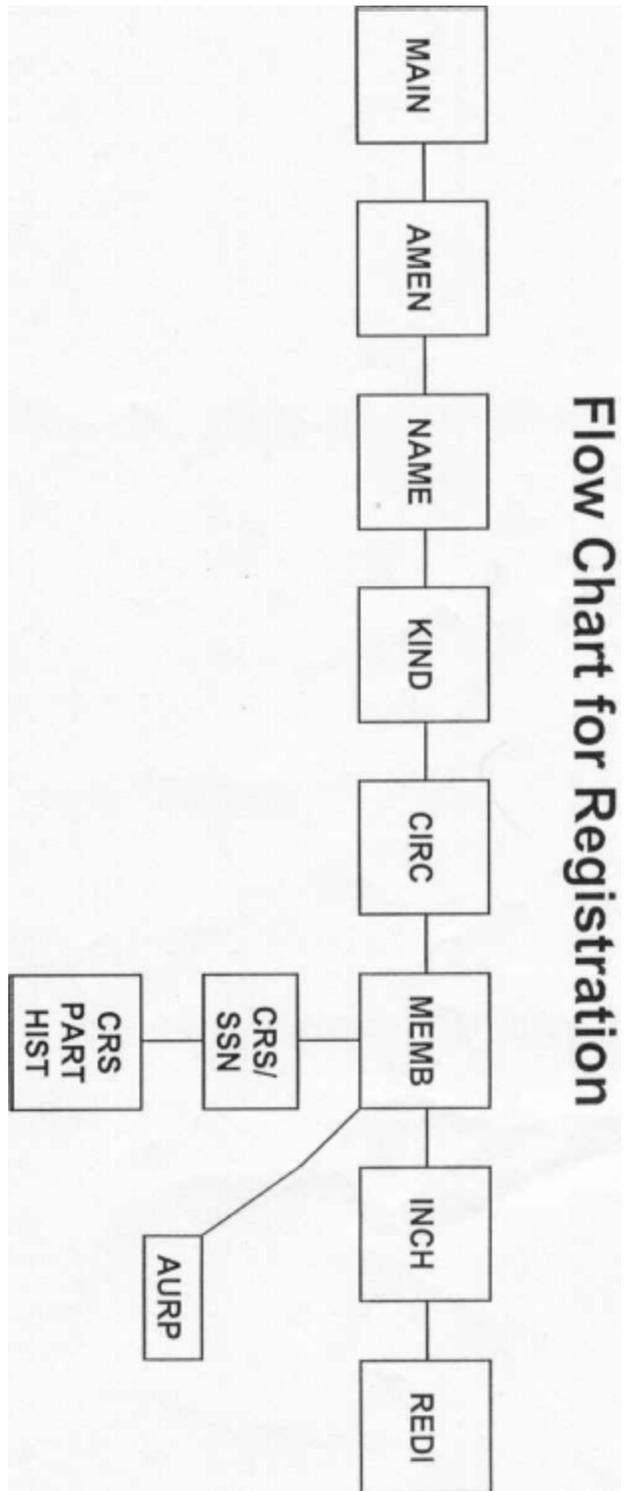
Review

Activities



Review of the Basics

1. How can you move from ADDR to the next screen?
2. What color indicates screen titles and field names?
3. What color indicates fields with data that you can change?
4. What color indicates data that cannot be changed?
5. What color indicates a warning message?
6. What color indicates mandatory fields?
7. How many attempts to sign-on SUCCESS can be made before your RACF ID is revoked?
8. **WHAT IS THE SUCCESS TRAINING GOLDEN RULE?**
9. What steps are used to Fast Path?
10. In the training region, today's date is always?
11. What should I do if I have computer problems?
12. Which keys are used to navigate through SUCCESS?
13. Which function keys appear at the bottom of the SUCCESS screens?



The O, P, and Qs of SUCCESS



“O”

ALL

ALL

“P”

_____ Programs

Each _____ Separately

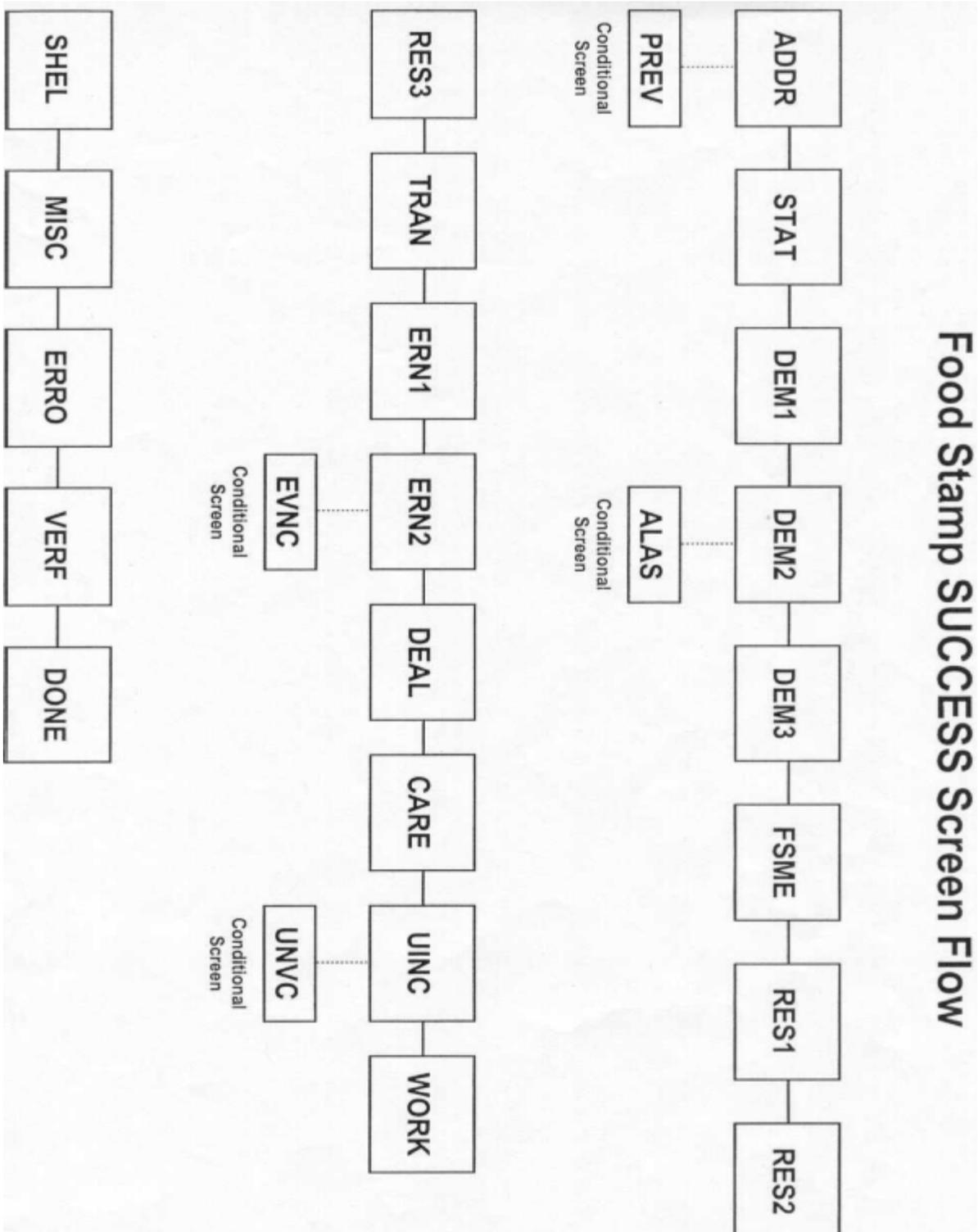
“Q”

Each _____ Separately

Each Month _____

How many RACF IDs are needed to finalize the case?

Food Stamp SUCCESS Screen Flow



Add/Delete a Person & Add a Program



ADD a Person

What are the Four Functions? _____

How many RACF IDs are required to process?

DELETE a Person

WHAT ARE THE THREE MAIN SCREENS EFFECTED? _____

Change the Status Code on which screen? _____

Change the living arrangement code on which screen? _____

ADD a Program

What are the Four Functions? _____

How many RACF IDs are required to process?

Step into the Review on SUCCESS



Step 5

If verification is required, PF4 around missing verification to generate a checklist, then go back and enter verification code "OT", so that SUCCESS will pend the case until the actual verification is received.

Step 4

Review documentation.
Note any AU changes.
Correct prior mistakes.
Re-verify per policy and
Re-key ALL verification in yellow.

Step 3

From AMEN select
"R" to complete the
review. Review ALL
points of eligibility.

Step 2

From AMEN select **"N"** to
initiate the review using
the HH Client ID #, then on
the **REDE** screen, enter
the Recert App Date, then
type **"Y"** to select the
program

Step 1

From AMEN, select **"B"** then
enter the AU#. Press PF11
to get the Client ID # for the
HH



