

## Objectives for Introduction

By the end of this section, you should know:

- how this Phase of training will be organized if you are attending following Instructor Led Policy Training
  
- what support materials are available to help you with SUCCESS
  
- how to sign on to Novell
  
- how to sign on to Group Wise
  
- how to access the policy manual online

## **Outline of Food Stamp SUCCESS Training**

### **Day One**

Introduction to SUCCESS

Screening and Registration

### **Day Two**

Initial Applications

Notice/Benefit History

### **Day Three**

Initial Applications

Casework Skills

### **Day Four**

Casework Skills

Initial Application using interview skills

### **Day Five**

Adding / Deleting People

Financial Changes

### **Day Six**

Financial Changes

Reviews

### **Day Seven**

Reviews

Expedited Food Stamps

Alerts

**Day Eight**

SUCCESS skill demonstration

Policy Review

**Day Nine**

Cumulative FS Exam

OJT

Closing

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## EDUCATION AND TRAINING SERVICES SECTION

### DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

#### CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

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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](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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.

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## The DHR Computer

1. Signing on to Novell
  - a. Username \_\_\_\_\_
  - b. Password \_\_\_\_\_
  
2. Signing on to Group Wise
  - a. ID \_\_\_\_\_
  - b. Password \_\_\_\_\_
  
3. Internet Access
  - a. Policy Manual
    1. Enter the website address [www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)
    2. Choose Index
    3. Select Family and Children
    4. Select the specific program area
  - b. On-Line Training
    1. Enter the website address \_\_\_\_\_
    2. Enter your  
ID \_\_\_\_\_  

&

Password \_\_\_\_\_

*\* Internet access is for DHR business use only.*

## **Novell Sign On Procedures**



- Step 1 – Turn on your computer
- Step 2 – When the Novell Client prompt appears, enter your password and click OK. In the county your Novell Username will pre-populate.
- Step 3 – Your computer will boot and the Group Wise sign on will appear.



## **Group Wise Sign On Procedures**

- Step 1 – Enter your group wise password and click OK.
- Step 2 – Your e-mail will appear.

## **Novell Facts**

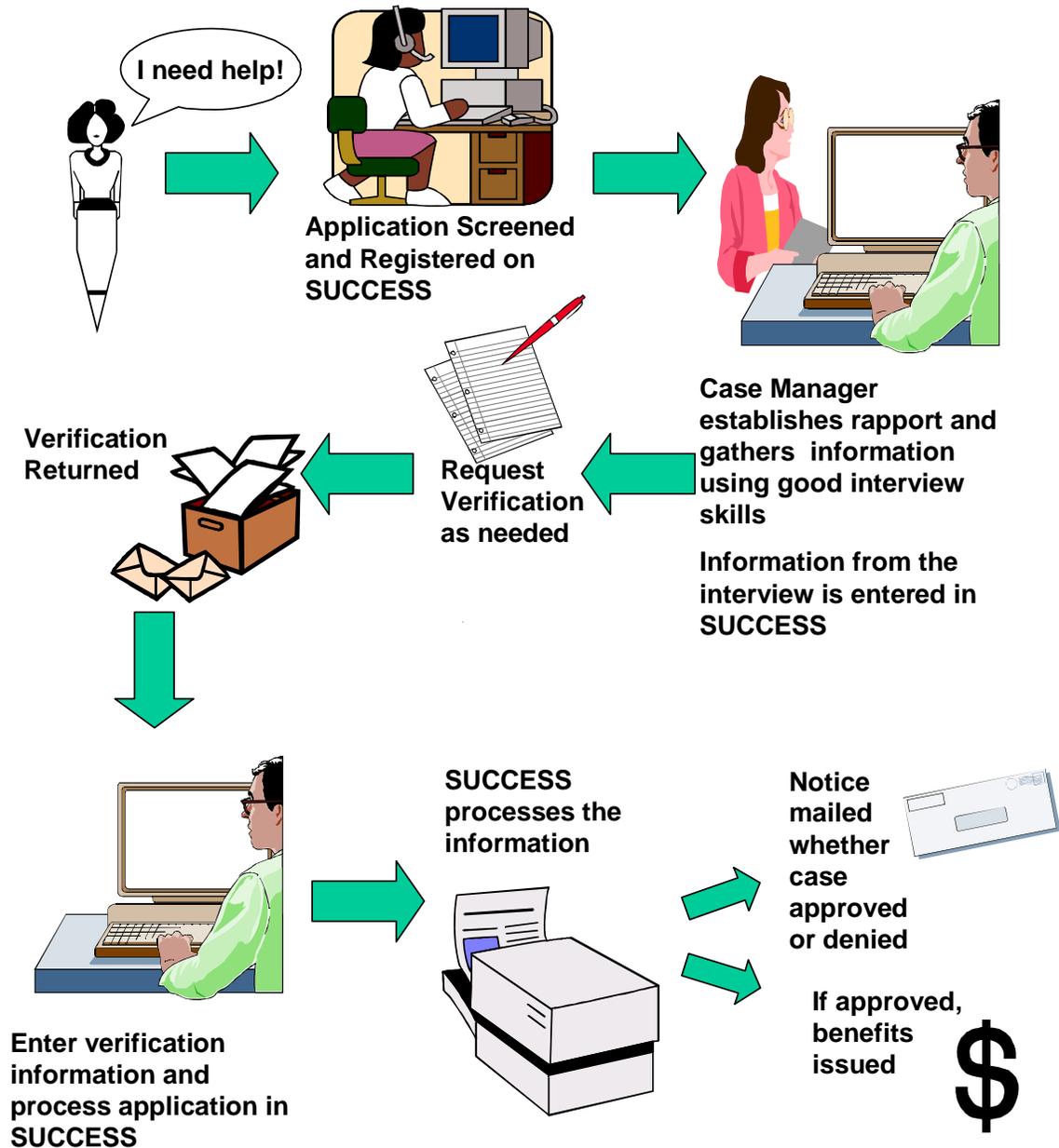
1. Your Novell Username is usually your first initial, middle initial and last name.
2. Your Novell Password will need to be updated monthly.
3. Your Novell Username and Group Wise Id are the same.
4. Your Group Wise password does not have to be changed monthly.
5. If you are away from your computer 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.

## 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 screen an applicant on SUCCESS
- how to register an applicant on SUCCESS
- how to print an application

### OVERVIEW OF THE APPLICATION PROCESS



| <b>Procedure: SUCCESS Screening Instructions</b>  |  |
|---|--|
| <b>Step</b>   | <b>Procedure</b>   |
| <p><b>Scenario:</b> A customer, known or unknown to the agency, submits an application for services. A customer is applying to add a NEW person, known or unknown to the agency, to the AU for new or existing services. When interviewing the client, always ask if they have ever applied for or received benefits or services.</p> |  |
| <b>Step 1</b>   | From the AMEN screen enter option 'A'-Name/Part Inquiry. The Client Registration System Name/SSN Inquiry screen will appear.   |
| <b>Step 2</b>   | Screen by SSN. Press <enter>.  |
| <b>Step 3</b>   | 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).  |
| <b>Step 4</b>   | Repeat steps 2 and 3 for each person listed in the household.  |
| <b>Step 5</b>   | 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.   |
| <b>Step 6</b>   | 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.  |
| <b>Step 7</b>   | 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>.   |
| <b>Procedure: Requesting a Client ID Correction</b>  |   |
| Step   | Procedure   |
| In order for the DFCS Systems Help Desk to correct a client ID, the county worker will need to complete the following steps: |   |
| Step 1   | Screen on each client that you have determined to have multiple IDs.  |
| Step 2   | Determine which client ID is the correct ID and which is erroneous based on the following guidelines:<br><ul style="list-style-type: none"> <li>A. SUCCESS active status take priority over \$TARS active status.</li> <li>B. SUCCESS active status takes priority over closed/denied status.</li> <li>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.)</li> <li>D. Client ID with active claims cases needs to be the correct ID.</li> </ul> |
| Step 3   | When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS.<br>If the SSN is not an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.   |
| Step 4   | If both client IDs are in an active status in SUCCESS, then the worker will have to take the following steps:<br><ul style="list-style-type: none"> <li>A. Deny the client from the case with the erroneous ID.</li> <li>B. Select ADD A PERSON function and match on correct client ID.</li> </ul>   |
| Step 5   | If incorrect client ID is active in a \$TARS case, contact your local CSE agent to clear up problem.  |
| Step 6   | When all cases connected to the erroneous client ID are in closed or denied status, send an email to HD.EBT/CRS with the following information:<br><ul style="list-style-type: none"> <li>A. On subject line type ERRONEOUS CLIENT ID</li> <li>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.</li> <li>C. Include the following client demographic information on all client IDs — full name (last, first, and middle initial)</li> </ul>   |

|        |  |
|--------|--|
|        | <ul style="list-style-type: none"><li>— date of birth</li><li>— sex</li><li>— race and ethnicity</li><li>— SSN, when present</li></ul>               |
| 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

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ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

| Selection A                                 |                         |  |
|---|-------------------------|--|
| AU ID<br>Screen ID<br>Benefit Month (MM YY) |                         | Client ID<br>As Of Date<br>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 "?"

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### CRS Name/SSN Inquiry for Margaret Simmons

- SSN 555 01 XXXX

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|  |                            |                                |                     |
|--|----------------------------|--------------------------------|---------------------|
| HRRS0010                               | CLIENT REGISTRATION SYSTEM | CICSV2                         | 07/13/2000          |
|  | NAME/SSN INQUIRY           |                                | 11:08:21            |
| L NAME                                 | F NAME                     | M NAME                         | SFX                 |
| SSN1 555 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

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+ PF2 to refresh the screen

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

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

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|  |                            |                                |                     |
|--|----------------------------|--------------------------------|---------------------|
| HRRS0010                               | CLIENT REGISTRATION SYSTEM | CICSV2                         | 07/13/2000          |
|  | NAME/SSN INQUIRY           |                                | 11:12:42            |
| L NAME <b>SIMMONS</b>                  | F NAME <b>MARGARET</b>     | M NAME                         | SFX                 |
| SSN1                                   | DOB (MM DD YYYY)           | +/-                            | SEX <b>U</b>        |
|  |                            |                                | 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

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- PF2 to refresh the screen

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## CRS Name/SSN Inquiry for Tina Simmons

- SSN 555 02 XXXX

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|  |                            |                                |                     |
|--|----------------------------|--------------------------------|---------------------|
| HRRS0010                               | CLIENT REGISTRATION SYSTEM | CICSV2                         | 07/13/2000          |
|  | NAME/SSN INQUIRY           |                                | 11:08:21            |
| L NAME                                 | F NAME                     | M NAME                         | SFX                 |
| SSN1 555 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

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- PF2 to refresh the screen.

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

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

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|  |                            |                                |   |
|--|----------------------------|--------------------------------|---|
| HRRS0010                               | CLIENT REGISTRATION SYSTEM | CICSV2                         | 07/13/2000                              |
|  | NAME/SSN INQUIRY           |                                | 11:12:42                                |
| L NAME <b>SIMMONS</b>                  | F NAME <b>TINA</b>         | M NAME                         | SFX                                     |
| SSN1                                   | DOB (MM DD YYYY)           | +/-                            | SEX <b>U</b> 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

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- PF2 to refresh the screen.

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### CRS Name/SSN Inquiry for Susan Simmons

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

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|  |                            |                                |                   |     |   |      |   |      |    |     |    |     |     |   |
|--|----------------------------|--------------------------------|-------------------|-----|---|------|---|------|----|-----|----|-----|-----|---|
| HRRS0010                               | CLIENT REGISTRATION SYSTEM | CICSV2                         | 07/13/2000        |     |   |      |   |      |    |     |    |     |     |   |
|  | NAME/SSN INQUIRY           |                                | 11:12:42          |     |   |      |   |      |    |     |    |     |     |   |
| L NAME <b>SIMMONS</b>                  | F NAME <b>SUSAN</b>        | M NAME                         | SFX               |     |   |      |   |      |    |     |    |     |     |   |
| SSN1                                   | DOB (MM DD YYYY)           | +/-                            | SEX <b>U</b> 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

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- PF3 to exit CRS back to AMEN.

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Margaret Simmons Registration

- Select "J" from the AMEN menu

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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

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**KIND for Margaret Simmons**

- Margaret wants to apply for Food Stamp Assistance

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| 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

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18-tbud

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## 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.

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| REGISTER | HOUSEHOLD CIRCUMSTANCES - CIRC | CIRC |
|----------|--------------------------------|------|
|----------|--------------------------------|------|

Monthly Income (FS)

|                     |               |               |
|---------------------|---------------|---------------|
| Earnings Types/Amts | <b>EI 200</b> | <b>EI 125</b> |
| Unearned Types/Amts | <b>NI 0</b>   |               |

Liquid Resources (FS)

|                     |               |              |
|---------------------|---------------|--------------|
| Resource Types/Amts | <b>CH 300</b> | <b>CA 50</b> |
|---------------------|---------------|--------------|

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

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**MEMB for Margaret Simmons**

- Margaret:
- was born December 5, 1970 based on her statement
- is a black female
- has a Social Security number of 555 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                 |
| Relationship SE  | DOB (MM DD YYYY) 12 05 1970 | V CS Sex F                     |
| SSA/SSN Appl For | SSN1 555 01 XXXX            | V CS Race: B W A N P Ethnic: N |
| Preg             | Due Date                    | Y N N N N                      |

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

|       |                 |              |
|-------|-----------------|--------------|
|       |                 | More Names   |
| SSN V | SSN V           | SSN V        |
|       | Additional SSNs |              |
|       |                 | More SSNs    |
|       |                 | More Members |

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del



### Back on MEMB for Margaret Simmons

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

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|          |                         |               |
|----------|-------------------------|---------------|
| REGISTER | HOUSEHOLD MEMBER - MEMB | MEMB 01<br>01 |
|----------|-------------------------|---------------|

Client ID 986002419 Del

F Name MARGARET MI L Name SIMMONS Suf  
Relationship SE DOB (MM DD YYYY) 12 05 1970 V CS Sex F  
SSA/SSN Appl For SSN1 555 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

SSN V SSN Additional SSNs SSN V More Names  
SSN V More SSNs

—————▶ More Members Y

Message

18-tbud

24-del

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**MEMB for Tina Simmons**

- Tina Simmons:
- is Margaret Simmons' child
- was born 05/15/1990, based on Margaret's statement
- is a black female
- her Social Security number is 555 02 XXXX, based on Margaret's statement

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|          |                         |         |
|----------|-------------------------|---------|
| REGISTER | HOUSEHOLD MEMBER - MEMB | MEMB 02 |
|          |                         | 01      |

|                    |                                    |                       |                  |                  |  |  |  |  |
|--------------------|------------------------------------|-----------------------|------------------|------------------|--|--|--|--|
| Client ID          | Del                                |                       |                  |                  |  |  |  |  |
| F Name <b>TINA</b> | MI                                 | L Name <b>SIMMONS</b> | Suf              |                  |  |  |  |  |
| Relationship CH    | DOB (MM DD YYYY) <b>05 15 1990</b> | V <b>CS</b>           | Sex <b>F</b>     |                  |  |  |  |  |
| SSA/SSN Appl For   | SSN1 <b>555 02 XXXX</b>            | V <b>CS</b>           | Race: B W A N P  | Ethnic: <b>N</b> |  |  |  |  |
| Preg               | Due Date                           |                       | <b>Y N N N N</b> |                  |  |  |  |  |

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

|     |   |     |   |     |   |            |
|-----|---|-----|---|-----|---|------------|
|     |   |     |   |     |   | More Names |
| SSN | V | SSN | V | SSN | V | SSN V      |

More SSNs

More Members

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del

---

---

**CRS Name/SSN Clearance for Tina Simmons**

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

---

|  |                            |                                   |                                      |
|--|----------------------------|-----------------------------------|--------------------------------------|
| HRRS0070                                 | CLIENT REGISTRATION SYSTEM | CICSY2                            |                                      |
|  | NAME/SSN CLEARANCE         |                                   | 13:51:53                             |
| CLIENT ID                                | L NAME                     | F NAME                            | MI DOB SEX SSN                       |
| 000000002                                | SIMMONS                    | TINA                              | 05 15 1990 F 555 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 1990   | V CS            | Sex F                     |            |                |
| SSA/SSN Appl For    | SSN1 555 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                         | SSN        | V              |
|                     |   | Additional SSNs |                           |            | More SSNs      |
|                     |   |                 |                           |            | More Members Y |
| Message             |  |                 |                           |            |                |
|                     | 18-tbud   |                 |                           |            | 24-del         |

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**CRS Name/SSN Clearance for Susan Simmons**

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

---

|  |                            |                                  |        |               |         |                     |     |          |         |
|--|----------------------------|----------------------------------|--------|---------------|---------|---------------------|-----|----------|---------|
| HRRS0070                                 | CLIENT REGISTRATION SYSTEM | CICSY2                           |        |               |         |                     |     |          |         |
|  | NAME/SSN CLEARANCE         |                                  |        |               |         |                     |     | 13:58:05 |         |
| CLIENT ID                                | L NAME                     | F NAME                           | MI     | DOB           | SEX     | SSN                 |     |          |         |
| 000000003                                | SIMMONS                    | SUSAN                            |        | 11 25 1993    | F       | 000 00 0000         |     |          |         |
| RACE (Y/N)?:                             |                            | BLACK OR AFRICAN AMERICAN Y      |        | WHITE N       | ASIAN N |                     |     |          |         |
| NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N |                            | AMERICAN INDIAN/ALASKAN NATIVE N |        |               |         |                     |     |          |         |
| ETHNICITY (L/N)?:                        |                            | HISPANIC/LATINO N                |        |               |         |                     |     |          |         |
| 0000                                     |                            | POSSIBLE MATCHES                 |        | TYPE OF MATCH |         | NO POSSIBLE MATCHES |     |          |         |
| SEL                                      | CL ID                      | E CTY                            | L NAME | F NAME        | MI      | DOB                 | SEX | RCE      | SSN ALT |

ASSIGN IV-A CLIENT ID  
ASSIGN NEW CLIENT ID Y

NEXT MATCH TYPE

END OF MATCHES

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

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### 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 XXXX |                | 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               | SSN          | V         |
|                     |                             |                |                 | More SSNs    |           |
|                     |                             |                |                 | More Members |           |
| Message             |                             |                |                 |              |           |
|                     | 18-tbud                     |                |                 | 24-del       |           |

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**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 10/17/96 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 <b>02</b>                          | Unit Supv 9862                       |
| Inquiry Date 10 16 96                        | Load ID <b>XXXX</b>                  |
| Appt Date <b>10 17 96</b>                    | Appt Type INT                        |
| Appt Begin Time (HH:MM) <b>09 : 00</b>       | Appt End Time (HH:MM) <b>10 : 00</b> |
| L Name/Appt Remarks <b>SIMMONS/FS INTAKE</b> |                                      |
| Appointment Letter Print Location <b>L</b>   |                                      |

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.
  - 1. Enter B on AMEN and leave the AU number that will be showing there.
  - 2. Have participants check the STAT screen to be sure the AU STAT field has a P in it for pending.
  - 3. 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, 10/17/96
- press enter

### **SCHD**

- PF3 back to the Main Menu

### **Main Menu**

- select A
- press enter

## II. Walk Through Case Alice Dutton Registration

This case demonstrates how to reopen the old AU number.

Alice Dutton was designed to review the process of registration. New points you will learn in this case are how to reopen a closed case.

### Background

- Alice Dutton is married and has a three-year-old child. She would like to apply for Food Stamps for everyone. She states that the family applied for Food Stamps before but their case was denied. Her husband is a construction worker who has been out of work lately and has been reduced to doing odd jobs for money. Mr. Dutton's adult brother, Robert, also lives with them, but they do not want to include him as he is responsible for his own food. All household members have been screened. The Registration Clerk has provided you with Alice's Food Stamp AU ID number.

### Your Assignment

- Reopen Alice Dutton's closed Food Stamp case. The trainer will walk you through this process.

### AMEN

- Select J and enter the AU ID XXXX01004 for the denied FS AU

### NAME

- This screen is pre-filled with data from the earlier denial. This information has not changed. Alice still lives at the same address and has the same telephone number.
- Enter "N" for the public housing code
- PF4 around the warning message due to address not being found by the Code Plus feature

## CIRC

- Daniel Dutton earns around \$100 per week (\$400/month for expedited criteria)
- has no unearned income (Use code NI - this is not in your valid values)
- has \$15 in a checking account
- shelter costs include:

|             |                 |
|-------------|-----------------|
| Rent        | \$200 per month |
| Gas         | \$50 per month  |
| Electricity | \$45 per month  |
| Telephone   | \$20 per month  |

## MEMB for Alice Dutton

- exists in the system, no changes needed, press enter

## MEMB for Daniel Dutton

- exists in the system, no changes needed, press enter

## MEMB for Andrea Dutton

- exists in the system, no changes, press enter

## INCH

- select "Y" for Food Stamps
- enter "N" for All Applicants receiving AF, RF, SSI
- enter 10/16/96 for application date
- PF20 to print AFA

## REDI

- enter "Y" for other persons living at this address/narrative, press F4

## NARR

- enter the following text:

"10/16/96 - OV - Alice Dutton's adult brother-in-law, Robert Dutton, lives with the family but does not want to be included in the FS case as he purchases and prepares his food separately. L. Clerical/F176."

## **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 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

## II. Margaret Simmons: Interview an Applicant

### Background:

- Margaret Simmons is a single mother with two young children. She recently lost her full-time job and is now working part time. She is applying for Food Stamps.

Her application was registered during our registration practice; now we will complete an interview on her case.

- Select "O" from the AMEN menu

---

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection **O**

AU ID **674173806**

Client ID

Screen ID

As Of Date

Benefit Month (MM YY)

Notice Type

A. Name/Part Inquiry

J. Registration

R. Interim/Hist Change

B. AU/Client Inquiry

K. Add A Person

S. QRF Change

D. Address Inquiry

L. Add A Program

Y. Spndwn Med Expnse Update

E. Trial Budget

M. Reinstatement

Z. Spndwn Med Expnse Inquiry

F. Trial Eligibility

N. Initiate Review

1. Spndwn Authorization

G. Batch Print Request

O. Interview

5. Prior Medicaid Copy

H. Notice History

P. Process Appl Months

6. Finalize Prior Medicaid

I. SPA Inquiry

Q. Finalize Application

Message 0021

0021 CANCELLATION COMPLETED SUCCESSFULLY

---



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## 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(~) and then document remarks

---

UPDATE

NARRATIVE - NARR

NARR  
01

10/16/96 - time - OV - Case manager - Load ID - County - Phone Number -  
**OV - MS.SIMMONS IS APPLYING FOR FS TODAY BECAUSE SHE LOST HER FT  
JOB. SHE IS APPLYING FOR HERSELF AND TWO CHILDREN. SHE EXPECTS TO FIND  
ANOTHER FT JOB SOON. A/R WORKS PT EARNING \$50/WK, RENT = \$250/MO.  
HIPPA notice provided.**

More

MESSAGE

13-bott

---

Press ENTER to return to ADDR

**STAT-FS for Margaret Simmons**

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

| INTERVIEW   |           |         |        | ASSISTANCE STATUS - STAT |           |               |                 | STAT      | A          |              |                |
|-------------|-----------|---------|--------|--------------------------|-----------|---------------|-----------------|-----------|------------|--------------|----------------|
| Month 11 96 |           |         |        | 0071                     | 10 16 96  |               |                 | 01        |            |              |                |
| AU ID       | 674173806 | Prog    | FS     | Prog                     | Type      | S             | Prev ABD Type   | Med COA   | Claim N    |              |                |
| CO          | 049       | LO      | 049    | Load ID                  | 1700      |               | Conversion Date |           |            |              |                |
| AU Stat     | AU Status | AU Stat | Appl   | Begin                    | Pd Thru   | ---Penalty--- |                 | Appeal    |            |              |                |
| P           | Reasons   | Date    | Date   | Date                     | Date      | Type          | End Date        | Ind       |            |              |                |
|             |           | 101696  | 101696 |                          |           |               |                 |           |            |              |                |
| First Name  | Last Name | Rel     | V      | Mand Incl                | Finl Resp | --Stat--      | Rsn             | Appl Date | Begin Date | Pd Thru Date | Penalty T Date |
| MARGAR      | SIM       | SE      | OT     | Y                        | PN        | P             |                 | 101696    | 101696     |              |                |
| SUSAN       | SIM       | CH      | OT     | Y                        | PN        | P             |                 | 101696    | 101696     |              |                |
| TINA        | SIM       | CH      | OT     | Y                        | PN        | P             |                 | 101696    | 101696     |              |                |

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
- SRR requirements explained and manual Form 339 given
- 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 matches

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

---

| UPDATE | REMARKS - REMA | REMA |
|--------|----------------|------|
|--------|----------------|------|

|  |  |    |
|--|--|----|
| *****FS  |  | 01 |
| STAT*****  |  |    |
| 10/16/1996 16:16; FICM Caseworker A123 123D Ful ton 555-555-5555 |  |    |
| There are NO OTHER HH members.                                   |  |    |
| Ineligible/Sanctioned AU member? Y/N [M]                         |  |    |
| Explanation: _____   |  |    |

Identity of Applicant verify by: Drivers License  
SRR Explained and Form 339 given. Y/N [Y]  
If 500 Denial Code Used,  
Explanation: \_\_\_\_\_

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<br>Month 11 96 | CLIENT DEMOGRAPHIC 1 - DEM1<br>1001 10 16 96 | DEM1 01 |
|--------------------------|--|---------|

Client Name MARGARET SIMMONS Suf Client ID 771006042

|          |                  |               |             |    |           |                  |    |     |      |     |
|----------|------------------|---------------|-------------|----|-----------|------------------|----|-----|------|-----|
| Alt Name | SSA/SSN Appl For | SSN Appl Date | SSN1        | V  | More SSNs | DOB (MM DD YYYY) | V  | Sex | Race | Eth |
|          |                  |               | 555 01 1003 | CS |           | 12 05 1970       | 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 | ----- Term/Due Code | Pregnant 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

---

|             |                             |         |
|-------------|-----------------------------|---------|
| INTERVIEW   | CLIENT DEMOGRAPHIC 2 - DEM2 | DEM2 01 |
| Month 11 96 | 1001 10 16 96               |         |

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 N**

TPL TPL V ----- Medicare ----- Disability / Incapacity -----  
Coop Entitlmt 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?

Message

---

15-lett

22-tpl 23-alau

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**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 96       |          | 1001                        |       | 10 16 96      |           | Remarks             |          |                 |       |      |
| Client Name SUSAN |          | SIMMONS                     |       | Suf           |           | Client ID 827002292 |          |                 |       |      |
| Alt               | SSA/SSN  | SSN Appl                    | SSN1  | V             | More      | DOB                 | V        | Sex             | Race  | Eth  |
| Name              | Appl For | Date                        |       |               | SSNs      | (MM DD YYYY)        |          |                 |       |      |
|                   | <b>P</b> |                             |       |               |           | 11 25 1993          | 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            |       |      |
| <b>Y</b>          | <b>N</b> | <b>AH</b>                   |       |               |           |                     |          |                 |       |      |
| 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             |       |      |
| <b>N N N</b>      |          |                             |       |               |           |                     |          |                 |       |      |

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 96 | 1001 10 16 96               |         |

Client Name SUSAN SIMMONS Client ID 827002292

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

|      |          |           |          |          |            |                         |       |
|------|----------|-----------|----------|----------|------------|-------------------------|-------|
| TPL  | TPL V    | -----     | Medicare | -----    | -----      | Disability / Incapacity | ----- |
| Coop | Entitlmt | 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

---



**DEM1 for Tina Simmons**

Tina Simmons:

- lives at home with her mother

---

|             |                             |         |
|-------------|-----------------------------|---------|
| INTERVIEW   | CLIENT DEMOGRAPHIC 1 - DEM1 | DEM1 03 |
| Month 11 96 | 1001 10 16 96               |         |

|                  |         |     |                     |
|------------------|---------|-----|---------------------|
| 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 1990   | 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 |
| <b>Y</b> | <b>N</b> | <b>AH</b> |       |         |           |           |          |                 |      |

|           |       |        |   |               |          |          |         |      |
|-----------|-------|--------|---|---------------|----------|----------|---------|------|
| 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 Compton Elementary school full time

---

|             |                             |         |
|-------------|-----------------------------|---------|
| INTERVIEW   | CLIENT DEMOGRAPHIC 2 - DEM2 | DEM2 03 |
| Month 11 96 | 1001 10 16 96               |         |

Client Name TINA SIMMONS Client ID 800002353

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

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

|          |      |          |       |                 |                            |
|----------|------|----------|-------|-----------------|----------------------------|
| 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 |
| <b>N</b> |      |          |       |                 |                            |

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

---



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**ALAS – Student – ADT**

---

\*\*\*\*\*Student\*\*\*\*\*

Tue Oct 16 1996 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 16 1996 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 96 |                                    | 01      |

Client Name SUSAN                      SIMMONS                      Client ID 728005972

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

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

---

15-lett

24-del



**RES1 for Margaret Simmons**

Margaret:

- has a checking account at First Union National Bank with a balance of \$300 and \$50 cash; her statement is accepted for verification

---

|             |                    |         |
|-------------|--------------------|---------|
| INTERVIEW   | RESOURCES 1 - RES1 | RES1 01 |
| Month 11 96 |                    | 01      |

Client Name MARGARET                      SIMMONS                      Client ID 777006064

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

| Del Type  | Amount     | V         | Acct Num | Institution Name   |
|-----------|------------|-----------|----------|--------------------|
| <b>CH</b> | <b>300</b> | <b>CS</b> |          | <b>FIRST UNION</b> |
| <b>CA</b> | <b>50</b>  | <b>CS</b> |          |                    |

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

| Del Type | Face Amt | Cash Amt V | Policy Num | Company Name |
|----------|----------|------------|------------|--------------|
|----------|----------|------------|------------|--------------|

More

Message

---

15-lett

23-alau

24-del

**RES1 Documentation Requirements:**

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

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

---

## RES2 for Margaret Simmons

Margaret:

- none

---

|                          |                    |               |
|--------------------------|--------------------|---------------|
| INTERVIEW<br>Month 11 96 | RESOURCES 2 - RES2 | RES2 01<br>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<br>to Sell | Annl Rate<br>Ret Amt | V | Age Life<br>Est Own |
|-----|-----|-----|---|--------|---|----------------|----------------------|---|---------------------|
|-----|-----|-----|---|--------|---|----------------|----------------------|---|---------------------|

More

Message

15-lett

23-alau

24-del

---

### RES2 Documentation Requirement

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

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

---

### RES3 for Margaret Simmons

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

---

|             |                    |         |
|-------------|--------------------|---------|
| INTERVIEW   | RESOURCES 3 - RES3 | RES3 01 |
| Month 11 96 |                    | 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

More

---

15-lett

24-del

### RES3 Documentation Requirement

- Document details for any resources listed on this screen.

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

---

- **TRAN for Margaret Simmons**

- Margaret has not transferred any resources.

---

|                          |                              |               |
|--------------------------|------------------------------|---------------|
| INTERVIEW<br>Month 11 96 | TRANSFER OF RESOURCES - TRAN | TRAN 01<br>01 |
|--------------------------|------------------------------|---------------|

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

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

| Reason for Transfer | Undue Hardship Ind | Rsn | 1st Mth NH/Wvr MA<br>(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 95   | 3,859     | SIM |
|          | REYNOLDS      |           | 63251981                | 4 95   | 3,954     | SIM |
|          | REYNOLDS      |           | 63251981                | 1 96   | 3,379     | SIM |
|          | REYNOLDS      |           | 63251981                | 2 96   | 3,285     | SIM |

|           |           |                  |           |            |           |         |           |
|-----------|-----------|------------------|-----------|------------|-----------|---------|-----------|
| Qtr/Yr    | Qtr-Total | Qtr/Yr           | Qtr-Total | Qtr/Yr     | Qtr-Total | Qtr/Yr  | Qtr-Total |
| 3/95      | 3,859     | 4/95             | 3,954     | 1/96       | 3,379     | 2/96    | 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 '96
- received her first pay from this job on 01/05/96
- Ms. Simmons began working full-time at Reynold's Dry Cleaners on January 1, 1994 and was first paid on January 5<sup>th</sup>. She received her last check from this job on 10/5/96. She provides her last check stub and separation notice (see attached). We will enter this information for October only when we process the case. For now, complete the ERN1 history ADT.

|                          |                        |               |
|--------------------------|------------------------|---------------|
| INTERVIEW<br>Month 11 96 | EARNED INCOME 1 - ERN1 | ERN1 01<br>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         | Ovrd       | Ind Cntr | End Date | End Date |
| <b>EI</b> | <b>01 01 96</b> | <b>01 05 96</b> | <b>N</b> | <b>AFDC</b> | <b>ARM</b> |          |          |          |

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

**Reynolds Cleaners**  
**A0234E6789**

**Employer #**

**Date 10/05/96**

| <b>Employee Name</b> | <b>SS Number</b> | <b>Federal Status</b> | <b>State Status</b> |
|----------------------|------------------|-----------------------|---------------------|
| Margaret Simmons     | 555-01-1000      | A-03                  | A-03                |

| <b>Descriptions of Payments</b> |              | <b>Descriptions of Deductions</b> |             |
|---------------------------------|--------------|-----------------------------------|-------------|
| <b>A28946</b>                   |              | <b>Federal</b>                    | <b>\$15</b> |
| <b>Final Gross Pay</b>          | <b>\$125</b> | <b>State</b>                      | <b>\$5</b>  |
| <b>Net Pay</b>                  | <b>\$97</b>  | <b>FICA</b>                       | <b>\$8</b>  |
|                                 |              | <b>Medical</b>                    |             |

**Payment Description Date September 25**

---

**Notice of Separation Form**

**Note:** Please notify the Office of Human Resources, in advance of the employees last day of employment prior to the last day if possible otherwise no later than 24 hours after the employees last day of work. If applicable, attach a copy of resignation.

**To:** The Department of Labor

**From:** Reynolds Dry Cleaners

**Date:** September 25, 1996

**Employee Name:** Margaret Simmons

**Employee Social Security Number:** 555-01-1000

**Title/Position:** Clerk

**Regular:**  **Contingent:** \_\_\_\_\_ **Effective Date:** September 25

**Reason:** 1. Resigned \_\_\_\_\_ 3. Contract Not Renewed \_\_\_\_\_  
2. Terminated  4. Retired \_\_\_\_\_  
5. Other \_\_\_\_\_

**Amount of Final Pay:** \$125 **Date of Final Pay:** October 5

**Note:** If reason 1, 2, 3 or 5, please provide an explanation below.

**Note:** Reynolds Cleaners is going out of business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Press tilde (~) to document

**REMA for ERN1**

UPDATE REMARKS - REMA REMA  
01

\*\*\*\*\*ERN1 History\*\*\*\*\*

10/16/1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

EMPLOYER: REYNOLDS CLEANERS

BEGIN DATE: 01/01/94 END DATE: 09/25/96 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 95   | 3,859 SIM |
|          | REYNOLDS      |              |   | 63251981   | 4 95   | 3,954 SIM |
|          | REYNOLDS      |              |   | 63251981   | 1 96   | 3,379 SIM |
|          | REYNOLDS      |              |   | 63251981   | 2 96   | 3,285 SIM |

| Qtr/Yr | Qtr-Total | Qtr/Yr | Qtr-Total | Qtr/Yr | Qtr-Total | Qtr/Yr | Qtr-Total |
|--------|-----------|--------|-----------|--------|-----------|--------|-----------|
| 3/95   | 3,859     | 4/95   | 3,954     | 1/96   | 3,379     | 2/96   | 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 *****   |                |                      |
| 10/16/1996 14: 35; FICM CASEWORKER B123 123Z FULTON 555-555-5555                                    |                |                      |
| App ( <input checked="" type="checkbox"/> ) Revi ew ( ) New Job ( ) Rate Of Pay ( ) Hrs Chg ( )     |                |                      |
| Date of change: _____ Date of Report: _____ Ti mel y ( ) Unti mel y ( )                             |                |                      |
| If new employment, rate of pay / hours: _____   |                |                      |
| Empl oyer: <u>Sal I y Hughes</u>  |                |                      |
| Date Pd   | Gross          | Ti ps Verf Rep (Y/N) |
| 1: _____  | ( ) ( )        | : _____ ( )          |
| 2: _____  | ( ) ( )        | : _____ ( )          |
| 3: _____  | ( ) ( )        | : _____ ( )          |
| 4: _____  | ( ) ( )        | : _____ ( )          |
| 5: _____  | ( ) ( )        | : _____ ( )          |
| 6: _____  | ( ) ( )        | : _____ ( )          |
| Total : : _____ /: _____ = : _____ Rep Pay  |                |                      |
| If not Rep, expl ai n: _____  |                |                      |
| Freq of pay WK ( <input checked="" type="checkbox"/> ) BIWK ( ) SEMI MTH ( ) MONTHLY ( ) ACTUAL ( ) |                |                      |
| Hr Rate: _____  |                |                      |
| Cal cul ate Y/N ( ) Cal Monthl y I ncome: _____   |                |                      |
|   |                | More                 |
| MESSAGE   |                |                      |
| 13-bott   |                |                      |





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**REMA for CARE**

---

| UPDATE | REMARKS - REMA | REMA<br>01 |
|--------|----------------|------------|
|--------|----------------|------------|

\*\*\*\*\*DEPENDENTCARE\*\*\*\*\*

\*

10/16/1996 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

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13-bott

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



---

**REMA for UINC**

---

\*\*\*\*\*UINC\*\*\*\*\*

10/16/1996 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 96 |                        | 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 96 |                        | 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
- is the Head of AU for Food Stamps (DA/PE field)
- is a high school graduate

INTERVIEW                      WORK REGISTRATION/PARTICIPATION - WORK                      WORK 01  
Month 11 96

Client Name MARGARET                      SIMMONS                      Client ID 777006064

| ----- Employment Services ----- |      |             |                 |           | - Applicant Job Search - |                   |                |
|---------------------------------|------|-------------|-----------------|-----------|--------------------------|-------------------|----------------|
| Exempt Reason                   | Stat | Partic Date | Number Offenses | Supp Work | DA/PE                    | Non-Partic Reason | AJS Start Date |
| CA                              |      |             |                 |           |                          |                   |                |
| FS                              | CA   | NI          | 10 16 96        |           | Y                        |                   |                |

| High School Grad/GED | -- FS ABAWD Non-Compliance -- |        |                      |
|----------------------|-------------------------------|--------|----------------------|
| Y                    | Bnft                          | mth/yr | Cure Dates Start End |
| 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
- 2<sup>nd</sup> Three Months
- Regaining eligibility
- Employment for ABAWD who meet the requirement through employment

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

---

| UPDATE | REMARKS – REMA | REMA |
|--------|----------------|------|
|        |                | 00   |

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

10/16/96 – 00:00 – FICM – Load – County – Phone Number

Documentation/ Verification of exemption:

**: Ms. Simmons is caretaker of Susan Simmons age 3.** \_\_\_\_\_

( ) Change in work registration code

Date of report: \_\_\_\_\_ Effective Month: \_\_\_\_\_

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

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

( ) quit within 30 days of application or anytime thereafter

( ) AU member is mandatory registrant

( ) No good cause

Further explanation: \_\_\_\_\_

: \_\_\_\_\_

( ) 15% Participation Exemption granted because AU member is

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

Remains coded AB.

: \_\_\_\_\_

More

Message



---

**WORK for Susan Simmons**

- Tina and Susan are exempt from work for FS due to age.

---

INTERVIEW                      WORK REGISTRATION/PARTICIPATION - WORK                      WORK 02  
Month 11 96

Client Name SUSAN                      SIMMONS                      Client ID 728005972

| ----- Employment Services ----- |             |             |                 |                   | - Applicant Job Search - |  |
|---------------------------------|-------------|-------------|-----------------|-------------------|--------------------------|--|
| Exempt Reason                   | Partic Stat | Number Date | Supp DA/PE Work | Non-Partic Reason | AJS Start Date           |  |
| CA                              |             |             |                 |                   |                          |  |
| FS                              | AG          | NI          | 10 16 96        |                   |                          |  |

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

Message

---

16-phme

17-mo< 18-mo>

23-alau

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**WORK for Tina Simmons**

- Tina and Susan are exempt from work for FS due to age.

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INTERVIEW                      WORK REGISTRATION/PARTICIPATION - WORK                      WORK 03  
Month 11 96

Client Name TINA                      SIMMONS                      Client ID 803002352

| ----- Employment Services ----- |             |             |                 |                   | - Applicant Job Search - |  |
|---------------------------------|-------------|-------------|-----------------|-------------------|--------------------------|--|
| Exempt Reason                   | Partic Stat | Number Date | Supp DA/PE Work | Non-Partic Reason | AJS Start Date           |  |
| CA                              |             |             |                 |                   |                          |  |
| FS                              | AG          | NI          | 10 16 96        |                   |                          |  |

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

Message

16-phme

17-mo< 18-mo>

23-alau

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---

**SHEL for Margaret Simmons**

- Refer to Form 354 on next page
- 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 10/96

---

INTERVIEW  
Month 11 96

SHELTER EXPENSES - SHEL

SHEL 01

Client Name MARGARET

SIMMONS

Client ID 777006064

| Primary Heat/Cool | Receive LIHEAP | Public Housing/Exc | SUA Type  | Number Sharing | Phone STD |
|-------------------|----------------|--------------------|-----------|----------------|-----------|
| <b>G</b>          |                |                    | <b>HC</b> |                |           |

| Expense Type    | Amt        | V | Expense Type  | Amt | V |
|-----------------|------------|---|---------------|-----|---|
| Rent            | <b>250</b> | ? | 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

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**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\*\*\*\*\*

10/16/1996 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[**X**] 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;  
 H/C SUA based on, Heating[**X**] 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

- Example of how SHEL will look in the Production Region.

---

|                             |                    |                               |              |                       |       |
|-----------------------------|--------------------|-------------------------------|--------------|-----------------------|-------|
| INTERVIEW                   |                    | SHELTER EXPENSES - SHEL       |              | SHEL 01               |       |
| Month 11 96                 |                    |                               |              | Remarks               |       |
| Client Name MARGARET        |                    | SIMMONS                       |              | Client ID 777006064   |       |
| Primary                     | Receive            | Public                        | SUA          | Number                | Phone |
| Heat/Cool                   | LIHEAP             | Housing/Exc                   | Type         | Sharing               | STD   |
| <b>G</b>                    |                    |                               | <b>HC</b>    | <b>V</b><br><b>CS</b> |       |
| Expense Type                | Amt                | V                             | Expense Type | Amt                   | V     |
| Rent                        | <b>250</b>         | ?                             | Mortgage     |                       |       |
| Taxes                       |                    |                               | Insurance    |                       |       |
| Gas                         |                    |                               | Electric     |                       |       |
| Sewer                       |                    |                               | Water        |                       |       |
| Disaster Repair             |                    |                               | Garbage      |                       |       |
| Other Fuel                  |                    |                               | Oil          |                       |       |
| Other Housing               |                    |                               |              |                       |       |
| Landlord Name <b>MARY</b>   | <b>HILL</b>        | Phone <b>770 987 9876</b>     |              |                       |       |
| Address <b>122 BROAD ST</b> | City <b>NEWNAN</b> | ST <b>GA</b> Zip <b>30305</b> |              |                       |       |

Message

15-lett

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**MISC REMA for Management**

---

| UPDATE             | REMARKS - REMA                   | REMA         |
|--------------------|----------------------------------|--------------|
|                    |                                  | 01           |
| *****Form 354***** |                                  |              |
| 10/16/1996 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. 5<sup>th</sup>. ( $\$125 \times 20\% = \$25$ .  $\$125 - 25 = \$100$ .  $\$100 + 216.66 = \$316.66$ ) 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 1997 review.

More

MESSAGE

13-bott

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**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 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<br>01 |
|-----------|----------------------------|------------|

Display Error Text for This Code

| Code | Screen | AU/CI<br>Pntr | Code | Screen | AU/CI<br>Pntr | Code | Screen | AU/CI<br>Pntr |
|------|--------|---------------|------|--------|---------------|------|--------|---------------|
| 0014 | ERN2   | 01            |      |        |               |      |        |               |
| 0014 | SHEL   | 01            |      |        |               |      |        |               |
| 1723 | ERN1   | 01            |      |        |               |      |        |               |
| 1726 | UINC   | 01            |      |        |               |      |        |               |
| 1723 | ERN1   | 03            |      |        |               |      |        |               |
| 1726 | UINC   | 03            |      |        |               |      |        |               |
| 1944 | ERN1   | 03            |      |        |               |      |        |               |

Message

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**VERF-FS for Margaret Simmons**

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

---

|             |                                  |      |   |
|-------------|----------------------------------|------|---|
| INTERVIEW   | OUTSTANDING VERIFICATIONS - VERF | VERF | A |
| Month 11 96 |                                  | 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   | SHEL | SHELTER EXPENSE AMT |      |      |            |

Message

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20-verf      21-nite

Date: 10 16 96  
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<br><i>Needed in order to give deduction</i> | BILL<br>CHECK<br>LANDLORD STATEMENT<br>LETTER<br>RECEIPT<br>OTHER      |
|                  | EARNED INCOME AMT<br><i>Need a statement from Sally Hughes</i>  | CHECK STUB<br>IRS FORM<br>LETTER<br>OTHER<br>QRF EMPLOYER<br>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 10-26-96. 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 96 |                        | 01   |
|             |                        | Narr |

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

Message 0428 0759  
0428 PRESS ENTER TO COMMIT

---

16-prwp 20-edd 21-narr

### **III. Margaret Simmons - Process Application Months**

#### **Background:**

- Margaret Simmons returns her verification on 10/17/96. She provides the attached verification.
- Reminder: Verification from Reynold's Cleaners was provided during the initial interview.
- Process the application months. Use the verification which you received to help you remember the screens that need to be updated.
- Select "P" from AMEN to begin the process.

Georgia Department of Human Resources

Georgia Departamento de Recursos Humanos

VERIFICATION OF EARNED INCOME

(Verificación de ingreso ganado)

Date/Fecha: 10/17/96

Recipient Name: Margaret Simmons

(Nombre del Recibidor)

Employer Name: Sally Huges

(Nombre del Patrón o de la Compañía)

Case Name: Margaret Simmons

(Nombre del Caso)

Employer Address: 234 Redmon Ave Atlanta, 30365

(Dirección del Patrón o de la Compañía)

Case Number: 1234569789

(Número del Caso)

Social Security Number: 555-01-XXXX

(Número de Seguro Social)

The above named individual is an applicant/recipient of assistance in this county. Regulations require verification of all household income. *(El individuo nombrado arriba es un solicitante/recibidor de asistencia en este condado. Reglamentos requieren verificación de todo el ingreso del hogar.)*

Please complete the earnings statement on the reverse side. *(Favor de llenar la declaración de ingresos al dorso.)*

Your assistance is appreciated. *(Le agradecemos su asistencia.)*

Sincerely,

*(Atentamente)*

Wally Casemanager

404-656-1234

Case Manager/Phone Number

Nombre del Trabajador Social / Número de

Teléfono

I. a) Name and address of employee on employer's record. *(Nombre y dirección del empleado como Aparece en el expediente del empleador.)*

2640 Lincoln Blvd Atlanta, GA 30303

b) Beginning date of employment. *(Fecha en que comenzó a trabajar)* 01/96- now

Date of first pay *(Fecha del primer día de pago)* Jan 5, 1996

c) Employee is paid: Weekly Every Two Weeks Monthly Twice a Month  
*(El empleado recibe pago) (Semanal) (Cada Dos Semanas) (Mensual) (Dos Veces al Mes)*

d) Day of the week paid if pay is received weekly or every two weeks. *(Favor de marcar el día de la semana que recibe su pago si le pagan semanalmente o cada dos semanas.)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
*(Lunes) (Martes) (Miércoles) (Jueves) (Viernes) (Sábado) (Domingo)*

e) Hourly rate *(Pago por hora)* \_\_\_\_\_

f) Number of hours worked per week *(Número de horas de trabajo por semana)* 20

**II. PLEASE COMPLETE FOR LAST 4 WEEKS**

***(FAVOR DE LLENAR PARA LAS ÚLTIMAS \_\_\_\_\_ SEMANAS)***

| Period End Date<br><i>(Fecha Final del Período)</i> | Date Pay Received<br><i>(Fecha de Recibir Pago)</i> | Hours Worked<br><i>(Horas Trabajadas)</i> | Gross Earning*<br><i>(Ingresos Brutos*)</i> | Tips<br><i>(Propinas)</i> |
|---|---|---|---|---------------------------|
| 1) <i>September 25</i>                              | <i>September 25</i>                                 | 20  | 50.00                                       |                           |
| 2) <i>October 2</i>                                 | <i>October 2</i>                                    | 20  | 50.00                                       |                           |
| 3) <i>October 9</i>                                 | <i>October 9</i>                                    | 20  | 50.00                                       |                           |
| 4) <i>October 16</i>                                | <i>October 16</i>                                   | 20  | 50.00                                       |                           |
| 5)  |   |   |   |                           |
| 6)  |   |   |   |                           |
| 7)  |   |   |   |                           |
| 8)  |   |   |   |                           |

\*Do NOT include advance EITC payments in Gross Earnings

*(\*No incluye pagos de EITC adelantado en Ingresos Brutos)*

III. a) Do you anticipate a change in pay? Yes  No   
*(¿Anticipa usted un cambio en pago?) (Si) (No)*

If yes, what change do you anticipate? *(En caso afirmativo, ¿qué cambio anticipa?)*

When? *(¿Cuándo?)* \_\_\_\_\_

b) If no longer in your employ, reason for termination/separation. (*Si la persona ya no trabaja con usted, dé la razón por la terminación / separación.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last date of employment (Última fecha de empleo) \_\_\_\_\_ Salby Huges  
Signature of Employer (Firma del Patrón)

Date of last pay (Última fecha de pago) \_\_\_\_\_  
Title (Título)

Date completed (Fecha completada) \_\_\_\_\_ 404-656-7890  
Phone Number (Número Telefónico)

An equal Opportunity Employer  
(Un Empleador de Oportunidad de Igualdad)

**RESIDENTIAL LEASE**  
**Apartment – Condominium – House**

BY THIS AGREEMENT made and entered into on January 1, XXXX herein referred to as Lessor, between Mary Hill herein referred to as Lessee. Lessor leases to Lessee the premises situated as 2640 Lincoln BLVD in the city of Atlanta, county of Fulton, state of Georgia, and more particularly described as follows:

Three bedroom brick ranch

Together with all appurtenances, for a term of (3) years, to commence on January 1, XXXX and to end on December 31, XXXX at 11:59 o'clock p. m.

1. Rent. Lessee agrees to pay, without demand, to Lessor as rent for the demise premises the sum of Two Hundred & Fifty Dollars (\$250.00) per month in advance on the 5<sup>th</sup> day of each calendar month beginning January 1, XXXX, at 6400 Marion Circle, city of Athens, state of Georgia, or at such other place as Lessor may designate.
2. Security Deposit. On execution of this lease, Lessee deposits with Lessor Two Hundred Fifty Dollars (\$250.00), receipt of which is acknowledged by Lessor, as security for the faithful performance by Lessee of the terms hereof, to be returned to Lessee, with out interest on the full and faithful performance by him of the provisions hereof.
3. Quiet Enjoyment. Lessor covenants that on paying the rent and performing the covenants herein contained, Lessee shall peaceful and quietly have, hold and enjoy the demised premises for the agreed term.
4. Use of Premises. The demised premises shall be used and occupied by Lessee exclusively as a private single family residence and neither the premises nor any part thereof shall be used at any time during the term of this lease for the purpose of carrying on any business, profession, or trade of any kind, or for any purpose other than as a private single family residence. Lessee shall comply with all the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities affecting the cleanliness, occupancy, and preservation of the demised premises, and the sidewalks connected thereto, during the term of this lease.

5. Number of Occupants. Lessee agrees that the demised premises shall be occupied by no more than 3 persons, consisting of 1 adults and 2 children under the age of 17 years, without the written consent of Lessor.
6. Condition of Premises. Lessee stipulates that he/she has examined the demised premises, including the grounds and all buildings and improvements, and that they are, at the time of this lease, in good order, repair, and safe, clean, and tenantable condition.
7. Utilities. Lessee shall be responsible for arranging for and paying all utility services required on the premises, except that water/trash/sewer/electricity shall be provided by Lessor.
8. Display of Signs. During the last 30 days of this lease, Lessor or his agent shall have the privilege of displaying the usual "For Sale" or "For Rent" or "Vacancy" signs on the demised premises and of showing the property to prospective purchasers or tenants.
9. Holdover by Lessee. Should Lessee remain in possession of the demised premises with the consent of Lessor after the natural expiration of this lease, a new month – to – month tenancy shall be created between Lessor and Lessee which shall be subject to all the terms and conditions hereof but shall be terminated on 30 days' written notice served by either Lessor or Lessee on the other party.
10. Default. If any default is made in the payment of rent, or any part thereof, at the times hereinbefore specified, or if any default is made in the performance to or compliance with any other term or condition hereof, the lease, at the option of Lessor, shall terminate and be forfeited, and Lessor may re-enter the premises and remove all persons therefrom. Lessee shall be given written notice of any default or breach, and termination and forfeiture of the lease shall not result if with 30 days of receipt of such notice, Lessee has corrected the default or breach or has taken action reasonably likely to effect such correction within a reasonable time.

IN WITNESS WHEREOF, the parties have executed this lease the day and year first above written.

Mary Hill  
Lessor  
6400 Marion Circle  
Athens, Georgia 30605  
706 -555-1212

Margaret Simmons  
Lessee  
2640 Lincoln BLVD  
Atlanta, GA 30083  
404-656-1200

shall not result if, within 30 days of receipt of such notice, Lessee has corrected the default or breach or has taken action reasonably likely to effect such correction within a reasonable time.

**20. Abandonment.** If at any time during the term of this lease Lessee abandons the demised premises or any part thereof, Lessor may, at his option, enter the demised premises by any means without being liable for any prosecution therefor, and without becoming liable to Lessee for damages or for any payment of any kind whatever, and may, at his discretion, as agent for Lessee, re-let the demised premises, or any part thereof, for the whole or any part of the then unexpired term, and may receive and collect all rent payable by virtue of such re-letting, and, at Lessor's option, hold Lessee liable for any difference between the rent that would have been payable under this lease during the balance of the unexpired term, if this lease had continued in force, and the net rent for such period realized by Lessor by means of such re-letting. If Lessor's right of re-entry is exercised following abandonment of the premises by Lessee, then Lessor may consider any personal property belonging to Lessee and left on the premises to also have been abandoned, in which case Lessor may dispose of all such personal property in any manner Lessor shall deem proper and is hereby relieved of all liability for doing so.

**21. Binding Effect.** The covenants and conditions herein contained shall apply to and bind the heirs, legal representatives, and assigns of the parties hereto, and all covenants are to be construed as conditions of this lease.

**22. Radon Gas Disclosure.** As required by law, (Landlord) (Seller) makes the following disclosure: "Radon Gas" is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every state. Additional information regarding radon and radon testing may be obtained from your county public health unit.

**23. Lead Paint Disclosure.** "Every purchaser or lessee of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller or lessor of any interest in residential real estate is required to provide the buyer or lessee with any information on lead-based paint hazards from risk assessments or inspection in the seller or lessor's possession and notify the buyer or lessee of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase."

**24. Other Terms:**

IN WITNESS WHEREOF, the parties have executed this lease the day and year first above written.

Mary Hill  
Lessor

Margaret Simmons  
Lessee

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Lessee

NOTICE: State law establishes rights and obligations for parties to rental agreements. This agreement is required to comply with the Truth in Renting Act or the applicable Landlord Tenant Statute or code of your state. If you have a question about the interpretation or legality of a provision of this agreement, you may want to seek assistance from a lawyer or other qualified person.

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION  
PROOF NEEDED FOR APPLICATION**

| NAME(S) OF PERSON(S) NEEDING NUMBR | COMPLETED APPLICATION?                  |    | AGE | IDENTITY | OTHER |
|------------------------------------|---|----|-----|----------|-------|
| <u>Susan Simmons</u>               | <input checked="" type="checkbox"/> Yes | No | ___ | ___      | ___   |
| _____                              | Yes                                     | No | ___ | ___      | ___   |
| _____                              | Yes                                     | No | ___ | ___      | ___   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF SOCIAL SECURITY OFFICIAL: Myra J. Brown

Date: 10/17/96 Telephone Number: 404-656-0909

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ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection **p**

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

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

Message 0543

0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

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**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 96 |          |                                  |           |      |      |           | 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

---

**DEM1 for Susan Simmons**

- Enter a remark for verification of application for SSN for Susan
- Fast Path to ERN2 For Margaret

|                   |                             |                |           |                   |                   |                     |                                     |         |           |          |                     |
|-------------------|-----------------------------|----------------|-----------|-------------------|-------------------|---------------------|-------------------------------------|---------|-----------|----------|---------------------|
| CHANGE            | CLIENT DEMOGRAPHIC 1 - DEM1 |                |           |                   |                   |                     |                                     |         |           |          | DEM1 03             |
| Month 10 96       | 1001                        |                | 10 16 96  |                   |                   |                     |                                     |         |           | Remarks  |                     |
| Client Name       | SUSAN                       | SIMMONS        |           |                   | Suf               |                     |                                     |         |           |          | Client ID 827002292 |
| Alt Name          | SSA/SSN Appl For            | SSN Appl Date  | SSN1      | V                 | More SSNs         | DOB (MM DD YYYY)    | V                                   | Sex     | Race      | Eth      |                     |
|                   | S                           | 10 16 96       |           |                   |                   | 11 25 1993          | 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          | ----- Term/Due Code | Pregnant Term/Due Date              | ----- V | Num V Exp | FTC Code |                     |
| CA FS MA          |                             |                |           |                   |                   |                     |                                     |         |           |          |                     |
| N N N             |                             |                |           |                   |                   |                     |                                     |         |           |          |                     |

Message

15-lett

16-crs

23-alau

**REMA for DEM1**

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

10/17/96 – Time- Case Manager – Load ID- County – Phone Number  
**VERIFICATION OF APPLICATION FOR SSN FOR SUSAN RECEIVED 10/17/96.**

More

MESSAGE

13-bott

**ERN2 for Margaret**

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

|                       |   |                          |
|-----------------------|---|--------------------------|
| CHANGE<br>Month 10 96 | EARNED INCOME 2 - ERN2<br>0071 10 16 96 | ERN2 01<br>01<br>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 | <b>LE</b> |       |   |       |   |       |   |       |   |

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

More Jobs

Message

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

**REMA for ERN2**

UPDATE REMARKS - REMA REMA  
01

\*\*\*\*\*ERN2 Cal\*\*\*\*\*

10/16/1996 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>10/16/96</u> | ( <b>50.00</b> ) | ( )  | : <b>Letter</b> _____ | (Y)       |
| 2: <u>10/09/96</u> | ( <b>50.00</b> ) | ( )  | : <b>Letter</b> _____ | (Y)       |
| 3: <u>10/02/96</u> | ( <b>50.00</b> ) | ( )  | : <b>Letter</b> _____ | (Y)       |
| 4: <u>09/25/96</u> | ( <b>50.00</b> ) | ( )  | : <b>Letter</b> _____ | (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.

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.

▪ ERN2

CHANGE EARNED INCOME 2 - ERN2 ERN2 01  
 Month 10 96 0071 10 16 96 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 10/96.
- 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 10/96
- 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 96 |                        | 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 |
| <b>125.00</b> | <b>CH</b> |       |   |       |   |       |   |       |   |

|                             |               |                             |
|-----------------------------|---------------|-----------------------------|
| -----                       | 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 10/96

---

|                              |                         |             |                    |         |       |                     |
|------------------------------|-------------------------|-------------|--------------------|---------|-------|---------------------|
| CHANGE                       | SHELTER EXPENSES - SHEL |             |                    |         |       | SHEL 01             |
| Month 10 96                  | 0071                    |             | 10                 | 16      | 96    |                     |
| 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

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15-lett



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**APP1 for Margaret Simmons**

Now that we've processed 10/96, we'll process 11/96:

- enter a "y" beside 11/96

---

|        |                            |            |
|--------|----------------------------|------------|
| UPDATE | PROCESS APPL MONTHS - APP1 | APP1<br>01 |
|--------|----------------------------|------------|

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

| Sel | Bnft<br>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 96                                 | 0071 10 16 96              |              |                     |                                      |                           |               |              |
| 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 | <b>ERN2 01</b> |
| Month 11 96 | 1001 10 16 96          | 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 | <b>LE</b> |       |   |       |   |       |   |       |   |

----- 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

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**SHEL for Margaret Simmons**

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

---

|                              |  |                       |                     |                   |              |         |
|------------------------------|--|-----------------------|---------------------|-------------------|--------------|---------|
| CHANGE<br>Month 11 96        | SHELTER EXPENSES - SHEL<br>1001 10 16 96 |                       |                     |                   | <b>SHEL</b>  |         |
| Client Name MARGARET SIMMONS |  |                       | Client ID 775006272 |                   |              | Remarks |
| Primary<br>Heat/Cool<br>G    | Receive<br>LIHEAP                        | Public<br>Housing/Exc | SUA<br>Type<br>HC   | Number<br>Sharing | Phone<br>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                      |  |                       |                     |                   |              |         |

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## 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<br>01 |
|--------|----------------------------|------------|

### Display Error Text for This Code

| Code | Screen | AU/CI<br>Pntr | Code | Screen | AU/CI<br>Pntr | Code | Screen | AU/CI<br>Pntr |
|------|--------|---------------|------|--------|---------------|------|--------|---------------|
| 1723 | ERN1   | 01            |      |        |               |      |        |               |
| 1724 | UINC   | 01            |      |        |               |      |        |               |
| 1725 | UINC   | 01            |      |        |               |      |        |               |
| 1726 | UINC   | 01            |      |        |               |      |        |               |

Message

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**DONE for Margaret Simmons**

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

---

|             |                        |      |
|-------------|------------------------|------|
| CHANGE      | SESSION SUMMARY - DONE | DONE |
| Month 11 96 |                        | 01   |
|             |                        | Narr |

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

Message 0428  
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

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### 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<br>01 |
|--------|----------------------------|------------|

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

| Sel | Bnft<br>Month | Status | Med COA | Disposition Status   |
|-----|---------------|--------|---------|----------------------|
|     | 10 96         | P      |         | WAITING FINALIZATION |
|     | 11 96         | P      |         | WAITING FINALIZATION |

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

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#### IV. Margaret Simmons - Finalize the Application

The pending Food Stamp AU needs to be finalized

- select "Q" to finalize

---

| ASSISTANCE UNIT/CLIENT SUBMENU - AMEN |                         | AMEN                         |
|---------------------------------------|-------------------------|------------------------------|
|                                       |                         | Selection Q                  |
| AU ID 492513807                       | 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

---





**FSFI for Margaret Simmons**

- check to be sure the correct income and resources have been budgeted for 10/96
- if the budget is correct for 10/96, enter "Y" to confirm

| FINALIZE                                      |         | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                     | FSFI               | A |
|---|---------|---|---------------------|--------------------|---|
| Month 10 96                                   |         |   |                     |                    |   |
| AU ID 492513807      Prog FS      Prog Type S |         |   |                     |                    |   |
| Resources                                     |         |   | Income Test (cont)  |                    |   |
| Resources Limit                               | 2000.00 |   | Excess Shelter      | 231.00             |   |
| Total Resources                               | 350.00  |   | Medical Deduction   | .00                |   |
| Income Test                                   |         |   | Dep Care Deduction  |                    |   |
| Gross Income Standard                         | 1364.00 |   | Child Support Ded   | .00                |   |
| Gross Count Earned                            | 341.66  |   | Adjusted Net Income | .00                |   |
| Self Employ Expenses                          | .00     |   | Net Income Standard | 1050.00            |   |
| Earned Income Deductn                         | 68.33   |   | Thrifty Food Plan   | 313.00             |   |
| Net Earned Income                             | 273.33  |   | Allotment Amount    | 313.00             |   |
| Gross Count Unearned                          | .00     |   | Recoupment Amount   | .00                |   |
| AFDC / Refugee                                | .00     |   | Benefit Amount      | 156.00             |   |
| Standard Deduction                            | 134.00  |   | Previous Benefit    | .00                |   |
| Bnft Eff Date 101696                          |         | 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 97                     | Strat 2             | Issue Type         |   |

Message

13-note

**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**

**ELIG-FS for Margaret Simmons**

- check to make sure the correct individuals are included for FS for 11/96
- if the non-financial screen is correct, enter "Y" to confirm

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 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       |                   | 101696       | 101696    | 101696     |              |                    |          |

| 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 101696      |     | 101696    | 101696     |              |                |
| TINA       | SIM       | CH  | OT | Y         | RE        | A 101696      |     | 101696    | 101696     |              |                |
| SUSAN      | SIM       | CH  | OT | Y         | RE        | A 101696      |     | 101696    | 101696     |              |                |

Message

**FSFI for Margaret Simmons**

- check to be sure the correct income and resources have been budgeted for FS for 11/96
- check the POE (review date).
- if the budget is correct for 11/96, enter "Y" to confirm

FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
 Month 11 96  
 AU ID 492513807      Prog FS                      Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 350.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 216.66  | Adjusted Net Income | .00     |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 43.33   | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 173.33  | Allotment Amount    | 313.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 313.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | .00     |

Bnft Eff Date 101696      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 97 Strat 2                      Issue Type

Message

13-note

**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**



## V. Jane Smith - Review Notice and Benefit History

### Background

- You have completed an intake application on Margaret Simmons. In over-night batch processing SUCCESS sent a notice to Margaret and issued initial benefits. In the training region, we are unable look up the notice and benefit history for Margaret since the date is always 10/16/96. However, we can look at a notice and the benefit history for a similar case, Jane Smith.

### Your Assignment

- Look up and review the notice and benefit history for Jane Smith.

### Benefit History

#### MAIN Menu

- select M

#### MMEN

- select A for benefit history issuance inquiry
- enter Jane's FS AU # - XXXX48026

#### BENL

- review FS benefits

#### MMEN

- PF3 to return to the MAIN Menu

### Notice History

#### MAIN Menu

- select A

#### AMEN

- select H and enter AU# 000038026

## **NHIS**

- select the notice
- Press ENTER

## **NCON**

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

## **VI. Screen Activity Card Review Game**

## VII. INDEPENDENT STUDY: HELEN JORDAN

### Helen Jordan Intake

#### Background

- Helen Jordan applies for Food Stamps for herself and her 7 year old child Melissa. Helen is separated from her husband; there are no other household members. Helen is applying for assistance today because she was fired from her job in 9/96 because she was out so much due to her daughter's illness. She has \$500 in a checking account. She pays \$275 per month in rent. She received her last check from her job in October, it was \$156.43. She is looking for work but needs assistance until she finds a job. She has her driver's license with her to verify her ID.
- The application for FS has already been registered.

#### Your Assignment

- Complete the interview. Process the application months and Finalize the case.

#### STEP 1 Interview

##### ADDR

- lives at 2560 Cochran Avenue, Cedartown, Ga., 30125
- telephone # is (770)749-5487
- PF21 to enter narrative information

##### NARR

- Enter the following:
- Tilde to add the date, name and worker ID.

OV - Ms. Jordan is applying for FS for herself and her daughter. She lost her job because she was out sick a lot with her daughter who has asthma. She received her last paycheck in October of \$156.43, rent is \$275/mo."

- press enter to return to ADDR
- PF4 around the incorrect address warning message

## **STAT A (FS)**

- client's statement accepted for verification of relationship (Use code OT)
- both persons are mandatory to be included in the case
- both persons are applicants
- Press tilde and select ADT #1 using the following information.

There are no other household members. Helen provided her Georgia driver's license for verification of ID. This is an SRR AU and SRR explained. A manual Form 339 given.

### **DEM1 for Helen**

The A/R:

- lives at home

### **DEM2 for Helen**

The A/R:

- is a citizen; birth certificate provided as verification

### **DEM3 for Helen**

The A/R:

- has no IPV penalties

### **DEM1 for Melissa**

The A/R:

- lives at home with her mother

### **DEM2 for Melissa**

The A/R:

- is a citizen; birth certificate provided as verification
- is a full-time student

### **ALAS for Melissa**

The A/R:

- attends Cedartown Elementary School

**DEM3 for Melissa**

- The A/R has no IPV penalties

**FSME for Helen**

- A/R is not eligible for any medical deductions

**FSME for Melissa**

- A/R is not eligible for any medical deductions

**RES1 For Helen**

The A/R:

- has \$500 in her checking account at First Union according to her statement; she does not know the account number

**RES2 for Helen**

The A/R:

- has no countable non-liquid resources.

**RES3 for Helen**

- none

**TRAN for Helen**

- not applicable

**RES1, RES2, RES3, TRAN for Melissa**

- none

**ERN1 for Helen**

The A/R:

- has no current income
- has terminated income which will be entered for 10/96 only during the "P" process; she provides verification during the interview of the separation and the last check amount

- Press tilde to complete the following documentation.

“A/R was working full-time at Pizza Hut since 1/12/94. She was terminated 9/25/96 for calling in sick too much. She received her last check on 10/5/96 for \$156.43. Separation notice and last check in CR. No discrepancies in Clearinghouse.”

- press enter to return to ERN1

### **DEAL for Helen**

- none

### **CARE for Helen**

- none

### **ERN1 for Melissa**

- none

### **DEAL for Melissa**

- none

### **CARE for Melissa**

- none

### **UINC for Helen**

- Press tilde and select ADT #1 to enter the following documentation
- No clearinghouse discrepancies found.

### **UINC for Melissa**

- none

### **WORK for Helen**

The A/R:

- is mandatory in Food Stamp E&T – use code “MR”
- Helen is the Head of AU

- she is a high school graduate

## **WORK for Melissa**

- system should exempt due to age, press enter.

## **SHEL**

The A/R:

- Refer to Form 354 on next page.
- she heats with gas and is eligible for the H/C SUA.
- pays \$275/month rent to Amy Grant who lives on Long Street in Cedartown, 33125. She does not have her phone number with her. She provides a rent receipt as verification.
- Press tilde to document.
- A/R rents their home and is eligible for the shelter deduction. AU is eligible for the H/C SUA because they heat with gas. Rent receipt in case record.
- press enter to return to SHEL

## **MISC**

- Press tilde and select ADT #1 to document.

Total available net income is zero and liquid resources are \$500. Monthly expenses are \$437. Management is not questionable because A/R just received her paycheck (\$125.15) in 10/96 and is looking for a job. She will be able to pay 11/96 expenses with her resources and hopefully will have a new job to pay 12/96 expenses. Management should be re-evaluated at review in 3/97.

## **ERRO**

- display all error codes. Ignore those that deal with Clearinghouse
- correct all non Clearinghouse errors (ask trainers for help if needed)

## **DONE**

- press enter to return to AMEN and commit to the data base.

EXPENSE STATEMENT

Application    Review    Change

Completion Optional

I. How does your household pay the following bills?

| EXPENSE  | AMOUNT DUE   | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|--|--------------|----------------|----------------|--------------|
| Rent / Mortgage                                  | \$275        | monthly        | 10/1           | me           |
| Property Taxes                                   |              |                |                |              |
| Property Insurance                               |              |                |                |              |
| Utilities  |              |                |                |              |
| a. Electricity                                   | \$22         | monthly        | 10/1           | me           |
| b. Gas   | \$31         | monthly        | 10/4           | me           |
| c. Fuel Oil, Wood, Kerosene                      |              |                |                |              |
| d. Well/Septic Tank/Water/Sewage                 |              |                |                |              |
| e. Garbage                                       |              |                |                |              |
| f. Telephone                                     | \$44         | monthly        | 10/1           | me           |
| <b>SUBTOTAL</b>                                  | <b>\$372</b> |                |                |              |
| Medical Expense                                  |              |                |                |              |
| Child Care Expenses                              |              |                |                |              |
| Child Support Paid Out                           |              |                |                |              |
| Health Insurance                                 |              |                |                |              |
| Auto Expenses (payments, insurance, maintenance) | \$50         | monthly        | 10/10          | me           |
| Other  | \$15         | monthly        | 10/1           | me           |
| <b>TOTAL</b>                                     | <b>\$437</b> |                |                |              |

EXPEDITED?    Yes    No

1. Does anyone pay any of these bills or any other household bills for you?    Yes    No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?    Yes    No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

S. Walker  
Signature (Eligibility Worker)

10/16/96  
Date

|         |              |
|---------|--------------|
| COUNTY: | CASE NUMBER: |
|---------|--------------|

## **STEP 2 Processing Interview Months**

### **AMEN**

- Select P

### **APP1**

- select 10/96 benefit month

### **ADDR**

- fast path to ERN1 for Helen (client pointer 01) in order to add the terminated income for 10/96
- PF4 around the incorrect address warning message

### **ERN1 for Helen**

A/R:

- worked at Pizza Hut, 600 Main St., Cedartown, Ga., 30125
- job not found during Applicant Job Search
- began work 1/5/94, first check 1/12/94, last day 10/1/96, no late report

### **ERN2 for Helen**

A/R:

- worked 40 hours per week, paid on Friday
- enter frequency code for ACTUAL wages
- received last check for \$156.43 on 10/5/96; verified by the check stub
- fast path to DONE

### **DONE**

- press enter to commit to data base

### **APP1**

10/96 may show that final edits are needed. This is OK. Remember, this will switch to "waiting finalization" when you either go through 11/96 (if needed).

- PF13 back to AMEN (it is not necessary to select 11/96 as we have no changes for the ongoing month.)

### **STEP 3 Finalize**

#### **AMEN**

- select Q

#### **APP2**

SUCCESS selects 10/96 for you

- press enter

#### **ELIG for 10/96**

- review screen to be sure the correct persons are included as recipients and the case is active.
- enter "Y" to confirm, press enter

#### **FSFI for 10/96**

- review screen to be sure the budget is correct
- compare your budget to the one in your participant manual
- enter "Y" to confirm, press enter

#### **ELIG for 11/96**

- review screen to be sure the correct persons are included as recipients and the case is active.
- enter "Y" to confirm, press enter

#### **FSFI for 11/96**

- review screen to be sure the budget is correct
- compare your budget to the one in the participant manual
- enter "Y" to confirm, press enter

## APP2

- enter "Y" to finalize case

---

**FSFI for Helen Jordan 10/96**

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|                       |   |                      |                    |   |
|-----------------------|---|----------------------|--------------------|---|
| FINALIZE              | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                      | FSFI               | A |
| Month 10 96           |   |                      |                    |   |
| AU ID 378394905       | Prog FS                                 | Prog Type S          |                    |   |
| Resources             |   | Income Test (cont)   |                    |   |
| Resources Limit       | 2000.00                                 | Excess Shelter       | 231.00             |   |
| 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    | 156.43                                  | Adjusted Net Income  | .00                |   |
| Self Employ Expenses  | .00                                     | Net Income Standard  | 836.00             |   |
| Earned Income Deductn | 31.28                                   | Thrifty Food Plan    | 218.00             |   |
| Net Earned Income     | 125.15                                  | Allotment Amount     | 218.00             |   |
| Gross Count Unearned  | .00                                     | Recoupment Amount    | .00                |   |
| AFDC / Refugee        | .00                                     | Benefit Amount       | 109.00             |   |
| Standard Deduction    | 134.00                                  | Previous Benefit     | .00                |   |
| Bnft Eff Date 101696  | 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 97                     | Strat 2              | Issue Type         |   |

Message

13-note

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**Note: The system indicates that the Review End Date (POE) is 12/96. However, due to Simplified Reporting Requirements, the correct POE end date is 03/97.**

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**FSFI for Helen Jordan 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 378394905            Prog FS            Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| 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    | .00     | Adjusted Net Income | .00    |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | .00     | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | .00     | Allotment Amount    | 218.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 218.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | .00    |

Bnft Eff Date 101696            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 97 Strat 2                      Issue Type

Message

13-note

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**Note: The system indicates that the Review End Date (POE) is 12/96. However, due to Simplifield Reporting Requirements, the correct POE end date is 3/97.**

## VIII. WALK THROUGH CASE/INDEPENDENT STUDY: ALICE DUTTON

### Alice Dutton Intake

This case will give you another opportunity to practice the “O, P & Q” process. Remember that you will need to swap AFAs with your partner since you completed the registration yourself.

Some new things you will learn in Alice Dutton include:

- how to enter variable income
- how to delete income from the database

### Background

- Alice Dutton applies for FS for herself, her husband, Daniel and their three year old child because Daniel lost his job and is now working day labor. The only resource the AU has is \$15 in Alice's checking account. Their only income is Daniel's earnings (about \$100 per week). Daniel's adult brother, Robert Dutton (age 37), lives in the home, but Alice says that he purchases and prepares food separately. The Duttons pay \$200 per month in rent. Alice brought her driver's license with her to verify her ID. She states she applied for Food Stamps before but her application was denied.

### Your Assignment:

- Follow the trainer's instructions on how to complete this case.

### AMEN

- select O, enter Alice's FS AU number

### ADDR

- PF21 to document on NARR and review remark entered by registration clerk
- press enter

## STAT

- Choose tilde #2 to document verification of ID and Robert's full name, age, relationship, and that he is not included in the AU as he purchases and prepares separately. Also document that this is an SRR AU and SRR Requirements were explained. A manual Form 339 was given to the A/R.

## Demographics

- All AU members live in the home
- All AU members are US citizens; verified by birth certificates

## Resource Information

- Alice has a checking account with a balance of \$15 with Sun Trust Bank; the balance was verified by her statement. Change the information from the previous application.
- Delete vehicle information
  - Enter "Y" in delete field
  - Press F24

## Income Information

- Alice is not employed
- There are no clearinghouse discrepancies

## ERN1 for Daniel

- AJS - No
- Daniel works at Labor Inc., 500 Bull St., Savannah, Ga., 31298.
- He began on 8/1/96 and received his first check 8/7/96
- Enter "N" for late report
- Tilde to document clearinghouse, no discrepancies found

## ERN2 for Daniel

- Daniel Dutton's income varies from week to week. To determine representative pay, we will access the EVNC screen to enter amounts and let SUCCESS average to determine representative pay.
- leave all fields on ERN2 blank
- PF 16 to EVNC

## Entering variable income

### *EVNC for Daniel*

- Daniel Dutton has been working at a labor pool for approximately 25 hours per week, earns \$5.15 per hour and is paid every Friday. A/R provides check stubs for verification.
- enter all checks on EVNC
- code the \$42.50 check as "N" for Repres as it is not representative
- press enter to return to EVNC

| PP End Date | Paid Date | Amount | V  | Repres |
|-------------|-----------|--------|----|--------|
| 9-11-96     | 9-18-96   | 95.42  | Ch | Y      |
| 9-18-96     | 9-25-96   | 100.50 | Ch | Y      |
| 9-25-96     | 10-2-96   | 42.50  | Ch | N      |
| 10-2-96     | 10-9-96   | 105.54 | Ch | Y      |

- press enter to return to ERN2 (Average should be \$100.48)
- Tilde to document using tilde number 3 the EVNC ADT. Document that the \$42.50 check was not representative because Daniel was out sick some that week and will not be included in the average.

\*\*\*\*\*ERN2 EVNC\*\*\*\*\*

10/16/1996 18:23; FICM Caseworker B123 123Z Fulton 555-555-555

App [ Y ] Review [ ] Hourly Rate: \$5.15/ hour

Client states the pay periods listed on EVNC are representative of expected pay with the following exceptions: 9/25/96 – The A/R was sick.

: \_\_\_\_\_

: \_\_\_\_\_

Does AU member receive tips that are not included in the gross pay?

Y/N [ N ] If yes, explain: \_\_\_\_\_

: \_\_\_\_\_

MESSAGE

More

13-bott

- Press enter to return to ERN2

## CARE

- No dependent care is required. Alice cares for the children.

## UINC for Daniel

### *Daniel no longer receives worker's compensation*

- Press tilde to document:  
“Daniel Dutton received his last Worker’s Compensation check in mid July. Separation notice in CR. He began receiving Worker’s Compensation April of 1996 and it ended in August of 1996. He received no lump sum as a result of his claim.”
- Press enter to return to UINC
- enter a “Y” in the Del field
- PF24 to delete

## Work Information

### WORK for Alice

- determine Alice’s work requirement
- she is a high school graduate
- WORK for Daniel
- determine Daniel’s work requirement
- he is a high school graduate
- WORK for Andrea
- system should exempt due to age

## Shelter Expense Information

- Refer to Form 354 on the next page.
- pays \$200/month rent. Rent receipt verifies the rent was paid 10/1/96. A/R states they heat with gas. The gas bill is \$50 per month. They also pay \$40 per month for electricity and \$25 per month for a telephone. There is no air conditioning. Robert (Daniel’s brother) does not help out with the shelter expenses.

\*\*\*\*\*UINC\*\*\*\*\*

10/16/1996 18:23; FICM Caseworker B123 123Z Fulton 555-555-555

Date of report: 10/16/96 Timely? Y/N [ Y ]

UCB/ SDX/BENDEX, document discrepancies: No discrepancies found.

\_\_\_\_\_

Types of UI: Workers Compensation

Date payment will Begin: 04/96 End: 08/96

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 [ N ] If yes, explain: \_\_\_\_\_

If contributions, source: \_\_\_\_\_ Duration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

More  
MESSAGE

13-bott

**EXPENSE STATEMENT**

Application     Review     Change  
 Completion Optional

**I.** How does your household pay the following bills?

| EXPENSE   | AMOUNT DUE    | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|---|---------------|----------------|----------------|--------------|
| Rent / Mortgage                                     | \$ 200        | monthly        | 10/1           | Alice Dutton |
| Property Taxes                                      |               |                |                |              |
| Property Insurance                                  |               |                |                |              |
| Utilities   |               |                |                |              |
| a. Electricity                                      | \$ 40         | monthly        | 10/1           | Alice Dutton |
| b. Gas  | \$ 50         | monthly        | 10/1           | Alice Dutton |
| c. Fuel Oil, Wood, Kerosene                         |               |                |                |              |
| d. Well/Septic Tank/Water/Sewage                    |               |                |                |              |
| e. Garbage  |               |                |                |              |
| f. Telephone  | \$ 25         | monthly        | 10/11          | Alice Dutton |
| <b>SUBTOTAL</b>                                     | <b>\$ 315</b> |                |                |              |
| Medical Expense                                     |               |                |                |              |
| Child Care Expenses                                 |               |                |                |              |
| Child Support Paid Out                              |               |                |                |              |
| Health Insurance                                    |               |                |                |              |
| Auto Expenses<br>(payments, insurance, maintenance) | \$ 18         | monthly        | 10/6           | Alice Dutton |
| Other   |               |                |                |              |

**TOTAL**    **\$ 333**

**EXPEDITED?**     Yes     No

1. Does anyone pay any of these bills or any other household bills for you?     Yes     No

If yes, who pays the bills? \_\_\_\_\_  
 What bills are paid? I pay my rent and \$10 a month on my bills.

2. Do you share the costs of monthly bills with anyone?     Yes     No

If yes, who? \_\_\_\_\_  
 What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

I Worker  
 Signature (Eligibility Worker)

10/16/96  
 Date

|                |                     |
|----------------|---------------------|
| <b>COUNTY:</b> | <b>CASE NUMBER:</b> |
|----------------|---------------------|

## Management

- Alice states that she is managing by only paying \$10 on her utility bills each month.

**NOTE:** There are no changes to be made to either 10/96 or 11/96 during the "P" processing of application months. *But, you must go into 10/96 as final edits are needed.* Select 10/96 and press enter at ADDR, fast path to DONE, press enter to commit, then, PF13 on APP1 to return to AMEN.

**Note:** Be sure to check your budgets with those in the participant manual **BEFORE** you confirm. Review the end date on this case and change if appropriate. Ask a trainer for help if your budgets are incorrect.

---

**FSFI for Alice Dutton 10/96**

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|                       |   |                      |                    |   |
|-----------------------|---|----------------------|--------------------|---|
| FINALIZE              | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                      | FSFI               | A |
| Month 10 96           |   |                      |                    |   |
| AU ID 100301004       | Prog FS                                 | Prog Type S          |                    |   |
| Resources             |   | Income Test (cont)   |                    |   |
| Resources Limit       | 2000.00                                 | Excess Shelter       | 231.00             |   |
| Total Resources       | 15.00                                   | Medical Deduction    | .00                |   |
| Income Test           |   | Dep Care Deduction   | .00                |   |
| Gross Income Standard | 1364.00                                 | Child Support Ded    | .00                |   |
| Gross Count Earned    | 435.40                                  | Adjusted Net Income  | .00                |   |
| Self Employ Expenses  | .00                                     | Net Income Standard  | 1050.00            |   |
| Earned Income Deductn | 87.08                                   | Thrifty Food Plan    | 313.00             |   |
| Net Earned Income     | 348.32                                  | Allotment Amount     | 313.00             |   |
| Gross Count Unearned  | .00                                     | Recoupment Amount    | .00                |   |
| AFDC / Refugee        | .00                                     | Benefit Amount       | 156.00             |   |
| Standard Deduction    | 134.00                                  | Previous Benefit     | .00                |   |
| Bnft Eff Date 101696  | 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 97                     | Strat 2              | Issue Type         |   |

Message

13-note

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**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**

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**FSFI for Alice Dutton 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A

Month 11 96

AU ID 100301004            Prog FS            Prog Type S

| Resources             |         | Income Test (cont)  |         |
|-----------------------|---------|---------------------|---------|
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 15.00   | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 435.40  | Adjusted Net Income | .00     |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 87.08   | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 348.32  | Allotment Amount    | 313.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 313.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | .00     |

Bnft Eff Date 101696            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 97 Strat 2                      Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**

## **IX. WALK THROUGH/INDEPENDENT STUDY: Maggie and Jeff Kendall**

This is another case that will give you an opportunity to practice the “O, P & Q” process.

Some new things you will learn in Maggie and Jeff Kendall include:

- how to correct demographic information
- how to enter disability information
- how to enter child care information
- how to enter unearned income

### **Maggie Kendall Intake**

#### **Background:**

- Maggie Kendall lives with her husband Jeff, her daughter Joyce (21), and her two grandchildren Kathy and Matt. She is applying for Food Stamps for everyone on 9/30/96. Maggie works full time earning approximately \$280 per week, Jeff receives SSI disability (due to a heart problem) of \$494/month, and Joyce is unemployed. Maggie’s daughter Kiana left Kathy and Matt with Maggie a month ago so she is now caring for her grandchildren. This has put a financial strain on their already tight budget. The Kendall’s mortgage is \$675 per month. Maggie has her driver’s license for verification of ID.

#### **Your Assignment:**

- Follow the trainer’s directions

#### **AMEN**

- select O and enter Maggie’s FS AU number

#### **ADDR**

- Be sure to enter documentation on NARR

#### **STAT**

- Be sure to enter documentation on STAT
-

## DEM1 for Maggie

- Maggie DOB is incorrect. The correct DOB is 2/5/46
- PF16 to CRS
- Change the DOB, press enter
- Back on DEM1, enter "CS" to indicate how the new birth date was verified
- Press enter

## SSNA

- This screen appears when CRS is changed
- If name or SSN were changed, it would show the old one here.

## Demographics

- All persons live in the home
- All persons are US citizens; verified by birth certificates
- Matt and Kathy attend Reynolds Elementary School

## DEM2 for Jeff

- PF1 to find the appropriate code for heart disease for the Disab Type field
- PF1 to find the appropriate code for SSI disability for the Approval Source field
- the disability began 1/94, there is no end date

## Resources

Maggie:

- has \$10 in cash
- has a checking account with Nations Bank with a balance of \$100

## Earned Income

Maggie:

- works at Bennett Company, 654 Whitlock Ave., Marietta, Ga., 30060, (770)422-7652 ; she started working there 6/1/90 and received her first check 6/15/90.
- she works 40 hours/wk. at \$7/hour, paid on Fridays. She does not have any verification with her (**PF4 around the red question mark for verification**).

Jeff and Joyce:

- Document no DOL hit and no discrepancies behind ERN1 for both.

## CARE for Maggie

- Matt and Kathy attend the after school program at the YMCA on Simpson St. in Powder Springs, GA, 30127.
- Maggie pays \$25/week on Mondays for each child to attend. She was last paid on 10/13/96.
- Maggie does not have verification with her (PF4 around the red question mark for verification).



## UINC for Jeff

- receives SSI disability of \$494 on the first of each month. You verify Jeff's disability income through the SDX system.

## Education/Work

- Maggie graduated from high school
- Jeff graduated from high school
- Joyce graduated from high school

## SHEL

- the AU heats and cools with electricity. The AU is eligible for the H/C SUA.
- pays a mortgage of \$675/month; taxes of \$100/month and insurance of \$50/month are not included in this amount; they do not have verification of their payment with them; **PF4 around the red question mark for verification**
- Remember that we do not enter any utility bills on SUCCESS if an SUA is chosen. We look carefully at these expenses on the Expense Statement to address management.
- Press tilde to document shelter

## MISC

- Form 354 (Expense Statement) indicates the electric bill is about \$100/month; they also pay a water/sewage bill of \$24 per month and telephone bill of \$25 per month. Management is not questionable as their income is adequate to pay their reported expenses.
- Press tilde to document management.

## ERRO

- display all error codes, ignore those referring to Clearinghouse. Resolve all other errors; ask the trainers for assistance if needed.

EXPENSE STATEMENT

Application    Review    Change  
Completion Optional

I. How does your household pay the following bills?

| EXPENSE   | AMOUNT DUE   | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|---|--------------|----------------|----------------|--------------|
| Rent / Mortgage                                     | \$675        | monthly        | 10/1           | self         |
| Property Taxes                                      | \$100        | monthly        | 10/1           | self         |
| Property Insurance                                  | \$50         | monthly        | 10/1           | self         |
| Utilities   |              |                |                |              |
| a. Electricity                                      | \$100        | monthly        | 10/1           | self         |
| b. Gas  |              |                |                |              |
| c. Fuel Oil, Wood, Kerosene                         |              |                |                |              |
| d. Well/Septic Tank/Water/Sewage                    | \$24         | monthly        | 10/1           | self         |
| e. Garbage  |              |                |                |              |
| f. Telephone  | \$25         | monthly        | 10/1           | self         |
| <b>SUBTOTAL</b>                                     | <b>\$974</b> |                |                |              |
| Medical Expense                                     |              |                |                |              |
| Child Care Expenses                                 |              |                |                |              |
| Child Support Paid Out                              |              |                |                |              |
| Health Insurance                                    |              |                |                |              |
| Auto Expenses<br>(payments, insurance, maintenance) |              |                |                |              |
| Other   |              |                |                |              |

TOTAL **\$974**

EXPEDITED?    Yes    No

1. Does anyone pay any of these bills or any other household bills for you?    Yes    No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?    Yes    No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

Lona Worker  
Signature (Eligibility Worker)

10/16/96  
Date

|         |              |
|---------|--------------|
| COUNTY: | CASE NUMBER: |
|---------|--------------|

## **VERF**

- Print out the VERF

## **Process the application months**

- enter the verification for each month

## **THE FOLLOWING VERIFICATION IS RECEIVED:**

- Maggie provides her four recent consecutive paycheck stubs:
  - 9/25 - \$280                      9/11 - \$280
  - 9/18 - \$280                      9/4 - \$280
- receipts from the YMCA verifying the child care paid
- mortgage receipt, tax receipt and insurance bill verifying amounts given

## **Finalize the case**

- compare your budgets to the budgets on the following pages

---

**FSFI for Maggie Kendal 9/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 09 96  
AU ID 805354115              Prog FS                      Prog Type T

|                       |          |                     |         |
|-----------------------|----------|---------------------|---------|
| Resources             |          | Income Test (cont)  |         |
| Resources Limit       | 2000.00  | Excess Shelter      | 481.00  |
| Total Resources       | 110.00   | Medical Deduction   | .00     |
| Income Test           |          | Dep Care Deduction  | 216.66  |
| Gross Income Standard | 1919.00  | Child Support Ded   | .00     |
| Gross Count Earned    | 1213.32  | Adjusted Net Income | 633.00  |
| Self Employ Expenses  | .00      | Net Income Standard | 1476.00 |
| Earned Income Deductn | 242.66   | Thrifty Food Plan   | 472.00  |
| Net Earned Income     | 970.66   | Allotment Amount    | 282.00  |
| Gross Count Unearned  | 494.00   | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00      | Benefit Amount      | .00     |
| Standard Deduction    | 134.00** | Previous Benefit    | .00     |

Bnft Eff Date 101696              Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003    Waive    Timely Notice Period              Notice Override  
Review Begin Dt 09 96              Review End Dt 02 97    Strat 3                      Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

**\*\*Note: The standard deduction for 5 AU members is \$162.00 effective October 2006.**

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**FSFI for Maggie Kendall 10/96**

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| FINALIZE              | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                      | FSFI               | A |
|-----------------------|---|----------------------|--------------------|---|
| Month 10 96           |   |                      |                    |   |
| AU ID 805354115       | Prog FS                                 | Prog Type T          |                    |   |
| Resources             |   | Income Test (cont)   |                    |   |
| Resources Limit       | 2000.00                                 | Excess Shelter       | 481.00             |   |
| Total Resources       | 110.00                                  | Medical Deduction    | .00                |   |
| Income Test           |   | Dep Care Deduction   | 216.66             |   |
| Gross Income Standard | 1919.00                                 | Child Support Ded    | .00                |   |
| Gross Count Earned    | 1213.32                                 | Adjusted Net Income  | 633.00             |   |
| Self Employ Expenses  | .00                                     | Net Income Standard  | 1476.00            |   |
| Earned Income Deductn | 242.66                                  | Thrifty Food Plan    | 472.00             |   |
| Net Earned Income     | 970.66                                  | Allotment Amount     | 282.00             |   |
| Gross Count Unearned  | 494.00                                  | Recoupment Amount    | .00                |   |
| AFDC / Refugee        | .00                                     | Benefit Amount       | 282.00             |   |
| Standard Deduction    | 134.00                                  | Previous Benefit     | .00                |   |
| Bnft Eff Date 101696  | Bnft Confirm Y                          | Reasons              | Budgeting Method P |   |
| Notice Type 0003      | Waive                                   | Timely Notice Period | Notice Override    |   |
| Review Begin Dt 09 96 | Review End Dt 02 97                     | Strat 3              | Issue Type         |   |

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

**\*\*Note: The standard deduction for 5 AU members is \$162.00 effective October 2006.**

---

**FSFI for Maggie Kendall 11/96**

---

FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 805354115              Prog FS              Prog Type T

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 481.00  |
| Total Resources       | 110.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | 216.66  |
| Gross Income Standard | 1919.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 1213.32 | Adjusted Net Income | 633.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1476.00 |
| Earned Income Deductn | 242.66  | Thrifty Food Plan   | 472.00  |
| Net Earned Income     | 970.66  | Allotment Amount    | 282.00  |
| Gross Count Unearned  | 494.00  | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 282.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | .00     |

|                       |                            |         |                    |
|-----------------------|----------------------------|---------|--------------------|
| Bnft Eff Date 101696  | Bnft Confirm Y             | Reasons | Budgeting Method P |
| Notice Type 0003      | Waive Timely Notice Period |         | Notice Override    |
| Review Begin Dt 09 96 | Review End Dt 02 97        | Strat 3 | Issue Type         |

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

**\*\*Note: The standard deduction for 5 AU members is \$162.00 effective October 2006.**

## An Effective Interview

- ♥ greet the client appropriately
- ♥ ask an OPEN question to get an overview; summarize, document on NARR
- ♥ set an agenda and get agreement

## For Every Topic

- ♥ ask an OPEN question
- ♥ fill in details with closed questions and reflections
- ♥ summarize the topic
- ♥ document the case on SUCCESS

## X. REAL-PLAYS: Bonnie Wyatt and Lucy Taylor

- These two cases give you an opportunity to see the “big picture”: how to incorporate the policy you’ve learned, the interview skills which are necessary to establish a good working relationship with your clients, and all the forms that need to be completed in the initial interview.
- In the participant manual is the information for each of the worker roles and the budgets for you to check your case. Each person will be the worker in one situation.

THE TRAINER WILL HAND OUT THE APPLICANT INFORMATION YOU NEED TO COMPLETE THIS EXERCISE.

### Bonnie Wyatt - Intake Real Play

#### Family Independence Case Manager Scenario

##### Background

- Bonnie Wyatt is applying for Food Stamps on 9/20/96. Talk with the A/R up front to establish rapport and get an overview of her situation, then, record the information on SUCCESS. **Remember to document her situation on the NARR screen.**

##### Review required forms and get A/R to sign

##### Request verification if necessary

- (You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.)

##### Process the Application Months

- The A/R will provide you with any missing verification after you give her a checklist. You will have two historical months since Ms. Wyatt applied on 9/20/96.

##### Finalize the case

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**FSFI for Bonnie Wyatt 9/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 09 96  
AU ID 290001315            Prog FS            Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 725.00  | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | 108.33 |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | 839.72  | Allotment Amount    | 108.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 39.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | .00    |

Bnft Eff Date 101696            Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003    Waive Timely Notice Period                      Notice Override  
Review Begin Dt 09 96            Review End Dt 02 97    Strat 2                      Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

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**FSFI for Bonnie Wyatt 10/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 10 96  
AU ID 290001315              Prog FS              Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 725.00  | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | 108.33 |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | 839.72  | Allotment Amount    | 108.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 108.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | .00    |

Bnft Eff Date 101696              Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003    Waive    Timely Notice Period              Notice Override  
Review Begin Dt 09 96              Review End Dt 02 97    Strat 2                      Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

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**FSFI for Bonnie Wyatt 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A

Month 11 96

AU ID 290001315                      Prog FS                      Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 725.00  | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | 108.33 |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | 839.72  | Allotment Amount    | 108.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 108.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | .00    |

Bnft Eff Date 101696                      Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003    Waive    Timely Notice Period                      Notice Override  
Review Begin Dt 09 96                      Review End Dt 02 97 Strat 2                      Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.**

## Lucy Taylor- Intake Real Play

### Family Independence Case Manager Scenario

#### Background

- Lucy Taylor is applying for Food Stamps. Talk with the A/R up front to establish rapport and get an overview of her situation, then, record the information on SUCCESS. **Remember to document her situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.**
- Review required forms and get A/R to sign

#### Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.

**Remember some verification must be hand written on the checklist as it will not appear on VERF.**

#### Process the Application Months

- The A/R will provide you with any missing verification after you give her a checklist. **Remember to enter terminated income only for the appropriate month.**

#### Finalize the case

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**FSFI for Lucy Taylor 10/96**

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|                       |   |                      |                    |   |
|-----------------------|---|----------------------|--------------------|---|
| FINALIZE              | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                      | FSFI               | A |
| Month 10 96           |   |                      |                    |   |
| AU ID 904301315       | Prog FS                                 | Prog Type S          |                    |   |
| Resources             |   | Income Test (cont)   |                    |   |
| Resources Limit       | 2000.00                                 | Excess Shelter       | 227.03             |   |
| 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    | 1632.43                                 | Adjusted Net Income  | 945.00             |   |
| Self Employ Expenses  | .00                                     | Net Income Standard  | 1263.00            |   |
| Earned Income Deductn | 326.48                                  | Thrifty Food Plan    | 397.00             |   |
| Net Earned Income     | 1305.95                                 | Allotment Amount     | 113.00             |   |
| Gross Count Unearned  | .00                                     | Recoupment Amount    | .00                |   |
| AFDC / Refugee        | .00                                     | Benefit Amount       | 56.00              |   |
| Standard Deduction    | 134.00                                  | Previous Benefit     | .00                |   |
| Bnft Eff Date 101696  | 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 97                     | Strat 2              | Issue Type         |   |

Message

13-note

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**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**

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**FSFI for Lucy Taylor 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 904301315              Prog FS                      Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| 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    | 1386.65 | Adjusted Net Income | 744.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1263.00 |
| Earned Income Deductn | 277.33  | Thrifty Food Plan   | 397.00  |
| Net Earned Income     | 1109.32 | Allotment Amount    | 174.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 174.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | .00     |

Bnft Eff Date 101696              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 97 Strat 2              Issue Type

Message

13-note

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**Note: The system indicates a Review End Date of 12/96. However, due to Simplified Reporting Requirements, the correct POE is 03/97.**

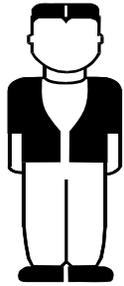
## **I. Objectives for Adding and Deleting Individuals**

By the end of this section, you should know:

- how to add a new person to an ongoing case
- what to document when adding a new person to an ongoing case
- how to delete a person from an ongoing case
- what to document when deleting a person from an ongoing case
- how to correctly code an ABAWD on the WORK screen
- how to complete the ABAWD calendar

---

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



- **How has enumeration been met?**
  
- **Has citizenship been verified (except for newborns born in Georgia)?**
  
- **Does this person have income or resources?**
  
- **Are changes needed on the WORK screen?**
  
- **Is childcare needed for this person?**

## II. WALK THROUGH CASE: MARGARET SIMMONS ADD A PERSON

- This case will demonstrate how to add a new baby to an ongoing case.

### Background

- Margaret Simmons calls on 10/16/96 to report that she had her baby, Michael S. Simmons on 10/10/96. 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. 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 10/10/96
- 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 10/16/96
- 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

- PF21 to enter the following remark on NARR:  
Press tilde to enter worker information  
"10/16/96 – TC – A/R reports she had a baby, Michael Simmons, on 10/10/96. I. Worker/F023"
- no changes on ADDR, PF4

### STAT

- press tilde and select ADT # 3 to document HH composition.

---

**REMARKS – REMA**

---

\*\*\*\*\*ADD/DEL MEM\*\*\*\*\*

10/16/1996 03:12 PM Case Manager, Load ID and Telephone Number

Adding ( **X** )

Deleting ( )

: **Michael Simmons** \_\_\_\_\_ : \_\_\_\_\_

: \_\_\_\_\_ : \_\_\_\_\_

Date of report: **10/16/96** \_\_\_\_\_ Timely Report? Y/N ( **Y** )

Person Reporting: **Margaret Simmons** \_\_\_\_\_

Date Moved In **10/10/96** \_\_\_\_\_

Is the Person(s) who moved in currently receiving benefits? Y/N ( **N** )

If yes, where: \_\_\_\_\_

Date moved out: \_\_\_\_\_

Moved out, where did they move: \_\_\_\_\_

More

MESSAGE

0019 UPDATE COMPLETED SUCCESSFULLY

13 – bott

---

**STAT A**

- fast path to DEM1 for Michael

**DEM1 for Michael**

- enter B for SSN application code and today's date
- 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 should exempt for age
- fast path to DONE

### **ERRO (If you have no errors this screen will not appear)**

- Display error codes and resolve. Clearinghouse errors should not show up because Michael did not have an SSN.

### **ELIG**

- Check non-financial eligibility and confirm if correct.
- Eligibility screens show due to change to active members in existing case. This is not confirming Michael's add a person application which is still pending.

### **FSFI**

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

### **DONE**

- press enter to commit data to data base

### **STEP 3: Processing Application Months**

#### **AMEN**

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

#### **APP1**

- select 10/96
- 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 10/96**

- review and enter Y to confirm

**FSFI for 10/96**

- review and enter Y to confirm

**ELIG A for 11/96**

- review and enter Y to confirm

**FSFI for 11/96**

- review and enter Y to confirm

**APP2**

- enter Y to confirm

---

**FSFI for MARGARET SIMMONS -ADD A PERSON 10/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 10 96  
AU ID 699515907      Prog FS    Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 100.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 341.67  | Adjusted Net Income | .00     |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 68.33   | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 273.34  | Allotment Amount    | 313.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 156.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 156.00  |

Bnft Eff Date 101696      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 97    Strat 2                      Issue Type

Message

13-note

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**FSFI for MARGARET SIMMONS -ADD A PERSON 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 699515907      Prog FS    Prog Type S

| Resources             |         | Income Test (cont)  |         |
|-----------------------|---------|---------------------|---------|
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 100.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1642.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 216.67  | Adjusted Net Income | .00     |
| Self Employ Expenses  | .00     | Net Income Standard | 1263.00 |
| Earned Income Deductn | 43.33   | Thrifty Food Plan   | 397.00  |
| Net Earned Income     | 173.34  | Allotment Amount    | 397.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 397.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 313.00  |

Bnft Eff Date 101696      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 97    Strat 2                      Issue Type

Message

13-note

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### **III. Bonnie Wyatt: Independent Study Add a Person**

#### **Background**

- Bonnie Wyatt calls on 10/10/96 to report that she had her baby on 10/8/96. Her name is Michelle L. Wyatt. She is a white female citizen and has no income or resources. She states the hospital completed the paperwork to enumerate Michelle and presented her with a letter of confirmation of birth which she faxed to the worker. Bonnie will continue to receive her income of \$6.00 per hour, 40 hours per week, while on maternity leave.

#### **Your Assignment**

- Complete the registration, interview, and finalization process to add this child.

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**FSFI for BONNIE WYATT -ADD A PERSON 10/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 10 96  
AU ID 290001315      Prog FS    Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 725.00  | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | 108.33 |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | 839.72  | Allotment Amount    | 108.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 108.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | 108.00 |

Bnft Eff Date 101696      Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003      Waive Timely Notice Period                      Notice Override  
Review Begin Dt 09 96      Review End Dt 02 97    Strat 2                      Issue Type

Message

13-note

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**FSFI for BONNIE WYATT ADD-A-PERSON 11/96**

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FINALIZE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 290001315      Prog FS    Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 725.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | 108.33  |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 839.72  | Allotment Amount    | 203.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 203.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 108.00  |

Bnft Eff Date 101696      Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003      Waive Timely Notice Period                      Notice Override  
Review Begin Dt 09 96      Review End Dt 02 97    Strat 2                      Issue Type

Message

13-note

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*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: MAGGIE KENDALL DELETE A PERSON**

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

##### **Background**

- Maggie Kendall calls on 10/16/96 to report that her two grandchildren, Kathy and Matt, moved out on 10/10/96. They are now living with their parents.

##### **Your Assignment**

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

##### **AMEN**

- select R and enter Maggie's FS AU ID#.

##### **REDE**

- PF4 around REDE without initiating a review

##### **ADDR**

- PF21 to enter the following remark

Press tilde to enter worker information

“10/16/96 – TC – A/R reports that Kathy and Matt moved out on 10/10/96 to live with their parents. Children deleted 10/16/96.”

##### **STAT**

- PF1 to find the status reason (500 series) that someone has moved out of the household and enter it for each one of the children who moved out
- press tilde and select ADT # 3 to document Delete A Household Member
- fast path to DEM1 for the first child (PF11 to check to see which line numbers they are)

---

REMARKS – REMA

\*\*\*\*\*ADD/DEL MEM\*\*\*\*\*

10/16/1996 03:12 PM Case Manager, Load ID and Telephone Number

Adding ( )

Deleting ( X )

: \_\_\_\_\_

: **Kathy Long** \_\_\_\_\_

: \_\_\_\_\_

: **Matt Long** \_\_\_\_\_

Date of report: **10/16/96** Timely Report? Y/N ( Y )

Person Reporting: **Maggie Kendall** \_\_\_\_\_

Is the Person(s) who moved in currently receiving benefits? Y/N ( )

If yes, where: \_\_\_\_\_

Date moved out: **10/10/96** \_\_\_\_\_

Moved out, where did they move: **They moved back home with their mother Kiana Kendall.**

More

MESSAGE

0019 UPDATE COMPLETED SUCCESSFULLY

13 – bott

## DEM1

- PF1 to find the code that someone is not in the home and enter it in the living arrangement field
- do this for each child
- fast path to CARE for line 01

## CARE

- press tilde to document the removal of the dependent care deduction
- enter a Y in the Del field and PF24
- fast path to WORK

## WORK

- code Maggie as exempt due to employment, if needed
- code Joyce as an ABAWD
- press tilde and select ADT #2 to document the change in work registration status

---

REMARKS – REMA

\*\*\*\*\*FS WR/VQ EXEMPT/15%\*\*\*\*\*

10/16/1996 03:12 PM Enter Name, Load and Telephone #

Documentation/ Verification of exemption:

\_\_\_\_\_

( **X** ) Change in work registration code

Date of report: **10/16/96**\_\_\_\_\_ Effective month: **November**\_\_\_\_\_

Reason: **Dependent children moved out of the home.** \_\_\_\_\_

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

- ( ) 30hrs or more per week or equivalent of 30 hrs X minimum wage
- ( ) quit within 30 days of application or anytime thereafter
- ( ) AU member is mandatory registrant
- ( ) No good cause

Further explanation: \_\_\_\_\_

---

( **X** ) 15% Participation Exemption granted because AU member is

- ( ) homeless according to work registration policy. SRR ( **X** )
- Remains coded AB.

\_\_\_\_\_

More

MESSAGE

- 
- Press enter to return to WORK
  - Press tilde and select ADT #6 to document participation. Complete the calendar as though it were October 2006.

REMARKS – REMA

\*\*\*\*\*112/02 – 11/05 ABAWD TRACKING CALENDAR\*\*\*\*\*

10/16/1996 03:13 pm CASE MANAGER LOAD TELEPHONE #

|      | JAN | FEB | MAY | APR | MAY | JUN | JUL | AUG | SEP | OCT          | NOV | DEC |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------------|-----|-----|
| 2005 | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )          | ( ) | ( ) |
| 2006 | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( <b>F</b> ) | ( ) | ( ) |
| 2007 | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )          | ( ) | ( ) |
| 2008 | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )          | ( ) | ( ) |

- |   |                                     |
|---|-------------------------------------|
| M = Mandatory Registrant (not ABAWD)        | F = 15% exemption granted           |
| X = Work Registration exemption granted     | P = Prorated month                  |
| G = Good Cause granted for nonparticipation | N = Noncompliance month (countable) |
| C = FS Case/Client closed (No FS received)  | S = Sanctioned month                |
| H = Hrs of full participation reported      | O = OverIssuance month              |
| E = Employed 20 – 29 hours                  | W = Waived area                     |

More

MESSAGE

13-bott

- Press enter to return to WORK
- PF4 around the warning message
- fast path to DONE

ELIG

- review and enter Y to confirm

FSFI

- review and enter Y to confirm

DONE

- press enter to commit data to data base

---

FSFI for MAGGIE KENDALL - DELETE A PERSON

---

CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 805354115      Prog FS    Prog Type T

| Resources             |         | Income Test (cont)  |         |
|-----------------------|---------|---------------------|---------|
| Resources Limit       | 2000.00 | Excess Shelter      | 372.67  |
| Total Resources       | 110.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 1213.32 | Adjusted Net Income | 958.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 242.66  | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 970.66  | Allotment Amount    | 26.00   |
| Gross Count Unearned  | 494.00  | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 26.00   |
| Standard Deduction    | 134.00  | Previous Benefit    | 282.00  |

Bnft Eff Date 101696      Bnft Confirm Y    Reasons                      Budgeting Method P  
Notice Type 0003      Waive Timely Notice Period                      Notice Override  
Review Begin Dt 09 96      Review End Dt 02 97    Strat 4                      Issue Type

Message

13-note

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## **V. INDEPENDENT STUDY: ALICE DUTTON DELETE A PERSON**

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

### **Background**

- Alice Dutton calls on 10/16/96 to report that her husband, Daniel, moved out on 10/12/96. When asked about management, she states she has applied for SSI and her SSI worker told her last week she should be hearing something very soon.

### **Your Assignment**

- Document the case and delete Daniel from the FS AU. Be sure to check your budgets with those in the participant manual.

---

**FSFI for ALICE DUTTON -DELETE A PERSON**

---

CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 100301004    Prog FS    Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 15.00   | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | .00    |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | .00     | Adjusted Net Income | .00    |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | .00     | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | .00     | Allotment Amount    | 218.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 218.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | 313.00 |

Bnft Eff Date 101696    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 97    Strat 2                      Issue Type

Message

13-note

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## **I. Objectives for Changes to Income and Deductions**

By the end of this section, you should know:

- how to process reported new income
- how to process a reported loss of income
- how to process reported new deductions (at address change)
- how to process terminated/decreased deductions (at address change)
- how to document when completing financial changes
- how to document shared utilities

## ***Four Things To Think About When An Ongoing Client Reports A New Job***



- ✓ **ADD THE INCOME TO THE CASE IMMEDIATELY!**
- ✓ **Go directly to SUCCESS to enter and document the change**
- ✓ **Ask if they're paying child care**
- ✓ **Look at the WORK screen to see if changes are needed**

## II. WALK THROUGH CASE: HELEN JORDAN NEW WAGES

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

### Background:

- Helen Jordan calls on 10/16 to report that she has a new job working at CVS Pharmacy on Henry St., Cedartown, Ga. She will be working 40 hours per week at \$5.25 per hour. She began work 10/7. She received her first check on 10/14. 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 10/16/96). She will be paid weekly on Friday.

### Your Assignment:

Add wages for the ongoing month, then run trial eligibility.

### AMEN

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

### ADDR

- PF21 to enter the following remark on NARR.

Press tilde (~) to add the date, indicate type of contact, name and worker ID.

Then document the following on NARR:

"Ms. Jordan reports she began a new job 10/7. She will work 40 hrs/wk at \$5.25/hr. See ERN1, ERN2, CARE and WORK for additional documentation."

- fast path to ERN1

### ERN1 for Helen

- did not receive job as a result of applicant job search
- enter name and address of employer
- enter begin date and first pay date
- code the late field "N"

**Note: It is not necessary to document the current employment on ERN1. The ERN1 ADT is to document previous employment. Completion of ERN1 is sufficient documentation of current employment. However, it will be necessary to document clearinghouse using the ADT. In the real world, you would not have gotten a DOL hit on this new employment this quickly.**

### **ERN2 for Helen**

- works 40 hours per week at \$5.25 per hour
- She is paid weekly on Fridays
- press tilde and choose ADT #1 to document the following:

She will be working 40 hours per week at \$5.25 per hour. Rep. pay is 40 hours x \$5.25/hr. = \$210/wk.

- fast path to CARE for Helen

### **CARE for Helen**

- press tilde to document the following:

A/R does not have a child care expense as her mother looks after the children.

- fast path to WORK for Helen

### **WORK for Helen**

- add FS exemption for employed and change work registration status
- press tilde and select ADT #2 to document the work registration change
- press enter
- press PF8 – run trial eligibility

### **ELIG**

- press ENTER

### **FSFI**

- press ENTER

### **WORK**

- 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

---

**HELEN JORDAN - NEW WAGES**

---

CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 378394905      Prog FS    Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 191.00 |
| 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 | 403.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | 181.99  | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | 728.00  | Allotment Amount    | 97.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 97.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 218.00 |

Bnft Eff Date 101696      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 97    Strat 2                      Issue Type

Message

13-note

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### III. INDEPENDENT STUDY: LUCY TAYLOR NEW WAGES

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

#### Background:

- Lucy Taylor comes in to the office on 10/13 to report that she has begun babysitting for a neighbor's child after school. She brings in a statement from Maggie Jackson verifying she is receiving \$45 per week paid on Fridays. Maggie Jackson lives at 4502 Peachtree Circle, Atlanta, Ga., (404)656-6003. Lucy began babysitting on 10/5 and received her first check on 10/9. She works 15 hours each week.

#### Your Assignment:

- Enter wages for the ongoing month, document, run trial eligibility and key appropriate remarks.

---

**LUCY TAYLOR - NEW WAGES**

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CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 904301315      Prog FS    Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| 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 | 900.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1263.00 |
| Earned Income Deductn | 316.32  | Thrifty Food Plan   | 397.00  |
| Net Earned Income     | 1265.32 | Allotment Amount    | 127.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 127.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 174.00  |

Bnft Eff Date 101696      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 97    Strat 2                      Issue Type

Message

13-note

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#### **IV. INDEPENDENT STUDY: ELAINE BROOKS 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.

##### **Background:**

- Elaine Brooks calls on 10/16 to report that her husband Steve has received a raise. He is still working 40 hours per week but now receives \$7.00 per hour. He will receive this raise in his next check on 10/25.

##### **Your Assignment:**

- Change wages for the ongoing month, document, run trial eligibility and enter appropriate remarks

##### **Remember:**

- When an SRR AU reports that gross income exceeds 130% FPL, the FICM processes the change in SUCCESS to terminate eligibility. Before terminating the case, FICM must make sure that the termination is due to an increase in ongoing income and not due to an additional payment of income, such as a 3<sup>rd</sup>/5<sup>th</sup> paycheck.

---

**FSFI for Elaine Brooks Increased Wages**

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CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 586295905      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 | 1642.00 | Child Support Ded   | .00    |
| Gross Count Earned    | 1771.23 | Adjusted Net Income | .00    |
| Self Employ Expenses  | .00     | Net Income Standard | .00    |
| Earned Income Deductn | .00     | Thrifty Food Plan   | .00    |
| Net Earned Income     | .00     | Allotment Amount    | .00    |
| Gross Count Unearned  | 125.00  | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | .00    |
| Standard Deduction    | 134.00  | Previous Benefit    | 167.00 |

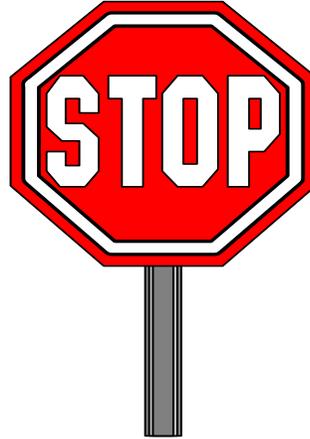
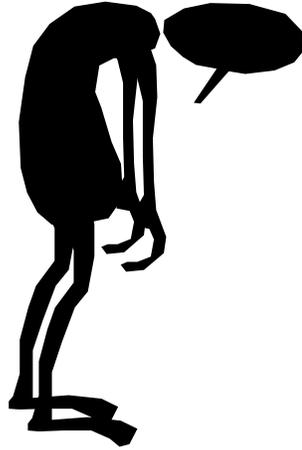
Bnft Eff Date 101696      Bnft Confirm Y    Reasons 320      Budgeting Method P  
Notice Type 0005      Waive Timely Notice Period      Notice Override  
Review Begin Dt 10 96      Review End Dt 03 97    Strat 2              Issue Type

Message

13-note

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## ***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?**

## IV. WALK-THROUGH CASE: MAGGIE KENDALL LOSS OF INCOME

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

### Background:

- Maggie Kendall calls on 10/16 to report that she was terminated from her job yesterday due to lack of work. She will receive her last pay check on 10/23. You will need to verify this and tell A/R what you need and that you will send her a checklist. You discuss management with A/R and she is unsure how she will manage until she gets a new job. You discuss the possibility of applying for UCB and tell her to be sure to report if her income exceeds 130% of the FPL, as indicated on her Form 339 provided at initial application. You verbally tell A/R that you will need verification that the job has terminated and that you will be sending her a checklist.

### Your Assignment:

- Run trial eligibility to determine whether or not verification is required.
- Document the case and send a verification checklist. When verification is received, delete the income and child care for the ongoing month.

### AMEN

- Select F and enter Maggie's FS AU ID#.

### ADDR

- Press enter to ERN2 for Maggie.

### 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. Press enter to return to AMEN.

## AMEN

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

## 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.
- PF4 to go to ADDR without initiating a review

## ADDR

- PF21 to enter the following remarks:

Tilde to add the date, indicate type of contact, name and worker ID.

Add the following documentation:

10/16/96 – TC – Ms. Kendall reports she lost her job 10/15 due to lack of work. Will receive last paycheck 10/23. See ERN1 and MISC.

- fast path to ERN1

## ERN1

- press tilde to document termination of wages

A/R called 10/16 to report she lost her job due to lack of work. This change will cause benefits to increase; verification requested

- Press enter to return to ERN1
- PF15 to letters, send a Form 173 checklist requesting wage verification
- F3 back to ERN1
- fast path to MISC

## MISC

- Document management:

10/16/96 - "Management discussed. A/R is looking for another job, management will be checked at review."

**Note: To document press F9, tab to the next available space and begin typing.**

- Fast path to DONE

## **DONE**

- enter to commit to data base

## **Sending a Worker Generated Alert**

### **AMEN**

- PF3 back to the Main Menu
- Select D

### **DMEN**

- select A for a worker generated alert,
- delete the AU number, press enter

### **ALWG**

- enter your load ID number
- enter the AU ID number for Maggie Kendall
- enter a code between 450 and 489 in the "Alert Code" field
- enter the following message: "wage verification due for Maggie Kendall FS"
- enter 10/16/96 in the "Display Date" field
- enter 10/26/96 in the "Due Date" field
- press enter

## **VERIFICATION RECEIVED 10/25/96**

- You receive a separation letter from Bennett Company verifying Maggie Kendall was terminated for lack of work on 10/15/96. Her last check for \$253.45 was received 10/23/96.

## **AMEN**

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

## **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.
- PF4 to go to ADDR without initiating a review

## **ADDR**

- fast path to ERN1 for Maggie

## **ERN1 for Maggie**

- PF9 to complete the ADT that you began earlier:  
Separation notice received 10/25/96 verifies last day of employment as 10/15/96 and last check received 10/23/96. A/R employment began 6/1/90.

## **ERN2 for Maggie**

- enter Y in the delete (del) field
- PF24 to delete
- fast path to WORK

## **WORK**

- change work code for Maggie to Mandatory Registrant
- press tilde and select ADT # 2 to document the change in work registration status
- fast path to MISC

## **MISC**

- PF9 and check your documentation.
- fast path to DONE

## **ERRO**

- resolve all errors other than clearinghouse

## **ELIG**

- review and enter Y to confirm

## **FSFI**

- review and enter Y to confirm. There should be no change in the benefit amount.

## **DONE**

- press enter to commit data to the data base

---

**MAGGIE KENDALL - LOSS OF INCOME**

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CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 805354115      Prog FS    Prog Type T

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 858.00  |
| Total Resources       | 110.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | .00     | Adjusted Net Income | .00     |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | .00     | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | .00     | Allotment Amount    | 313.00  |
| Gross Count Unearned  | 494.00  | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 313.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 26.00   |

|                       |                            |         |                    |
|-----------------------|----------------------------|---------|--------------------|
| Bnft Eff Date 101696  | Bnft Confirm Y             | Reasons | Budgeting Method P |
| Notice Type 0003      | Waive Timely Notice Period |         | Notice Override    |
| Review Begin Dt 09 96 | Review End Dt 02 97        | Strat 2 | Issue Type         |

Message

13-note

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## V. INDEPENDENT STUDY: LUCY TAYLOR LOSS OF INCOME

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

### Background:

- Lucy Taylor calls on 10/16 to report that she will not be babysitting anymore because her neighbor just lost her job and will be staying with her child until she obtains another job. She only worked one and 1/2 weeks in 10/96 and received \$63. 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:

- Document the case as you would when you received the telephone call. Answer the questions below concerning the procedure to send and track a checklist. Make the change on SUCCESS based upon the verification that is received.

### Questions

1. Explain the procedure to generate a verification checklist on SUCCESS including the screens and PF keys you would use.
2. Explain the procedure to set up an alert to yourself to track the deadline on the verification checklist including the screens and PF keys you would use as well as the choice in DMEN.
3. List another way you could track the verification checklist deadline.

### Verification Received 10/26/96

- Letter from Maggie Jackson verifying that Lucy Taylor's last day of employment was 10/15.

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**LUCY TAYLOR - LOSS OF INCOME**

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CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 904301315      Prog FS    Prog Type S

| Resources             |         | Income Test (cont)  |         |
|-----------------------|---------|---------------------|---------|
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| 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    | 1386.65 | Adjusted Net Income | 744.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1263.00 |
| Earned Income Deductn | 277.33  | Thrifty Food Plan   | 397.00  |
| Net Earned Income     | 1109.32 | Allotment Amount    | 174.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 174.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 127.00  |

|                       |                            |         |                    |
|-----------------------|----------------------------|---------|--------------------|
| Bnft Eff Date 101696  | 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 97        | Strat 2 | Issue Type         |

Message

13-note

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



- ✓ **Are they still in your 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?**

## **VI. WALK THROUGH CASE: BONNIE WYATT**

### **ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS**

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

#### **Background:**

- Bonnie Wyatt calls on 10/16 to report that she has moved to 1445 Pleasant St. Macon, Ga., 32101. The same people are in the AU. Her phone number has not changed. Her new rent amount will be \$475/month which includes the gas for heat. She does not have air conditioning. She is responsible for paying the electric, water and telephone bills. She is eligible to receive the non heating/cooling SUA. Management is not questionable. You may need verification of the new rent amount, depending on the effect this change has on the benefits. If verification is required, you tell Bonnie what you will need and that you will mail her a verification checklist.

#### **Your Assignment:**

- Document the change, change her address and SUA type, and request verification of the new rent amount, if necessary. Run trial eligibility to determine whether or not verification is required.

#### **AMEN**

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

#### **REDE**

- SUCCESS is reminding you that Bonnie is due for a review next month and checking to see if you want to initiate the review now.
- PF4 to go to ADDR without initiating a review

## ADDR

- write down the old address
- PF21 to NARR to document the following:
  - Be sure to use tilde to indicate date, type of contact, name and worker ID.  
“Ms. Wyatt reports that she has moved. CS accepted. Address changed and previous address keyed on PREV. See SHEL and MISC for additional doc.”
- key in the new address
- enter a Y for previous addresses in the last two years

## PREV

- key the previous address
- they were at the old address from 4/94 - 10/96 and did not own the property
- fast path to SHEL

## SHEL

- PF1 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. Verify with client statement.
- PF8 to run trial eligibility.

## ELIG

- Press Enter

## FSFI

- Press Enter

## **SHEL**

- Press tilde to enter the following documentation:

A/R rents at new address and is eligible for shelter deduction. A/R reports the new rent amount will be \$475. Heating costs are included in the rent. A/R does not pay a separate cooling cost. She pays electric, water, and phone. A/R is given the non-H/C SUA.

- Press enter to go to MISC

## **MISC**

- PF9 and tab to the next available space to document change in expenses and management.

Rent has increased to \$475. HH able to meet expenses with earnings.

- fast path to DONE

## **ERRO**

- resolve any errors, ignore clearinghouse errors

## **ELIG**

- review and enter Y to confirm

## **FSFI**

- review and enter Y to confirm

## **DONE**

- press enter to commit data to the data base

---

**BONNIE WYATT - SHELTER**

---

CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 290001315      Prog FS    Prog Type S

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00  |
| Total Resources       | 725.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | 108.33  |
| Gross Income Standard | 1364.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 1049.65 | Adjusted Net Income | 366.00  |
| Self Employ Expenses  | .00     | Net Income Standard | 1050.00 |
| Earned Income Deductn | 209.93  | Thrifty Food Plan   | 313.00  |
| Net Earned Income     | 839.72  | Allotment Amount    | 203.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | .00     | Benefit Amount      | 203.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 203.00  |

|                       |                            |         |                    |
|-----------------------|----------------------------|---------|--------------------|
| Bnft Eff Date 101696  | Bnft Confirm Y             | Reasons | Budgeting Method P |
| Notice Type 0003      | Waive Timely Notice Period |         | Notice Override    |
| Review Begin Dt 09 96 | Review End Dt 02 97        | Strat 2 | Issue Type         |

Message

13-note

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## VII. WALK THROUGH CASE: ALICE DUTTON

### CHANGE OF ADDRESS/DECREASE IN SHELTER

#### Background:

- Alice Dutton calls on 10/16/96 to report that she and her child moved home with her parents, Jack (62) and Margie (60) Rogers. 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., Savannah, Ga., 31298 (912) 655-4789. 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.

#### AMEN

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

#### ADDR

- Write down old address
- PF21 to NARR to document the following:
  - Be sure to use tilde to indicate date, type of contact, name and worker ID.  
"A/R reports that she had moved in with her parents. Address changed and previous address keyed on PREV. See, STAT, SHEL and MISC."
- key in new address and telephone number
- enter Y for previous addresses in the last two years

#### PREV

- key in old address, she lived here from 12/95 - 10/96 and did not own the property.

## STAT

- Press tilde and select #2 to document the change in HH composition.  
  
A/R moved in with parents, Jack (age 62) and Margie (age 60) Rogers. A/R states she will purchase and prepare separately.
- Fast path to SHEL

## SHEL

- Press tilde to document the new shelter expenses.  
  
A/R lives with parents who pay all expenses. Rent and utilities deleted. Client statement accepted for verification.
- delete the SUA type
- delete the rent amount and verification code
- fast path to MISC

## MISC

- PF9 to document:  
  
Press tilde to enter worker information  
  
Ms. Dutton has no shelter expenses. Management not questionable.
- fast path to DONE

## ELIG A

- review and enter Y to confirm

## FSFI

- review and enter Y to confirm

## DONE

- press enter to commit data to data base

---

**ALICE DUTTON - SHELTER**

---

CHANGE                      FOOD STAMP FINANCIAL ELIGIBILITY - FSFI                      FSFI    A  
Month 11 96  
AU ID 100301004      Prog FS    Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | .00    |
| Total Resources       | 15.00   | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | .00    |
| Gross Income Standard | 1087.00 | Child Support Ded   | .00    |
| Gross Count Earned    | .00     | Adjusted Net Income | .00    |
| Self Employ Expenses  | .00     | Net Income Standard | 836.00 |
| Earned Income Deductn | .00     | Thrifty Food Plan   | 218.00 |
| Net Earned Income     | .00     | Allotment Amount    | 218.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 218.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | 218.00 |

|                       |                            |         |                    |
|-----------------------|----------------------------|---------|--------------------|
| Bnft Eff Date 101696  | 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 97        | Strat 1 | Issue Type         |

Message

13-note

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## XII. Different Shelter Situations

### FOOD STAMP SHELTER COSTS EXAMPLES

#### Situation A: ONE AU

Mary Sims lives alone with the following shelter costs:

heats with gas, pays about \$50 monthly

pays \$500 per month rent, has copy of lease with her

rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

| INTERVIEW              |                 | SHELTER EXPENSES - SHEL |                    |                     |           | SHEL 01 |  |
|------------------------|-----------------|-------------------------|--------------------|---------------------|-----------|---------|--|
| Month 11 96            |                 | 3001 10 16 96           |                    |                     |           |         |  |
| Client Name MARY       |                 | SIMS                    |                    | Client ID 934000103 |           |         |  |
| Primary Heat/Cool      | Receive LI HEAP | Public Housing/Exc      | SUA Type HC        | Number Sharing      | Phone STD |         |  |
| G                      |                 |                         |                    |                     |           |         |  |
| Expense Type           | Amt             | V                       | Expense Type       | Amt                 | V         |         |  |
| Rent                   | 500.00          | LE                      | Mortgage Insurance |                     |           |         |  |
| Taxes                  |                 |                         | Electric           |                     |           |         |  |
| Gas                    |                 |                         | Water              |                     |           |         |  |
| Telephone              |                 |                         | Garbage            |                     |           |         |  |
| Sewer                  |                 |                         | Oil                |                     |           |         |  |
| Disaster Repair        |                 |                         | Other Housing      |                     |           |         |  |
| Other Fuel             |                 |                         |                    |                     |           |         |  |
| Landlord Name JOHN     |                 | HILL                    |                    | Phone 912-994-7943  |           |         |  |
| Address 122 BORAX AVE. |                 | City SPARTA             |                    | ST GA Zip 30023     |           |         |  |
| Message                |                 |                         |                    |                     |           |         |  |
| 15-lett                |                 |                         |                    |                     |           |         |  |

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|   |                |      |
|---|----------------|------|
| UPDATE  | REMARKS - REMA | REMA |
|   |                | 01   |
| *****Shelter / Utility Expense*****   |                |      |
| Wed OCT 16 1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555          |                |      |
| Does anyone pay part/all of the Shel Exp? Y/N [N] If yes, explain             |                |      |
| : _____   |                |      |
| Housing Cost A/R Incurs Rent [X] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]   |                |      |
| : _____   |                |      |
| Calc if other than monthly: _____   |                |      |
| Included in mortg? Insurance [ ] Taxes [ ] If none, explain: _____            |                |      |
| UTILITY EXPENSE incurred by DWELLING? Y/N [Y] Included in Rent? Y/N [N]       |                |      |
| If none, explain: _____   |                |      |
| DEWELLING IS ELIGIBLE for Utility Deduction based on;                         |                |      |
| [X] H/C SUA based on, Heating [X] AC [ ] LIHEAP [ ] Excess H/C Public Hsg [ ] |                |      |
| [ ] Non H/C based on two types of expenses: _____                             |                |      |
| : _____ OR Excess Non H/C Public Hsg [ ]                                      |                |      |
| [ ] Actual based on one type of expense: _____                                |                |      |
| [ ] Eligible for Phone Std only?  |                |      |
| Is the AU sharing utility expenses? Y/N [N] {Hit tilde for SHEL SHARED}       |                |      |
| : _____   |                |      |
|   |                | More |
| MESSAGE   |                |      |
| 13-bott   |                |      |

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**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 OT |  |
| Month 11 96            |         | 3001 10 16 96           |      |                     |       |         |  |
| Client Name MARY       |         | SIMS                    |      | Client ID 934000103 |       |         |  |
| Primary                | Receive | Public                  | SUA  | Number              | Phone |         |  |
| Heat/Cool              | LI HEAP | Housing/Exc             | Type | Sharing             | STD   |         |  |
| G                      |         |                         | HC   |                     |       |         |  |
| Expense Type           |         | Amt                     | V    | Expense Type        | Amt   | V       |  |
| Rent                   |         | 500.00                  | LE   | Mortgage            |       |         |  |
| Taxes                  |         |                         |      | Insurance           |       |         |  |
| Gas                    |         |                         |      | Electric            |       |         |  |
| Telephone              |         |                         |      | Water               |       |         |  |
| Sewer                  |         |                         |      | Garbage             |       |         |  |
| Disaster Repair        |         |                         |      | Oil                 |       |         |  |
| Other Fuel             |         |                         |      | Other Housing       |       |         |  |
| Landlord Name JOHN     |         | HILL                    |      | Phone 912-994-7943  |       |         |  |
| Address 122 BORAX AVE. |         | City SPARTA             |      | ST GA Zip 30023     |       |         |  |
| Message                |         |                         |      |                     |       |         |  |
| 15-lett                |         |                         |      |                     |       |         |  |

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|        |                |      |
|--------|----------------|------|
| UPDATE | REMARKS - REMA | REMA |
|--------|----------------|------|

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01

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

Wed OCT 16 1996 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  
: Sister Jacque Meyers shares in the utility cost. \_\_\_\_\_

Housing Cost A/R Incurs Rent [**X**] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]  
: \_\_\_\_\_

Calc if other than monthly: \_\_\_\_\_

Included in mortg? Insurance [ ] Taxes [ ] If none, explain: \_\_\_\_\_

UTILITY EXPENSE incurred by DWELLING? Y/N [**Y**] Included in Rent? Y/N [**N**]  
If none, explain: \_\_\_\_\_

DEWELLING IS ELIGIBLE for Utility Deduction based on;  
[**X**] H/C SUA based on, Heating[ **X** ] 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 [ **Y** ] {Hit tilde for SHEL SHARED}  
: \_\_\_\_\_

More

MESSAGE

13-bott

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\*\*\*\*\*Shel ter / Utility

Expense\*\*\*\*\*

10/16/1996 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: *They split all utilities equally.*

Does AU contribute to one of the utility expenses that SUA or Actual  
includes? Y/N ( *Y* )

Shared AU is eligible for H/C SUA ( *X* ), Non H/C SUA ( ), Actual ( ),  
Phone Std ( )

More  
MESSAGE

13-bott

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**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 a letter from Jacquie verifying their agreement.

rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 96 SHELTER EXPENSES - SHEL 3001 10 16 96 SHEL 01

Client Name MARY SIMS Client ID 934000103

| Primary Heat/Cool | Receive LI HEAP | Public Housing/Exc | SUA Type | Number Sharing | Phone STD |    |  |
|-------------------|-----------------|--------------------|----------|----------------|-----------|----|--|
| N                 |                 |                    | AC       |                |           |    |  |
| Expense Type      | Amt             | V                  |          | Expense Type   | Amt       | V  |  |
| Rent              | 250.00          | LE                 |          | Mortgage       |           |    |  |
| Taxes             |                 |                    |          | Insurance      |           |    |  |
| Gas               |                 |                    |          | Electric       | 50.00     | RC |  |
| Telephone         |                 |                    |          | Water          |           |    |  |
| Sewer             |                 |                    |          | Garbage        |           |    |  |
| Disaster Repair   |                 |                    |          | Oil            |           |    |  |
| Other Fuel        |                 |                    |          | Other Housing  |           |    |  |

Landlord Name JOHN HILL Phone 912-994-7943  
 Address 122 BORAX AVE. City SPARTA ST GA Zip 30023  
 Message 15-lett

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| UPDATE  | REMARKS - REMA  | REMA |
|---------|---|------|
|         | <p style="text-align: right;">01</p> <p>*****Shelter / Utility Expense*****</p> <p>Wed OCT 16 1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555</p> <p>Does anyone pay part/all of the Shel Exp? Y/N [ <b>Y</b> ] If yes, explain<br/>: Sister Jacqui e Meyers pays half of the rent. _____</p> <p>Housing Cost A/R Incurs Rent [<b>X</b>] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]<br/>: _____</p> <p>Calc if other than monthly: _____</p> <p>Included in mortg? Insurance [ ] Taxes [ ] If none, explain: _____</p> <p>UTILITY EXPENSE incurred by DWELLING? Y/N [<b>Y</b>] Included in Rent? Y/N [ <b>Y</b> ]<br/>If none, explain: gas, water &amp; sewer included in rent. _____</p> <p>DEWELLING IS ELIGIBLE for Utility Deduction based on;<br/>[ ] H/C SUA based on, Heating[ ] AC[ ] LIHEAP[ ] Excess H/C Public Hsg[ ]<br/>[ ] Non H/C based on two types of expenses: _____<br/>: _____ OR Excess Non H/C Public Hsg[ ]<br/>[<b>X</b>] Actual based on one type of expense: <i>Electricity</i> _____<br/>[ ] Eligible for Phone Std only?</p> <p>Is the AU sharing utility expenses? Y/N [ <b>N</b> ] {Hit tilde for SHEL SHARED}<br/>: _____</p> |      |
| MESSAGE |   | More |
| 13-bott |   |      |

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**Situation D: ONE AU PAYS AT LEAST TWO UTILITIES OTHER THAN HEATING OR COOLING**

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and 1/2 of the rent. Gas heat is included in the rent. Jacquie pays all the other utility bills which include water and telephone. Mary has the following costs:

Electricity (not used for heating and cooling), pays about \$50 monthly

pays \$250 per month of \$500/month rent, has copy of lease with her and a letter from Jacquie

rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

|                 |                         |              |                |              |       |
|-----------------|-------------------------|--------------|----------------|--------------|-------|
| INTERVIEW       | SHELTER EXPENSES - SHEL |              | SHEL 01        |              |       |
| Month 11 96     | 3001                    | 10 16 96     |                |              |       |
| Client Name     | MARY                    | SIMS         | Client ID      | 934000103    |       |
| Primary         | Receive                 | Public       | SUA            | Number       | Phone |
| Heat/Cool       | LI HEAP                 | Housi ng/Exc | Type           | Shari ng     | STD   |
| I               |                         |              | NH             |              |       |
| Expense Type    | Amt                     | V            | Expense Type   | Amt          | V     |
| Rent            | 250.00                  | LE           | Mortgage       |              |       |
| Taxes           |                         |              | Insurance      |              |       |
| Gas             |                         |              | Electric       |              |       |
| Telephone       |                         |              | Water          |              |       |
| Sewer           |                         |              | Garbage        |              |       |
| Disaster Repair |                         |              | Oil            |              |       |
| Other Fuel      |                         |              | Other Housi ng |              |       |
| Landlord Name   | JOHN                    | HILL         | Phone          | 912-994-7943 |       |
| Address         | 122 BORAX AVE.          | City SPARTA  | ST GA          | Zip 30023    |       |
| Message         | 15-lett                 |              |                |              |       |

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|        |                |      |
|--------|----------------|------|
| UPDATE | REMARKS - REMA | REMA |
|--------|----------------|------|

01

\*\*\*\*\*Shelter / Utility Expense\*\*\*\*\*  
10/16/1996 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  
: Sister Jacquie Meyer pays half of the rent and all the water and telephone.

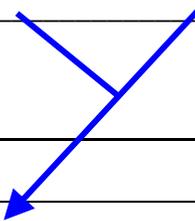
Housing Cost A/R Incurs Rent [**X**] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]  
:  
Calc if other than monthly: \_\_\_\_\_  
Included in mortg? Insurance [ ] Taxes [ ] If none, explain: \_\_\_\_\_

UTILITY EXPENSE incurred by DWELLING? Y/N [**Y**] Included in Rent? Y/N [**N**]  
If none, explain: 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[ ]  
[**X**] Non H/C based on two types of expenses: *elec not for H/C, phone and water*  
: \_\_\_\_\_ 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 [ **Y** ] {Hit tilde for SHEL SHARED}  
:  
More

MESSAGE  
13-bott



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|        |                |      |
|--------|----------------|------|
| UPDATE | REMARKS - REMA | REMA |
|--------|----------------|------|

\*\*\*\*\*Shelter / Utility Expense\*\*\*\*\*  
10/16/1996 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: *Electric*

Does AU contribute to one of the utility expenses that SUA or Actual  
includes? Y/N ( **Y** )

Shared AU is eligible for H/C SUA ( ), Non H/C SUA ( **X** ), 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   | SHELTER EXPENSES - SHEL | SHEL 01 |
| Month 11 96 | 3001 10 16 96           |         |

Client Name MARY                      SIMS                                      Client ID 934000103

|           |         |             |      |         |       |
|-----------|---------|-------------|------|---------|-------|
| Primary   | Receive | Public      | SUA  | Number  | Phone |
| Heat/Cool | LIHEAP  | Housing/Exc | Type | Sharing | STD   |
| I         |         |             | NO   |         | OW    |

|                 |     |   |               |     |   |
|-----------------|-----|---|---------------|-----|---|
| 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 JOHN                      HILL                                      Phone 912-994-7943

Address **122 BORAX AVE.**                      City **SPARTA**                      ST **GA**      Zip **30023**  
 Message  
 15-lett

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|        |                |      |
|--------|----------------|------|
| UPDATE | REMARKS - REMA | REMA |
|--------|----------------|------|

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\*\*\*\*\*Shelter / Utility Expense\*\*\*\*\*  
Wed OCT 16 1996 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 [ ]  
: ***Incurs none.*** \_\_\_\_\_  
Calc if other than monthly: \_\_\_\_\_  
Included in mortg? Insurance [ ] Taxes [ ] If none, explain: \_\_\_\_\_

UTILITY EXPENSE incurred by DWELLING? Y/N [ **M** ] Included in Rent? Y/N [ **Y** ]  
If none, explain: ***All utilities except phone 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: \_\_\_\_\_  
[ **X** ] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [ **Y** ] {**H i t t i l d e f o r S H E L S H A R E D**}  
: \_\_\_\_\_

More

MESSAGE

13-bott

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\*\*\*\*\*Shelter / Utility  
Expense\*\*\*\*\*  
10/16/1996 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: ***Telephone***

Does AU contribute to one of the utility expenses that SUA or Actual  
includes? Y/N ( **Y** )

Shared AU is eligible for H/C SUA ( ), Non H/C SUA ( ), Actual ( ), Phone  
Std ( **X** )

More

MESSAGE

13-bott

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**Situation F: BOTH AUs PAY HALF OF ALL COSTS**

Mary Sims and sister, Jacquie Myers, live together and are purchasing a home together. They share utility costs equally. Both receive Food Stamps as separate AUs. Each one pays half of the mortgage, property tax, homeowner's insurance and half of all utility bills. Mary has the following costs:

heats with gas, pays about \$50 monthly

pays one half of \$500 mortgage, one half of \$300 annual Property Taxes and one half of \$240 annual homeowner's insurance

| INTERVIEW        |         | SHELTER EXPENSES - SHEL |               |                     | SHEL 01 |     |
|------------------|---------|-------------------------|---------------|---------------------|---------|-----|
| Month 11 96      |         | 3001                    | 10            | 16 96               |         |     |
| Client Name MARY |         | SIMS                    |               | Client ID 934000103 |         |     |
| Primary          | Receive | Public                  | SUA           | Number              | Phone   |     |
| Heat/Cool        | LI HEAP | Housing/Exc             | Type          | Sharing             | STD     |     |
| <b>G</b>         |         |                         | <b>HC</b>     |                     |         |     |
| Expense Type     | Amt     | V                       | Expense Type  | Amt                 | V       |     |
| Rent             |         |                         | Mortgage      | 250.00              | RC      |     |
| Taxes            | 12.50   | BI                      | Insurance     | 10.00               | BI      |     |
| Gas              |         |                         | Electric      |                     |         |     |
| Telephone        |         |                         | Water         |                     |         |     |
| Sewer            |         |                         | Garbage       |                     |         |     |
| Disaster Repair  |         |                         | Oil           |                     |         |     |
| Other Fuel       |         |                         | Other Housing |                     |         |     |
| Landlord Name    |         |                         | Phone         |                     | ST      | Zip |
| Address          |         | City                    |               |                     |         |     |
| Message          |         |                         |               |                     |         |     |
| 15-lett          |         |                         |               |                     |         |     |

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| UPDATE   | REMARKS - REMA | REMA |
|--|----------------|------|
|  |                | 01   |
| *****Shelter / Utility Expense*****  |                |      |
| Wed OCT 16 1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555                                   |                |      |
| Does anyone pay part/all of the Shel Exp? Y/N [ <b>Y</b> ] If yes, explain                             |                |      |
| : _____  |                |      |
| Housing Cost A/R Incurs Rent [ ] Mortg [ <b>X</b> ] Insur [ <b>X</b> ] Taxes [ <b>X</b> ] Lot Rent [ ] |                |      |
| : <b>AU pays half of the mort., taxes and insurance</b> _____  |                |      |
| Calc if other than monthly: _____  |                |      |
| Included in mortg? Insurance [ ] Taxes [ ] If none, explain: _____                                     |                |      |
| UTILITY EXPENSE incurred by DWELLING? Y/N [ <b>Y</b> ] Included in Rent? Y/N [ <b>N</b> ]              |                |      |
| If none, explain: _____  |                |      |
| DEWELLING IS ELIGIBLE for Utility Deduction based on;  |                |      |
| [ <b>X</b> ] H/C SUA based on, Heating [ <b>X</b> ] 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 [ <b>Y</b> ] {Hit tilde for SHEL SHARED}                       |                |      |
| : _____  |                |      |
|  |                | More |
| MESSAGE  |                |      |
| 13-bott  |                |      |

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\*\*\*\*\*Shelter / Utility

Expense\*\*\*\*\*

10/16/1996 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: *Gas*

Does AU contribute to one of the utility expenses that SUA or Actual  
includes? Y/N ( *Y* )

Shared AU is eligible for H/C SUA ( *X* ), Non H/C SUA ( ), Actual ( ),  
Phone Std ( )

More  
MESSAGE

13-bott

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**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              |               | SHELTER EXPENSES - SHEL |               |                     | SHEL 01 |  |
| Month 11 96            |               | 3001 10 16 96           |               |                     |         |  |
| Client Name MARY       |               | SIMS                    |               | Client ID 934000103 |         |  |
| Primary                | Receive       | Public                  | SUA           | Number              | Phone   |  |
| Heat/Cool              | LI HEAP       | Housing/Exc             | Type          | Sharing             | STD     |  |
| <b>G</b>               |               |                         |               | <b>HC</b>           |         |  |
| Expense Type           | Amt           | V                       | Expense Type  | Amt                 | V       |  |
| Rent                   | <b>250.00</b> | LL                      | Mortgage      |                     |         |  |
| Taxes                  |               |                         | Insurance     |                     |         |  |
| Gas                    |               |                         | Electric      |                     |         |  |
| Telephone              |               |                         | Water         |                     |         |  |
| Sewer                  |               |                         | Garbage       |                     |         |  |
| Disaster Repair        |               |                         | Oil           |                     |         |  |
| Other Fuel             |               |                         | Other Housing |                     |         |  |
| Landlord Name JOHN     |               | HILL                    |               | Phone 912-994-7943  |         |  |
| Address 122 BORAX AVE. |               | City SPARTA             |               | ST GA Zip 30023     |         |  |
| Message                |               |                         |               |                     |         |  |
| 15-lett                |               |                         |               |                     |         |  |

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UPDATE REMARKS - REMA REMA

01

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

Wed OCT 16 1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

:

Housing Cost A/R Incurs Rent [ **X** ] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]

:

Calc if other than monthly: \_\_\_\_\_

Included in mortg? Insurance [ ] Taxes [ ] If none, explain: \_\_\_\_\_

UTILITY EXPENSE incurred by DWELLING? Y/N [ **Y** ] Included in Rent? Y/N [ **N** ]

If none, explain: \_\_\_\_\_

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[ **X** ] H/C SUA based on, Heating [ **X** ] AC [ ] LIHEAP [ ] Excess H/C Public Hsg [ ]

[ ] Non H/C based on two types of expenses: \_\_\_\_\_

: \_\_\_\_\_ OR Excess Non H/C Public Hsg [ ]

[ ] Actual based on one type of expense: \_\_\_\_\_

[ ] Eligible for Phone Std only?

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

:

More

MESSAGE

13-bott

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**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<br>Month 11 96  | SHELTER EXPENSES - SHEL<br>3001 10 16 96 |                       |                   |                     | SHEL 01      |  |
| Client Name MARY          |  | SIMS                  |                   | Client ID 934000103 |              |  |
| Primary<br>Heat/Cool<br>G | Receive<br>LI HEAP                       | Public<br>Housing/Exc | SUA<br>Type<br>HC | Number<br>Sharing   | Phone<br>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 JOHN        |  | HILL                  |                   | Phone 912-994-7943  |              |  |
| Address 122 BORAX AVE.    |  | City SPARTA           |                   | ST GA Zip 30023     |              |  |
| Message<br>15-lett        |  |                       |                   |                     |              |  |

UPDATE

REMARKS - REMA

REMA

01

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

Wed OCT 16 1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

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

:

Housing Cost A/R Incurs Rent [**X**] Mortg [ ] Insur [ ] Taxes [ ] Lot Rent [ ]

:

Calc if other than monthly: \_\_\_\_\_

Included in mortg? Insurance [ ] Taxes [ ] If none, explain: \_\_\_\_\_

UTILITY EXPENSE incurred by DWELLING? Y/N [**Y**] Included in Rent? Y/N [ **N** ]

If none, explain: \_\_\_\_\_

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[**X**] H/C SUA based on, Heating [**X**] AC [ ] LIHEAP [ ] Excess H/C Public Hsg [ ]

[ ] Non H/C based on two types of expenses: \_\_\_\_\_

: \_\_\_\_\_ OR Excess Non H/C Public Hsg [ ]

[ ] Actual based on one type of expense: \_\_\_\_\_

[ ] Eligible for Phone Std only?

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

:

More

MESSAGE

13-bott

## **I. Objectives for Reviews**

At the end of this section, you should know:

- how to process reviews in SUCCESS
- what to document when processing reviews in SUCCESS
- how to incorporate good interview skills in a review interview

## II. Block out time on schedule

### AMEN

- PF3 back to the Main Menu

### Main Menu

- select E

### EMEN

- select B

### SCHD

- tab to the APPT field and PF1 to look at codes
- enter OL in the Appt field by 7:00
- enter C (continued) in Appt field for 7:30, 8:00, 8:30
- enter LUN in the Appt field for 12:00
- enter OL in the Appt field for 3:30
- press enter to go to the next page
- enter C in the Appt field for 4:00, 4:30, 5:00, 5:30, 6:00, 6:30
- press enter to return to EMEN

### EMEN

- press enter

### SCHD

- tab to S (select) field and enter a B by the codes, OL, LUN, and OL on the last page. (There is no need to enter it by the C (continued) codes.)
- press enter to go back to EMEN.

### EMEN

- press enter

## **SCHD**

- change the date at the top of the page to 11/12/96
- press enter to return to EMEN
- PF3 back to the Main Menu
- select A to go back to AMEN

## **Scheduling Appointments**

### **AMEN**

- select R
- enter the Margaret Simmons AU ID #
- fast path to MISC

### **MISC**

- press F14 to view your schedule to avoid conflict

### **SCHD**

- after reviewing your schedule, press F3

### **MISC**

- enter the following review appointment date and time: November 11, 1996, 9:00 AM to 10:00 AM
- enter LOAD ID & APPT TYPE
- enter a print location L as letters have already gone out and enter the remark "Simmons/FS Review" NOTE: If letters have not gone out, enter a print location of B.
- fast path to DONE

### **ERRO**

- resolve errors

### **DONE**

- press enter

## **WALK THROUGH CASE: DAWN COSNER REVIEW**

This case will demonstrate how to complete a review of eligibility on an ongoing case.

### **Background**

- Dawn Cosner receives RSM PG for herself, TANF for her nieces and nephews, and Food Stamps for everyone in the home. It is time for a review of her FS case. SUCCESS has selected this case for review and did the following:
  - sent an alert to the case worker
  - scheduled an appointment for the review
  - sent a review appointment notice to the A/R.

The A/R has arrived for the review appointment.

### **Your Assignment**

- Initiate and complete the review. Make all necessary changes using the data that follows.
- PF4 around missing verification and print out the VEF and commit pending review to the data base.
- When the verification is returned, update the verification field with the correct code, complete the review on the MISC screen and commit to data base.

### **STEP 1      Locate Dawn's client ID #**

#### **AMEN**

- select B and enter Dawn's FS AU ID#

#### **STAT A**

- PF11, write down Dawn's client ID#
- PF3 back to AMEN

## **STEP 2     Initiate the Review**

### **AMEN**

- select N
- delete the AU #
- enter Dawn's client ID#

### **REDE**

- enter 10/16/96 as the Recert Appl Date
- enter a Y to select the FS case

## **STEP 3     Complete the Review Interview**

### **AMEN**

- select R and enter Dawn's client ID#

### **REDE**

- PF4 around the warning message

### **ADDR**

- PF21 to document on NARR that A/R came in for a review.
- no change, press enter

### **STAT A**

- no change, press enter

### **STAT B**

- no change, press enter

### **STAT C**

- no change
- Press tilde and select ADT #1 to document "no other household members".  
"This is an SRR AU. SRR explained and manual Form 339 given."

**DEM1 for Dawn**

- no change, press enter

**DEM2 for Dawn**

- no change, press enter

**PRCO for Dawn**

- no change, press enter

**DEM3 for Dawn**

- no change, press enter

**DEM4 for Dawn**

- enter N for Assess Ind

**DEM1 for Lee**

- no change, press enter

**DEM2 for Lee**

- no change, press enter

**DEM3 for Lee**

- no change, press enter

**DEM1 for Lisa**

- Lisa has never been married
- press enter

**DEM2 for Lisa**

- still a student at Highland High School, client statement accepted

**ALAS for Lisa**

- no change, press enter

**DEM3 for Lisa**

- no change, press enter

**DEM1 for Katherine**

- no change, press enter

**DEM2 for Katherine**

- enter a Y in the Health Ref field

**DEM3 for Katherine**

- no change, press enter

**DEM1 for Carl**

- no change, press enter

**DEM2 for Carl**

- Carl is a full time student
- enter Y in the Health Ref field
- press enter

**ALAS for Carl**

- Attends Smith Elementary school

**DEM3 for Carl**

- no change, press enter

**DEM1 for Daniel**

- no change, press enter

**DEM2 for Daniel**

- Daniel is a full time student
- Enter Y in the Health Ref field
- Press enter

### **ALAS for Daniel**

- attends Smith Elementary school

### **DEM3 for Daniel**

- no change, press enter

### **FSME for Dawn**

- press enter to RES1 for Dawn

### **RES1 for Dawn**

- Dawn now has a checking account with Wachovia with an approximate balance of \$200, client statement accepted

### **RES2 for Dawn**

- no change, press enter

### **RES3 for Dawn**

- no change, press enter

### **TRAN for Dawn**

- no change, press enter

### **RES1 for Lee**

- no change, press enter

### **RES2 for Lee**

- Lee has a 1985 Honda Civic which he drives to work. The NADA book shows the FMV is \$2000. Nothing is owed on the vehicle.
- enter "EM" as the use code for TANF
- enter "IN" as the use code for FS

### **RES3 for Lee**

- no change, press enter

### **TRAN for Lee**

- no change, press enter

### **Resources screens for Lisa, Katherine, Carl and Daniel**

- no change, press enter

### **ERN1 for Dawn**

- press tilde to document no discrepancies in clearinghouse

### **DEAL for Dawn**

- no change, press enter

### **CARE for Dawn**

- no change, press enter

### **ERN1 for Lee**

- Lee is no longer working for ACOG. He last worked there in July. He started a new job on 8/1.
- Press tilde to document the termination, that verification was requested and that there are not discrepancies in clearinghouse.
- press enter to go to ERN2 to delete current job

### **ERN2 for Lee**

- enter a Y in the DEL field and press PF24

### **ERN1 for Lee**

- Lee is now working for Atlanta Tile Wholesale on Overbrook Parkway, Atlanta, Ga., 30314. He began there on 8/1/96 and received his first check on 8/15/96.
- press enter to go to ERN2

### **ERN2 for Lee**

- He works approximately 40 hours per week at \$9.50 per hour. He is paid biweekly on Fridays.
- Press tilde and select ADT #1 to complete documentation.

- Enter bi-weekly rep pay
- leave the verification field blank
- PF4 around the warning message

### **DEAL and CARE for Lee, ERN1, ERN2, DEAI, CARE for Lisa, Katherine, Carl, Daniel**

- no change, press enter

### **UINC for Everyone**

- no change
- press tilde to document that there are no clearinghouse discrepancies for Lee and Dawn
- press enter

### **WORK for Dawn**

- correct work status code for Dawn
- Press tilde and select ADT #2 to document the change in status
- WORK for Lee, Lisa, Katherine, Carl, Daniel
- no change, press enter

### **SHEL**

- rent is still \$300/month, Dawn does not have verification with her
- she heats with gas and also pays electric and telephone bills. Delete the information in the # sharing, phone std, telephone, and electric fields
- press tilde to document

### **MISC A**

- press enter, this is for the TANF case

### **MISC B**

- press enter, this is for the RSM PG case

## MISC C

- Press tilde to enter documentation about management (see Form 354 on next page)
- PF4 around yellow question mark

## ERRO

- problem solve all errors other than Clearinghouse or ERN2 for 02, 0013

EXPENSE STATEMENT

Application  Review  Change  
Completion Optional

I. How does your household pay the following bills?

| EXPENSE   | AMOUNT DUE | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|---|------------|----------------|----------------|--------------|
| Rent / Mortgage                                     | 300        | monthly        | 10/96          | self         |
| Property Taxes                                      |            |                |                |              |
| Property Insurance                                  |            |                |                |              |
| Utilities   |            |                |                |              |
| a. Electricity                                      | 40         | monthly        | 10/96          | self         |
| b. Gas  | 65         | monthly        | 10/96          | self         |
| c. Fuel Oil, Wood, Kerosene                         |            |                |                |              |
| d. Well/Septic Tank/Water/Sewage                    |            |                |                |              |
| e. Garbage  |            |                |                |              |
| f. Telephone  | 25         | monthly        | 10/96          | self         |
| <b>SUBTOTAL</b>                                     | <b>430</b> |                |                |              |
| Medical Expense                                     |            |                |                |              |
| Child Care Expenses                                 |            |                |                |              |
| Child Support Paid Out                              |            |                |                |              |
| Health Insurance                                    |            |                |                |              |
| Auto Expenses<br>(payments, insurance, maintenance) | 50         | monthly        | 10/96          | self         |
| Other   | 75         | monthly        | 10/96          | self         |
| <b>TOTAL</b>  | <b>555</b> |                |                |              |

EXPEDITED?  Yes  No

1. Does anyone pay any of these bills or any other household bills for you?  Yes  No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?  Yes  No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

J. Worker  
Signature (Eligibility Worker)

10/16/96  
Date

COUNTY: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## VERF A

- press enter, this pertains to the TANF case and is not applicable

## VERF B

- press enter, this pertains to the RSM case and is not applicable

## VERF C

- print out the verification checklist or use Form 173 to request verification of Lee's income
- you will need to manually add verification of termination of previous employment
- FAST PATH BACK to ERN2 for Lee and enter a verification code for wages as you cannot commit the pending review to the database with outstanding verification.

## ERN2

- enter verification code OT for wages
- PF9 to access the ADT completed earlier
- Place a Y in the more field
- Press tilde to add your information
- Enter the following remarks.  
  
"Verification of wages requested 10/16/96 during the review. Verf code will be updated correctly when verf received"
- fast path to DONE

## ERRO

- display error codes, ignore those referring to Clearinghouse and the MISC ones that state that review types are different.

## ELIG A

- review and enter Y to confirm

**CAFI**

- review and enter Y to confirm

**ELIG B**

- review and enter Y to confirm

**CAFI**

- review and enter Y to confirm

**ELIG C**

- review and enter Y to confirm

**FSFI**

- review and enter Y to confirm
- waive notice by typing "Y" in "Notice Override"

**DONE**

- press enter to commit to the data base

**Update Verification/Complete Review**

**VERIFICATION IS RECEIVED 10/20/96**

- Termination of Job from ACOG.
- Last 2 of Lee's pay stubs:

| Pay Period<br>Ending Date | Pay Received<br>Date | Amount |
|---------------------------|----------------------|--------|
| 9/23/96                   | 10/7/96              | 751.28 |
| 9/9/96                    | 9/23/96              | 756.00 |

**AMEN**

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

**REDE**

- PF4 to ADDR

## **ADDR**

- fast path to ERN1 for Lee

## **ERN1**

- PF9 to access ADT and update the documentation - receipt of termination from ACOG.

## **ERN2**

- delete all information on ERN2 – DO NOT USE THE DEL FIELD
- PF16 to EVNC

## **EVNC**

- Lee works 40 hours per week paid bi-weekly on Friday
- enter all pay stubs amounts
- press enter to return to ERN2
- fast path to MISC C

## **MISC C**

- PF1 to find the correct code to indicate the review is complete and enter in the COMPL field

## **ERRO**

- display error codes, ignore those referring to Clearinghouse

## **ELIG A**

- review and enter Y to confirm

## **CAFI**

- review and enter Y to confirm

## **ELIG B**

- review and enter Y to confirm

**CAFI**

- review and enter Y to confirm

**ELIG C**

- review and enter Y to confirm

**FSFI**

- review and enter Y to confirm

**DONE**

- press enter to commit data to the data base

**Dawn Cosner - TANF Case**

| CHANGE                  | CASH/MA FINANCIAL ELIGIBILITY - CAFI |                        | CAFI               | A |
|-------------------------|--------------------------------------|------------------------|--------------------|---|
| Month 11 96             |                                      |                        |                    |   |
| AU ID 100337255         | Prog AF                              | Prog Type R            | Med COA F01        |   |
|                         |                                      | Net Income Test (cont) |                    |   |
| Resources               |                                      | Standard - 30 1/3      | .00                |   |
| Resource Limit          | 1000.00                              | Dependent Care         | .00                |   |
| Total Resources         | .00                                  | Net Earned Income      | .00                |   |
| Gross Income Test       |                                      | Net Unearned Income    | .00                |   |
| Gross Income Limit      | 784.40                               | Deemed Income          | .00                |   |
| Gross Earned Income     | .00                                  | Allocated Income       | .00                |   |
| Net Unearned Income     | .00                                  | Net Income             | .00                |   |
| Deemed Income           | .00                                  | Grant Amount           | 280.00             |   |
| Allocated Income        | .00                                  | Recoupment Amount      | .00                |   |
| Total Gross Income      | .00                                  | Benefit Amount         | 280.00             |   |
| Net Income Test         |                                      | Previous Benefit       | 280.00             |   |
| Net Income Limit        | 424.00                               | Spenddown Amount       |                    |   |
| Gross Earned Income     | .00                                  | Medical Expense Amt    |                    |   |
| Self Employ Work Exp    | .00                                  | Net Spenddown Amt      |                    |   |
| Bnft Eff Date 101696    | Bnft Confirm Y                       | Reasons                | Budgeting Method P |   |
| Notice Type 0011        | Waive Timely Ntc Period              |                        | Notice Override    |   |
| Review Begin Date 04 96 | Review End Date 10 96                |                        | Strat 2            |   |
| Message                 |                                      |                        |                    |   |

13-note

**RELATED RSM PREGNANT WOMAN CASE**

**Dawn Cosner**

| CHANGE                  | CASH/MA FINANCIAL ELIGIBILITY - CAFI |                        |                    | CAFI | B |
|-------------------------|--------------------------------------|------------------------|--------------------|------|---|
| Month 11 96             |                                      |                        |                    |      |   |
| AU ID 100337255         | 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 041596    | Bnft Confirm Y                       | Reasons                | Budgeting Method P |      |   |
| Notice Type 0011        | Waive Timely Ntc Period              |                        | Notice Override    |      |   |
| Review Begin Date 04 96 | Review End Date 99 99                |                        | Strat 3            |      |   |
| Message                 |                                      |                        |                    |      |   |

13-note

**FSFI for Dawn Cosner**

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI C  
 Month 11 96  
 AU ID 100357255 Prog FS Prog Type T

|                       |         |                     |         |
|-----------------------|---------|---------------------|---------|
| Resources             |         | Income Test (cont)  |         |
| Resources Limit       | 2000.00 | Excess Shelter      | .00     |
| Total Resources       | 200.00  | Medical Deduction   | .00     |
| Income Test           |         | Dep Care Deduction  | .00     |
| Gross Income Standard | 2196.00 | Child Support Ded   | .00     |
| Gross Count Earned    | 1632.83 | Adjusted Net Income | 1452.00 |
| Self Employ Expenses  | .00     | Net Income Standard | 1690.00 |
| Earned Income Deductn | 326.56  | Thrifty Food Plan   | 566.00  |
| Net Earned Income     | 1306.27 | Allotment Amount    | 130.00  |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00     |
| AFDC / Refugee        | 280.00  | Benefit Amount      | 130.00  |
| Standard Deduction    | 134.00  | Previous Benefit    | 127.00  |

Bnft Eff Date 102696 Bnft Confirm Y Reasons 308 Budgeting Method P  
 Notice Type 0009 Waive Timely Notice Period Notice Override  
 Review Begin Dt 11 96 Review End Dt 04 97 Strat 3 Issue Type

Message

13-note

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## **Mitchell Green – Review Real Play Family Independence Case Manager Scenario**

### **Background**

- Mitchell Green has come in for his Food Stamp review. He also has a TMA case that does not need to be reviewed.
- Talk with the A/R up front to establish rapport and get an overview of his situation, then, go through all the screens on SUCCESS updating information.
- Remember to PF4 around any unverified information that you need to print on the VERF screen.
- Review all required forms with A/R and have them sign.
- You will need to decide if verification is needed for anything this time.
- Print out a verification checklist if necessary
- If verification is needed, the A/R will provide it after you give them the checklist and then you will go back in and complete the review
- If verification is not needed, complete the review
- There will be a yellow question mark highlighted for SUSAN on the DEAL screen; PF4 around this.
- When review is completed, check your budgets against the ones attached. Note that the CAFI is displayed for the related TMA (F07).

**Mitchell Green TMA**

| CHANGE                  | CASH/MA FINANCIAL ELIGIBILITY - CAFI |                         | CAFI            |
|-------------------------|--------------------------------------|-------------------------|-----------------|
| Month 11 96             |                                      |                         |                 |
| AU ID 100225843         | Prog MA                              | Prog Type F             | Med COA F07     |
|                         |                                      | Net Income Test (cont)  |                 |
| Resources               |                                      | Standard - 30 1/3       | .00             |
| Resource Limit          | .00                                  | Dependent Care          | .00             |
| Total Resources         | .00                                  | Net Earned Income       | .00             |
| Gross Income Test       |                                      | Net Unearned Income     | .00             |
| Gross Income Limit      | .00                                  | Deemed Income           | .00             |
| Gross Earned Income     | .00                                  | Allocated Income        | .00             |
| Net Unearned Income     | .00                                  | Net Income              | .00             |
| Deemed Income           | .00                                  | Grant Amount            | .00             |
| Allocated Income        | .00                                  | Recoupment Amount       | .00             |
| Total Gross Income      | .00                                  | Benefit Amount          | .00             |
| Net Income Test         |                                      | Previous Benefit        | .00             |
| Net Income Limit        | .00                                  | Spenddown Amount        |                 |
| Gross Earned Income     | .00                                  | Medical Expense Amt     |                 |
| Self Employ Work Exp    | .00                                  | Net Spenddown Amt       |                 |
| Bnft Eff Date 100196    |                                      | Bnft Confirm Y          | Reasons         |
| Notice Type 0011        |                                      | Waive Timely Ntc Period | Budgeting Metho |
| Review Begin Date 07 96 |                                      | Review End Date 06 97   | Notice Override |
| Message                 |                                      |                         | Strat 3         |

13-note

**Mitchell Greene FS**

| CHANGE                | FOOD STAMP FINANCIAL ELIGIBILITY - FSFI |                     | FSFI             | B     |
|-----------------------|---|---------------------|------------------|-------|
| Month 11 96           |   |                     |                  |       |
| AU ID 100247353       | Prog FS                                 | Prog Type S         |                  |       |
| Resources             |   | Income Test (cont)  |                  |       |
| Resources Limit       | 2000.00                                 | Excess Shelter      | .00              |       |
| Total Resources       | 275.00                                  | Medical Deduction   | .00              |       |
| Income Test           |   | Dep Care Deduction  | .00              |       |
| Gross Income Standard | 1364.00                                 | Child Support Ded   | .00              |       |
| Gross Count Earned    | 1339.03                                 | Adjusted Net Income | 937.00           |       |
| Self Employ Expenses  | .00                                     | Net Income Standard | 1050.00          |       |
| Earned Income Deductn | 267.80                                  | Thrifty Food Plan   | 313.00           |       |
| Net Earned Income     | 1071.23                                 | Allotment Amount    |                  | 32.00 |
| Gross Count Unearned  | .00                                     | Recoupment Amount   | .00              |       |
| AFDC / Refugee        | .00                                     | Benefit Amount      | 32.00            |       |
| Standard Deduction    | 134.00                                  | Previous Benefit    | 44.00            |       |
| Bnft Eff Date 101696  | Bnft Confirm Y                          | Reasons 308 237     | Budgeting Method |       |
| Notice Type 0034      | Waive Timely Notice Period              |                     | Notice Override  |       |
| Review Begin Dt 11 96 | Review End Dt 04 97 Strat 3             |                     | Issue Type       |       |

Message

13-note

\* - Computer indicates 11/96 as review end date.

## **Alice Denton – Review Real Play**

### **Family Independence Case Manager Scenario**

#### **Background**

- Alice Denton has come in for her Food Stamp review. She also has an RSM pregnant woman case for herself and an RSM child case for her child which do not need to be reviewed at this time. Talk with the A/R up front to establish rapport and get an overview of her situation, then, go through all the screens on SUCCESS updating information. Remember to PF4 around any unverified information that you need to print on the VERF screen.
- Review all required forms with A/R and have them sign.
- You will need to decide if verification is needed for anything this time
- Print out a verification checklist if necessary (remember you will need to go back to the screen with missing verification and change the verification to OT, document, and then fast path to DONE to commit the data to the data base.)
- If verification is needed, the A/R will provide it after you give them the checklist and then you will go back in and complete the review
- If verification is not needed, complete the review.
- When review is completed, check your budgets against the ones attached. Note that CAFI is displayed for the related RSM Pregnant Woman Case (P01) and the RSM child case (F22).

**Alice Denton RSM PG Case**

| CHANGE                  | CASH/MA FINANCIAL ELIGIBILITY - CAFI |                         | CAFI               | A |
|-------------------------|--------------------------------------|-------------------------|--------------------|---|
| Month 11 96             |                                      |                         |                    |   |
| AU ID 100444407         | 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 093096    |                                      | Bnft Confirm Reasons    | Budgeting Method A |   |
| Notice Type 0011        |                                      | Waive Timely Ntc Period | Notice Override    |   |
| Review Begin Date 09 96 |                                      | Review End Date 99 99   | Strat 2            |   |
| Message                 |                                      |                         |                    |   |

13-note

**Alice Denton RSM Child Case**

| CHANGE                  | CASH/MA FINANCIAL ELIGIBILITY - CAFI |                         |                     | CAFI   | B                |
|-------------------------|--------------------------------------|-------------------------|---------------------|--------|------------------|
| Month 11 96             |                                      |                         |                     |        |                  |
| AU ID 100434407         | 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       |                     | 824.07 |                  |
| Gross Income Test       |                                      | Net Unearned Income     |                     | .00    |                  |
| Gross Income Limit      | .00                                  | Deemed Income           |                     | .00    |                  |
| Gross Earned Income     | 914.07                               | Allocated Income        |                     | .00    |                  |
| Net Unearned Income     | .00                                  | Net Income              |                     | 824.00 |                  |
| 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        | 1680.00                              | Spenddown Amount        |                     |        |                  |
| Gross Earned Income     | 914.07                               | Medical Expense Amt     |                     |        |                  |
| Self Employ Work Exp    | .00                                  | Net Spenddown Amt       |                     |        |                  |
| Bnft Eff Date 093096    |                                      | Bnft Confirm            | Reasons 308 302 324 |        | Budgeting Method |
| Notice Type 0011        |                                      | Waive Timely Ntc Period |                     |        | Notice Override  |
| Review Begin Date 09 96 |                                      | Review End Date 03 97   |                     |        | Strat 2          |
| Message                 |                                      |                         |                     |        |                  |

13-note



## **I. Objectives for Expedited Food Stamp Cases**

By the end of this session, you should know:

- how to process an expedited case on SUCCESS

# Expedited Criteria

## (ESS 3110)

- AU has less than \$150 in monthly gross countable income and liquid resources of \$100 or less

**OR**

- AU has monthly shelter / actual utility expenses which exceed gross countable income and liquid resources

**OR**

- AU is a destitute migrant or seasonal farm worker AU whose liquid resources total \$100 or less

## II. Walk Through Case: Franklin Collins

This case will demonstrate how to complete a FS expedited application and how to code an ABAWD on the WORK screen.

### Background

- Franklin Collins, age 35, applies for Food Stamps on 10/16/96. He provides his driver's license for ID. No one else lives at this address. Mr. Collins is a US citizen (verified by birth certificate) and graduated from high school. He lost his job last month and has been working day labor this month and needs assistance until he finds another job. He earns approximately \$100/wk. His rent is \$450/mo which includes utilities. His only resource is \$5 cash. His case is expedited as his shelter expenses exceed his income and liquid resources for 10/96.

### Your Assignment

- Complete the interview, print out a verification checklist, process the application months, and finalize the case with missing verification using the data that follows:

### Franklin Collins

- lives by himself

### Resources

- cash \$5

### Income

- Last day of employment with Mac's Auto Shop was 8/25/96. He received his last check for \$300 on 9/5/96. He was terminated due to excessive tardiness.
- Currently getting day work when he can through Labor, Inc. on Broad St. in Macon, GA. He does not have any verification with him.
- Began with Labor Inc. on 9/10/96, paid on that date
- He is working approximately 2 days per week and earns \$50/day and is paid on Friday. Do not enter the daily amount; there is no daily code.
- This calculates to 16 hours per week at \$100/week

## Work

- Franklin is an ABAWD and must be referred to employment services (PF1 to look up the appropriate code for mandatory ABAWDs). Applicant job search is not appropriate for ABAWDs.
- Franklin graduated from high school
- PF4 around ABAWD non-compliance warning message

## Expenses

- code the primary heat/cool field as utilities included in rent
- code the SUA type code as no utilities
- he has no phone
- rent is \$450 which includes utilities. He does not have any verification with him. Form 354 shows no other expenses than rent.

## MISC

- A/R has only paid his rent for 9/96. He states he has talked with his landlord and will pay as much as he can until he finds a full time job. Management is not questionable.

## ERRO

- ignore the verification errors on income and shelter, as well as Clearinghouse errors

## VERF

- Print out the Verification Checklist

## DONE

- press enter



**FRANKLIN COLLINS – INTAKE 11/96**

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A  
 Month 11 96  
 AU ID 182145115 Prog FS Prog Type S

|                       |         |                     |        |
|-----------------------|---------|---------------------|--------|
| Resources             |         | Income Test (cont)  |        |
| Resources Limit       | 2000.00 | Excess Shelter      | 231.00 |
| Total Resources       | 5.00    | Medical Deduction   | .00    |
| Income Test           |         | Dep Care Deduction  | .00    |
| Gross Income Standard | 810.00  | Child Support Ded   | .00    |
| Gross Count Earned    | 433.33  | Adjusted Net Income | .00    |
| Self Employ Expenses  | .00     | Net Income Standard | 623.00 |
| Earned Income Deductn | 86.66   | Thrifty Food Plan   | 119.00 |
| Net Earned Income     | 346.67  | Allotment Amount    | 119.00 |
| Gross Count Unearned  | .00     | Recoupment Amount   | .00    |
| AFDC / Refugee        | .00     | Benefit Amount      | 119.00 |
| Standard Deduction    | 134.00  | Previous Benefit    | 59.00  |

Bnft Eff Date 101696 Bnft Confirm Y Reasons Budgeting Method P  
 Notice Type 0003 Waive Timely Notice Period Notice Override  
 Review Begin Dt 10 96 Review End Dt 11 96 Strat 3 Issue Type

Message

13-note

**FSFI for 11/96**

- Be sure the POE end date is 11/96
- press tilde to add the following information to the SUCCESS notice
 

“If you return the requested verification by 10/26/96, your correct period of eligibility will end in 12/96. In the next couple of days you will receive a Food Stamp allotment of \$178 which covers 10/96 and 11/96. In 12/96 you are currently eligible to receive \$119. Verification was requested for your case, this amount may change upon the receipt of this verification. You will receive a notice informing you of any changes made to your case.

## Part 2

### THE FOLLOWING VERIFICATION IS RECEIVED 10/25/96

- Statement from Labor Inc. stating Franklin has been employed since 9/10/96 and he works 2 to 3 days each week at \$50/day. (You will need to change your representative pay to be 20 hours per week at \$125/week)
- Lease showing rent is \$450
- update the case by initiating and completing a review using the verified information

**Initiate a Review** (you must use 10/16/96 as the review date in the training region - PRETEND it is 10/25/96)

**Complete the Review updating data base with verification and document on NARR at the ADDR screen**

**Confirm Eligibility and change POE to 12/96 on FSFI** (SUCCESS has started the review begin date as 12/96 because it knows 10/96 and 11/96 benefits have already been issued together as expedited. It has incorrectly given a new 3 month POE. Change to 12/96 to be consistent with the POE end date we listed on the original notice).



### III. Expedited with Postponed Verification Review Activity

### IV. Independent Study: Rodney Jackson

#### Background

- Rodney Jackson applies for Food Stamps on 10/16. He lives with a roommate, Chris Jones. Citizenship is verified by U.S. Passport. They purchase and prepare food separately. He was hurt on the job in September. He provides a medical statement indicating that he is temporarily ill. He last worked at UPS on 8/28/96. He received his last check for \$250 on 9/10. He is waiting for his Worker's Compensation case to be approved. He has had no income so far in October and is not sure when he will receive his first Worker's Compensation check. He was told he would receive \$150 per week when approved. He splits the rent of \$600 and the utilities equally with his roommate. They heat and cool with electricity. He has a checking account at Wachovia with a balance of \$50. He has no verification with him except a driver's license for ID and a U.S. passport. He is a high school graduate.

#### Your Assignment: Part 1

- Complete the interview, print out a verification checklist, process the application months, and finalize the case with missing verification.

***Note: This is a shared situation and will require that SHEL ADT tier at the bottom of the ADT is completed.***





## Your Assignment: Part 2

- You receive the following verification on 10/25:
  - rent receipt for \$600
  - statement from Chris stating he pays for ½ the rent
  - statement from Worker's Compensation that A/R will receive \$150 per week on Fridays beginning 11/3
- Initiate and complete a review using the verified information.



## Objectives for Alerts

At the end of this section, you should know:

- how to access alerts on SUCCESS
- how to use your alerts for effective caseload management

## I. Caseload Management – Managing Alerts

### Main Menu

- select D
- press enter

### DMEN

- select A
- press enter

### ALWG

Create Worker-Generated Alert – The ALWG screen is where a worker can create an alert to themselves or another worker to remind them of an action to take.

- enter your caseload ID number
- enter Dawn Cosner's AU ID number (XXXX57255) in the AU ID field
- enter an alert code between 450 – 489
- enter message text as follows:  
"Lee's separation notice and last 2 check stubs due  
Dawn Cosner"
- enter 10/16/96 as the date you want the text to display on your alerts
- enter 10/26/96 as the date the alert is actually due
- press enter

## DMEN

- select B
- press enter

## ALPR

The screen lists alerts for a caseload by priority order, from oldest to newest within the priority group. The smaller alert code has the higher priority.

### Alert colors

The alerts will appear in the following colors:

- **Fushia or Hot Pink** means the alert is new today and has not been dispositioned.
- **Light Blue** means the alert has been on your alert listing more than one day and has not been dispositioned.
- **White** means you have just accessed that alert.
- **Yellow** means the alert has been transferred to another worker or you have dispositioned the alert today.

## II. Working off your alerts

**PF13** – to view a two tier alert, such as BENDEX update of UINC or a SSN match on New Hire Employee File.

**PF14** – for a supervisor to transfer an alert on a vacant caseload.

**PF15** – to go into the case using the selection you would use on AMEN.

**PF16** – to go into the Employment Services screens using the selections on PHME.

**PF17** – Supervisory Review Cases (for supervisor use only).

**PF18** – Quality Control Cases (for QC use only).

- enter R next to the alert for Dawn Cosner
- press PF15
- PF4 around the REDE and ADDR screens to STAT C

## STAT C

- press PF23

## ALAU

This screen can be accessed from most of the SUCCESS screens via a PF key and will show you all outstanding alerts for an AU.

- press enter to go back to STAT

## STAT C

- fast path to ERN1 02 to document receipt of income verification
- fast path to DONE
- press enter

## ALPR

- enter D in the disposition field
- press enter
- press enter again to return to DMEN

## DMEN

- select C
- press enter

## ALDD

This screen lists the same alerts you just viewed on the Priority Detail List. They are now sorted by due date, from oldest to newest date.

- press the Home key
- enter 10/26/96 in the "From Date" field at the top of the screen
- press enter
- press enter back to DMEN

## DMEN

- select D and enter Alice Dutton's AU ID number (000013400)
- delete 10/16/96 from the "From Date" field
- press enter

## ALAU

- PF3 back to DMEN

## DMEN

- select E
- delete the AU number
- press enter

## ALWS

This screen gives an overview snapshot of the types of cases or actions pending for a caseload.

This screen summarizes your alerts into eight categories and indicates the total number of alerts in each category that are:

- currently pending
- due within the next 7 days
- overdue

The Summary Groups are:

- 001 – Outstanding Conversion Alerts
- 100 – Pending Applications Alerts
- 200 – Pending Maintenance Activities
- 300 – Pending Reviews
- 400 – AUs Discontinued by Batch
- 500 – Clients Discontinued/Disqualified by Batch
- 600 – Other
- 700 – Employment Services Alerts
- press enter back to DMEN

**DMEN**

- select B
- enter 561 for the alert code
- press enter

**ALPR**

- press enter back to DMEN

---

## Alert Coding

|  |                     |
|--|---------------------|
| 050 – Review Appointments Scheduled                | Worker Dispositions |
| 051 – Review Notice Will Be Sent Tonight           | System Dispositions |
| 102 – Application Pending                          | System Dispositions |
| 103 – Verify the Application For or Receipt of SSN | Worker Dispositions |
| 110 – Review Pending                               | System Dispositions |
| 120 – SPA on Hold                                  | System Dispositions |
| 126 – SPA Held For Work in Progress                | Worker Dispositions |
| 136 – New Hire                                     | Worker Dispositions |
| 137 – SDX Match                                    | Worker Dispositions |
| 210 – Scheduling Conflict                          | Worker Dispositions |
| 217 – Review Mail-In Notice Sent                   | System Dispositions |
| 218 – This AU Has Been Transferred To This Load ID | System Dispositions |
| 262 – Review Interview Notice Not Sent             | System Dispositions |
| 314 – Review Discontinuance Warning Notice Sent    | System Dispositions |
| 320 – SPA Deleted Overnight                        | System Dispositions |
| 326 – SPA on Hold                                  | System Dispositions |
| 327 – Review Not Auto Scheduled                    | Worker Dispositions |
| 330 – Grant Changed by Batch                       | Worker Dispositions |
| 351 – AU Discontinued Overnight                    | Worker Dispositions |
| 377 – Client Discontinued Overnight                | Worker Dispositions |
| 282 – Prisoner Verification Inquiry Shows Possible | Worker Dispositions |
| 283 – Prisoner Verification Inquiry Shows          | Worker Dispositions |

**IT IS CRITICAL FOR YOU TO LOOK AT YOUR ALERTS EACH DAY TO BE ABLE TO PRIORITIZE YOUR WORK AND MEET THE SOP FOR INITIAL APPLICATIONS, REVIEWS AND INTERIM CHANGES.**

Answer the following questions.

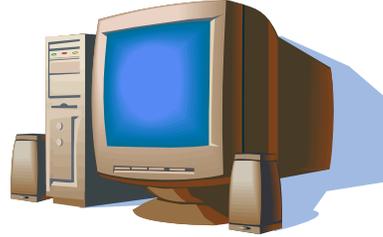
1. How could you tell how many pending applications you have?
2. How can you tell if an AU has a pending review?
3. How can you tell which is your oldest pending application?
4. How can you tell which case actions are priority?
5. If an A/R calls and you want to quickly see what actions are pending for her AU, what would you do?
6. If you wanted to send yourself an alert as a reminder to check on management for a client who just called, what would you do?

## Objectives for Introduction to SUCCESS

By the end of this section, you should know:

- 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 Sign – On Procedure



1. The first screen that displays is the “GO” screen.  
**Note: In the county you will type DHR8.**
2. At the GO screen, type CICSVO.
3. The next screen that displays is the SUCCESS sign-on screen.
4. At the SUCCESS sign-on screen...
  - a. Select SUCCESS 04
  - b. Type your RACF ID
  - c. Type the password
  - d. Press enter
5. The next screen that displays is the SUCCESS Main Menu.

---

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 )-----

# 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 |

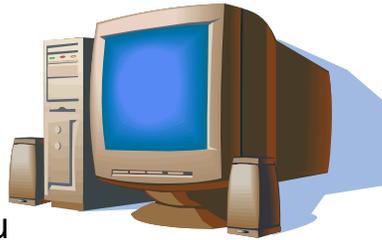
|    |    |    |    |
|----|----|----|----|
| 9  | 10 | 11 | 12 |
| 21 | 22 | 23 | 24 |

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



1. PF3 to the Main Menu
2. PF3 once more
3. A black screen with "SUCCESS session terminated" at the top will appear.
4. Press Pause/Break to clear the screen
5. Type "CESF Logoff" and press enter
6. You will return to the GO screen



Food Stamp  
On - the - Job Training

## **Congratulations!**

You have successfully completed Phase One and Two of the Food Stamp New worker eligibility training. This is a huge accomplishment and we are all very proud of you.

The first phase of training included case work skills, policy and procedure training. The second phase of training included training on SUCCESS. Now, you are about to complete your Phase I and II training with an OJT period.

The on the job training will last two weeks and is designed to provide you with additional information that you will need to know to successfully do your job. Our goal is to provide you will all the tools and information available to ensure your success.

---

## About the OJT

The OJT is intended to guide you in specific activities. During this period you will complete the following:

- ☐ Learn county – specific information
- ☐ Learn policy not covered in Phase I
- ☐ Observe an experienced case manager for mentoring

The OJT includes a list of task that will help you complete the above named objectives. The list is below:

- ☐ Conference with your supervisor
- ☐ Prepare you work space
- ☐ Review case records organization
- ☐ Identify county intake procedures
- ☐ Identify communication procedures
- ☐ Read several records for documentation
- ☐ Find/Create a resource listing
- ☐ Discover caseload management techniques
- ☐ Review SUCCESS Reports
- ☐ Access STARS
- ☐ Learn EBT procedures
- ☐ Interview Clients
- ☐ Choose from a list of policies not covered in Phase I and learn their policy
- ☐ Prepare for Medicaid training.

## OBJECTIVES

- To motivate participants to apply on the job what they have learned in this 6 week training course
- To reinforce to participants that training is a process, not an event
- To encourage participants to establish goals for the next 60 days
- To encourage participants to reflect on what they have learned
- To encourage participants to establish and utilize support networks
- To have participants give open and honest feedback on the training course

### **Miguel Rodriguez – Initial Application Interview**

**Background:** Mr. Miguel Rodriguez, age 40, has applied for FS benefits on 10/16/96. Mr. Rodriguez states that he his wife Anna, age 39, and son David, age 19, still reside at 170 Stonecrest BLVD in Jackson, GA 30233, phone number 770-656-0586. Also in the home is his 70 year old mother, Carla Mendez. He states that his mother purchases and prepares her meals separate. Mr. Rodriguez is receiving 70% VA Benefits of \$650 per month. Anna Rodriguez has no income. However, she has applied for SSI. His 16 year old son still works part-time. He graduated from Jordan High School last year and has been looking for a full-time job. He states his rent is \$250 per month.

**Your Assignment:** Using the information provided complete the initial application.

#### **Demographics**

- SSNs and DOB of all AU members are correct
- They are all US citizens, birth certificates provided
- David no longer attends high school

#### **Resources**

- Mr. Rodriguez has a checking account with a balance of \$50
- David has a savings account with a balance of \$500

#### **Income**

- Mr. Rodriguez receives \$650 per month VA Benefits. He provides an award letter as verification.
- Ms. Rodriguez is awaiting a determination for SSI
- David works 20 to 25 hours a week and earns \$5.15 per hour on the weekends and occasionally during the week. He is employed by Ingles on Gray Hwy in Gray, GA. He earns \$80 per week. Mr. Robinson provided 4 check stubs during the interview.

10/10/96 \$115.00

10/03/96 \$121.00

09/26/96 \$114.00

09/19/96 \$121.00

### **WORK**

- Check / Complete work registration for each AU member.
- David has no non-compliance months and has never been sanctioned.
- Remember to complete ADT # 6 for David. On ADT # 6 you will need to indicate whether David met his participation requirement.

10/10/96 \$115.00

10/03/96 \$121.00

09/26/96 \$114.00

09/19/96 \$121.00

09/12/96 \$116.00

09/05/96 \$121.00

### **Expenses**

- The rent is \$500 per month for the house. He provided a letter from his mother stating that they share the rent and that her portion is \$250. He also provides a lease agreement that verifies the total rent as \$500.
- He still splits this rent with his mother. Electric is included in the rent and he splits the gas bill with his mother. He pays the phone bill. The home has gas heating.

### **Management**

- Mr. Robinson states that for as long as his family continues to split the bills with his mother that they are able to manage off his VA check. He states that his wife is sick and has applied for SSI.

**EXPENSE STATEMENT**

Application    Review    Change

Completion Optional

**I.** How does your household pay the following bills?

| EXPENSE  | AMOUNT DUE    | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|--|---------------|----------------|----------------|--------------|
| Rent / Mortgage                                  | 250.00        | monthly        | 10/1           | me           |
| Property Taxes                                   |               |                |                |              |
| Property Insurance                               |               |                |                |              |
| Utilities  |               |                |                |              |
| a. Electricity                                   |               |                |                |              |
| b. Gas   | 20.00         | monthly        | 10/13          | me           |
| c. Fuel Oil, Wood, Kerosene                      |               |                |                |              |
| d. Well/Septic Tank/Water/Sewage                 |               |                |                |              |
| e. Garbage                                       |               |                |                |              |
| f. Telephone                                     | 25.00         | monthly        | 10/8           | me           |
| <b>SUBTOTAL</b>                                  | <b>295.00</b> |                |                |              |
| Medical Expense                                  |               |                |                |              |
| Child Care Expenses                              |               |                |                |              |
| Child Support Paid Out                           |               |                |                |              |
| Health Insurance                                 |               |                |                |              |
| Auto Expenses (payments, insurance, maintenance) | 25.00         | monthly        | 10/7           | me           |
| Other  | 10.00         | monthly        | 10/8           | me           |
| <b>TOTAL</b>                                     | <b>330.00</b> |                |                |              |

EXPEDITED?    Yes    No

1. Does anyone pay any of these bills or any other household bills for you?    Yes    No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?    Yes    No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

Signature (Eligibility Worker) \_\_\_\_\_

Date \_\_\_\_\_

COUNTY: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

January 12, 2006

## Review Independent Study – Miguel Rodriguez

**Background:** Mr. Miguel Rodriguez, age 40, has appeared for his first FS review. He applied for and began receiving Food Stamp benefits in August of this year. Mr. Rodriguez states that he his wife Anna, age 39, and son David, age 19, still reside at 170 Stonecrest BLVD in Jackson, GA. Also in the home is his 70 year old mother, Carla Mendez. He states that his mother purchases and prepares her meals separate. Mr. Rodriguez is still receiving 70% VA Benefits of \$650 per month. Anna Rodriguez has no income. However, she has applied for SSI. His 16 year old son still works part-time. He graduated from Jordan High School last year and has been looking for a full-time job. He states his rent is still \$425 per month.

**Your Assignment:** Using the information provided complete the review.

### Demographics

- SSNs and DOB of all AU members are correct
- They are all US citizens based on birth certificates previously verified in case record.
- David no longer attends high school

### Resources

- Mr. Rodriguez has a checking account with a balance of \$50
- David has a savings account with a balance of \$500

### Income

- Mr. Rodriguez still receives \$650 per month VA Benefits
- Ms. Rodriguez is still awaiting a determination for SSI
- David works 20 to 25 hours a week and earns \$5.15 per hour on the weekends and occasionally during the week. He is employed by Ingles on Gray Hwy in Gray, GA. He earns \$80 per week. Mr. Robinson provided 4 check stubs during the interview.

10/10/96 \$115.00

10/03/96 \$121.00

09/26/96 \$114.00

09/19/96 \$121.00

January 12, 2006

### **WORK**

- Check / Complete work registration for each AU member.
- David has no non-compliance months and has never been sanctioned.
- Remember to complete ADT # 6 for David. On ADT # 6 you will need to indicate whether David met his participation requirement.

10/10/96 \$115.00

10/03/96 \$121.00

09/26/96 \$114.00

09/19/96 \$121.00

09/12/96 \$116.00

09/05/96 \$121.00

### **Expenses**

- The rent is still \$500 per month for the house.
- He still splits this rent with his mother. Electric is included in the rent and he splits the gas bill with his mother. He pays the phone bill. The home has gas heating.

### **Management**

- Mr. Robinson states that for as long as his family continues to split the bills with his mother that they are able to manage off his VA check. He states that his wife is sick and has applied for SSI.

**EXPENSE STATEMENT**

Application    Review    Change

Completion Optional

I. How does your household pay the following bills?

| EXPENSE  | AMOUNT DUE    | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|--|---------------|----------------|----------------|--------------|
| Rent / Mortgage                                  | 250.00        | monthly        | 10/1           | me           |
| Property Taxes                                   |               |                |                |              |
| Property Insurance                               |               |                |                |              |
| Utilities  |               |                |                |              |
| a. Electricity                                   |               |                |                |              |
| b. Gas   | 20.00         | monthly        | 10/13          | me           |
| c. Fuel Oil, Wood, Kerosene                      |               |                |                |              |
| d. Well/Septic Tank/Water/Sewage                 |               |                |                |              |
| e. Garbage                                       |               |                |                |              |
| f. Telephone                                     | 25.00         | monthly        | 10/8           | me           |
| <b>SUBTOTAL</b>                                  | <b>295.00</b> |                |                |              |
| Medical Expense                                  |               |                |                |              |
| Child Care Expenses                              |               |                |                |              |
| Child Support Paid Out                           |               |                |                |              |
| Health Insurance                                 |               |                |                |              |
| Auto Expenses (payments, insurance, maintenance) | 25.00         | monthly        | 10/7           | me           |
| Other  | 10.00         | monthly        | 10/8           | me           |
| <b>TOTAL</b>                                     | <b>330.00</b> |                |                |              |

EXPEDITED?    Yes    No

1. Does anyone pay any of these bills or any other household bills for you?    Yes    No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?    Yes    No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments / Documentation \_\_\_\_\_

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

Signature (Eligibility Worker) \_\_\_\_\_

Date \_\_\_\_\_

COUNTY: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

## Elaine Brooks – Initial Application Interview

### Background

Elaine Brooks is applying for FS for herself, her husband Steve, her niece Emily and son John on 10/16/96. They live at 143 Main St in Macon, GA. Their phone number is 478- 656-8823. She states that things have been a little more expensive for her family since her sister died and she had to take in her niece Emily. She wants to apply for Food Stamps for the family in hopes that it will cut down on some of their family's expenses. She provides a GA drivers license as verification of id.

### Your Assignment

Interview Ms. Brooks' case.

### Demographics

- Ms. Brooks provides you verbally with SSNs for everyone except John. The SSNs match the information in the system. Johns SSN was requested at birth.
- Citizenship verified by birth certificates for all AU members.
- Emily attends Compton Elementary School according to Ms. Brooks statement. Emily is in the second grade.

### Resources

- Elaine Brooks states that she has a checking account with a balance of \$150, a savings account with a balance of \$300 and a credit union account with a balance of \$50.

### Income

- Elaine Brooks works at Midtown Associates, 56 Covington Hwy in Macon, GA 31201. She started working there on Feb. 1, 1995 and received her first pay check on Feb. 15, 1995. She earns approximately \$125.00 per week. She works about 20 hours per week and is paid weekly on Fridays. She has her last 4 check stubs with her today. Clearinghouse shows no discrepancies. (See attached for check stubs.)
- Steve Brooks works at Ace Grading, 1115 Walker Ave in Macon, GA. He began working on May1, 1990 and received his first pay check on May 15, 1990. He earns approximately \$219.23 per week. He works about 40 hours per week and is paid weekly on Fridays. Ms. Brooks does not have verification of Steve Brooks income with her today. Clearinghouse shows Ace Grading and no other place of employment.

- Emily's parents are deceased and Elaine receives Social Security for her in the amount of \$125 monthly. The claim number is 113131001A. She provides an award letter verifying the social security income. Bendex shows no discrepancies.

### Expenses

- Elaine Brooks pays child care weekly for John of \$50 weekly to Kids R Us day care center on Lee St. in Macon. She does not have verification with her this morning.
- Ms. Brooks rents her home and pays \$650 per month. She pays a gas and an electric bill. She has central air and gas heat. She states that she pays partial payments on her phone, electric and gas bills so that they don't turn them off. She also states that she has been late on her rent a few times but her landlord did not penalize her because she has been there a long time and knows he will be paid before the month is out. She rents her home from Tony Smith who lives in Sherwood Forest in Macon. His phone is 912-455-8847. She says he is a nice man and you can call him if you would like to verify the rent amount. See the Form 354 attached.

Wage verification provided during the interview:

|  |                   |   |                     |
|--|-------------------|---|---------------------|
| <b>Midtown Associates</b>                    |                   | <b>Employer # A134680</b><br><b>Date 10/01/96</b> |                     |
| <b>Employee Name</b>                         | <b>SS Number</b>  | <b>Federal Status</b>                             | <b>State Status</b> |
| <b>Elaine Brooks</b>                         | <b>113 1_ 1__</b> | <b>A-04</b>                                       | <b>A-04</b>         |
| <b>Descriptions of Payments</b>              |                   | <b>Descriptions of Deductions</b>                 |                     |
| <b>A28946</b>                                |                   | <b>Federal</b>                                    | <b>\$15.25</b>      |
| <b>Final Gross Pay</b>                       | <b>\$119.00</b>   | <b>State</b>                                      | <b>\$3</b>          |
| <b>Net Pay</b>                               | <b>\$95.75</b>    | <b>FICA</b>                                       | <b>\$5</b>          |
|  |                   | <b>Medical</b>                                    |                     |
| <b>Payment Description Date September 22</b> |                   |   |                     |

|  |                   |   |                     |
|--|-------------------|---|---------------------|
| <b>Midtown Associates</b>                    |                   | <b>Employer # A134680</b><br><b>Date 09/22/96</b> |                     |
| <b>Employee Name</b>                         | <b>SS Number</b>  | <b>Federal Status</b>                             | <b>State Status</b> |
| <b>Elaine Brooks</b>                         | <b>113 1_ 1__</b> | <b>A-04</b>                                       | <b>A-04</b>         |
| <b>Descriptions of Payments</b>              |                   | <b>Descriptions of Deductions</b>                 |                     |
| <b>A28946</b>                                |                   | <b>Federal</b>                                    | <b>\$15.25</b>      |
| <b>Final Gross Pay</b>                       | <b>\$129.00</b>   | <b>State</b>                                      | <b>\$3</b>          |
| <b>Net Pay</b>                               | <b>\$105.75</b>   | <b>FICA</b>                                       | <b>\$5</b>          |
|  |                   | <b>Medical</b>                                    |                     |
| <b>Payment Description Date September 18</b> |                   |   |                     |

|   |                   |   |                     |
|---|-------------------|---|---------------------|
| <b>Midtown Associates</b>                 |                   | <b>Employer # A134680</b><br><b>Date 10/08/96</b> |                     |
| <b>Employee Name</b>                      | <b>SS Number</b>  | <b>Federal Status</b>                             | <b>State Status</b> |
| <b>Elaine Brooks</b>                      | <b>113 1_ 1__</b> | <b>A-04</b>                                       | <b>A-04</b>         |
| <b>Descriptions of Payments</b>           |                   | <b>Descriptions of Deductions</b>                 |                     |
| <b>A28946</b>                             |                   | <b>Federal</b>                                    | <b>\$18</b>         |
| <b>Final Gross Pay</b>                    | <b>\$130.75</b>   | <b>State</b>                                      | <b>\$2</b>          |
| <b>Net Pay</b>                            | <b>\$105.75</b>   | <b>FICA</b>                                       | <b>\$5</b>          |
|   |                   | <b>Medical</b>                                    |                     |
| <b>Payment Description Date October 1</b> |                   |   |                     |

|   |                   |   |                     |
|---|-------------------|---|---------------------|
| <b>Midtown Associates</b>                 |                   | <b>Employer # A134680</b><br><b>Date 10/16/96</b> |                     |
| <b>Employee Name</b>                      | <b>SS Number</b>  | <b>Federal Status</b>                             | <b>State Status</b> |
| <b>Elaine Brooks</b>                      | <b>113 1_ 1__</b> | <b>A-04</b>                                       | <b>A-04</b>         |
| <b>Descriptions of Payments</b>           |                   | <b>Descriptions of Deductions</b>                 |                     |
| <b>A28946</b>                             |                   | <b>Federal</b>                                    | <b>\$20.50</b>      |
| <b>Final Gross Pay</b>                    | <b>\$136.25</b>   | <b>State</b>                                      | <b>\$4</b>          |
| <b>Net Pay</b>                            | <b>\$106.75</b>   | <b>FICA</b>                                       | <b>\$5</b>          |
|   |                   | <b>Medical</b>                                    |                     |
| <b>Payment Description Date October 8</b> |                   |   |                     |

**EXPENSE STATEMENT**

|   |        |        |
|---|--------|--------|
| <input checked="" type="checkbox"/> Application | Review | Change |
| Completion Optional                             |        |        |

**I. How does your household pay the following bills?**

| EXPENSE  | AMOUNT DUE     | HOW OFTEN PAID | LAST TIME PAID | PAID BY WHOM |
|--|----------------|----------------|----------------|--------------|
| Rent/ Mortgage                                     | 650.00         | <i>monthly</i> | 10/1           | <i>me</i>    |
| Property Taxes                                     |                |                |                |              |
| Property Insurance                                 |                |                |                |              |
| Utilities  |                |                |                |              |
| a. Electricity                                     | 50.00          | <i>monthly</i> | 10/1           | <i>me</i>    |
| b. Gas   | 100.00         | <i>monthly</i> | 10/1           | <i>me</i>    |
| c. Fuel Oil, Wood, Kerosene                        |                |                |                |              |
| d. Well/Septic Tank/Water/ Sewage                  |                |                |                |              |
| e. Garbage   |                |                |                |              |
| f. Telephone                                       | 78.00          | <i>monthly</i> | 10/1           | <i>me</i>    |
| <b>SUBTOTAL</b>                                    | <b>878.00</b>  |                |                |              |
| Medical Expense                                    |                |                |                |              |
| Child Care Expense                                 | 200.00         | <i>monthly</i> | 10/1           | <i>me</i>    |
| Child Support Paid Out                             |                |                |                |              |
| Health Insurance                                   | 150.00         | <i>monthly</i> | 10/1           | <i>me</i>    |
| Auto Expense<br>(payments, insurance, maintenance) | 375.00         | <i>monthly</i> | 10/1           | <i>me</i>    |
| Other  |                |                |                |              |
| <b>TOTAL</b>                                       | <b>1603.00</b> |                | EXPEDITED?     | Yes    No    |

1. Does anyone pay any of these bills or any other household bills for you?    Yes  No

If yes, who pays the bills? \_\_\_\_\_

What bills are paid? \_\_\_\_\_

\_\_\_\_\_

2. Do you share the costs of monthly bills with anyone?    Yes  No

If yes, who? \_\_\_\_\_

What costs? \_\_\_\_\_

3. Comments/Documentation \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
 Signature(Eligibility Worker)

\_\_\_\_\_  
 Date

|                |                     |
|----------------|---------------------|
| <b>COUNTY:</b> | <b>CASE NUMBER:</b> |
|----------------|---------------------|

## Table of Content

|  |         |
|--|---------|
| Interview Desk Guide                   | Page 2  |
| Overview of Eligibility Determinations | Page 4  |
| Documentation Tools                    | Page 8  |
| Documentation Guide                    | Page 10 |
| Documentation Standards                | Page 11 |

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## Interview Desk Guide



### Overview

Tell me why you applied for Food Stamps.

### Residency

Please give me your address.

Do you have some form of ID with you today?

### AU Composition

Who lives in your home?

How are you related to \_\_\_\_\_?

Do you buy and cook your food with \_\_\_\_\_?

### Demographics

What is \_\_\_\_\_ social security number?

What is \_\_\_\_\_ date of birth?

Are you all US citizens?

Does anyone attend school?

What school does \_\_\_\_\_ attend?

Is anyone receiving disability benefits?

### Resources

Do you have any of the following \_\_\_\_\_?

### Income

What money do the persons in your home receive?

### Work Status

Are you or anyone listed in your home taking care of a child or incapacitated person?

Have you recently applied for UCB or SSI?

### Deductions

Tell me about your expenses.

Does anyone have medical expenses?

Does anyone have child care expenses?

Does anyone in the home pay child support?

Are you billed for rent or mortgage?  
Are you billed separately for property taxes and insurance?  
What utilities are you billed for?  
Have you received LIHEAP assistance?  
How do you heat your home?  
How do you cool your home?  
Does anyone pay a part of these expenses?  
What other house hold expenses do you have?

## **Management**

Tell me how you are paying your bills?  
You stated that you were able to pay all expenses this month using your paycheck. However, your expenses seem to be more than your bring home pay. Could you please explain how you were able to make all payments this month?

## An 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 SSN and determines age 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 DEM2:

- 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 members' employer.

Screen name is **Earned Income 1**.

**ERN2** – FICM enters the AU members' 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 2<sup>nd</sup> 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:

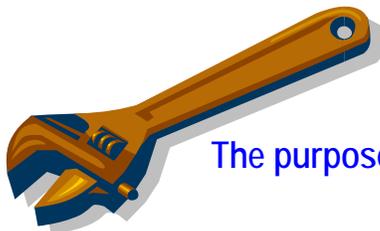
SUCCESS uses to determine total shelter cost and the excess shelter deduction.



**Management, Expedited Services**

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

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



## Documentation Tools

The purpose of the documentation requirements and the ADTs are to provide explanation of the eligibility determination.

- 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.
- Automated Documentation Tools (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.

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- *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.

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## Food Stamp Documentation 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 (~)                      |
| RES1                  | F9 to document                 |
| RES2                  | F9 to document                 |
| RES3                  | F9 to document                 |
| TRAN                  | Tilde (~) to document          |
| ERN1                  | Tilde (~) to document earnings |
| 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          |



## 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
- ✓ SRR requirements explained and manual Form 339 given
- ✓ 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 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.

 **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 3 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.

### **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

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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
- ✓ 2<sup>nd</sup> 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 2<sup>nd</sup> 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

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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.