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
EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES
TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY

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

http://www2.state.ga.us/departments/dhr/ohrm/Policy/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.
The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

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

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

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

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

Signature __________________________ Date __________________________
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.
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
      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.
Food Stamp Phase 2 PM
Introduction

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

I need help!

Application Screened and Registered on SUCCESS

Case Manager establishes rapport and gathers information using good interview skills

Information from the interview is entered in SUCCESS

Request Verification as needed

Verification Returned

SUCCESS processes the information

Enter verification information and process application in SUCCESS

Notice mailed whether case approved or denied

If approved, benefits issued

$
### Procedure: SUCCESS Screening Instructions

<table>
<thead>
<tr>
<th>Step</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scenario:</strong> 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.</td>
<td></td>
</tr>
</tbody>
</table>

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

### Procedure: Requesting a Client ID Correction

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

**Step 7** For any additional questions, please contact the DFCS Systems Help Desk at (404)-657-3717 (locally), 1-800-241-5072 (toll-free) or email HD.EBT/CRS.
Margaret Simmons: Screen an Applicant

Background

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

- First, we will screen Margaret Simmons and her children to see if they have ever received assistance.

- Select “A” from the AMEN menu

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

Selection A

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen ID</td>
<td>As Of Date</td>
</tr>
<tr>
<td>Benefit Month (MM YY)</td>
<td>Notice Type</td>
</tr>
</tbody>
</table>

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
I. SPA Inquiry Q. Finalize Application
```

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
CRS Name/SSN Inquiry for Margaret Simmons

- SSN 555 01 XXXX

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

92169 No matches found

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

+ PF2 to refresh the screen
CRS Name/SSN Inquiry for Margaret Simmons (second time)

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

HRRS0010                          CLIENT REGISTRATION SYSTEM          CICSV2               07/13/2000
NAME/SSN INQUIRY                        11:12:42
L NAME SIMMONS                         F NAME MARGARET                  M NAME                    SFX
SSN1                               DOB (MM DD YYYY)              +/-                  SEX U                  MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN WHITE ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE
ETHNICITY (L/N)?: HISPANIC/LATINO
SEL CL ID  E CTY L NAME                 F NAME                      MI DOB SX RCE SSN A

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

- PF2 to refresh the screen
CRS Name/SSN Inquiry for Tina Simmons

SSN 555 02 XXXX

92169 No matches found

PF2 to refresh the screen.
CRS Name/SSN Inquiry for Tina Simmons (second time)

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

92169 No matches found

- PF2 to refresh the screen.
CRS Name/SSN Inquiry for Susan Simmons

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

<table>
<thead>
<tr>
<th>HRRS0010</th>
<th>CLIENT REGISTRATION SYSTEM</th>
<th>CICSV2</th>
<th>07/13/2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>L NAME</td>
<td>SIMMONS</td>
<td>F NAME</td>
<td>SUSAN</td>
</tr>
<tr>
<td>SSN1</td>
<td>DOB (MM DD YYYY)</td>
<td>+/-</td>
<td>SEX U</td>
</tr>
<tr>
<td>RACE (Y/N)?: BLACK OR AFRICAN AMERICAN</td>
<td>WHITE</td>
<td>ASIAN</td>
<td></td>
</tr>
<tr>
<td>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</td>
<td>AMERICAN INDIAN/ALASKAN NATIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHNICITY (L/N)?: HISPANIC/LATINO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- PF3 to exit CRS back to AMEN.
Margaret Simmons Registration

- Select “J” from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen ID</td>
<td>As Of Date</td>
</tr>
<tr>
<td>Benefit Month (MM YY)</td>
<td>Notice Type</td>
</tr>
</tbody>
</table>

Selection J

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

Message
NAME for Margaret Simmons

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

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>APPLICANT NAME AND ADDRESS - NAME</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CO 049 LO 049 Load ID XXXX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOH F Name</td>
<td>MARGARET</td>
</tr>
<tr>
<td></td>
<td>MI L Name</td>
<td>SIMMONS</td>
</tr>
<tr>
<td></td>
<td>Client ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prev CO/LO / Suf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Language</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>Visually Impaired</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Hearing Impaired</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Public Housing</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Serial Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Census Tract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Voter Reg</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Residential Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Number</td>
<td>2640</td>
</tr>
<tr>
<td></td>
<td>Dir Name</td>
<td>LINCOLN</td>
</tr>
<tr>
<td></td>
<td>Type City</td>
<td>ATLANTA</td>
</tr>
<tr>
<td></td>
<td>Dir Apt</td>
<td>BLVD</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
<td>404 656 1200</td>
</tr>
<tr>
<td></td>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Name</td>
<td>PO BOX 5680</td>
</tr>
<tr>
<td></td>
<td>Type City</td>
<td>ATLANTA</td>
</tr>
<tr>
<td></td>
<td>Dir Apt</td>
<td>ST GA</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
<td>30303</td>
</tr>
</tbody>
</table>
KIND for Margaret Simmons

- Margaret wants to apply for Food Stamp Assistance

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>KINDS OF ASSISTANCE DESIRED - KIND</th>
<th>KIND</th>
</tr>
</thead>
</table>

Select kinds of assistance desired

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

Message

18-tbud
CIRC for Margaret Simmons

Margaret:

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

<table>
<thead>
<tr>
<th>Monthly Income (FS)</th>
<th>HOUSEHOLD CIRCUMSTANCES - CIRC</th>
<th>CIRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings Types/Amts</td>
<td>EI 200</td>
<td>EI 125</td>
</tr>
<tr>
<td>Unearned Types/Amts</td>
<td>NI 0</td>
<td></td>
</tr>
<tr>
<td>Liquid Resources (FS)</td>
<td>CH 300</td>
<td>CA 50</td>
</tr>
</tbody>
</table>

Current Rent/Mortgage/Utilities (FS) 330

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

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud
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

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>HOUSEHOLD MEMBER - MEMB</th>
<th>MEMB 01 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID</td>
<td>Del</td>
<td></td>
</tr>
<tr>
<td>F Name</td>
<td>MARGARET</td>
<td>MI</td>
</tr>
<tr>
<td>L Name</td>
<td>SIMMONS</td>
<td>Suf</td>
</tr>
<tr>
<td>Relationship SE</td>
<td>DOB (MM DD YYYY)</td>
<td>12 05 1970</td>
</tr>
<tr>
<td>Race: B W A N P</td>
<td>Ethnic: N</td>
<td>Y N N N</td>
</tr>
<tr>
<td>Preg</td>
<td>Due Date</td>
<td></td>
</tr>
<tr>
<td>Additional SSNs</td>
<td>SSN V SSN V SSN V</td>
<td></td>
</tr>
<tr>
<td>More Names</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More SSNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
**CRS Name/SSN Clearance for Margaret Simmons**

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

<table>
<thead>
<tr>
<th>CLIENT ID</th>
<th>L NAME</th>
<th>F NAME</th>
<th>MI</th>
<th>DOB</th>
<th>SEX</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000001</td>
<td>SIMMONS</td>
<td>MARGARET</td>
<td></td>
<td>12 05 1970</td>
<td>F</td>
<td>500 01 1000</td>
</tr>
</tbody>
</table>

- 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

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

END OF MATCHES

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH
Back on MEMB for Margaret Simmons

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

<table>
<thead>
<tr>
<th>Client ID</th>
<th>MEMB 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>986002419</td>
<td>Del</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F Name</th>
<th>MI</th>
<th>L Name</th>
<th>Suf</th>
<th>Relationship</th>
<th>DOB (MM DD YYYY)</th>
<th>V CS</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARGARET</td>
<td></td>
<td>SIMMONS</td>
<td></td>
<td>SE</td>
<td>12 05 1970</td>
<td>V CS</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSA/SSN Appl For</th>
<th>Preg</th>
<th>Due Date</th>
<th>V CS</th>
<th>Race:</th>
<th>Ethnic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN1 555 01 XXXX</td>
<td>Y N</td>
<td>N N N N P</td>
<td>Y N</td>
<td>N N N P</td>
<td>N</td>
</tr>
</tbody>
</table>

Alternate Names

<table>
<thead>
<tr>
<th>F Name</th>
<th>MI</th>
<th>L Name</th>
<th>Suf</th>
</tr>
</thead>
</table>

Additional SSNs

| SSN | V | SSN | V | SSN | V | SSN | V |

More Members Y

Message

18-tbud 24-del
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

REGISTER                                    HOUSEHOLD MEMBER - MEMB                          MEMB 02

Client ID                              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

Alternate Names  F Name  MI  L Name  Suf

Additional SSNs

More Names

More SSNs

More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

PM-19
CRS Name/SSN Clearance for Tina Simmons

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

<table>
<thead>
<tr>
<th>CLIENT ID</th>
<th>L NAME</th>
<th>F NAME</th>
<th>MI</th>
<th>DOB</th>
<th>SEX</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000002</td>
<td>SIMMONS</td>
<td>TINA</td>
<td></td>
<td>05 15 1990</td>
<td>F</td>
<td>555 02 1000</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>HOUSEHOLD MEMBER - MEMB</th>
<th>MEMB 02 01</th>
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</thead>
<tbody>
<tr>
<td>Client ID 751006210</td>
<td>Del</td>
<td></td>
</tr>
<tr>
<td>F Name</td>
<td>TINA</td>
<td>MI</td>
</tr>
<tr>
<td>Relationship</td>
<td>CH</td>
<td>DOB (MM DD YYYY) 05 15 1990</td>
</tr>
<tr>
<td>SSA/SSN Appl For</td>
<td>SSN1 555 02 XXXX</td>
<td>V</td>
</tr>
<tr>
<td>Preg</td>
<td>Due Date</td>
<td>Y</td>
</tr>
<tr>
<td>Alternate Names</td>
<td>F Name</td>
<td>MI</td>
</tr>
<tr>
<td>Additional SSNs</td>
<td>SSN</td>
<td>V</td>
</tr>
<tr>
<td>More Names</td>
<td>SSN</td>
<td>V</td>
</tr>
<tr>
<td>More SSNs</td>
<td>SSN</td>
<td>V</td>
</tr>
<tr>
<td>Message</td>
<td>18-tbud</td>
<td>24-del</td>
</tr>
</tbody>
</table>
MEMB for Susan Simmons

- Susan Simmons:
  - is Margaret Simmons’ child
  - was born on 11/25/1993, based on Margaret’s statement
  - is a black female
  - needs to apply for a Social Security number

REGISTER

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Del</th>
</tr>
</thead>
<tbody>
<tr>
<td>F Name</td>
<td>SUSAN</td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>L Name</td>
<td>SIMMONS</td>
</tr>
<tr>
<td>Suf</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>CH</th>
<th>DOB (MM DD YYYY)</th>
<th>V</th>
<th>CS</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>11 25 1993</td>
<td>V</td>
<td>CS</td>
<td>F</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>SSA/SSN Appl For</th>
<th>SSN1</th>
<th>V</th>
<th>Race:</th>
<th>B</th>
<th>W</th>
<th>A</th>
<th>N</th>
<th>P</th>
<th>Ethnic:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preg</th>
<th>Due Date</th>
<th>Y</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Names</th>
<th>F Name</th>
<th>MI</th>
<th>L Name</th>
<th>Suf</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional SSNs</th>
<th>SSN</th>
<th>V</th>
<th>SSN</th>
<th>V</th>
<th>SSN</th>
<th>V</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

More Names

<table>
<thead>
<tr>
<th>More SSNs</th>
<th>SSN</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

More Members

Message 0013
0013REQUIRED FIELDS ARE IDENTIFIED BY "?"
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
Back on MEMB for Susan Simmons

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

<table>
<thead>
<tr>
<th>REGISTER</th>
<th>HOUSEHOLD MEMBER - MEMB</th>
<th>MEMB 03 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID 758006076</td>
<td>Del</td>
<td></td>
</tr>
<tr>
<td>F Name SUSAN</td>
<td>MI</td>
<td>L Name SIMMONS</td>
</tr>
<tr>
<td>Relationship CH</td>
<td>DOB (MM DD YYYY) 11 25 XXXX</td>
<td>V CS</td>
</tr>
<tr>
<td>SSA/SSN Appl For</td>
<td>SSN1</td>
<td>V</td>
</tr>
<tr>
<td>Preg</td>
<td>Due Date</td>
<td>Y N N N N</td>
</tr>
<tr>
<td>Alternate Names</td>
<td>F Name</td>
<td>MI</td>
</tr>
</tbody>
</table>

More Names

Additional SSNs

| SSN | V | SSN | V | SSN | V |

More SSNs

More Members

Message

18-tbud 24-del
INCH for Margaret Simmons

- Margaret:
  - wants to apply for Food Stamps
  - does not receive TANF, Refugee Assistance, or SSI
  - is applying for assistance on 10/16/96

INDICATE/ADD ALL PROGRAMS THE HEAD OF HOUSEHOLD WISHES TO APPLY FOR

<table>
<thead>
<tr>
<th>Ind</th>
<th>Program</th>
<th>Med COA</th>
<th>AU ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>FS FOODSTMP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TANF 2P Able Bodied

- All FS Applicants receive AF, RF, SSI
- Expedited Food Stamps
- Appl Date 10 16 96

MESSAGE 1354
1354 PRESS PF4 TO CONFIRM EXPEDITED FS OR PF20 TO CONFIRM FS AND PRINT AFA.

- PF 20 to print AFA
REDI for Margaret Simmons

- Margaret needs an appointment to be interviewed tomorrow.
- To make an appointment we have to select another unit type; because, in the training region unit type “01” is for clerical and unit type “02” is for intake.
- Schedule an interview for 10/17/96 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 02                               Unit Supv 9862
Inquiry Date 10 16 96                      Load ID XXXX
Appt Date 10 17 96                         Appt Type INT
Appt Begin Time (HH:MM) 09 : 00             Appt End Time (HH:MM) 10 : 00
L Name/Appt Remarks SIMMONS/FS INTAKE
Appointment Letter Print Location L

Other Persons At This Address/Other Narrative Information

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$200 per month</td>
</tr>
<tr>
<td>Gas</td>
<td>$50 per month</td>
</tr>
<tr>
<td>Electricity</td>
<td>$45 per month</td>
</tr>
<tr>
<td>Telephone</td>
<td>$20 per month</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ASSISTANCE UNIT/CLIENT SUBMENU - AMEN</th>
<th>AMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection O</td>
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</tr>
<tr>
<td>AU ID 674173806</td>
<td></td>
</tr>
<tr>
<td>Screen ID</td>
<td></td>
</tr>
<tr>
<td>Benefit Month (MM YY)</td>
<td></td>
</tr>
<tr>
<td>Client ID</td>
<td></td>
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<tr>
<td>As Of Date</td>
<td></td>
</tr>
<tr>
<td>Notice Type</td>
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</tr>
</tbody>
</table>

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
I. SPA Inquiry Q. Finalize Application

Message 0021
0021 CANCELLATION COMPLETED SUCCESSFULLY
Addr for Margaret Simmons

- Information from Registration is prepopulated. Check to be sure this information is correct. In your office someone else will probably register the cases which you interview.

- Go to the “Narrative” screen by keying “PF 21” and enter background information about the case.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>HOUSEHOLD ADDRESSES - ADDR</th>
<th>ADDR 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td>ADDR 01</td>
</tr>
<tr>
<td>CO 049 LO 049 Load ID 1700</td>
<td>Client ID 777006064</td>
<td>Prev CO/LO</td>
</tr>
<tr>
<td>HOH F Name MARGARET MI L Name SIMMONS</td>
<td>Suf</td>
<td></td>
</tr>
<tr>
<td>Auth Prim Voter Visually Hearing Public Hsg/Rent Subsidy Serial Census</td>
<td>N E N N N N</td>
<td></td>
</tr>
<tr>
<td>Rep Lang Reg Impaired Impaired Rent Subsidy Number Tract</td>
<td>N E N</td>
<td></td>
</tr>
<tr>
<td>Residential Address Address Line 1 Line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Number Dir Name Type City Dir Apt</td>
<td>2640 LINCOLN BLVD</td>
<td></td>
</tr>
<tr>
<td>City ATLANTA ST GA Zip 30303 Phone 404 656 1200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address Address Line 1 Line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Number Dir Name Type City Dir Apt</td>
<td>PO BOX 5680</td>
<td></td>
</tr>
<tr>
<td>City ATLANTA ST GA Zip 30303</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Addresses in last 2 years</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Message 1884 1881</td>
<td>1884 STREET NAME NOT FOUND IN ZIP CODE AREA</td>
<td></td>
</tr>
<tr>
<td>15-lett</td>
<td>21-narr 23-alau 24-del</td>
<td></td>
</tr>
</tbody>
</table>
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

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.

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

<table>
<thead>
<tr>
<th>Month</th>
<th>STAT</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 96</td>
<td>0071</td>
<td>01</td>
</tr>
</tbody>
</table>

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 AU Status AU Stat Appl Begin Pd Thru ---Penalty--- Appeal
Stat Reasons Date Date Date Type End Date Ind
P 101696 101696

First Last Rel V Mand Finl --Stat-- Rsn Appl Begin Pd Thru Penalty
Name Name Incl Resp Date Date Date Type Date 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
Initial Application

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

**UPDATE**

- **REMARKS - REMA**
  
  01

  10/16/1996 16:16; FICM Caseworker A123 123D Fulton 555-555-5555

  There are NO OTHER HH members.
  
  Ineligible/Sanctioned AU member? Y/N [N]
  
  Explain: ________________________________

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

**MESSAGE**

- 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

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 2 - DEM2</th>
<th>DEM2 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>1001</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

Client Name: MARGARET SIMMONS
Client ID: 771006042

Citizen: V
Student: V
High Grade: V
Striker: N
Immunization: N
Law: B
Health Check: N

Stat: C
BC: N

TPL: TPL
Coop: V
Medicare: N
Disability / Incapacity: N

Type: N
Source: N
Disab: N
Approval: N
Begin Date: N
End Date: N

Non-Custodial Parent? V

Message

15-lett 22-tpl 23-alau

DEM2 Documentation Requirement:

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

There is no ADT to meet this documentation requirement. Press F9 to document on REMA.
DEM3 for Margaret Simmons

- Margaret has no IPV penalties.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 3 - DEM3</th>
<th>DEM3 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
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Client Name MARGARET SIMMONS Client ID 771006042

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Message

15-lett 23-alau 24-del

DEM3 Documentation Requirement:

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

*There is no ADT to meet this documentation requirement. Press F9 to document on REMA.*
### DEM1 for Susan Simmons:

Susan Simmons

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

**INTERVIEW**

<table>
<thead>
<tr>
<th>Client Name</th>
<th>SUSAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIMMONS</td>
<td>Suf</td>
</tr>
</tbody>
</table>

**CLIENT DEMOGRAPHIC 1 - DEM1**

<table>
<thead>
<tr>
<th>Alt Name</th>
<th>SSA/SSN Appl For</th>
<th>SSN Appl Date</th>
<th>SSN1</th>
<th>V</th>
<th>More</th>
<th>DOB</th>
<th>V</th>
<th>Sex</th>
<th>Race</th>
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<tr>
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**Remarks**

Client Name: SUSAN SIMMONS  Client ID: 827002292

**Message**

- 15-lett
- 16-crs
- 23-alau
DEM2 for Susan Simmons

Susan Simmons:

- is a US Citizen based on birth certificate

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 2 - DEM2</th>
<th>DEM2 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>1001</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

Client Name SUSAN SIMMONS | Client ID 827002292

Citizen V Student V High Grade V Striker -----Immunization ---- Law -Health Chk -
Completed Stat Curr GCse Due Dt Brkr Ref Date

C BC

TPL TPL V --------- Medicare --------- --------- Disability / Incapacity ---------
Coop Entitlement 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 Cncept GCse

N

Non-Custodial Parent? V

Message

15-lett  22-tpl  23-alau
DEM3 for Susan Simmons

- Susan Simmons has no IPV penalties.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 3 - DEM3</th>
<th>DEM3 02</th>
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<tr>
<th>Client Name</th>
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<td>Pgm Type Ctr Eff Date</td>
<td>Pgm Type Ctr Eff Date</td>
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<tr>
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<tr>
<td>23-alau</td>
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<tr>
<td>24-del</td>
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</table>

- Fast Path to DEM1 for Tina or press ENTER
**DEM1 for Tina Simmons**

Tina Simmons:

- lives at home with her mother

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 1 - DEM1</th>
<th>DEM1 03</th>
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<td>96</td>
<td>10 16 96</td>
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<td>Appl For</td>
<td>Date</td>
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<th>Min Par</th>
<th>Boarder</th>
<th>Amt Paid</th>
<th>---- Family Planning ----</th>
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<td>Term/Due</td>
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<td>MA</td>
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<td>23-alau</td>
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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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 2 - DEM2</th>
<th>DEM2 03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
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<tr>
<td>11 96</td>
<td>1001</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

**Client Name**: TINA SIMMONS  
**Client ID**: 800002353  
**Citizen**: V  
**Student**: V  
**High Grade**: V  
**Striker**: ------Immunization-----  
**Law**: -Health Chk -  
**Stat**: Completed  
**C**: BC  
**FT**: CS  

**TPL**: V  
**Entitlement**: Medicare  
**Claim Num**:  
**Disability / Incapacity**:  
**Type**: Disab Approval  
**Source**: (MM YYYY)  
**Begin Date**:  
**End Date**: (MM YYYY)  

**Joint**: V  
**Veteran**:  
**Military**:  
**Death**:  
**AFDC Cap Parent**:  
**AFDC Cap Child**:  
**SSI/FS**:  
**Serv Num**:  
**Date**:  
**Ctr**:  
**End Date**:  
**Parent ID**:  
**Rcv Mo**:  
**Cncept GCse**:  

**Non-Custodial Parent?**: V

**Message**

15-lett  
22-tpl  
23-alau

PM-14
ALAS for Tina

- attends Compton Elementary School

INTERVIEW  ALIENS AND STUDENTS - ALAS  ALAS 03
Month 11 96  1001  10 16 96

Client Name TINA  SIMMONS  Client ID 753005971

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

Refugee Resettlement Agency

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

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY “?”

ALAS Documentation Requirement:

- Eligibility/ineligibility for each alien and how verified
- Student status eligibility and how verified
- School attendance discrepancies
ALAS – Student – ADT

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.
**DEM3 for Tina Simmons**

- Tina Simmons has no IPV penalties.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>CLIENT DEMOGRAPHIC 3 - DEM3</th>
<th>DEM3 03</th>
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<tbody>
<tr>
<td>Month 11 96</td>
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<tr>
<td>Client Name TINA</td>
<td>SIMMONS</td>
<td>Client ID 800002353</td>
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**Message**

15-lett

23-alau

24-del
FSME for Margaret Simmons

Margaret is not eligible for a medical expense deduction.

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<tr>
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<th>Type</th>
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Provider Name
Provider Name
Provider Name
Provider Name
Provider Name
Provider Name

Message

15-lett

More Med Exp

24-del

Documentation Requirement:

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

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<th>Amt</th>
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Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Message

More Med Exp

15-lett

24-del
**FSME for Tina Simmons**

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

<table>
<thead>
<tr>
<th>Del</th>
<th>Freq</th>
<th>Pro. Num</th>
<th>Type</th>
<th>Amt</th>
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Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Message

More Med Exp

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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

<table>
<thead>
<tr>
<th>Del Type</th>
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Do you have any of the following: cash, money loaned out, checking, savings, credit union, CD's, stocks, bonds, or secured notes?

<table>
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<tr>
<th>Del Type</th>
<th>Face Amt</th>
<th>Cash Amt V</th>
<th>Policy Num</th>
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</table>

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

RES1 Documentation Requirements:

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

*There is no ADT to meet this documentation requirement. Press F9 to document.*
RES2 for Margaret Simmons

Margaret:

- none

INTERVIEW RESOURCES 2 - RES2 RES2 01
Month 11 96
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?

<table>
<thead>
<tr>
<th>Del Type</th>
<th>Use</th>
<th>FMV</th>
<th>V</th>
<th>Encumb</th>
<th>V</th>
<th>Yr</th>
<th>Make</th>
<th>Mod</th>
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</table>

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

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

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

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.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>TRANSFER OF RESOURCES - TRAN</th>
<th>TRAN 01 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
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Client Name: MARGARET SIMMONS  
Client ID: 777006064

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<td>Date</td>
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Reason for Transfer: Undue Hardship  
1st Mth NH/Wvr MA (MM YY)

Message

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**TRAN Documentation Requirement**

- Document specifics of any transfers, include penalty imposed, month begin and month end.
<table>
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<tr>
<td>REYNOLDS</td>
<td>63251981</td>
<td>4 95</td>
<td>3,954 SIM</td>
</tr>
<tr>
<td>REYNOLDS</td>
<td>63251981</td>
<td>1 96</td>
<td>3,379 SIM</td>
</tr>
<tr>
<td>REYNOLDS</td>
<td>63251981</td>
<td>2 96</td>
<td>3,285 SIM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
</tr>
</thead>
</table>

| 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 5th. 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.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>EARNED INCOME 1 - ERN1</th>
<th>ERN1 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>01</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>234 REDMON AVENUE</td>
<td></td>
</tr>
</tbody>
</table>

City ATLANTA ST GA Zip 30365 Phone 404 656 7890

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Pay Date</th>
<th>Date</th>
<th>Late</th>
<th>Rpt</th>
<th>Ovr</th>
<th>Ind Cntr</th>
<th>End Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI</td>
<td>01</td>
<td>01 01 96</td>
<td>01</td>
<td>05</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Num of Bordrs ABD Stdnt AFDC Student -----JTPA----

Ind Cnt Excl 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

**Employer #**

**A0234E6789**

**Date 10/05/96**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>SS Number</th>
<th>Federal Status</th>
<th>State Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Simmons</td>
<td>555-01-1000</td>
<td>A-03</td>
<td>A-03</td>
</tr>
</tbody>
</table>

### Descriptions of Payments

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Federal</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Gross Pay</td>
<td>$125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Pay</td>
<td>$97</td>
<td></td>
<td></td>
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</tbody>
</table>

### Descriptions of Deductions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>FICA</td>
<td>$8</td>
<td></td>
</tr>
</tbody>
</table>

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: X Contingent:_______ Effective Date: September 25

2. Terminated X 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. ______________________________

____________________________________________________________

____________________________________________________________
REMA for ERN1

<table>
<thead>
<tr>
<th>UPDATE</th>
<th>REMARKS - REMA</th>
<th>REMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong><strong><strong><strong><strong><strong><strong><strong><strong>ERN1 History</strong></strong></strong></strong></strong></strong></strong></strong></strong>************</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10/16/1996 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EMPLOYER: REYNOLDS CLEANERS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BEGIN DATE: 01/01/94 END DATE: 09/25/96 TIMELY? Y/N [ Y ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REASON FOR TERMINATION: WENT OUT OF BUSINESS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOW WAS THE TERMINATION VERIFIED: SEPARATION NOTICE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N [ N ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPLAIN: Termination due to layoff not quit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACTUAL MONTHS OF 30 + 1/3 TANF:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MAO:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DOL Hit? Y/N [ Y ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DISCREPANCIES? Y/N [ N ] Resolution of discrepancies:</td>
<td></td>
</tr>
</tbody>
</table>

DOL WAGE INQUIRY - WGEI

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th>WGEI</th>
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<tbody>
<tr>
<td>Next SSN</td>
<td>SSN</td>
<td>555 01 4500</td>
<td>Benefit Year Begin Date</td>
<td></td>
</tr>
<tr>
<td>Sel</td>
<td>Employer Name</td>
<td>Emp r Num</td>
<td>Qtr/Yr</td>
<td>Wages Sur</td>
</tr>
<tr>
<td>REYNOLDS</td>
<td>63251981</td>
<td>3 95</td>
<td>3,859 SIM</td>
<td></td>
</tr>
<tr>
<td>REYNOLDS</td>
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<td>3,954 SIM</td>
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<th>Qtr-Total</th>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
<th>Qtr/Yr</th>
<th>Qtr-Total</th>
</tr>
</thead>
</table>

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

MESSAGE

More

13-bott

PM-31
ERN2 for Margaret Simmons

- works approximately 20 hours per week
- is paid weekly on Fridays
- earns $50 per week
- does not have verification of this income with her

Press tilde and select number 1 to document remarks on the following page

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

INTERVIEW EARNED INCOME 2 - ERN2 ERN2 01
Month 11 96 01
Client Name MARGARET SIMMONS Client ID 777006064
Employer Name SALLY HUGHES

Avg Hrs 20 Freq WK Day Week Pd FR Extra Pay

Del

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

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

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?

PM-32
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

<table>
<thead>
<tr>
<th>DATE</th>
<th>REASON</th>
<th>REMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ERN2 Calculation**

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

- **App (X)** 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

<table>
<thead>
<tr>
<th>Date Pd</th>
<th>Gross</th>
<th>Tips</th>
<th>Verf</th>
<th>Rep (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:</td>
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<td>4:</td>
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<td>5:</td>
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</tr>
<tr>
<td>6:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: __________ /: ______________ = :_____________

If not Rep, explain: ____________________________________________

**Freq of pay**

- WK (X)
- BIWK ( )
- SEMIMTH ( )
- MONTHLY ( )
- ACTUAL ( )

**Hr Rate:** __________________

**Calculate Y/N ( )**

Cal Monthly Income: __________________________

**More**

**MESSAGE**

13-bott
DEAL for Margaret Simmons

- Margaret does not pay child support outside the home.

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>DEEM/ALLOCATE - DEAL</th>
<th>DEAL 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Name MARGARET SIMMONS, Client ID 777006064

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

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

Number Of
Number of ABD Child
Number of Appl Recip

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

Message

15-lett 24-del

DEAL Documentation Requirement:

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

*There is no ADT to meet this documentation requirement. Press F9 to document.*
**CARE for Margaret Simmons**

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>DEPENDENT CARE EXPENSES - CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>CARE 01</td>
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</table>

Client Name MARGARET SIMMONS  
Client ID 777006064

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone</th>
<th>City</th>
<th>ST</th>
<th>Zip</th>
<th>More providers</th>
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<table>
<thead>
<tr>
<th>Del</th>
<th>Extra Dependent Expense</th>
<th>Day of Week Pd</th>
<th>Rsn</th>
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<tbody>
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<table>
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<th>Und2</th>
<th>Freq</th>
<th>Date Pd</th>
<th>Amt</th>
<th>Date Pd</th>
<th>Amt</th>
<th>Date Pd</th>
<th>Extra</th>
<th>V</th>
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<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

More Dependents For This Provider

Message

**CARE Documentation Requirement:**

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

<table>
<thead>
<tr>
<th>UPDATE</th>
<th>REMARKS - REMA</th>
<th>REMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
</tbody>
</table>

```
************************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
```

---

**MESSAGE**

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

---

*PM-36*
UINC for Margaret

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

---

INTERVIEW UNEARNED INCOME - UINC
Month 11 96

Client Name MARGARET SIMMONS Client ID 777006064

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Del</th>
<th>Freq</th>
<th>Claim Number</th>
<th>Ded</th>
<th>Ded Amt</th>
<th>V</th>
<th>Extra Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
</tr>
</tbody>
</table>

Client Potentially Elig For Other Benefits?

More

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

UINC Documentation Requirement

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

PM-37
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 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?

<table>
<thead>
<tr>
<th>Type</th>
<th>Del</th>
<th>Freq</th>
<th>Claim Number</th>
<th>Ded</th>
<th>Ded Amt</th>
<th>V</th>
<th>Extra Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
</tr>
</tbody>
</table>

Client Potentially Elig For Other Benefits?

More

**Appl Type Stat Date**

Message 0550

0550 SSN NOT FOUND

15-lett

**Appl Type Stat Date**

16-uvnc 23-alau 24-del
UIINC for Tina

- Tina has no unearned income.

INTERVIEW
Month 11 96

UNEARNED INCOME - UIINC

UINC 03

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?

<table>
<thead>
<tr>
<th>Type</th>
<th>Del</th>
<th>Freq</th>
<th>Claim Number</th>
<th>Ded</th>
<th>Ded Amt</th>
<th>V</th>
<th>Extra Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
<td>V</td>
<td>Date Rcvd</td>
<td>Amount</td>
</tr>
</tbody>
</table>

Client Potentially Elig For Other Benefits?

More

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**

**Month 11 96**

<table>
<thead>
<tr>
<th>Client Name</th>
<th>SIMMONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID</td>
<td>777006064</td>
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</table>

<table>
<thead>
<tr>
<th>Employment Services</th>
<th>- Applicant Job Search -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt</td>
<td>Non-Partic</td>
</tr>
<tr>
<td>Reason Stat</td>
<td>AJS Start</td>
</tr>
<tr>
<td>Partic</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Offenses</td>
<td></td>
</tr>
<tr>
<td>DA/PE</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
</tr>
</tbody>
</table>

| CA | FS | CA | NI | 10 16 96 | Y |

-- FS ABAWD Non-Compliance --

<table>
<thead>
<tr>
<th>Grad/GED</th>
<th>Benefit mth/yr</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Message**

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

**WORK Documentation Requirement**

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

<table>
<thead>
<tr>
<th>UPDATE</th>
<th>REMARKS – REMA</th>
<th>REMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00</td>
</tr>
</tbody>
</table>

***********************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 cuase
- Further explanation: ____________________________________________
  - ____________________________________________
- ( ) 15% Participation Exemption granted because AU member is
  - ( ) homeless according to work registration policy. SRR ( )
  - Remains coded AB.

More

Message
Example of how WORK will look in the Production Region

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>WORK REGISTRATION/PARTICIPATION - WORK</th>
<th>WORK 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Name MARGARET SIMMONS Client ID 777006064

<table>
<thead>
<tr>
<th>Exempt</th>
<th>Employment Services</th>
<th>Reason Stat</th>
<th>Offns</th>
<th>Comp Req</th>
<th>Supp DA/PE</th>
<th>Non-Partic</th>
<th>AJS Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>-</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FS</td>
<td>-</td>
<td>CA NI</td>
<td>CS</td>
<td>10 16 96</td>
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</table>

- - FS ABAWD Non-Compliance - -

<table>
<thead>
<tr>
<th>High School</th>
<th>Grad/GED</th>
<th>Non-compliance</th>
<th>Regain Dates</th>
<th>2nd 3 Months</th>
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<tbody>
<tr>
<td>Y</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>1</td>
<td>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
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</table>

Message 1985
1985 SHOULD NON-COMPLIANCE BENEFIT MONTH DATA BE ENTERED AT THIS TIME?

<table>
<thead>
<tr>
<th>16-esme</th>
<th>17-mo&lt; 18-mo&gt;</th>
<th>23-alau</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORK for Susan Simmons

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>WORK REGISTRATION/PARTICIPATION - WORK</th>
<th>WORK 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Name SUSAN SIMMONS Client ID 728005972

<table>
<thead>
<tr>
<th>Employment Services</th>
<th>- Applicant Job Search -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt</td>
<td>Partic</td>
</tr>
<tr>
<td>Reason Stat</td>
<td>Date</td>
</tr>
<tr>
<td>CA</td>
<td>FS</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Grad/GED</td>
</tr>
<tr>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

Message

| 16-phme | 17-mo< 18-mo> | 23-alau |
**WORK for Tina Simmons**

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>WORK REGISTRATION/PARTICIPATION - WORK</th>
<th>WORK 03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Name: TINA SIMMONS
Client ID: 803002352

<table>
<thead>
<tr>
<th>Exempt Reason</th>
<th>Partic Stat</th>
<th>Number Date</th>
<th>Offenses Work</th>
<th>CA FS AG NI 10 16 96</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA FS AG NI</td>
<td>10 16 96</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-- FS ABAWD Non-Compliance --

<table>
<thead>
<tr>
<th>Grad/GED</th>
<th>-- Non-compliance</th>
<th>Cure Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td>Bnft mth/yr Start End</td>
</tr>
</tbody>
</table>

16-phme 17-mo< 18-mo> 23-alau
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 SHELTER EXPENSES - SHEL SHEL 01
Month 11 96

Client Name MARGARET SIMMONS Client ID 777006064

Primary Heat/Cool G
Receive LIHEAP
Public Housing/Exc
SUA Type HC

Expense Type Amt V Expense Type Amt V
Rent 250 ? Mortgage
Taxes
Gas
Telephone
Sewer
Disaster Repair
Other Fuel

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

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett
# GEORGIA DEPARTMENT OF HUMAN RESOURCES

## EXPENSE STATEMENT

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>250.00</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Gas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well / Septic Tank / Water / Sewage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>25.00</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
</tbody>
</table>

**SUBTOTAL** 325.00

| Medical Expense              |            |                | | |
| Child Care Expenses          |            |                | | |
| Child Support Paid Out       |            |                | | |
| Health Insurance             |            |                | | |
| Auto Expense (payments, insurance, maintenance) | | | | |
| Other                        |            |                | | |

**TOTAL** 325.00

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 (Case Manager) ___________________________ Date ________________

COUNTY: ___________________________ CASE NUMBER: ___________________________
**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**

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 [N] If yes, explain:

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

Calc if other than monthly:

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

UTILITY EXPENSE incurred by DWELLING? Y/N [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[ ] LIEAP[ ] Excess H/C Public Hsg[ ]

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

[ ] Eligible for Phone Std only?

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

More

MESSAGE

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL</th>
<th>SHEL 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>Remarks</td>
<td>Client ID 777006064</td>
</tr>
<tr>
<td>Client Name MARGARET SIMMONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Heat/Cool</td>
<td>Receive Public Housing/Exc</td>
<td>SUA Type</td>
</tr>
<tr>
<td>G</td>
<td>LIHEAP</td>
<td></td>
</tr>
<tr>
<td>Expense Type</td>
<td>Amt</td>
<td>V</td>
</tr>
<tr>
<td>Rent</td>
<td>250</td>
<td>?</td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Fuel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Name MARY HILL</td>
<td></td>
<td>Phone</td>
</tr>
<tr>
<td>Address 122 BROAD ST</td>
<td>City NEWNAN</td>
<td>ST GA</td>
</tr>
</tbody>
</table>

Message

15-lett
MISC-FS for Margaret Simmons

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

INTERVIEW

Month 11 96

AU NON-FINANCIAL MISCELLANEOUS - MISC

MISC  A

HOH Name MARGARET SIMMONS

Client ID 777006064

AU ID 674173806 Prog FS

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

---------- Review ------ Auto --------- Lump Sum Remainder -------- Delay QMB RSM
Compl Mand Last Reasgn Amount 100 % 133 % 185 % Rsn Ovr Elig Ovr
Std Type Ovr

Sched Interview QC Penalty End Date
Del Unit Number 170002 Inquiry Date 10 16 96 Load ID
Next Review Appt Date 10 17 96 Appt Type
Appt Begin Time (HH:MM) 09:00
Appt End Time (HH:MM) 10:00 Appt Letter Print Location L

L Name/Appt Remarks Simmons/FS Intake

Message

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

MISC Documentation Requirement

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

There are 2 ADTs to meet this documentation requirements.
MISC REMA for Management

UPDATE REMARKS - REMA REMA 01

Form 354 is in the case record.

Monthly expenses: 330.00
Available net income: 316.66

Mgmt met? Y/N [ Y ]

If no, explain discrepancies: Ms. Simmons recently lost her employment. She received a last pay check of $125 on Oct. 5th. ($125 X 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.

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Screen</th>
<th>AU/Cl</th>
<th>Code</th>
<th>Screen</th>
<th>AU/Cl</th>
<th>Code</th>
<th>Screen</th>
<th>AU/Cl</th>
</tr>
</thead>
<tbody>
<tr>
<td>0014</td>
<td>ERN2</td>
<td>01</td>
<td>0014</td>
<td>SHEL</td>
<td>01</td>
<td>1723</td>
<td>ERN1</td>
<td>01</td>
</tr>
<tr>
<td>1723</td>
<td>ERN1</td>
<td>01</td>
<td>1726</td>
<td>UINC</td>
<td>01</td>
<td>1723</td>
<td>ERN1</td>
<td>03</td>
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<tr>
<td>1726</td>
<td>UINC</td>
<td>03</td>
<td>1944</td>
<td>ERN1</td>
<td>03</td>
<td></td>
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</tr>
</tbody>
</table>

Message
VERF-FS for Margaret Simmons

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>OUTSTANDING VERIFICATIONS - VERF</th>
<th>VERF</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOH Name MARGARET SIMMONS</th>
<th>Client ID 777006064</th>
</tr>
</thead>
<tbody>
<tr>
<td>AU ID 674173806</td>
<td>Prog FS Med COA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clnt Pntr</th>
<th>Scrn</th>
<th>Field Name</th>
<th>Clnt Pntr</th>
<th>Scrn</th>
<th>Field Name</th>
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<tr>
<td>01</td>
<td>ERN2</td>
<td>EARNED INCOME AMT</td>
<td>01</td>
<td>SHEL</td>
<td>SHELTER EXPENSE AMT</td>
</tr>
</tbody>
</table>

Message

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>VERIFICATION</th>
<th>BY PROVIDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARGARET SIMMONS</td>
<td>SHELTER EXPENSE AMT</td>
<td>BILL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHECK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LANDLORD STATEMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LETTER</td>
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<td></td>
<td></td>
<td>RECEIPT</td>
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<td>OTHER</td>
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<td></td>
<td>EARNED INCOME AMT</td>
<td>CHECK STUB</td>
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<td>QRF EMPLOYER</td>
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<tr>
<td></td>
<td></td>
<td>WAGE FORM</td>
</tr>
</tbody>
</table>

Needed in order to give deduction

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

Need a statement from Sally Hughes

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.

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Prog</th>
<th>Med COA</th>
<th>Elig</th>
<th>- Status -</th>
<th>-- Benefit --</th>
<th>Outstanding Verifications</th>
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<tbody>
<tr>
<td>674173806</td>
<td>FS</td>
<td></td>
<td>N</td>
<td>P</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

Message 0428 0759
0428 PRESS ENTER TO COMMIT
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

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

PM-57
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**

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)

<table>
<thead>
<tr>
<th>Period End Date (Fecha Final del Péríodo)</th>
<th>Date Pay Received (Fecha de Recibir Pago)</th>
<th>Hours Worked (Horas Trabajadas)</th>
<th>Gross Earning* (Ingresos Brutos*)</th>
<th>Tips (Propinas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) September 25</td>
<td>September 25</td>
<td>20</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>2) October 2</td>
<td>October 2</td>
<td>20</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>3) October 9</td>
<td>October 9</td>
<td>20</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>4) October 16</td>
<td>October 16</td>
<td>20</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
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<td></td>
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<td>7)</td>
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<tr>
<td>8)</td>
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</tr>
</tbody>
</table>

*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?) (Sí) (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) __________   __________

________________________

Signature of Employer (Firma del Patrón)

Sally Hughes

Date of last pay (Última fecha de pago) _____________________ __________

Title (Título)

Date completed (Fecha completada) ____________  ___________

Phone Number (Número Telefónico)

404-656-7890

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 5th 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 not 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 adult 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
6400 Marion Circle
Athens, Georgia 30605
706 -555-1212

Margaret Simmons
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
Lessee

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.
<table>
<thead>
<tr>
<th>NAME(S) OF PERSON(S) NEEDING NUMBR</th>
<th>COMPLETED APPLICATION?</th>
<th>AGE</th>
<th>IDENTITY</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Simmons</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments:___________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE OF SOCIAL SECURITY OFFICIAL:  Myra J. Brown

Date:  10/17/96          Telephone Number:  404-656-0909
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

Selection p

AU ID 674173806
Screen ID
Benefit Month (MM YY)

Client ID
As Of Date
Notice Type

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

Message 0543
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
APP1 for Margaret Simmons

- We will process 10/96 first, so enter “Y” to select that month.

<table>
<thead>
<tr>
<th>Sel</th>
<th>Bnft</th>
<th>Status</th>
<th>Med COA</th>
<th>Disposition Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>10/96</td>
<td>P</td>
<td></td>
<td>FINAL EDITS NEEDED</td>
</tr>
<tr>
<td></td>
<td>11/96</td>
<td>P</td>
<td></td>
<td>WAITING FINALIZATION</td>
</tr>
</tbody>
</table>

Message 0003
0003 INVALID PF KEY FOR THIS SCREEN
13-amen
ADDR for Margaret Simmons

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

<table>
<thead>
<tr>
<th>CI Pntr</th>
<th>F Name</th>
<th>L Name</th>
<th>Client ID</th>
<th>AU Pntr</th>
<th>Prog</th>
<th>AU ID</th>
<th>Prog</th>
<th>AU ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>MARGARET</td>
<td>SIMMONS</td>
<td>761005918</td>
<td>A</td>
<td>FS</td>
<td>492513807</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>TINA</td>
<td>SIMMONS</td>
<td>787005850</td>
<td>A</td>
<td>FS</td>
<td>492513807</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>SUSAN</td>
<td>SIMMONS</td>
<td>912002486</td>
<td>A</td>
<td>FS</td>
<td>492513807</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DEM1 for Susan Simmons

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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>CLIENT DEMOGRAPHIC 1 - DEM1</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
<td>DEM1 03</td>
<td></td>
</tr>
<tr>
<td>Client Name</td>
<td>SUSAN SIMMONS</td>
<td>Suf</td>
</tr>
<tr>
<td>Alt Name</td>
<td>SSA/SSN</td>
<td>SSN Appl</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>GA</td>
<td>Marital Status</td>
<td>Living Arrangement</td>
</tr>
<tr>
<td>Res Y</td>
<td>N</td>
<td>AH</td>
</tr>
<tr>
<td>Concurr Out of St Recip</td>
<td>SSI</td>
<td>Depriv V</td>
</tr>
<tr>
<td>CA</td>
<td>FS</td>
<td>MA</td>
</tr>
</tbody>
</table>

**Message**

15-lett 16-crs 23-alau

**REMA for DEM1**

**UPDATE**

10/17/96 – Time- Case Manager – Load ID- County – Phone Number

VERIFICATION OF APPLICATION FOR SSN FOR SUSAN RECEIVED 10/17/96.
**ERN2 for Margaret**

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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>EARNED INCOME 2 - ERN2</th>
<th>ERN2 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
<td>0071 10 16 96</td>
<td>01 Remarks</td>
</tr>
</tbody>
</table>

Client Name MARGARET SIMMONS  
Client ID 761005918

Employer Name SALLY HUGHES

<table>
<thead>
<tr>
<th>Avg Hrs 20</th>
<th>Freq WK</th>
<th>Day Week Pd</th>
<th>Extra Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Del</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amt 1</th>
<th>V</th>
<th>Amt 2</th>
<th>V</th>
<th>Amt 3</th>
<th>V</th>
<th>Amt 4</th>
<th>V</th>
<th>Extra</th>
<th>V</th>
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</thead>
<tbody>
<tr>
<td>50.00</td>
<td>LE</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Work Expenses

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Freq</th>
<th>V</th>
<th>Type</th>
<th>Amount</th>
<th>Freq</th>
<th>V</th>
</tr>
</thead>
</table>

More Jobs

Message

15-lett 16-evnc 23-alau 24-del
### REMA for ERN2

**UPDATE**

<table>
<thead>
<tr>
<th>REA</th>
<th>Remarks - REMA</th>
<th>REMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Date Pd</th>
<th>Gross</th>
<th>Tips</th>
<th>Verf</th>
<th>Rep (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: 10/16/96</td>
<td>50.00</td>
<td></td>
<td>Letter (Y)</td>
<td></td>
</tr>
<tr>
<td>2: 10/09/96</td>
<td>50.00</td>
<td></td>
<td>Letter (Y)</td>
<td></td>
</tr>
<tr>
<td>3: 10/02/96</td>
<td>50.00</td>
<td></td>
<td>Letter (Y)</td>
<td></td>
</tr>
<tr>
<td>4: 09/25/96</td>
<td>50.00</td>
<td></td>
<td>Letter (Y)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Pd</th>
<th>Gross</th>
<th>Tips</th>
<th>Verf</th>
<th>Rep (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:</td>
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<tr>
<td>6:</td>
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</tbody>
</table>

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_ ____________________________

**MESSAGE**

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**

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>EARNED INCOME 2 - ERN2</th>
<th>ERN2 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
<td>0071 10 16 96</td>
<td>01</td>
</tr>
</tbody>
</table>

Remarks

Client Name MARGARET SIMMONS  
Client ID 761005918

Employer Name SALLY HUGHES

<table>
<thead>
<tr>
<th>Avg Hrs 20</th>
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<th>V</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Freq</th>
<th>V</th>
</tr>
</thead>
</table>

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
ERN1 for Margaret Simmons

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

- only has one check from the cleaners which needs to be budgeted. She received her last check on 10/5/96.

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>EARNED INCOME 1 - ERN1</th>
<th>ERN1 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
<td>1001</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

Remarks

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

Employer Name REYNOLD’S CLEANERS

Line 1 134 MAIN ST.
Line 2
City COLLEGE PARK ST GA Zip 30309 Phone 770 526 3598

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Pay Date</th>
<th>Date</th>
<th>Late</th>
<th>SON</th>
<th>$30+1/3</th>
<th>$30+1/3</th>
<th>$30</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI</td>
<td>01 01 94</td>
<td>01 08 94</td>
<td>10 05 96</td>
<td>N</td>
<td>AFDC</td>
<td>ARM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Message

15-lett
ERN2 for Margaret Simmons

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

- Margaret received her last check for $125 in 10/96
- 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.

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>EARNED INCOME 2 - ERN2</th>
<th>ERN2 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
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</tbody>
</table>

Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name REYNOLD'S CLEANERS

<table>
<thead>
<tr>
<th>Avg Hrs</th>
<th>Freq</th>
<th>Day Week Pd</th>
<th>Extra Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>040</td>
<td>AC</td>
<td>FR</td>
<td></td>
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</table>

Del

<table>
<thead>
<tr>
<th>Amt 1</th>
<th>V</th>
<th>Amt 2</th>
<th>V</th>
<th>Amt 3</th>
<th>V</th>
<th>Amt 4</th>
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<tr>
<td>125.00</td>
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<td></td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Freq</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Amount</td>
<td>Freq</td>
<td>V</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>SHELTER EXPENSES - SHEL</th>
<th>SHEL 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 10 96</td>
<td>0071</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

Remarks

Client Name MARGARET SIMMONS  Client ID 761005918

Primary Heat/Cool G

Receive LIHEAP

Public Housing/Exc

SUA Type HC

Expense Type Amt V  Expense Type Amt V

Rent 250.00 LL  Mortgage

Taxes

Gas

Telephone

Sewer

Disaster Repair

Other Fuel

Landlord Name MARY HILL  Phone 770 987 9876

Address 122 BROAD ST  City NEWNAN  ST GA  Zip 30305

Message

15-lett
DONE for Margaret Simmons

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Prog</th>
<th>Med COA</th>
<th>Elig Req</th>
<th>- Status - Code Cfirm</th>
<th>- Benefit -- Amt Cfirm</th>
<th>Outstanding Verifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>492513807</td>
<td>FS</td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Message 0428
0428 PRESS ENTER TO COMMIT
APP1 for Margaret Simmons

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

- enter a “y” beside 11/96

<table>
<thead>
<tr>
<th>Sel</th>
<th>Bnft</th>
<th>Status</th>
<th>Med COA</th>
<th>Disposition Status</th>
</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>11 96</td>
<td>P</td>
<td></td>
<td>WAITING FINALIZATION</td>
</tr>
</tbody>
</table>

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
13-amen
ADDR for Margaret Simmons

- Fast path to ERN2 for Margaret.

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>HOUSEHOLD ADDRESSES - ADDR</th>
<th>ADDR</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Month 11 96</td>
<td>0071 10 16 96</td>
<td></td>
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</tbody>
</table>

CO 049  LO 049  Load ID 1700  Client ID 761005918  Prev CO/LO

HOH  F Name MARGARET  MI  L Name SIMMONS  Suf

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

<table>
<thead>
<tr>
<th>Residential Address</th>
<th>Address Line 1</th>
<th>Line 2</th>
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<tbody>
<tr>
<td>Street Number</td>
<td>Dir</td>
<td>Name</td>
</tr>
<tr>
<td>2640</td>
<td>LINCOLN</td>
<td>BLVD</td>
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<tr>
<td>City ATLANTA</td>
<td>ST GA</td>
<td>Zip 30303</td>
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<tr>
<td>Phone 404 656 1200</td>
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<thead>
<tr>
<th>Mailing Address</th>
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<th>Line 2</th>
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</thead>
<tbody>
<tr>
<td>Street Number</td>
<td>Dir</td>
<td>Name</td>
</tr>
<tr>
<td>PO BOX 5680</td>
<td>ST GA</td>
<td>Zip 30303</td>
</tr>
<tr>
<td>City ATLANTA</td>
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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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>EARNED INCOME 2 - ERN2</th>
<th>ERN2 01</th>
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<tr>
<td>Month 11 96</td>
<td>1001 10 16 96</td>
<td>01</td>
</tr>
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</table>

Client Name MARGARET SIMMONS  
Client ID 775006272

Employer Name SALLY HUGHES

<table>
<thead>
<tr>
<th>Avg Hrs</th>
<th>Freq WK</th>
<th>Day Week Pd FR</th>
<th>Extra Pay</th>
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<tbody>
<tr>
<td>020</td>
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Del

<table>
<thead>
<tr>
<th>Amt 1</th>
<th>V</th>
<th>Amt 2</th>
<th>V</th>
<th>Amt 3</th>
<th>V</th>
<th>Amt 4</th>
<th>V</th>
<th>Extra</th>
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<tr>
<td>50.00</td>
<td>LE</td>
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More Jobs

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

<table>
<thead>
<tr>
<th>15-lett</th>
<th>16-evnc</th>
<th>23-alau</th>
<th>24-del</th>
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</thead>
</table>
SHEL for Margaret Simmons

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

<table>
<thead>
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<th>CHANGE</th>
<th>SHELTER EXPENSES - SHEL</th>
<th>SHEL</th>
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</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td>1001</td>
<td>10 16 96</td>
</tr>
</tbody>
</table>

Remarks

Client Name MARGARET SIMMONS
Client ID 775006272

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

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
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<tr>
<td>Rent</td>
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<td>LL</td>
<td>Mortgage</td>
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<tr>
<td>Taxes</td>
<td></td>
<td></td>
<td>Insurance</td>
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<tr>
<td>Gas</td>
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<td>Electric</td>
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<td>Telephone</td>
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<td>Water</td>
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<td>Sewer</td>
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<td></td>
<td>Garbage</td>
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<tr>
<td>Disaster Repair</td>
<td></td>
<td></td>
<td>Oil</td>
<td></td>
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</tr>
<tr>
<td>Other Fuel</td>
<td></td>
<td></td>
<td>Other Housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Landlord Name MARY HILL
Address 122 BROAD ST City NEWNAN ST GA Zip 30305

Phone 770 987 9876

Message

15-lett
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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Screen</th>
<th>AU/CI</th>
<th>Code</th>
<th>Screen</th>
<th>AU/CI</th>
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</tr>
</thead>
<tbody>
<tr>
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</table>
**DONE for Margaret Simmons**

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

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Prog</th>
<th>Med COA</th>
<th>Elig</th>
<th>- Status -</th>
<th>-- Benefit --</th>
<th>Outstanding Verifications</th>
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<tbody>
<tr>
<td>506165704</td>
<td>AF</td>
<td>F01</td>
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<td>P</td>
<td>Cfirm</td>
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</tr>
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<td>105165704</td>
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<td>N</td>
<td>P</td>
<td>Cfirm</td>
<td></td>
</tr>
</tbody>
</table>

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp  20-edd  21-narr
APP1 for Margaret Simmons

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

- press PF13 to return to AMEN

<table>
<thead>
<tr>
<th>Sel</th>
<th>Bnft</th>
<th>Status</th>
<th>Med COA</th>
<th>Disposition Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 96</td>
<td>P</td>
<td></td>
<td>WAITING FINALIZATION</td>
</tr>
<tr>
<td></td>
<td>11 96</td>
<td>P</td>
<td></td>
<td>WAITING FINALIZATION</td>
</tr>
</tbody>
</table>

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
13-amen
IV. **Margaret Simmons - Finalize the Application**

The pending Food Stamp AU needs to be finalized

- select “Q” to finalize

<table>
<thead>
<tr>
<th>Assistance Unit/Client Submenu - AMEN</th>
<th>AMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection Q</td>
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<tr>
<td>AU ID 492513807</td>
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</tr>
<tr>
<td>Screen ID</td>
<td></td>
</tr>
<tr>
<td>Benefit Month (MM YY)</td>
<td></td>
</tr>
<tr>
<td>Client ID</td>
<td></td>
</tr>
<tr>
<td>As Of Date</td>
<td></td>
</tr>
<tr>
<td>Notice Type</td>
<td></td>
</tr>
</tbody>
</table>

- A. Name/Part Inquiry
- B. AU/Client Inquiry
- C. Address Inquiry
- D. Trial Budget
- E. Trial Eligibility
- F. Batch Print Request
- G. Notice History
- H. 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 1012

1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY
APP2--FS for Margaret Simmons

- 10/96 is pre-selected
- press enter to process 10/96

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

<table>
<thead>
<tr>
<th>Finalize</th>
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<tbody>
<tr>
<td>Month</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>10</td>
<td>96</td>
<td>P</td>
<td>FS</td>
<td></td>
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<tr>
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<td>FS</td>
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</table>

Message
ELIG-FS for Margaret Simmons

- check to make sure the correct individuals are included for FS for 10/96
- if the non-financial screen is correct, enter “Y” to confirm

---

**FINALIZE**

<table>
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<tbody>
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<td>ELIG A 01</td>
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**AU ID 492513807**

**Prog FS** | **Prog Type S** | **Med COA**
---|---|---
**Confirm Y**

<table>
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<th>AU</th>
<th>AU Status</th>
<th>AU Stat</th>
<th>Appl</th>
<th>Begin</th>
<th>Pd Thru</th>
<th>-----Penalty-----</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>101696</td>
<td>101696</td>
<td>101696</td>
<td></td>
<td></td>
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</table>

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**First** | **Last** | **Rel** | **V** | **Mand** | **Finl** | **--Stat--** | **Rsn** | **Appl** | **Begin** | **Pd Thru** | **Penalty** |
---|---|---|---|---|---|---|---|---|---|---|---|
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 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

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>2000.00</td>
</tr>
<tr>
<td>Total Resources</td>
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</tr>
<tr>
<td>Gross Income Standard</td>
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<tr>
<td>Gross Count Earned</td>
<td>341.66</td>
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<tr>
<td>Self Employ Expenses</td>
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<tr>
<td>Earned Income Deductn</td>
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<td>Net Earned Income</td>
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<td>.00</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
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</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
</tr>
<tr>
<td>Excess Shelter</td>
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<tr>
<td>Medical Deduction</td>
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<td>Child Support Ded</td>
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<td>Thrifty Food Plan</td>
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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

<table>
<thead>
<tr>
<th>AU ID</th>
<th>Prog FS</th>
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<th>Med COA</th>
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<th>AU Status</th>
<th>AU Status</th>
<th>AU Stat</th>
<th>Appl</th>
<th>Begin</th>
<th>Pd Thru</th>
<th>---Penalty---</th>
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<tr>
<td>492513807</td>
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<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Rel</th>
<th>V</th>
<th>Mand</th>
<th>Finl</th>
<th>--Stat--</th>
<th>Rsn</th>
<th>Appl</th>
<th>Begin</th>
<th>Pd Thru</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARGARET</td>
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<td>SE</td>
<td>OT</td>
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<td>RE</td>
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<td>101696</td>
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<td>101696</td>
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<td>TINA</td>
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<td>RE</td>
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<tr>
<td>SUSAN</td>
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<td>Y</td>
<td>RE</td>
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<td>101696</td>
<td>101696</td>
<td>101696</td>
<td>101696</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>2000.00</td>
</tr>
<tr>
<td>Total Resources</td>
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<tr>
<td></td>
<td>Gross Count Earned</td>
</tr>
<tr>
<td></td>
<td>Self Employ Expenses</td>
</tr>
<tr>
<td></td>
<td>Earned Income Deductn</td>
</tr>
<tr>
<td></td>
<td>Net Earned Income</td>
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<tr>
<td></td>
<td>AFDC / Refugee</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
</tr>
</tbody>
</table>

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.
APP2 for Margaret Simmons

Finalize the case by entering “Y” and pressing enter

<table>
<thead>
<tr>
<th>AU ID 492513807</th>
<th>New MA ID</th>
<th>HOH Name MARGARET SIMMONS</th>
<th>Client ID 761005918</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Finalize Y</th>
<th>Sel</th>
<th>Bnft</th>
<th>Status</th>
<th>Prog</th>
<th>Med COA</th>
<th>Disposition Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 96</td>
<td>A</td>
<td>FS</td>
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<td></td>
<td>FINALIZED BY WORKER</td>
</tr>
<tr>
<td></td>
<td>11 96</td>
<td>A</td>
<td>FS</td>
<td></td>
<td></td>
<td>FINALIZED BY WORKER</td>
</tr>
</tbody>
</table>

Message 0690
0690 IF APPLICATION FINAL IS COMPLETE, PLEASE FINALIZE
V. Jane Smith - Review Notice and Benefit History

Background

- You have completed an intake application on Margaret Simmons. In overnight batch processing SUCCESS sent a notice to Margaret and issued initial benefits. In the training region, we are unable 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.

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

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**

$\checkmark$ Application  $\square$ Review  $\square$ Change  
Completion Optional

I. How does your household pay the following bills?

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>$275</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>$22</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>b. Gas</td>
<td>$31</td>
<td>monthly</td>
<td>10/4</td>
<td>me</td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well/Septic Tank/Water/Sewage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>$44</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$372</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Expense

Child Care Expenses

Child Support Paid Out

Health Insurance

Auto Expenses (payments, insurance, maintenance)

Other

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>EXPEDITED?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$437</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. Does anyone pay any of these bills or any other household bills for you?  
   If yes, who pays the bills?  
   What bills are paid?

2. Do you share the costs of monthly bills with anyone?  
   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  

<table>
<thead>
<tr>
<th>COUNTY:</th>
<th>CASE NUMBER:</th>
</tr>
</thead>
</table>

FORM 354 (Rev. 8/01)  
Georgia Department of Human Resources
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

<table>
<thead>
<tr>
<th>Resources Limit</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000.00</td>
<td>Excess Shelter</td>
</tr>
<tr>
<td>500.00</td>
<td>Medical Deduction</td>
</tr>
<tr>
<td>Gross Income Standard</td>
<td>Dep Care Deduction</td>
</tr>
<tr>
<td>1087.00</td>
<td>Child Support Ded</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>Adjusted Net Income</td>
</tr>
<tr>
<td>156.43</td>
<td></td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard</td>
</tr>
<tr>
<td>.00</td>
<td>836.00</td>
</tr>
<tr>
<td>Earned Income Deductn</td>
<td>Thrifty Food Plan</td>
</tr>
<tr>
<td>31.28</td>
<td>218.00</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount</td>
</tr>
<tr>
<td>125.15</td>
<td>218.00</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>Recoupment Amount</td>
</tr>
<tr>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount</td>
</tr>
<tr>
<td>.00</td>
<td>109.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>Previous Benefit</td>
</tr>
<tr>
<td>134.00</td>
<td>.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bnft Eff Date 101696</th>
<th>Bnft Confirm</th>
<th>Reasons</th>
<th>Budgeting Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>101696</td>
<td>Y</td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>Notice Type 0003</td>
<td>Waive</td>
<td>Timely Notice Period</td>
<td>Notice Override</td>
</tr>
<tr>
<td>Review Begin Dt 10 96</td>
<td>Review End Dt 03 97</td>
<td>Strat 2</td>
<td>Issue Type</td>
</tr>
</tbody>
</table>

**Message**

13-note

---

**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.
FSFI for Helen Jordan 11/96

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>2000.00</td>
</tr>
<tr>
<td>Total Resources</td>
<td>500.00</td>
</tr>
<tr>
<td>Gross Income Standard</td>
<td>1087.00</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>0.00</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>0.00</td>
</tr>
<tr>
<td>Earned Income Deductn</td>
<td>0.00</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>0.00</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>0.00</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>0.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budgeting Method P</th>
<th>Notice Type 0003</th>
<th>Waive Timely Notice Period</th>
<th>Bnft Eff Date 101696</th>
<th>Bnft Confirm Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Budgeting Method P</th>
<th>Notice Type 0003</th>
<th>Waive Timely Notice Period</th>
<th>Bnft Eff Date 101696</th>
<th>Bnft Confirm Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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

<table>
<thead>
<tr>
<th>PP End Date</th>
<th>Paid Date</th>
<th>Amount</th>
<th>V</th>
<th>Repres</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-11-96</td>
<td>9-18-96</td>
<td>95.42</td>
<td>Ch</td>
<td>Y</td>
</tr>
<tr>
<td>9-18-96</td>
<td>9-25-96</td>
<td>100.50</td>
<td>Ch</td>
<td>Y</td>
</tr>
<tr>
<td>9-25-96</td>
<td>10-2-96</td>
<td>42.50</td>
<td>Ch</td>
<td>N</td>
</tr>
<tr>
<td>10-2-96</td>
<td>10-9-96</td>
<td>105.54</td>
<td>Ch</td>
<td>Y</td>
</tr>
</tbody>
</table>

- 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.
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

13-bott

Press enter to return to ERN2
CARE

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

UIINC 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 UIINC
- 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.
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: b o t t
## EXPENSE STATEMENT

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>$200</td>
<td>monthly</td>
<td>10/1</td>
<td>Alice Dutton</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>$40</td>
<td>monthly</td>
<td>10/1</td>
<td>Alice Dutton</td>
</tr>
<tr>
<td>b. Gas</td>
<td>$50</td>
<td>monthly</td>
<td>10/1</td>
<td>Alice Dutton</td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
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<td>d. Well/Septic Tank/Water/Sewage</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>$25</td>
<td>monthly</td>
<td>10/11</td>
<td>Alice Dutton</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$315</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Paid Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Auto Expenses</strong> (payments, insurance, maintenance)</td>
<td>$18</td>
<td>monthly</td>
<td>10/4</td>
<td>Alice Dutton</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$333</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.**
   
   **Signature (Eligibility Worker):**
   
   **Date:** 10/11/96

### COUNTY: CASE NUMBER:

**FORM 354 (Rev. 8/01)**

**Georgia Department of Human Resources**

**PM-108**
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

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit 2000.00</td>
<td>Excess Shelter 231.00</td>
</tr>
<tr>
<td>Total Resources 15.00</td>
<td>Medical Deduction .00</td>
</tr>
<tr>
<td>Income Test</td>
<td>Dep Care Deduction .00</td>
</tr>
<tr>
<td>Gross Income Standard 1364.00</td>
<td>Child Support Ded .00</td>
</tr>
<tr>
<td>Gross Count Earned 435.40</td>
<td>Adjusted Net Income .00</td>
</tr>
<tr>
<td>Self Employ Expenses .00</td>
<td>Net Income Standard 1050.00</td>
</tr>
<tr>
<td>Earned Income Deductn 87.08</td>
<td>Thrifty Food Plan 313.00</td>
</tr>
<tr>
<td>Net Earned Income 348.32</td>
<td>Allotment Amount 313.00</td>
</tr>
<tr>
<td>Gross Count Unearned .00</td>
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<td>Previous Benefit .00</td>
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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.
**FSFI for Alice Dutton 11/96**

<table>
<thead>
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<tr>
<td>Excess Shelter</td>
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<td>Medical Deduction</td>
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<td>Dep Care Deduction</td>
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<td>Child Support Ded</td>
<td>.00</td>
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<td>Adjusted Net Income</td>
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<td>Net Income Standard</td>
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<td>Thrifty Food Plan</td>
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<tr>
<td>Issue Type</td>
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</table>

**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).*
<table>
<thead>
<tr>
<th>Depname</th>
<th>Und2</th>
<th>Freq</th>
<th>Date Pd</th>
<th>Amt</th>
<th>Date Pd</th>
<th>Amt</th>
<th>Date Pd</th>
<th>Extra</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHY</td>
<td>N</td>
<td>WK</td>
<td>10 13 96</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATT</td>
<td>N</td>
<td>WK</td>
<td>10 13 96</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UIINC 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?

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>$1075</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>$100</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>Property Insurance</td>
<td>$50</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>$100</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>b. Gas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well/Septic Tank/Water/Sewage</td>
<td>$24</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>$25</td>
<td>monthly</td>
<td>10/1</td>
<td>self</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$974</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Expense

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
</table>

Child Care Expenses

Child Support Paid Out

Health Insurance

Auto Expenses (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.

Signature (Eligibility Worker)  Date 10/16/96

COUNTY:  CASE NUMBER:

FORM 354 (Rev. 8/01)  Georgia Department of Human Resources
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

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>2000.00</td>
</tr>
<tr>
<td>Total Resources</td>
<td>110.00</td>
</tr>
<tr>
<td>Income Test</td>
<td></td>
</tr>
<tr>
<td>Gross Income Standard</td>
<td>1919.00</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>1213.32</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>.00</td>
</tr>
<tr>
<td>Earned Income Deductn</td>
<td>242.66</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>970.66</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>494.00</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00**</td>
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</table>

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

Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.
### FSFI for Maggie Kendall 10/96

**FINALIZE**  
**FOOD STAMP FINANCIAL ELIGIBILITY - FSFI**  
**FSFI A**

**Month 10 96**

<table>
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<tr>
<th>AU ID</th>
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<tr>
<td>805354115</td>
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</table>

**Resources**

- **Resources Limit**: 2000.00
- **Total Resources**: 110.00

**Income Test**

- **Gross Income Standard**: 1919.00
- **Gross Count Earned**: 1213.32
- **Net Earned Income**: 970.66
- **Gross Count Unearned**: 494.00
- **AFDC / Refugee**: 0.00
- **Standard Deduction**: 134.00

**Income Test (cont)**

- **Excess Shelter**: 481.00
- **Medical Deduction**: 0.00
- **Dep Care Deduction**: 216.66
- **Child Support Ded**: 0.00
- **Adjusted Net Income**: 633.00
- **Net Income Standard**: 1476.00
- **Allotment Amount**: 282.00
- **Recoupment Amount**: 0.00
- **Benefit Amount**: 282.00
- **Previous Benefit**: 0.00

**Budgeting Method P**

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

**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**

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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**
FSFI for Bonnie Wyatt 9/96

<table>
<thead>
<tr>
<th>Resources</th>
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<tr>
<td>Total Resources</td>
<td>Medical Deduction .00</td>
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<tr>
<td>Income Test</td>
<td>Dep Care Deduction 108.33</td>
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<td>Gross Income Standard</td>
<td>Child Support Ded .00</td>
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<tr>
<td>Gross Count Earned</td>
<td>Adjusted Net Income 366.00</td>
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<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard 836.00</td>
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<tr>
<td>Earned Income Deductn</td>
<td>Thrifty Food Plan 218.00</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount 108.00</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>Recoupment Amount .00</td>
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<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount 39.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>Previous Benefit .00</td>
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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

Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.
FSFI for Bonnie Wyatt 10/96

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI
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
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

Note: The system indicates a Review End Date of 11/96. However, due to Simplified Reporting Requirements, the correct POE is 02/97.
**Food Stamp Phase 2 PM**

**Initial Application**

**March 8, 2007**

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**FSFI for Bonnie Wyatt 11/96**

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<tr>
<td>Net Earned Income</td>
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<td>AFDC / Refugee</td>
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<td>Standard Deduction</td>
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<tr>
<td>Medical Deduction</td>
<td>.00</td>
</tr>
<tr>
<td>Dep Care Deduction</td>
<td>108.33</td>
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<tr>
<td>Child Support Ded</td>
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<tr>
<td>Adjusted Net Income</td>
<td>366.00</td>
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<tr>
<td>Net Income Standard</td>
<td>836.00</td>
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<tr>
<td>Thrifty Food Plan</td>
<td>218.00</td>
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<tr>
<td>Allotment Amount</td>
<td>108.00</td>
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<td>Recoupment Amount</td>
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<td>Benefit Amount</td>
<td>108.00</td>
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**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
### FSFI for Lucy Taylor 10/96

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>2000.00</td>
</tr>
<tr>
<td>Total Resources</td>
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</tr>
<tr>
<td>AFDC / Refugee</td>
<td>.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
</tr>
</tbody>
</table>

**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.
FSFI for Lucy Taylor 11/96

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
    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
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.
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.
Adding and Deleting People

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 database

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

**Month 10 96**  
**AU ID 699515907**  
**Prog FS**  
**Prog Type S**

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

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

FINALIZE
Month 11 96
AU ID 699515907
Prog FS Prog Type S

Resources
- Resources Limit: 2000.00
- Total Resources: 100.00
- Gross Income Standard: 1642.00
- Gross Count Earned: 216.67
- Self Employ Expenses: .00
- Earned Income Deductn: 43.33
- Net Earned Income: 173.34
- Gross Count Unearned: .00
- Standard Deduction: 134.00

Income Test (cont)
- Excess Shelter: 231.00
- Medical Deduction: .00
- Dep Care Deduction: .00
- Child Support Ded: .00
- Adjusted Net Income: .00
- Thrifty Food Plan: 397.00
- Allotment Amount: 397.00
- Recoupment Amount: .00
- Benefit Amount: 397.00
- Previous Benefit: 313.00

Notice Type 0003
Waive Timely Notice Period
Budgeting Method P

Message
13-note
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.
**FSFI for BONNIE WYATT -ADD A PERSON 10/96**

<table>
<thead>
<tr>
<th>Resources</th>
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<tbody>
<tr>
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<tr>
<td>Self Employ Expenses</td>
<td>.00</td>
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<tr>
<td>Earned Income Deductn</td>
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<tr>
<td>Net Earned Income</td>
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<tr>
<td>Gross Count Unearned</td>
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<tr>
<td>AFDC / Refugee</td>
<td>.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
</tr>
</tbody>
</table>

**Update Details**

- **AU ID**: 290001315
- **Prog FS**: Prog S
- **Prog Type S**: Prog S

- **Month 10 96**
- **Notice Type**: 0003
- **Notice Override**: Waive Timely Notice Period
- **Review Begin Dt**: 09 96
- **Review End Dt**: 02 97
- **Strat**: 2

- **Bnft Eff Date**: 101696
- **Bnft Confirm Y**: Reasons
- **Budgeting Method P**: Notice Override

**Message**

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

**FINALIZE**

FOOD STAMP FINANCIAL ELIGIBILITY - FSFI

Month 11 96

AU ID 290001315    Prog FS    Prog Type S

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<tr>
<th>Resources</th>
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<tr>
<td>Total Resources</td>
<td>Medical Deduction</td>
</tr>
<tr>
<td>Income Test</td>
<td>Dep Care Deduction</td>
</tr>
<tr>
<td>Gross Income Standard</td>
<td>Child Support Ded</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>Adjusted Net Income</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard</td>
</tr>
<tr>
<td>Earned Income Deductn</td>
<td>Thrifty Food Plan</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>Recoupment Amount</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>Previous Benefit</td>
</tr>
</tbody>
</table>

- Gross Income Standard: 1364.00
- Gross Count Earned: 1049.65
- Net Earned Income: 839.72
- Gross Count Unearned: .00
- AFDC / Refugee: .00
- Standard Deduction: 134.00

- Excess: Shelter: 231.00
- Medical Deduction: .00
- Dep Care Deduction: 108.33
- Child Support Ded: .00
- Adjusted Net Income: 366.00
- Net Income Standard: 1050.00
- Thrifty Food Plan: 313.00
- Allotment Amount: 203.00
- Recoupment Amount: .00
- Benefit Amount: 203.00
- Previous Benefit: 108.00

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

Message

13-note
Three Things to Think About

When you delete an AU member

- Verify the change if it’s questionable.

- Is child care being paid for this person?

- Consider whether the family can manage without the person (if they had income).
IV. WALK THROUGH CASE: 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.

MESSAGE
0019 UPDATE COMPLETED SUCCESSFULLY
13 – bott

PM-15
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

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 #

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

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

### 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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>FOOD STAMP FINANCIAL ELIGIBILITY - FSFI</th>
<th>FSFI</th>
<th>A</th>
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<tbody>
<tr>
<td>Month 11 96</td>
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<td></td>
<td></td>
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<tr>
<td>AU ID 805354115</td>
<td>Prog FS  Prog Type T</td>
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</tr>
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</table>

Resources                  Income Test (cont)
---                         ---
Resources Limit 2000.00     Excess Shelter 372.67
Total Resources 110.00      Medical Deduction 0.00
Income Test
Gross Income Standard 1364.00 Child Support Ded 0.00
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 0.00
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
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

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>FOOD STAMP FINANCIAL ELIGIBILITY - FSFI</th>
<th>FSFI A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
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<td></td>
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<tr>
<td>AU ID 100301004</td>
<td>Prog FS</td>
<td>Prog Type S</td>
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### Resources
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<td>Resources Limit</td>
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<td>Excess Shelter</td>
</tr>
<tr>
<td>Total Resources</td>
<td>15.00</td>
<td>Medical Deduction</td>
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</table>

### Income Test
<table>
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<tr>
<th>Income Test</th>
<th>Dep Care Deduction</th>
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</thead>
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<td>1087.00</td>
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<td>Adjusted Net Income</td>
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<tr>
<td>Self Employ Expenses</td>
<td>.00</td>
<td>Net Income Standard</td>
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<tr>
<td>Earned Income Deductn</td>
<td>.00</td>
<td>Thrifty Food Plan</td>
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<td>Net Earned Income</td>
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<td>Gross Count Unearned</td>
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<tr>
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<td>Benefit Amount</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>134.00</td>
<td>Previous Benefit</td>
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</tbody>
</table>

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: 13-note
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

**ERROR**

• 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 database
# HELEN JORDAN - NEW WAGES

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<td>Earned Income Deductn</td>
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<td>Net Earned Income</td>
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<td>Strat 2</td>
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</table>

Message

13-note
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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<td>Dep Care Deduction .00</td>
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<tr>
<td>Net Earned Income 1265.32</td>
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<td>Gross Count Unearned .00</td>
<td>Recoupment Amount .00</td>
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<td>AFDC / Refugee .00</td>
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<td>Strat 2</td>
<td>Issue Type</td>
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</table>

Message

13-note
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 3rd/5th paycheck.
FSFI for Elaine Brooks Increased Wages

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<tr>
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Resources
- Resources Limit: 2000.00
- Total Resources: 500.00

Income Test
- Gross Income Standard: 1642.00
- Gross Count Earned: 1771.23
- Earned Income Deductn: .00
- Net Earned Income: .00
- Gross Count Unearned: 125.00
- AFDC / Refugee: .00
- Standard Deduction: 134.00

Income Test (cont)
- Excess Shelter: .00
- Medical Deduction: .00
- Dep Care Deduction: .00
- Child Support Ded: .00
- Adjusted Net Income: .00
- Net Income Standard: .00
- Thrifty Food Plan: .00
- Allotment Amount: .00
- Recoupment Amount: .00
- Benefit Amount: .00
- Previous Benefit: 167.00

Bnft Eff Date: 101696
Bnft Confirm Y: 0
Reasons: 320
Budgeting Method: P
Notice Type: 0005
Waive: Timely Notice Period
Notice Override: 0
Review Begin Dt: 10 96
Review End Dt: 03 97
Strat: 2
Issue Type: 0

Message

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

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

✓ Can the AU manage their reported expenses without this income?

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

✓ Are changes needed on the WORK screen?

✓ Is this a Voluntary Quit situation?

✓ Is this person eligible for UCB?
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

ERROR

- 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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<td>Strat 2</td>
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</tbody>
</table>

Message

13-note
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.
### LUCY TAYLOR - LOSS OF INCOME

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</table>

Message

13-note
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

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Message

13-note

PM-24
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**

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<td>Standard Deduction</td>
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- **Bnft Eff Date**: 101696
- **Bnft Confirm Y**: Reasons
- **Budgeting Method P**: Notice Override

**Message**

13-note
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

<table>
<thead>
<tr>
<th>Interview</th>
<th>Shelter Expenses</th>
<th>Shelter 01</th>
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<tr>
<td>Month 11 96</td>
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<tr>
<td>Primary Heat/Cool</td>
<td>LIHEAP</td>
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<td>V</td>
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<td>Rent</td>
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<td>Taxes</td>
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<tr>
<td>Gas</td>
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<td>Disaster Repair</td>
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<tr>
<td>Other Fuel</td>
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<tr>
<td>Landlord Name</td>
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<tr>
<td>Address</td>
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<td>Message</td>
<td>15-lett</td>
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</table>
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:
[ ] Non H/C based on two types of expenses:

[ ] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [N] (Hit tilde for SHEL SHARED)

More
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

<table>
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<tr>
<th>INTERVIEW</th>
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Message
15-lett
UPDATE

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)

MESSAGE

13-bott
DWELLING IS ELIGIBLE for Utility Deduction based on, Heating( X )  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
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

<table>
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<tr>
<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL 01</th>
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PM-33
UPDATE

REMARKS - 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 [ Y ] If yes, explain
:Sister Jacquie Meyers pays half of the rent.______________

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 [ Y ]
If none, explain: gas, water & sewer included in rent.______________

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

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

MESSAGE

13-bott
Situation D: ONE AU PAYS AT LEAST TWO UTILITIES OTHER THAN HEATING OR COOLING

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

   Electricity (not used for heating and cooling), pays about $50 monthly
   pays $250 per month of $500/month rent, has copy of lease with her and a letter from Jacquie
   rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL</th>
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</table>
-------------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.

DEWELLING 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: electric not for H/C, phone and water
OR Excess Non H/C Public Hsg[ ]
[ ] Actual based on one type of expense: ________________________________

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

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL</th>
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<tr>
<td>Client Name MARY</td>
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<tr>
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<tr>
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<td>Address 122 BORAX AVE.</td>
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UPDATE

REMARS - 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 [ Y ] If yes, explain

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

Calc if other than money:

Included in mortg? Insurance[

If none, explain:

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

DEWELLING IS ELIGIBLE for Utility Deduction based on;

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

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

[ ] Actua[ ] based on one type of expense:

[X] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [ Y ] (Hit tilde for SHEL SHARED)

MESSAGE

More

13-bott
## Situation F: BOTH AUs PAY HALF OF ALL COSTS

Mary Sims and sister, Jacque 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

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<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL</th>
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<tr>
<td>Client Name MARY SIMS</td>
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</table>

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent Taxes</td>
<td>12.50</td>
<td>BI</td>
<td>Mortgage</td>
<td>250.00</td>
<td>RC</td>
</tr>
<tr>
<td>Gas</td>
<td>10.00</td>
<td>BI</td>
<td>Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td></td>
<td></td>
<td>Garbage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Repair</td>
<td></td>
<td></td>
<td>Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Fuel</td>
<td></td>
<td></td>
<td>Other Housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Landlord Name</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
<th>ST</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-lett</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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 [X] Insur [X] Taxes [X] Lot Rent [ ]

AU pays half of the mort., taxes and insurance

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:______________________________

[ ] 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}

MESSAGE

More

13-bott
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(X) 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

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

<table>
<thead>
<tr>
<th>INTERVIEW</th>
<th>SHELTER EXPENSES - SHEL</th>
<th>SHEL 01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11/96</td>
<td>3001</td>
<td>10/16/96</td>
</tr>
</tbody>
</table>

Client Name: MARY SIMS
Client ID: 934000103

Primary: Rent
Housing/Excl: LIHEAP
Type: HC

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
<th>Expense Type</th>
<th>Amt</th>
<th>V</th>
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<tbody>
<tr>
<td>Rent</td>
<td>250.00</td>
<td>LL</td>
<td>Mortgage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
<td></td>
<td>Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
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<td>Water</td>
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<tr>
<td>Sewer</td>
<td></td>
<td></td>
<td>Garbage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Repair</td>
<td></td>
<td></td>
<td>Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Fuel</td>
<td></td>
<td></td>
<td>Other Housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Landlord Name: JOHN HILL
Phone: 912-994-7943

Address: 122 BORAX AVE.
City: SPARTA
ST: GA
Zip: 30023
***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: ____________________________
[ ] 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}

MESSAGE

More

13-bott
Situation H: AU LIVES IN SEPARATE DWELLING, BILLED BY LANDLORD

- Mary Sims lives alone in a trailer behind her landlord’s house. She pays the landlord a total of $100 monthly on all utility expenses as she has no utilities in her name. She has the following costs:

  - heats with gas, pays the landlord $100 for gas, electricity and water
  - pays $250 per month rent, verifies with landlord statement
  - rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943
### Financial Changes

**UPDATE**

---

**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 [ ]
- Calculate 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)

---

**MESSAGE**

More

---

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 VERF 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, DEAl, CARE for Lisa, Katherine, Carl, Daniel
no change, press enter

UIINC 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?

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>800</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>40</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
<tr>
<td>b. Gas</td>
<td>65</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well/Septic Tank/Water/Sewage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>25</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
</tbody>
</table>

**SUBTOTAL**: 430

**Medical Expense**

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
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</thead>
<tbody>
<tr>
<td>Child Care Expenses</td>
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</tr>
<tr>
<td>Child Support Paid Out</td>
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<tr>
<td>Health Insurance</td>
<td></td>
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</tr>
<tr>
<td>Auto Expenses (payments, insurance, maintenance)</td>
<td>50</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
<tr>
<td>Other</td>
<td>75</td>
<td>Monthly</td>
<td>10/04</td>
<td>Self</td>
</tr>
</tbody>
</table>

**TOTAL**: 555

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: 10/04/96]

**COUNTY:**            | **CASE NUMBER:**            

---

*FORM 354 (Rev. 8/01)*

*Georgia Department of Human Resources*
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:

<table>
<thead>
<tr>
<th>Pay Period Ending Date</th>
<th>Pay Received Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/96</td>
<td>10/7/96</td>
<td>751.28</td>
</tr>
<tr>
<td>9/9/96</td>
<td>9/23/96</td>
<td>756.00</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>CHANGE</th>
<th>CASH/MA FINANCIAL ELIGIBILITY - CAFI</th>
<th>CAFI</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 11 96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU ID 100337255</td>
<td>Prog AF</td>
<td>Prog Type R</td>
<td>Med COA</td>
</tr>
<tr>
<td>Net Income Test (cont)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Resources</td>
<td>Standard - 30 1/3</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Resource Limit</td>
<td>1000.00</td>
<td>Dependent Care</td>
<td>.00</td>
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<tr>
<td>Total Resources</td>
<td>.00</td>
<td>Net Earned Income</td>
<td>.00</td>
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<tr>
<td>Gross Income Test</td>
<td>Net Unearned Income</td>
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<td>Gross Income Limit</td>
<td>784.40</td>
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<td>.00</td>
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<tr>
<td>Gross Earned Income</td>
<td>.00</td>
<td>Allocated Income</td>
<td>.00</td>
</tr>
<tr>
<td>Net Unearned Income</td>
<td>.00</td>
<td>Net Income</td>
<td>.00</td>
</tr>
<tr>
<td>Deemed Income</td>
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<td>Grant Amount</td>
<td>280.00</td>
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<tr>
<td>Allocated Income</td>
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<td>Recoupment Amount</td>
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<tr>
<td>Total Gross Income</td>
<td>.00</td>
<td>Benefit Amount</td>
<td>280.00</td>
</tr>
<tr>
<td>Net Income Limit</td>
<td>Previous Benefit</td>
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<td></td>
</tr>
<tr>
<td>Gross Earned Income</td>
<td>.00</td>
<td>Medical Expense Amt</td>
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<tr>
<td>Self Employ Work Exp</td>
<td>.00</td>
<td>Net Spenddown Amt</td>
<td></td>
</tr>
</tbody>
</table>

**Review Begin Date 04 96**  
**Review End Date 10 96**  
**Strat 2**

13-note
# RELATED RSM PREGNANT WOMAN CASE

**Dawn Cosner**

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<th>CASH/MA FINANCIAL ELIGIBILITY - CAFI</th>
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## Gross Income Test

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<tr>
<td>Gross Earned Income</td>
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## Deemed Income

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<tr>
<th>.00 Grant Amount</th>
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<tbody>
<tr>
<td>Allocated Income</td>
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## Total Gross Income

<table>
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<tr>
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## Net Income Test

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<tr>
<td>Gross Earned Income</td>
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<tr>
<td>Self Employ Work Exp</td>
<td>.00 Net Spenddown Amt</td>
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13-note
## FSFI for Dawn Cosner

**Month 11 96**

**AU ID 100357255**

### Resources

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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### Income Test (cont)

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<td>Dep Care Deduction</td>
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### Budgeting Method

- 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
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 Spendsdown Amount
  Gross Earned Income .00 Medical Expense Amt
  Self Employ Work Exp .00 Net Spendsdown Amt
Bnft Eff Date 100196 Bnft Confirm Y Reasons Budgeting Metho
Notice Type 0011 Waive Timely Ntc Period Notice Override
Review Begin Date 07 96 Review End Date 06 97 Strat 3
Message

13-note
**Mitchell Greene FS**

**CHANGE**

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**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**  
Month 11 96

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<th>Prog Type P</th>
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<th>P01</th>
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**Net Income Test (cont)**

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<th>Resources</th>
<th>Standard - 30 1/3</th>
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<tbody>
<tr>
<td>Resource Limit</td>
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<tr>
<td>Self Employ Work Exp</td>
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**Review Begin Date 09 96**  
**Review End Date 99 99**  
**Bnft Eff Date 093096**  
**Bnft Confirm**  
**Reasons**  
**Budgeting Method A**

**Message**

13-note
### Alice Denton RSM Child Case

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<td>Prog MA</td>
<td>Prog Type F</td>
<td>Med COA</td>
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**Net Income Test (cont)**

- **Resources**: Standard - 30 1/3
- **Resource Limit**: 90.00
- **Total Resources**: Dependent Care
- **Gross Income Test**: Net Earned Income
- **Gross Income Limit**: 824.07
- **Gross Earned Income**: Net Unearned Income
- **Net Unearned Income**: Deemed Income
- **Allocated Income**: Allocated Income
- **Total Gross Income**: Net Income
- **Net Income Limit**: Grant Amount
- **Self Employ Work Exp**: Recoupment Amount
- **Bnft Eff Date 093096**: Net Spenddown Amt
- **Bnft Confirm**: Budgeting Method
- **Reasons 308 302 324**: Notice Override
- **Review Begin Date 09 96**: Notice Type 0011
- **Review End Date 03 97**: Waive Timely Ntc Period
- **Message**: 13-note

PM-25
### Alice Denton FS Case

- **Month 11 96**
- **AU ID 100454407**
- **Prog FS**
- **Prog Type S**

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- **Bnft Eff Date 101696**
- **Bnft Confirm y**
- **Reasons 308 237**
- **Budgeting Method P**
- **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*

* - System shows review end date of 2/97.
I. Objectives for Expedited Food Stamp Cases

By the end of this session, you should know:

- how to process an expedited case on SUCCESS
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
Process the Application Months with missing verification

Finalize the Case with missing verification

FRANKLIN COLLINS – INTAKE 10/96

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 96
AU ID 182145115 Prog FS Prog Type S

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<td>Total Resources</td>
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<td>AFDC / Refugee</td>
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Reasons
- Budgeting Method P
- Notice Type 0003
- Waive Timely Notice Period
- Notice Override

Message
- 13-note
FRANKLIN COLLINS – INTAKE 11/96

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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).
```markdown
<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>Excess Shelter</td>
</tr>
<tr>
<td>Total Resources</td>
<td>Medical Deduction</td>
</tr>
<tr>
<td>Income Test</td>
<td>Dep Care Deduction</td>
</tr>
<tr>
<td>Gross Income Standard</td>
<td>Child Support Ded</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>Adjusted Net Income</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard</td>
</tr>
<tr>
<td>Earned Income Deductn</td>
<td>Thrifty Food Plan</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>Recoupment Amount</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>Previous Benefit</td>
</tr>
</tbody>
</table>

| Bnft Eff Date 101696             | Bnft Confirm Y                |
| Notice Type                      | Waive Timely Notice Period    |
| Review Begin Dt 12 96            | Review End Dt 12 96 Strat 3   |
```

Message

13-note
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.
## Rodney Jackson - Intake

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>Excess Shelter 231.00</td>
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<tr>
<td>Income Test</td>
<td>Dep Care Deduction .00</td>
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<tr>
<td>Gross Income Standard</td>
<td>Child Support Ded .00</td>
</tr>
<tr>
<td>Gross Count Earned</td>
<td>Adjusted Net Income .00</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard 623.00</td>
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<tr>
<td>Earned Income Deductn</td>
<td>Thrifty Food Plan 119.00</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount 119.00</td>
</tr>
<tr>
<td>Gross Count Unearned</td>
<td>Recoupment Amount .00</td>
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<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount 59.00</td>
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<tr>
<td>Standard Deduction</td>
<td>Previous Benefit .00</td>
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<table>
<thead>
<tr>
<th>Bnft Eff Date 101696</th>
<th>Bnft Confirm Y</th>
<th>Reasons</th>
<th>Budgeting</th>
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</thead>
<tbody>
<tr>
<td>Notice Type 0003</td>
<td>Waive Timely Notice Period</td>
<td>Notice Ove</td>
<td></td>
</tr>
<tr>
<td>Review Begin Dt 10 96</td>
<td>Review End Dt 11 96 Strat 1</td>
<td>Issue</td>
<td></td>
</tr>
</tbody>
</table>

**Message**

- 13-note
Rodney Jackson - Intake

<table>
<thead>
<tr>
<th>Resources</th>
<th>Income Test (cont)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources Limit</td>
<td>Excess Shelter</td>
</tr>
<tr>
<td>2000.00</td>
<td>231.00</td>
</tr>
<tr>
<td>Total Resources</td>
<td>Medical Deduction</td>
</tr>
<tr>
<td>50.00</td>
<td>.00</td>
</tr>
<tr>
<td>Income Test</td>
<td>Dep Care Deduction</td>
</tr>
<tr>
<td>Gross Income</td>
<td>Child Support Ded</td>
</tr>
<tr>
<td>Standard</td>
<td>.00</td>
</tr>
<tr>
<td>Gross Income</td>
<td>Adjusted Net Income</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>.00</td>
</tr>
<tr>
<td>Self Employ Expenses</td>
<td>Net Income Standard</td>
</tr>
<tr>
<td>.00</td>
<td>623.00</td>
</tr>
<tr>
<td>Earned Income Deduct</td>
<td>Thrifty Food Plan</td>
</tr>
<tr>
<td>.00</td>
<td>119.00</td>
</tr>
<tr>
<td>Net Earned Income</td>
<td>Allotment Amount</td>
</tr>
<tr>
<td>.00</td>
<td>119.00</td>
</tr>
<tr>
<td>Gross Count</td>
<td>Recoupment Amount</td>
</tr>
<tr>
<td>Unearned</td>
<td>.00</td>
</tr>
<tr>
<td>AFDC / Refugee</td>
<td>Benefit Amount</td>
</tr>
<tr>
<td>.00</td>
<td>119.00</td>
</tr>
<tr>
<td>Standard Deduction</td>
<td>Previous Benefit</td>
</tr>
<tr>
<td>134.00</td>
<td>.00</td>
</tr>
</tbody>
</table>

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 1  Issue Type

Message

13-note
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.
Rodney Jackson - Review

CHANGE               FOOD STAMP FINANCIAL ELIGIBILITY - FSFI           FSFI
Month 11 96
AU ID 788300512    Prog FS     Prog Type S

Resources                            Income Test (cont)
 Resources Limit 2000.00      Excess Shelter 231.00
 Total Resources 50.00      Medical Deduction .00
 Income Test
 Gross Income Standard 810.00      Child Support Ded .00
 Gross Count Earned .00      Adjusted Net Income 285.00
 Self Employ Expenses .00      Net Income Standard 623.00
 Earned Income Deductn .00      Thrifty Food Plan 119.00
 Net Earned Income .00      Allotment Amount 33.00
 Gross Count Unearned 649.99      Recoupment Amount .00
 AFDC / Refugee .00      Benefit Amount 33.00
 Standard Deduction 134.00      Previous Benefit 119.00

Bnft Eff Date 101696    Bnft Confirm Y Reasons Budgeting Method
 Notice Type 0003       Waive Timely Notice Period Notice Override
 Review Begin Dt 12 96   Review End Dt 03 97 Strat 1 Issue Type

Message

13-note
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 CICSVØ.

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

4. At the SUCCESS sign-on screen…
   
   a. Select SUCCESS Ø4
   b. Type your RACF ID
   c. Type the password
   d. Press enter

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

Exercise

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

SUCCESS Template for Standard PC Keyboard

Reset Clear
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 with 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**: □

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

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
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</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>250.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>20.00</td>
<td>monthly</td>
<td>10/13</td>
<td>me</td>
</tr>
<tr>
<td>b. Gas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well/Septic Tank/Water/Sewage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
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<tr>
<td>f. Telephone</td>
<td>25.00</td>
<td>monthly</td>
<td>10/8</td>
<td>me</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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<td></td>
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</tr>
<tr>
<td>Medical Expense</td>
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</tr>
<tr>
<td>Child Care Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Paid Out</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Auto Expenses</strong></td>
<td>25.00</td>
<td>monthly</td>
<td>10/7</td>
<td>me</td>
</tr>
<tr>
<td>(payments, insurance, maintenance)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10.00</td>
<td>monthly</td>
<td>10/8</td>
<td>me</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>330.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Georgia Department of Human Resources
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
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**

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>250.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
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<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Property Insurance</td>
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</tr>
<tr>
<td>Utilities</td>
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</tr>
<tr>
<td>a. Electricity</td>
<td></td>
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<td></td>
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<tr>
<td>b. Gas</td>
<td>20.00</td>
<td>monthly</td>
<td>10/13</td>
<td>me</td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>d. Well/Septic Tank/Water/Sewage</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>25.00</td>
<td>monthly</td>
<td>10/8</td>
<td>me</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>Medical Expense</td>
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<td>Child Care Expenses</td>
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<tr>
<td>Child Support Paid Out</td>
<td></td>
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</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Expenses (payments, insurance, maintenance)</td>
<td>25.00</td>
<td>monthly</td>
<td>10/7</td>
<td>me</td>
</tr>
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<td>Other</td>
<td>10.00</td>
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<td><strong>TOTAL</strong></td>
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</table>

**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:** __________________________

FORM 354 (Rev. 8/01)  Georgia Department of Human Resources
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 May 1, 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 our. 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:

<table>
<thead>
<tr>
<th>Midtown Associates</th>
<th>Employer # A134680</th>
<th>Date 10/01/96</th>
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<tbody>
<tr>
<td><strong>Employee Name</strong></td>
<td><strong>SS Number</strong></td>
<td><strong>Federal Status</strong></td>
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<tr>
<td>Elaine Brooks</td>
<td>113 1_ 1___</td>
<td>A-04</td>
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<td><strong>Descriptions of Payments</strong></td>
<td><strong>Descriptions of Deductions</strong></td>
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<td>A28946</td>
<td>Final Gross Pay</td>
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<td>Final Gross Pay</td>
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</tr>
<tr>
<td></td>
<td>Net Pay</td>
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| Payment Description Date September 22

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<td><strong>Employee Name</strong></td>
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<td><strong>Federal Status</strong></td>
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<tr>
<td>Elaine Brooks</td>
<td>113 1_ 1___</td>
<td>A-04</td>
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<td><strong>Descriptions of Payments</strong></td>
<td><strong>Descriptions of Deductions</strong></td>
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<td>A28946</td>
<td>Final Gross Pay</td>
<td>$129.00</td>
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<tr>
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<td>Net Pay</td>
<td>$105.75</td>
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</table>
| Payment Description Date September 18
<table>
<thead>
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<th>Date 10/08/96</th>
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<tbody>
<tr>
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<td>Federal Status</td>
</tr>
<tr>
<td>Elaine Brooks</td>
<td>113 1_ 1___</td>
<td>A-04</td>
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<td>$18 Federal</td>
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<td>$5 Medical</td>
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Payment Description Date October 1

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<th>Employer # A134680</th>
<th>Date 10/16/96</th>
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<tr>
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<td>Federal Status</td>
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<tr>
<td>Elaine Brooks</td>
<td>113 1_ 1___</td>
<td>A-04</td>
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<td>$20.50 Federal</td>
</tr>
<tr>
<td>Final Gross Pay</td>
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<td>Net Pay</td>
<td>$5 FICA</td>
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<td>$5 Medical</td>
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</table>

Payment Description Date October 8
### EXPENSE STATEMENT

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT DUE</th>
<th>HOW OFTEN PAID</th>
<th>LAST TIME PAID</th>
<th>PAID BY WHOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/ Mortgage</td>
<td>650.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>Property Taxes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Electricity</td>
<td>50.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>b. Gas</td>
<td>100.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>c. Fuel Oil, Wood, Kerosene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Well/Septic Tank/Water/ Sewage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Garbage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Telephone</td>
<td>78.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
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<td><strong>SUBTOTAL</strong></td>
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<td>Medical Expense</td>
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<td></td>
</tr>
<tr>
<td>Child Care Expense</td>
<td>200.00</td>
<td>monthly</td>
<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>Child Support Paid Out</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td>150.00</td>
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<td>10/1</td>
<td>me</td>
</tr>
<tr>
<td>Auto Expense (payments, insurance, maintenance)</td>
<td>375.00</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1603.00</strong></td>
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<td></td>
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</tr>
</tbody>
</table>

**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:**

Form 354 (Rev. 8/01)
# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview Desk Guide</td>
<td>2</td>
</tr>
<tr>
<td>Overview of Eligibility Determinations</td>
<td>4</td>
</tr>
<tr>
<td>Documentation Tools</td>
<td>8</td>
</tr>
<tr>
<td>Documentation Guide</td>
<td>10</td>
</tr>
<tr>
<td>Documentation Standards</td>
<td>11</td>
</tr>
</tbody>
</table>
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 household 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 2nd three months in the system.

Screen name is **Work Registration/Participation**.  
Policy Function:
- Generates referral for anyone who needs to comply or regain eligibility prior to approval
- Generates a referral upon approval of a FS case in SUCCESS to the E&T case manager for any coded ABAWDs.

Shelter Deductions

**SHEL** – FICM enters shelter costs.

Screen name is **Shelter Expenses**.  
Policy Function:
SUCCESS uses to determine total shelter cost and the excess shelter deduction.

Management, Expedited Services

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

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

<table>
<thead>
<tr>
<th>SUCCESS Screen</th>
<th>Documentation Tool</th>
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<tbody>
<tr>
<td>ADDR</td>
<td>F21 to document</td>
</tr>
<tr>
<td>STAT</td>
<td>Tilde (~) to document</td>
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<tr>
<td>DEM1</td>
<td>F9 to document</td>
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<td>DEM2</td>
<td>F9 to document</td>
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<td>ERN1</td>
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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
resolution of any discrepancies

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

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

There are 6 ADTs:
- Enter 1 – to document TANF Work
- Enter 2 – to document verification of an exemption, changes in FS Exemptions, voluntary quit and eligibility for the 15% exemption
- Enter 3 – to document FS Non-Compliance
- Enter 4 – to document FS Regaining Eligibility
- Enter 5 – to document FS 2nd Three Months
- Enter 6 – to document the ABAWD Calendar for all ABAWDs

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

There is 1 ADT:
This ADT has two portions. The first portion is to document dwellings with one AU. The second is to document shared dwellings.

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

There are 2 ADTs available:
- Enter 1 to document management.
- Enter 2 to document OSOP.