SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Service Chapter 430-05

North Dakota Department of Human Services
600 East Boulevard Dept. 325
Bismarck, ND 58505-0250

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History of SNAP 430-05-05-05

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View Archives

In 1935, Congress authorized the Secretary of Agriculture to use custom receipts to buy food for welfare institutions. These funds were known as Section 32 funds.

In 1946, Congress established the Commodity Distribution Program. Surplus foods from the price support program or Section 32 were made available for institutions and welfare programs.

Under the Kennedy administration, the Food Stamp Program began as a pilot program in 1961. The program became law in 1964 and was designed to increase the food buying power of low-income families. While the federal government established the program, the states and local governing bodies administered it. In North Dakota, the counties administered the program through their welfare boards and employees. Maximum incomes were set by a plan prepared by the Public Welfare Board of North Dakota with approval from the U.S. Department of Agriculture. As a part of the plan, a series of charts were developed to show how many bonus stamps could be issued for various levels of net income for various sized families. Thus, with a monthly net income of $0 to $19.99, a family of four in 1969 could spend $2.00 for stamps and receive $58.00 in bonus stamps for a total of $60.00. The purchase price was not eliminated from the program until December of 1979.

During 1970, North Dakota had 41 counties participating in the Food Stamp Program, five counties with no program and seven counties who issued surplus commodities. It was not until July 1, 1974, that all counties in North Dakota were mandated to participate in the Food Stamp Program.

The program was totally automated in October of 1984 and today serves approximately 27,000 households statewide with a total dollar issuance of approximately 7.25 million dollars per month as compared to January of 1979 when $504,520.00 dollars were issued to 6,021 households.

In February 1996, the State of North Dakota and South Dakota joined together to form the Dakota Electronic Benefits Transfer (EBT) Program which was the first joint State EBT Program in the nation. A unique aspect of the Dakota EBT Program was that the Dakota EBT cards could be used in both North Dakota and South Dakota.

Electronic Benefits Transfer is an on-line computer-based system in which the benefit authorization is received from a central computer through a point-of-sale (POS) terminal. Eligible households utilize magnetic stripe plastic cards and have accounts maintained at the central computer instead of using food stamp coupons to purchase food items at authorized food retailers. Once certified, the household's benefits are electronically loaded into a central computer account for each month during the review period.

Checkout lanes at authorized food retailers are equipped with POS terminals. When the transaction occurs, the POS terminals connect on-line to the central computer database; verify the validity of the personal identification number (PIN), card number, and the amount of available benefits in an EBT account; obtain authorization for each purchase; and initiate the debiting of the household's account and the crediting of the retailer's account.

In July 2004 EBT became interoperable nationwide. Today individuals are able to use their EBT card in any state in the nation.

Authority 430-05-05-10

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View Archives

SNAP is authorized by Public Law 95-113, the Food and Nutrition Act of 2008, and its various amendments. It is administered by county social service offices under the authority of Section 50-01-09 of the North Dakota Century Code, and supervised by the North Dakota Department of Human Services under North Dakota Century Code Section 50-06-05.1.

Purpose of SNAP 430-05-05-15

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SNAP is a uniform nationwide program intended to promote the general welfare and safeguard the health and well being of the nation's population by raising the levels of nutrition among low-income households. This manual contains procedures used for determining program eligibility and level of benefit.

Administration 430-05-05-20

(Revised 01/01/04 ML2893)

View Archives

SNAP is administered at the county level by county social service offices in accordance with procedures issued by the North Dakota Department of Human Services based on federal law, federal regulations and instructions prescribed by the United States Department of Agriculture's Food and Nutrition Service (FNS).

State Responsibilities 430-05-05-20-05

(Revised 05/01/13 ML3365)

View Archives

State responsibilities include supervision of certification, issuance and outreach activities, maintenance of Quality Control, quality assurance, a complaint procedures system, statewide fiscal accountability, settlement of claims resulting from fraud and non-fraud claims, and developing, conducting and evaluating statewide training.

Disaster SNAP

The State Emergency SNAP Plan of Operation must be followed when there is a presidentially declared disaster. The State Office will issue instructions.

Training

The State Office is responsible to institute a continuing training program for workers, supervisors, fair hearing officials, and performance reporting system reviewers.

The county is responsible to ensure staff attend training sessions.

North Dakota's open-meeting law and Federal regulations permit attendance of non-employees at training sessions. The role of public participants must be limited to observation only.

Quality Assurance Coordinator

The State Office is required by federal regulations to establish a continuing performance reporting system to monitor program administration and program operations. The components of the system must provide for:

- Data collection through Quality Control reviews and quality improvement reviews (QIR).

- Analysis of data collected by Quality Control and QIR and all other management information sources.
- Corrective action planning.
- Corrective action implementation, monitoring, and evaluation.
- Reporting to FNS on program performance.

QIR

SNAP regulations mandate that the State Office conduct a QIR of all counties. The reviews determine if the counties are administering and operating SNAP in accordance with program requirements contained in the State Policy Manual and the State Issuance Manual. The review must include an examination of random selected casefiles, personnel, training, certification procedures, client services (outreach), reporting/record keeping, security/control, issuance procedures and a physical inventory and reconciliation of cards.

The results of this review assist counties in improving and strengthening the administration and operation of SNAP. The QIR must provide data on how the program is being administered at the local level and identify those areas that are deficient. The county should use the results of the QIR as a basis for corrective action.

Corrective Action Planning

The objectives of corrective action planning are to develop appropriate measures to correct SNAP deficiencies based upon the results of data analysis performed by the Quality Assurance Coordinator.

The State is responsible for the development of two types of corrective action:

- Remedial involves rectifying past errors in individual cases.
- Preventative involves correcting patterns of deficiencies.

Corrective action plans are monitored by county and state personnel to determine if they are completed in a timely manner.

FNS requires identification of counties that are not administering SNAP regulations correctly and require the State Office to initiate corrective action.

Quality Control

A Quality Control system has been established to comply with federal regulations. This system documents the number of and reasons for errors in eligibility and issuance of participating households.

Counties are required to correct case errors cited by Quality Control.

A review is a statistically random sample of active and negative cases to determine if households are receiving correct SNAP benefits and if cases are denied or closed correctly.

Cases reviewed by Quality Control are randomly selected. Matching random digits against the last four digits of the primary individual's (PI) social security number generates a statewide sample list.

Death and Prisoner Match

The State Office conducts matching on a daily basis with the Social Security Administration to identify individuals who are deceased or in prison. The county will be advised of any matches that require action on the part of the worker.

County Responsibilities 430-05-05-20-10

(Revised 06/01/09 ML3182)

View Archives

County responsibilities include:

- Certification of applicant households.
- Issuance.
- Control and accountability of card stock.
- Keep records necessary to determine if the program is administered in compliance with Federal law.
- Submit accurate and timely financial and program reports.
- Meet other responsibilities as outlined in this manual and the Issuance and Accountability Manual.
- Accept collect telephone calls or provide a toll free number for any households with calls relating to the program.

Certification Personnel

Personnel used in the certification process must be employed in accordance with State Human Resources standards. Such personnel must, in general, be of the same grade level as those providing Temporary Assistance for Needy Families (TANF), and Medical Assistance (ME) applications.

Qualified county employees are required to conduct applicant household interviews. Volunteers and other non-county employees are not allowed to conduct interviews or certify applicants except for Supplemental Security Income (SSI) households and United States Department of Agriculture declared disaster victims.

Additionally, TANF certification personnel are required to meet the SNAP interview requirements for TANF households applying for SNAP benefits.

Each county must employ sufficient staff to certify and issue benefits accurately to eligible households within prescribed timeframes.

Worker Responsibilities 430-05-05-20-15

(Revised 01/01/04 ML2893)

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The policies and procedures throughout this manual are guides for SNAP certification and are written within the limits imposed by the Food and Nutrition Act and Regulations. Policies allow workers to exercise reasonable judgment in executing their responsibilities. It is impossible to write a procedure that will cover every possible contingency that specific cases may present to the worker.

The concept of the "" is helpful to a worker. The term refers to the reasonableness of the judgments made by a worker in a given situation. In making a certification decision, a worker should ask if this judgment is reasonable based on their experience and knowledge of the program.

Examples:

1. **If the client's shelter expenses, as they state them, are out of line with rentals charged in the community, the worker must ask for an explanation.**
2. **The worker is responsible to exercise reasonable judgment in determining if a given number of individuals who apply for SNAP as a single household fit the program's concept of a household.**

If a worker encounters a problem in a specific case it should be referred to the immediate supervisor or Regional Representative.

Casefile Reviews 430-05-05-20-20

(Revised 06/01/09 ML3182)

View Archives

1. Know and remember the purpose of the review. Typical reasons for reviewing are to see what is happening (perception checks), to help a worker become more efficient and accurate (training and corrective action), and to document a problem or success.
2. Resist the temptation to write up as a review every "wrong" case that is found in the course of business. This habit makes the review sample weighted on the negative side. Take these cases back with a memo, note, etc. so that corrective action can be taken.
3. A review should **NOT** increase the employee's workload. It is acceptable to fix someone else's mistakes - learning can still take place.
4. Keep **expectations** reasonable. Perfection is not the goal - correct payments and proper procedures are.
5. Recognize good work.
6. When reviewing:
    - Record the good work and serious problems.
    - Share a summary of what you found giving suggestions to improve the quality/effectiveness.
    - Correct payment and/or procedural errors.
    - Train as needed.
7. Use the following review forms:
    - SFN 701 - Case Review
    - SFN 488 - Supplemental Nutrition Assistance Program Case Review

- SFN 293 - Supplemental Nutrition Assistance Program Negative Case Review
- SFN 337 - Supplemental Nutrition Assistance Program Claim Review
- SFN 500 - Supplemental Nutrition Assistance Program Targeted Case Review

Bilingual Requirements 430-05-05-20-25

(Revised 01/01/04 ML2893)

View Archives

A single-language minority refers to a household that speaks the same non-English language and does not contain adults fluent in English as a second language. In counties with a seasonal influx of migrant farm laborers, bilingual materials and interpreters must be provided if the number of single-language minority households moving into the county exceeds:

1. 100 or more for counties with less than 2,000 SNAP households.
2. Five percent for counties with 2,000 or more SNAP households.

Additionally, bilingual materials and interpreters must be provided when:

a. Individual counties provide service to approximately 100 single-language minority households.
b. Counties with less than 100 low-income households in which a majority of those households consist of a single-language minority.

Program Informational Activities 430-05-05-20-30

(Revised 06/01/15 ML3440)

View Archives

Program informational activities convey information about the program, including household rights and responsibilities, to applicants and households receiving SNAP through publications, telephone hotline, films, media, and face-to-face contacts.

At a minimum, counties must perform informational activities as follows:

1. Display FNS posters and pamphlets containing information regarding food containing substantial amounts of the recommended daily allowances of protein, minerals, and vitamins, menus making use of these foods, and the relationship between health and diet.

2. Provide printed materials such as posters, films and pamphlets, that explain the Special Supplemental Food Program for Women, Infants, and Children (WIC) and the Commodity Supplemental Food Program supplied by agencies administering those programs. Households must be informed of the availability of these materials at initial application and review.

3. Inform participant and applicant households of their rights and responsibilities.

4. Prominently display the following posters:

- Supplemental Nutrition Assistance Program Rights and Responsibilities
- And Justice for All
- Nondiscrimination

5. Provide each applicant with "Your Civil Rights Under the North Dakota Department of Human Services Programs" brochure (DN143). The DN143 is included in the DN405-Application for Assistance Guidebook.

Nondiscrimination 430-05-05-25

(Revised 05/01/13 ML3365)

View Archives

Counties must not discriminate against any applicant or participant including, but not limited to, the certification of households, the issuance of benefits, the conduct of , or any other SNAP service for reasons of race, color, national origin, sex, religion, age, disability or political beliefs (protected classes).

For additional policy, refer to Service Chapter 300-01, Non-Discrimination to Clients, located on the County Intranet in the 'Legal' folder.

Program Complaints 430-05-05-30

(Revised 12/01/08 ML3164)

View Archives

Program complaints (other than discrimination) from participants, potential participants, or other concerned individuals or groups may be filed with any county office; State Supplemental Nutrition Assistance Program Office, North Dakota Department of Human Services, 600 E. Boulevard Dept. 325, Bismarck, ND 58505-0250; Regional Administrator, Food and Nutrition Services, United States Department of Agriculture, Mountain Plains Region, 1244 Speer Boulevard, Denver, CO 80204.

Complaints regarding such areas as processing standards and service to participants and potential participants would generally be handled under this complaint procedure. This does not include complaints alleging discrimination on the basis of race, color, national origin, sex, religion, age, disability or political beliefs (protected classes). These must be files as a .

The county must maintain a log of all program complaints. The log must contain the date the complaint was received, description of the complaint and how the complaint was resolved.

The State Office will review the log of program complaints at least annually to assess whether patterns of problems may be present and take corrective action where needed. The results of this review will be included in the State Quality Assurance Plan.

Disclosure of Information 430-05-05-35

(Revised 06/01/15 ML3340)

View Archives

Use or disclosure of information obtained from applicant households, exclusively for SNAP, is restricted to the following persons. Information can be disclosed to these individuals without a signed release.

1. Persons directly connected with the administration or enforcement of the provisions of the Food and Nutrition Act or regulations, other federal assistance programs, or federally assisted state programs such as housing or WIC, which provide assistance, on a means tested basis, to low income households. Information can be disclosed to these individuals without a signed release.

2. Persons directly connected with the administration or enforcement of the programs which are required to participate in the Income Eligibility Verification System () program, to the extent the SNAP information is useful in establishing or verifying eligibility or benefit amounts under those programs. Those programs are TANF, Medical Assistance, Unemployment Compensation, and SNAP in North Dakota.

3. Persons directly connected with the verification of immigration status of aliens applying for SNAP benefits through the Systematic Alien Verification for Entitlement () system, to the extent the information is necessary to identify the individual for verification purposes.

4. Persons directly connected with the Child Support (IV-D) Program, and Health and Human Services employees as necessary to assist in establishing or verifying eligibility or benefits under Title II (Federal Old Age Survivors and Disability Benefits) and Title XVI (Supplemental Security Income) of the Social Security Act.

5. Employees of the Controller General's Office of the United States for audit examination authorized by any provision of law.

6. Local, State or Federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act or regulations. The written request must

include the identity of the individual requesting the information and their authority to do so, the violation being investigated and the identity of the person on whom the information is being requested.

7. Federal, State, or local law enforcement officers who request in writing the address, social security number, and if available, the photograph of a SNAP client. The officer must furnish the client's name and notify the county in writing that the member is fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony or is violating a condition of probation or parole imposed under Federal or State law.

   The county must also provide information regarding a household member that has information necessary for the apprehension or investigation of another member who is fleeing to avoid prosecution or custody for a felony or has violated a condition of probation or parole upon the written request of a law enforcement officer.

   If a law enforcement officer provides documentation indicating that a household member is fleeing to avoid prosecution or custody for a felony, or has violated a condition of probation or parole, the county must terminate participation of that member applying. SFN 1032 – Request From Law Enforcement must be used to document the case.

8. If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf to review materials contained in its casefile, the material and information contained in the casefile must be made available for inspection during normal business hours. **However, information such as names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecution must not be furnished.**

9. Local educational agencies administering the National School Lunch Program or the School Breakfast Programs for the purpose of directly certifying the eligibility of school-aged children for receipt of free meals based on the receipt of SNAP benefits.

   Recipients of information released under this policy must adequately protect the information against unauthorized disclosure to persons or for the purposes not specified in this section.

Availability of Public Information 430-05-05-40

(Revised 01/01/04 ML2893)

View Archives

Federal regulations and procedures included in FNS notices and policy memos, and State Plans of Operation (including specific planning documents such as Corrective Action Plans) are available upon request by members of the public during office hours at the State Office, as well as FNS Regional and National Offices. State policy and issuance manuals are available for examination at each county, as well as the State Office and FNS Regional and National Offices.

Retention of Records 430-05-05-45

(Revised 01/01/04 ML2893)

View Archives

SNAP records and reports, including all certification records, must be available for audit and review for a period of three years from the month of origin of each record.

Certification records must include applications for assistance or subsequent reviews, including:

- All required forms.
- Worksheets used in the computation of income for eligibility and the basis of issuance.
- Documentation including verification techniques employed by eligibility determination personnel.
- Copies of forms sent to the issuance unit authorizing or changing participation or basis of issuance.
- Copies of notices of adverse action and other notices sent to the client.
- Documentation related to the process.
- Fiscal adjustments including claims, refunds and credits for lost benefits.
- Any other data which affects a household's eligibility or basis of issuance.

The North Dakota Century Code was amended by the 1993 Legislature to provide for a record retention period consistent with federal retention requirements. Casefiles, including all documents pertinent to determining eligibility and benefit amount, must be retained for three years after a case is closed or denied. Subsequent reopening of cases does not alter the allowable destruction of materials for the prior period of eligibility once the

three years have lapsed. The closed casefiles may, at county option, be destroyed. Verification materials such as alien status, SSNs, etc. required for the current open case must be retained.

Example:

A SNAP case is closed 12-31-1997. A household reapplies and is eligible in 01-1999. At county option on or after 01-01-2001 (three years has lapsed) the case materials for the period of eligibility ending 12-31-1997 may be destroyed.

If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three year period, the records must be retained until completion of the action and resolution of all issues or until the end of the regular three year period, whichever is later.

Destruction of Records 430-05-05-45-05

(Revised 01/01/04 ML2893)

View Archives

The county must ensure that the confidential contents of a file are destroyed. The preferred method for accomplishing this is either burning or shredding, done under the supervision of a representative of the county. Burial is not an acceptable method of destruction of casefile materials.

The county must maintain a destruction record of casefiles containing federal tax information received through for seven years. The destruction record must state material disposed of, date and method of disposal, and names of employees who witnessed destruction, and their title. A copy of this record is to be sent to the State Office IEVS coordinator. The State Office IEVS coordinator must keep these for seven years.

Appointment letters and other materials, which serve only a transitory purpose, may be destroyed without prior filing, once their purpose has been achieved.

Food Distribution (Tribal Commodities) Program Information Sharing 430-05-05-50

(Revised 05/01/13 ML3365)

View Archives

A household is not allowed to participate simultaneously in SNAP and the (Tribal Commodities). To prevent dual participation, the State Office sends a monthly list of SNAP households to the Food Distribution Program. The local agencies administering the Food Distribution Program are required to submit monthly lists of recipients to counties on or near reservations.

An individual disqualified from participation in SNAP due to an or court conviction of fraud (DF) **may not participate** in the Food Distribution Program until the period of disqualification expires. Counties must notify the Food Distribution Program in writing of SNAP disqualified individuals, along with the dates of disqualification.

Individuals disqualified from participation in SNAP for a reason other than IPV or a court conviction of fraud **may be eligible** to participate in the Food Distribution Program.

An individual disqualified from participation in the Food Distribution Program for an IPV may not participate in SNAP until the disqualification period expires.

Choice of SNAP or Food distribution Program (Tribal Commodities) 430-05-05-50-05

(Revised 05/01/14 ML 3400)

View Archives

A household eligible for either SNAP or the Food Distribution Program may participate in either program. Households may switch from one program to the other at the end of the review period or within a review period by terminating their participation and notifying the administering agency. An application for the new program is required and eligibility would begin the month following the termination of the previous program.

> **Example:**
>
> **Household consisting of Mom, Dad and two children, apply for SNAP in November. Dad is the only member who received commodities for November and requested his commodities case close the end of November. When processing the application for November, Dad is OU, Mom and the children are IN. Mom, Dad and their two children must all be included in the benefit determination for December.**

Households certified in either the SNAP or Food Distribution Program on the first day of the month can only receive benefits in the program for which they are currently certified during that month.

> **Example:**
>
> **A household participating in the Food Distribution Program requests their commodities case close on May 15 so they can apply for SNAP. The commodities case will close May 31 allowing the household to apply for SNAP on June 1.**

When an individual has received benefits from both programs in the same month, a claim must be completed. The program that initially certified the individual does not complete a claim.

SNAP or Food Distribution Prog. (Tribal Commodities) When Households are Receiving a Zero Benefit 430-05-05-50-10

(Revised 06/01/09 ML3182)

View Archives

Households for which the SNAP benefit for an initial month prorates to less than $10.00, may apply for and be certified for commodities. If eligible for commodities, the household can be certified for one month only.

The Food Distribution Program must verify that the SNAP benefit was zero for the month. Once the verification has been obtained, a household may be certified for commodities for one month only.

If a household elects to continue participation in the Food Distribution Program, the household must terminate SNAP participation and reapply for the Food Distribution Program.

Use of SNAP Benefits 430-05-05-55

(Revised 01/01/04 ML2893)

View Archives

Prior Payment Prohibition

SNAP benefits must not be used to pay for any food or meal services purchased on credits (i.e. groceries charged).

SNAP benefits must not be used to pay for any food in advance.

Exception:

Food purchased from a nonprofit cooperative food-purchasing venture may be paid in advance.

Eligible Foods

1. Any food or food product intended for human consumption.

Exception:

Alcoholic beverages, tobacco, hot foods/products prepared for immediate consumption, vitamins and medicine.

2. Seeds and plants to grow foods for the personal consumption of eligible households.

Residents of Treatment Centers

Individuals in alcohol or drug treatment centers may use SNAP benefits to purchase food prepared for them during the course of their treatment.

Group Living Arrangement

Residents of a group living arrangement may use their SNAP benefits to purchase meals prepared for them or at retail food stores.

If the resident applies using the facility as an authorized representative, the group home may either receive or spend the benefit for food prepared by and or served to the resident.

Residents of Abuse Shelters

Residents of public or private non-profit abuse shelters may use their SNAP benefits to purchase meals prepared for them or at retail food stores.

Meal Delivery Service

Household's eligible to purchase meals prepared and delivered by an authorized meal delivery service may use their SNAP benefits to purchase them.

Communal Dining Facility

An individual may use their SNAP benefits to purchase prepared meals at an authorized communal dining facility.

Homeless Meal Provider

Homeless households may use SNAP benefits to purchase meals prepared by a homeless meal provider.

Definitions 430-05-10

(Revised 06/01/15 ML3440)

View Archives

The following is a partial list of specialized words or phrases used throughout the SNAP Policy Manual. Each word or phrase is followed by an explanation.

Abuse Shelter

A public or private non-profit abuse shelter that serves abused individuals. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only abused individuals.

Active Case Definition

Cases that receive SNAP benefits during a reporting month.

Adequate Notice

A written notice sent to a household informing them that their benefits will be reduced, suspended or terminated. The household must receive this notice no later than the date the household receives or would have received their benefit. This notice must be generated in the system by the third to the last working day of the month to allow for two days mailing time to the household. Notices cannot be hand mailed.

Adult

An individual age 18 and older.

Advance Notice

A notice that must be sent to a household at least 10 days before the effective date of an action that reduces, suspends or terminates a household's benefit.

Alien

An individual who is still a subject or citizen of a foreign country and who has not been granted U.S. citizenship.

Allotment

The total value of SNAP benefits a household is authorized to receive.

Applicant

An individual who submits a written application.

Application

Filing a signed form SFN 405 - Application for Assistance to establish eligibility and assign a review period.

Authorized Representative

A responsible adult non-household member authorized in writing by the household to make application, receive SNAP benefits and/or purchase food for the household.

Base Month

The calendar month prior to the processing month.

BENDEX - Beneficiary Data Exchange

A system interface with the Social Security Administration that verifies social security benefits (not SSI) for North Dakota residents.

Benefit

The allotment authorized for use by a household for the purchase of eligible foods.

Benefit Month

The calendar month for which eligibility and benefits are computed.

BEST - Basic Employment Skills Training Program

A program intended to expose participating individuals to job seeking and retention skills.

Boarders

Individuals or groups of individuals residing with others and paying reasonable compensation for lodging and meals.

Business Day

The official working days of the week defined as the days between and including Monday to Friday, but do not include weekends and those public holidays during which the North Dakota Department of Human Services is closed. If an application or review is filed, a change is reported or verification is provided on a day in which the county is closed but the Department is open, it will be considered received on that date.

Capital Assets

Tangible property used in the operation of a business such as buildings, machinery, fixtures, furniture, equipment, livestock and chattel.

Categorically Eligible

Any household in which all members receive or are authorized to receive TANF and/or SSI. These households are income and asset eligible.

Certification

Approval of a household to participate in SNAP.

Change

Information that is different from what is currently used to determine eligibility and/or benefits.

Collateral Contact

Knowledgeable individuals or sources who can support or verify information.

Commodities (Food Distribution Program)

A food distribution program for households on or near Indian Reservations.

Communal Dining Facility

An FNS approved public or non-profit private establishment that prepares and serves meals for elderly persons or for SSI recipients, and their spouses and federally subsidized housing for the elderly where meals are prepared and served to the residents (i.e. senior citizen center, elderly housing complex).

It also includes private establishments that contract with an appropriate State or local agency to offer meals at reduced prices to elderly persons or SSI recipients and their spouses.

Companion Household

The household the elderly **and** disabled household member lives with when they are unable to purchase and prepare their own meals.

Date of Entry

The date established by Immigration and Naturalization Service (INS) as the date an alien was admitted to the United States.

Destitute Household

A migrant or seasonal worker household whose:

1. Income for the month of application was received before the date of application and was from a terminated source.
2. Only income for the month of application is from a new source and the new source income of more than $25 will not be received by the 10th calendar day after the date of application.
3. Terminated source income is received before the date of application and new source income of more than $25 will not be received before the 10th day after the date of application.

Disabled

A member of a household who meets one of the following criteria:

1. Eligible to receive SSI benefits, including presumptive SSI payments, or is eligible as a 1619B under SSI criteria.
2. Is determined disabled by SSA and in receipt of disability payments.
3. Is a recipient of disability related medical assistance under Medicaid (Title XIX of the Social Security Act). Eligibility to receive these benefits must be based on disability or blindness criteria, which is at least as stringent as SSI regulations.
4. Is in receipt of disability retirement benefits from a government agency because of a disability considered permanent under Social Security disability criteria.

   Example:

   In order to collect Public Employees Retirement System (PERS) disability benefits, the Social Security definition of permanent disability must be met.

5. Is a veteran with a service connected or non-service connected disability rated or paid by the Veteran's Administration (VA) at a 100% rate under Title 38 of the United States Code.
6. Is a veteran considered by the VA in need of regular aid and attendance or permanently house bound under Title 38 of the United States Code.
7. Is a surviving spouse of a veteran and considered by the VA in need of regular aid and attendance or permanently house bound or a surviving child of a veteran and considered by the VA as permanently incapable of self-support under Title 38 of the United States Code.
8. Is a surviving spouse or surviving child of a veteran and considered by the VA entitled to compensation for a service-connected death or pension benefits for a non-service-connected death under Title 38 of the United States Code **and** has a disability considered permanent.

   Entitled refers to a surviving spouse and surviving children who are receiving the compensation or pension benefits stated or have been approved for such payments, but are not yet receiving them.

9. Is in receipt of a Railroad Retirement disability annuity and has been determined to qualify for Medicare.
10. Is in receipt of SSI optional or mandatory supplementation.

    (North Dakota does not have SSI optional or mandatory supplementation. However, someone moving to North Dakota may have received this benefit from another state.)

11. Is in receipt of disability-based State general assistance benefits, provided that the eligibility to receive any of these benefits is based upon disability or blindness criteria established by the state they receive the benefit from, which are at least as stringent as those used under SSI regulations.

    (North Dakota does not have disability-based State general assistance benefits. However, someone moving to North Dakota may have received this benefit from another state.)

Drug Addiction or Alcohol Treatment and Rehabilitation Program

Any drug addiction or alcohol treatment and rehabilitation program conducted by a private, non-profit organization or institution, which is certified by the North Dakota Department of Human Services, Substance Abuse Services Unit, for the administration of programs for alcoholics and drug addicts. Alcohol treatment and rehabilitation programs located on an Indian Reservation that are not certified by the Substance Abuse Services Unit may be approved to participate by FNS.

Drug Felon

An individual convicted of a Federal or State felony for possession, use, or distribution of illegal drugs.

EBT (Electronic Benefits Transfer) Account

A household’s electronic account where authorized benefits are sent.

EBT Card

A North Dakota Department of Human Services debit card issued to access SNAP benefits from EBT accounts.

Elderly Individual

An individual 60 years of age or older. If an individual is 59 years old on the date of application, but will become 60 before the end of the month of application, the individual is considered elderly.

Equity Value

The fair market value less amount owed.

Excluded Household Member

An individual who resides with a SNAP household who cannot be included in the household size but whose income and assets must be used to determine eligibility and benefit level.

FACSES - Fully Automated Child Support Enforcement System

A system interface with North Dakota Child Support Enforcement Unit.

Fair Hearings

A formal hearing process conducted by an Administrative Law Judge (ALJ) in which a household or its representatives have the right to further review any action taken on their case. A hearing is conducted, a decision is reached by an ALJ and the household and worker are notified of the decision within prescribed timeframes.

Fair Market Value

The value established by the current market.

Financial Instrument

A tradable asset of any kind; either cash, evidence of an ownership interest in an entity, or a contractual right to receive or deliver cash or another financial instrument.

Fleeing Felon

An individual charged or convicted of **any** felony that has left the jurisdiction of the charging authorities. An individual charged or convicted of any felony in North Dakota who moves within the State of North Dakota is **not** a fleeing felon.

Exception:

A Native American individual charged or convicted of any felony that flees to or from an Indian Reservation within North Dakota is considered a fleeing felon.

FNS - Food and Nutrition Services

A federal agency of the United States Department of Agriculture that, among other duties, administers SNAP.

Food Distribution Program (Commodities)

A food distribution program for households on or near Indian Reservations.

Foster Care Individuals

Adults or children in a licensed foster care home.

Funeral Agreement

A **bona fide** funeral agreement is a pre-paid written agreement between a household member and the funeral home/director to provide burial services/merchandise.

Group Home Living Arrangement

A public or private non-profit residential setting that serves no more than 16 residents, is authorized by FNS as a retailer, and is certified or licensed by Developmental Disabilities, or Regional Human Service Centers, including a determination that the Center is a non-profit organization.

Homeless Meal Provider

A public or private non-profit establishment (i.e. soup kitchen, temporary shelter) approved to feed homeless individuals.

This also includes meals prepared by an authorized restaurant.

House Arrest/Confinement

An individual ordered by the court to serve their sentence through house arrest/confinement. The individual is allowed to live in the community, is not considered a resident of an institution and may be eligible for SNAP.

IEVS - Income Eligibility Verification System

A system interface with other governmental agencies that provides financial information used to determine eligibility such as unemployment benefits and quarterly wages.

Initial Month

Any month in which a new application is required.

Exception:

For migrant and seasonal worker households, initial month means the first month a household is certified following a break of one calendar month or more that a household was not certified.

Institution

A facility which provides an individual with the majority of their meals (over 50% of three meals daily) as part of the facility's normal services. Individuals that reside in these facilities are not eligible to participate as separate households or as a member of any household.

Examples:

Hospitals, prisons, jails, work release, state hospitals, developmental centers, individuals on work release or those on approved leave who have not been discharged and residents of the Burdick Job Corp.

Exception:

Individuals living in in the following institutions may be eligible to participate as a separate household even when a majority of their meals are provided as part of the facilities normal services.

- **Federally subsidized housing for the elderly**
- **Drug/alcohol treatment centers**
- **Group living arrangements for blind or disabled individuals**
- **Shelters for abused individuals**
- **Shelters for the homeless**

Institution of Higher Education

A business, technical, trade, or vocational school that normally requires a high school or equivalency certificate for enrollment in the curriculum, or in a regular college or university that offers degree programs regardless of whether or not a high school diploma is required.

IPV - Intentional Program Violation

An individual(s) determined to have intentionally:

1. Made a false or misleading statement, or misrepresented, concealed, or withheld facts.
2. Committed any act that constitutes a violation of the Food and Nutrition Act, SNAP Regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP benefits.

Liquid Assets

An asset easily converted to cash.

Examples:

Money in checking or savings accounts, stocks or bonds, lump-sum payments, funds held in individual retirement accounts (IRA's), or Keogh plans.

Live-in Attendants

Individuals who reside with a household to provide medical, housekeeping, child care or similar personal services.

Mass Change

Government initiated changes affecting significant portions of the caseload. They include annual adjustments to income eligibility standards and shelter/dependent care deductions, annual adjustments to the Thrifty Food Plan and shelter deductions, annual and seasonal adjustments to the utility standards, periodic social security cost of living adjustments, SSI and other federal benefit adjustments, adjustments to TANF, adjustments to child care and other changes in the eligibility criteria based on legislative or regulatory action.

Meals-on-Wheels

A non-profit meal delivery service which prepares and delivers meals to individuals. Meals-on-Wheels is authorized by FNS to accept SNAP benefits.

Migrant

An individual that regularly joins the migrant job stream and regularly migrates from one part of the country to another.

Negative Case

Initial applications and reviews that are denied or cases closed during the review period.

Non-Household Member

An individual residing with a SNAP household who is not included in determining the household size.

Non-Liquid Assets

Real or personal property.

Examples:

Vehicles, buildings, land, and recreational properties such as boats, campers or lake cabins.

Non-Recurring Lump-Sum

Money, both earned and unearned, received in the form of a one time payment which cannot reasonably be anticipated to occur again.

Examples:

Retroactive salary increases, back wages, income tax refunds, rebates or credits, retroactive lump-sum Social Security, TANF, child support arrearage, SSI, railroad retirement benefits, lump-sum insurance settlements, mineral leasing bonuses, and refunds of security deposits on rental property or utilities.

NUMIDENT - Number Identification

A system interface with the Social Security Administration that verifies social security numbers and identity for North Dakota residents.

Ongoing Case

A case is ongoing after the application or review has been processed.

Parental Control

A minor(s) under age 18, who is dependent financially or otherwise on a household, as opposed to being an independent unit of the household they are residing in.

PARIS (Public Assistance Reporting Information System

The Public Assistance Reporting Information System (PARIS) is a computer data matching and information exchange system administered by the Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF). This system provides states with a tool to improve program integrity and administer Public Assistance and Medicaid Programs. PARIS is designed to match state enrollment data from TANF,

SNAP and Medicaid Programs with data from other participating states and from a select group of federal databases.

Parole/Probation Violator

An individual determined by the court to have violated the terms of their parole or probation.

Proration of Benefits

A partial benefit for the month of application based on the day of the month the household applies for benefits.

Prospective Budgeting

Computation of a household's SNAP benefit based on an estimate of income and circumstances for the benefit month.

Prospective Eligibility

Determination of a household's eligibility to participate for the benefit month based on the household's and worker's best estimate of income and circumstances for the benefit month.

Prudent Person Judgment

An individual who consistently exhibits good judgment in requesting, reviewing and weighing information provided by an applicant or recipient or a person representing an applicant or recipient.

Workers must use this concept to:

- Exercise judgment in requesting, reviewing and weighing information provided by an applicant, recipient or any source of verification.
- Be attentive, vigilant, cautious, perceptive and governed by reason and use common sense.
- Quickly and accurately determine that the information is adequate for making an eligibility decision or that further exploration of the circumstances is necessary.

QIR - Quality Improvement Review

A review of all counties to determine if the county is administering and operating SNAP in accordance with SNAP requirements.

Review

Filing a signed form SFN 407B - Application for Review for SNAP Eligibility with the county to determine continuing eligibility and establish a review period.

Review Period

A period of time a household is approved to participate in SNAP.

Regular Issuance Deadline

The second to the last working day of each month. Any processing done after this date results in an adjustment to the SNAP benefit.

Reservation

The geographically defined area over which an Indian Tribal Organization (ITO) exercises governmental jurisdiction as long as the area is legally recognized by the Federal or State government as being set aside for the use of Indians.

Residents of Institutions

Individuals residing in an institution when the institution provides them with the majority of their meals (over 50% of three meals daily) as part of the institution's normal services.

Roomer

An individual to whom a household furnishes lodging, but no meals, for compensation.

SAVE - Systematic Alien Verification for Entitlement

A database that is accessed online for alien status verification provided by USCIS.

SDX - State Data Exchange

A system interface with Social Security Administration, which verifies supplemental security income (SSI), for North Dakota residents.

Seasonal Worker

An individual who works in agricultural employment of a seasonal or temporary nature but does not migrate from one part of the country to another seeking employment.

SNAP Household

Individuals living together who buy and prepare food together.

Sponsor

An individual who signs an affidavit or other statement accepted by INS agreeing to support an alien as a condition of the alien's admission into the United States as a permanent resident.

Spouse

A person of the opposite sex who is a husband or a wife. One man and one woman can become husband and wife through marriage (a legal union).

In order for a marriage performed in North Dakota to be considered valid in North Dakota, couples are required to obtain a marriage license through the County Recorder's Office. North Dakota law specifically states that marriages are considered recognized and valid if they are between one man and one woman as husband and wife. Therefore, North Dakota does not recognize same sex marriages regardless of where the marriage occurred.

Marriages that occur outside of North Dakota are considered valid in North Dakota if:

1. The marriage was legally performed in another state;

2. The marriage is a common law marriage that occurred in another state and was considered a valid marriage in that state (the couple would be required to provide documentation verifying that the common-law marriage was considered valid by the state in which it took place);
3. The marriage occurred in another country and the marriage was considered valid according to the law of the country where the marriage was contracted, unless the marriage violates the strong public policy of North Dakota such as polygamous marriages.

Striker

An individual involved in an agreed upon stoppage of work by employees including expiration of a collective bargaining agreement and any slowdown or other agreed upon interruption of operations by employees.

Student of Higher Education

An individual who is enrolled in a business, technical, trade, or vocational school that normally requires a high school or equivalency certificate for enrollment in the curriculum, or in a regular college or university that offers degree programs regardless of whether or not a high school diploma is required.

Student Under the Age of 18

An individual who attends elementary or secondary school, General Equivalency Diploma (GED) classes, English classes as a secondary language, or attends elementary or secondary classes through a home-school program recognized or supervised by the student's state or local school district at least half time (as determined by the school district).

Supplement

An additional benefit issued to a household when there is a decrease in gross monthly income of $50 or more or there is an addition of a new household member.

SVES - State Verification and Exchange System

An online inquiry to the Social Security Administration System to obtain verification of qualifying quarters of work.

TANF - Temporary Assistance for Needy Families

North Dakota public assistance program that provides Temporary Assistance to Needy Families (TANF), TANF Diversion, TANF Pay After Performance and TANF Transition Assistance.

TANF Information and Referral

A county will provide individuals with information and referrals to various other agencies, programs, organizations and community/county resources that could be of benefit to the household (i.e. housing, Child Care Assistance, Salvation Army, Community Action, Job Service, Bureau of Indian Affairs).All members receive or are authorized to receive TANF I&R by signing the application or application for review. These household are asset eligible and must meet the 200% gross income and net income tests.

10-Day Advance Notice

A notice that must be sent to a household at least 10 days before the effective date of an action that reduces, suspends or terminates a household's benefit.

10-10-10

A household has 10-days to report mandatory changes, the worker has 10-days to act on the change and the worker must allow for a 10-day advance notice to the household.

TPQY - Third Party Query

Online inquiry to Social Security Administration to obtain verification of social security, SSI benefits or quarters of work information.

Trafficking

1. The buying, selling, stealing, or otherwise affecting an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINS) or by manual voucher and signatures for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone;
2. The exchange of firearms, ammunition, explosives, or controlled substances for SNAP benefits;
3. Purchasing a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount;
4. Purchasing a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food; or
5. Intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.

Underpayment

A benefit issued to a household, whenever a loss was caused by worker error, when an IPV disqualification is later reversed, or when specifically required by federal regulations.

USCIS - United States Citizenship and Immigration Services

A Federal Agency of the U.S. Department of Justice that, among other duties, registers and monitors non-citizens entering or leaving the U.S.

Vendor Payment

A full or partial money payment made by an individual who is not a

household member or by a public or private organization directly to a third party for a household expense.

Verification

Third-party information or documentation used to establish the accuracy of statements.

Voluntary Quit

When an individual quits or loses a job through their own actions or reduces their work effort voluntarily and after the reduction is working less than 30 hours per week.

1. If the quit or reduction in hours occurred within 30 days prior to the date of initial application or within 30 days prior to the date of receipt of the application for review.
2. If the individual was a **mandatory** work registrant at the time of the quit.
3. If the individual was **hired** for employment of 30 hours or more per week (can be averaged), regardless of the length of employment.

Example:

A mandatory work registrant was hired to work 30 hours per week at minimum wage. The individual quit the second day of employment without good cause. This would be considered a voluntary job quit.

4. If the individual received weekly earnings at least equivalent to the federal minimum wage currently in effect multiplied by 30 hours.
5. If the quit was without good cause.

Authorized Representative 430-05-15

(Revised 01/01/04 ML2893)

View Archives

An adult who is aware of relevant household circumstances may be designated as an authorized representative when all responsible adult household members are unable to:

- Make application/recertification.
- Obtain and/or use SNAP benefits.
- Use SNAP benefits to purchase food for the household's consumption.

The authorized representative must be designated in writing by the applicant, spouse, or another responsible member of the household. The name of the authorized representative must be contained in the casefile and on the ADDR screen in TECS.

The household may designate more than one authorized representative. An authorized representative may represent more than one household.

Making Application/Application for Review 430-05-15-05

(Revised 01/01/04 ML2893)

View Archives

When an authorized representative makes application or application for review on behalf of the household, the identity of the authorized representative and the applicant must be verified, if not previously verified.

The applicant, spouse or another responsible member of the household should prepare or review the application whenever possible.

A designated authorized representative may carry out household responsibilities during the review period as well as at application.

Examples:

1. **Reporting changes.**
2. **Completing the work requirement forms.**
3. **Providing verifications.**
4. **Attending and completing the interview process.**

The worker must inform the household and the authorized representative that the household will be held liable for any overissuance that results from erroneous information given by the authorized representative.

Exception:

Drug or alcohol treatment centers and the head of group living arrangements which act as authorized representative for their residents are liable for any overissuances. In addition, they may be prosecuted under applicable State and Federal statutes for intentionally misrepresenting household circumstances.

Obtaining and Using SNAP Benefits 430-05-15-10

(Revised 11/01/04 ML2941)

View Archives

An authorized representative may be designated to obtain the EBT card and change the PIN number. These designations can be made at the time the application/ is completed or anytime during the review period.

Even if a responsible household member is able to make application and obtain benefits, the household should be encouraged to name an authorized representative for obtaining benefits in case of illness or other circumstances, which might result in an inability to obtain benefits. The household may also designate an emergency authorized representative at a later date. An emergency authorized representative is someone who obtains benefits when neither a household member nor the authorized representative is able to obtain them because of unforeseen circumstances.

The authorized representative may use the benefits to purchase food for the household's consumption, with the full knowledge and consent of the household.

Workers who suspect that an authorized representative is not properly using SNAP benefits should report the circumstances in writing to the State Office.

Authorized Representative Restrictions 430-05-15-15

(Revised 01/01/04 ML2893)

View Archives

The following restrictions apply to authorized representatives:

1. County employees involved in certification and/or issuance and retailers authorized to accept SNAP benefits may not act as authorized representatives without the written approval of the County Director or representative if it is determined that no one else is available as an authorized representative.
2. Individuals disqualified for an , a , as a or , for receiving duplicate benefits or for trading benefits must not act as authorized representatives during the period of disqualification unless the individual disqualified is the only adult member of the household and the worker determines that no one else is available to act on the household's behalf.
3. The worker must ensure that an authorized representative:
    a. Was freely requested by the household.
    b. Correctly represents the household's circumstance.
    c. Is properly using the benefits.
4. Homeless meal providers may not act as an authorized representative for SNAP clients.

Disqualification of Authorized Representative 430-05-15-20

(Revised 01/01/04 ML2893)

View Archives

If evidence has been obtained that an authorized representative has misrepresented a household's circumstances and has knowingly provided false information pertaining to the household or has made improper use of benefits, the State Office may disqualify the authorized representative from participating for one year.

If an authorized representative is disqualified, the worker must send written notification to the affected household(s) and the State Office must send written notification to the authorized representative 30 days prior to the date of disqualification. The notification must include:

1. The proposed action.
2. The reason for the proposed action.
3. The household's right to request a fair hearing.
4. The county office telephone number.
5. If possible, the name of the person to contact for additional information. This is not applicable in the case of drug/alcohol treatment centers and those group homes that have authorized representatives for their residents.

Residents of Drug or Alcohol Treatment/Rehabilitation Centers 430-05-15-25

(Revised 01/01/04 ML2893)

View Archives

The residents of drug or alcohol treatment centers or rehabilitation centers apply and are certified for program participation through the use of an authorized representative. The authorized representative must be an employee of and designated by the treatment/rehabilitation center. The center must receive and spend the benefits for food prepared and/or served to the resident and is responsible for complying with the requirements.

Residents of Group Homes 430-05-15-30

(Revised 01/01/04 ML2893)

View Archives

The group home will determine if any resident may apply for SNAP on their own behalf or through an authorized representative. If a resident applies using the group home as an authorized representative, the group home may either receive and spend the benefit for food prepared by and/or served to the resident or allow the resident to use all or any portion of the benefit on their own behalf.

Opportunity to Participate 430-05-20-05

(Revised 06/01/09 ML3182)

View Archives

Opportunity to participate consists of providing households with an EBT card or having card issuance available for households to obtain their benefits.

Households must be afforded an opportunity to participate within the 30-day or expedited processing standard. In order to afford households the opportunity to participate within these timeframes, the household must be issued an EBT card at prescreening or at the time of interview and have their benefits authorized no later than the 29th or within the expedited processing standard. This allows for the benefits to be deposited into the EBT account and available to the household the following day.

Ongoing cases must be authorized by the last day of the month so benefits are available to the household by the 1st day of each month.

Filing an Application 430-05-20-10

(Revised 01/01/04 ML2893)

View Archives

Counties must encourage a household to file an application for the program if the household expresses concerns about food insecurity. An application form must be provided to anyone making a request. A household must file an application by submitting the form to the county either in person, through an authorized representative, or by mail. A household has the right to file an application on the same day contact is made at the county during office hours.

Households must be informed that receiving SNAP does not have any bearing on any other program's time limits that may apply to the household.

Applications signed through the use of electronic signature techniques and applications containing handwritten signatures which are then transmitted to the county office via fax or other electronic transmission techniques are acceptable means of filing a SNAP application.

If a household requests by telephone or in writing that an application be mailed, it must be sent to the household on the same day the request is made.

A household must be advised that it does not have to be interviewed before filing an application.

Counties must forward an application filed in the wrong county by the applicant to the correct county the next day by any means that ensures the application arrives at the appropriate county office the day it was forwarded (via fax or courier). The household must be informed that its application will not be considered filed and the processing standards must not begin until the appropriate office receives the application.

Application 430-05-20-15

(Revised 10/01/14 ML 3410)

View Archives

An SFN 405 - Application for Assistance is considered incomplete if it contains only the applicant's name, address (residential or mailing) and signature of a responsible household member or authorized representative. The household must be advised that it does not have to be interviewed before filing the application and may file an incomplete application form. The incomplete application must be registered, the pending notice sent and the interview scheduled.

If the household files an application without an address (residential or mailing), it is not an application. The county must file the application and note on the form that it is not considered an application.

If a household provides a residential address but does not provide a mailing address and the applicant is not able to get their mail at their residence, General Delivery must be used. The worker must explain to the household that they may not get information necessary to keep their case open. If mail is returned with an unknown address, the case, if otherwise eligible, would continue until review.

Section 1 of the SFN 405 – Application for Assistance can be filed and is used to screen applicants for expedited service. If the household files section 1, it must be registered as an application and an interview scheduled. The remainder of the application with signature on the last page, an interview and all mandatory verifications are required to process the application.

Exception:

For households entitled to expedited service, all mandatory verifications with the exception of identity must be postponed in order to meet the expedited processing standard.

The date of application is the date the county receives a signed SFN 405 – Application for Assistance. provided the application was submitted during normal county business hours. When an application is submitted after normal county business hours, on a weekend, or on a North Dakota Department of Human Service holiday, the application is considered

received the next business day. The county must document the date an application is filed by recording the date it was received on the application. The processing timeframe begins the day following the date of application.

For residents of institutions who apply prior to release, the date of application is the date of the release.

If an applicant completes an application online at a county social service office, the county must print a copy and provide it to the household.

An individual's signature on the application attests to providing full information and to understanding the reporting requirements of the program.

If a household has a pending application and files a second application the application date of the first application is used along with any additional information reported and verified from the second application to determine eligibility. Documentation on the second application must clearly state there already is a pending application for SNAP.

Application Processing 430-05-20-20

(Revised 01/01/04 ML2893)

View Archives

The application process includes completing and filing a SFN 405 – Application for Assistance, being interviewed, and having certain information verified. A household's eligibility is determined for the month of application by considering the household's circumstances for the entire month of application. The worker must act promptly on all applications and provide SNAP benefits retroactive to the month of application to those households that have completed the application process and have been determined eligible. Expedited services must be available to households in immediate need. **Federal regulations require that formal action (approval, denial, or withdrawal) be taken on all applications for the month in which an application is received.**

Notice of Determination 430-05-20-25

(Revised 06/01/15 ML3440)

View Archives

The worker must send a notice of approval, denial, or pending status to the household, utilizing the appropriate TECS notice, no later than 30 days **after** the application is filed.

Exception:

If the 30th day falls on a weekend or North Dakota Department of Human Services holiday, the application must be denied on the next working day following the 30th day.

Automatic Notices 430-05-20-30

(Revised 12/01/08 ML3164)

View Archives

The following notices are automatically sent when an application is approved:

- X217 - Telephone Assistance Program – A household can complete and submit this form to their telephone provider to receive a monthly deduction off the basic telephone fee.
- X421 – Household Over Gross Income Limit and Eligible - Reporting Requirement – for categorically eligible household with income over the gross income limit, this notice informs the household of their reporting requirements.
- X422 – Household Under Gross Income Limit Reporting Requirement – for households subject to simplified reporting this notice informs the household of their reporting requirements.

Withdrawing Application 430-05-20-35

(Revised 01/01/04 ML2893)

View Archives

A household may voluntarily withdraw an application at any time prior to the determination of eligibility. This request can be oral or written. The worker must document in the casefile the request for withdrawal and send notice F214 - Application/Review Withdrawn, to the household to confirm the withdrawal. The household must be advised of its right to reapply.

Household Cooperation 430-05-20-40

(Revised 01/01/04 ML2893)

View Archives

To determine eligibility, the application form must be completed and signed, the household or its authorized representative must be interviewed, and certain information on the application must be verified.

If a household refuses to cooperate with a worker in completing the application process, the application must be denied at the time of refusal. For a determination of refusal to cooperate, the household must be able to cooperate, but refused to take the steps necessary to complete the application process. If there are questions as to whether or not the household failed to cooperate versus refused to cooperate, the application must not be denied.

A household is not ineligible when a person outside of the household fails to cooperate with a request for verification.

Exception:

Ineligible or disqualified household members are considered household members for this provision.

Once a household has been denied for refusal to cooperate, a household may reapply but is not eligible until it cooperates.

Refusal to Cooperate with Quality Control 430-05-20-40-05

(Revised 10/01/11 ML3286)

View Archives

Household cooperation with Quality Control is a requirement of eligibility. If a SNAP case had been closed for refusal to cooperate and the household reapplies, the application must be denied. The household is not eligible until they cooperate with Quality Control. Cooperation with Quality Control cannot be waived for expedited households. Expedited households must cooperate before eligibility can be determined.

If a household reapplies 125 days after the end of the annual quality control review period (February 2nd of each year), the household must not be denied for refusal to cooperate, but it must provide all mandatory verifications before they can again be certified. Quality Control will notify workers of the earliest date a household can be eligible.

Exception:

Mandatory verifications can be postponed for expedited households.

Example:

Quality Control randomly sampled a SNAP household for the review month of October 2011, FFY 2012. Household refused to cooperate with Quality Control. The county agency is informed by Quality Control to terminate the household's eligibility following the 10-day advance notice period. The earliest date the household can be eligible for SNAP without cooperation with Quality Control is February 2, 2013 (125 days after September 30, 2012 which is the end of FFY 2012.

Failure or Refusal to Provide Information to Calculate a Claim 430-05-20-40-10

(Revised 01/01/04 ML2893)

View Archives

Households must cooperate in providing information necessary to calculate a claim.

If a household's case closed for failure or refusal to provide information necessary to calculate a claim and the household reapplies for SNAP benefits, the household must cooperate and provide the necessary information. If the household fails or refuses to provide the necessary information at the time of application, the application must be denied.

If a household failed or refused to provide information necessary to calculate a claim on a closed case and the household reapplies for SNAP benefits, the household must cooperate and provide the necessary information. If the household fails or refuses to provide the necessary information at the time of application, the application must be denied.

Interviews 430-05-20-45

(Revised 10/01/14 ML 3410)

View Archives

All applicant households, including those submitting applications by mail, must have face-to-face interviews with a worker prior to initial certification. An interview must be conducted at the county office or other mutually acceptable location (including a household's residence – this must be scheduled in advance). The primary purpose of interviewing an applicant is to obtain and furnish information. The interview must be conducted as an official and confidential discussion of household circumstances. The applicant's right to privacy must be protected during the interview. Facilities must be adequate to preserve the privacy and confidentiality of the interview.

The individual interviewed may be the applicant, spouse or any other responsible member of the household, or an authorized representative. The worker must review the information that appears on the application, explore and resolve inconsistent and incomplete information.

Households must be advised of their rights and responsibilities during the interview, including the appropriate processing timeframes and the household's responsibility to report changes.

Households that are applying for or receiving TANF must be advised that time limits and other requirements that apply to TANF do not apply to SNAP. These households must also be advised that they may still be eligible for SNAP if they are no longer receiving TANF because they have reached the TANF time limit, have begun working or for other reasons.

Workers, during the interview, must inquire about any changes in household circumstances between the time the application was completed and the time of the interview.

Any changes received or reported prior to the application being processed must be acted on.

1. The worker must also:

    a. Document the date the application was filed by recording on the application the date it was received by the county.

    b. Document the date the interview was conducted and the name of the individual interviewed on the application.

    c. Examine and explore each section of the application with the household or its authorized representative.

        (1) If the application is incomplete, assist the household in completing the form.

        (2) Ensure that the application is completed and signed.

    d. The household is asked to provide information about race and ethnicity of all persons for whom they want assistance through questions on the application. This information is voluntary and used to make sure benefits are provided without regard to race, color, or national origin. Providing this information does not affect the household's eligibility or benefit amount. If the applicant does not voluntarily provide racial and ethnic data, this information must be documented by the eligibility worker through observation.

    e. If the household has not designated an authorized representative, explain to the household the functional capacity of the authorized representative and allow them the opportunity to designate someone.

    f. The worker must remain flexible, avoid biases, be sincerely interested in people, and be sensitive to their individual circumstances.

2. The worker must keep in mind an interview is **not**:

    a. a criminal investigation.

    b. a counseling session.

c. an interrogation.

Success in interviewing is attained by discovering, mastering, and integrating proper habits, skills, and techniques appropriate to accomplishing the intended purpose of the interview.

Waiver of Office Interview 430-05-20-45-05

(Revised 01/01/04 ML2893)

View Archives

At the county's discretion, a telephone interview can be conducted instead of an office interview if:

1. The household is unable to appoint an authorized representative.
2. **NONE** of the adult household members are able to come to the office because:
    a. they are elderly or disabled.
    b. they are mentally or physically handicapped.
    c. of transportation difficulties.
    d. other hardships such as but not limited to: illness, care of a household member, residence in a rural area, prolonged severe weather, or work or training hours which preclude an office interview.

The worker must determine if the transportation difficulty or hardship reported by a household warrants a waiver of the office interview and must document in the casefile why a request for a waiver was granted or denied.

A waiver of the face-to-face interview does not exempt the household from verification requirements. Special procedures may be used to permit the household to provide verification and obtain its benefits in a timely manner, such as substituting a collateral contact in cases where documentary verification would normally be provided.

A waiver of the face-to-face interview must not affect the length of the household's review period.

Scheduling of Interviews 430-05-20-45-10

(Revised 07/01/05 ML2972)

View Archives

The county must schedule interviews for all applications as promptly as possible to ensure eligible households receive an opportunity to participate within 30 days after the application is filed. Counties must schedule interviews so that the household has at least 10 days to provide requested verification before the end of the 30-day processing time frame. The F017 - Application/Review Received - Interview Scheduled notice can be used to schedule the interview.

If the household fails to appear for the first interview, the worker must send notice F018 – Notice of Missed Interview. This notice informs the household that they are responsible to schedule a second interview. If the household contacts the county for a second interview, the interview must be held and the application processed. If the household does not contact the county for a second interview, the application is denied 30 days after the date of application.

Things to do Before the Interview 430-05-20-45-15

(Revised 05/01/13 ML3365)

View Archives

1. Register the application if it is received prior to the interview.
2. Copy the MOIA (Monthly Inquiry Authorization) screens (Function 3 on MOMM menu).
3. Read the last narrative.
4. Check case alerts.
5. Review the last application or application for review.
6. Check FACSES and New Hire.
7. Check DIRE to see if there are any outstanding claims.
8. If there is an outstanding claim, check NOHS to see if the client received a Treasury Offset Notice (TOP). If so, and the application is being approved, contact the State Office so the State Office can set the client to "inactive" in the TOP file and reopen the claim. Recoupment will then begin with allotment reduction. Regulations prohibit collection from TOP if the client is an open SNAP case, unless the client is eligible for a zero benefit.
9. Put packet together:
    a. DN 696 - Simplified Reporting Information Fact Sheet
    b. SFN 385 Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for SNAP BEST Work Registrants
    c. Checklist for requested verifications
    d. Any other forms that may be pertinent to the case

        (i.e. IIM account, authorization for release of information)

    e. SFN 187 - Medical Expense Verification Worksheet

Things to do During the Interview 430-05-20-45-20

(Revised 11/01/07 ML3111)

View Archives

1. Discuss work requirements and complete SFN - 385 Affidavit for SNAP Work Requirements, if necessary.
2. Review SFN 405 - Application for Assistance form and make sure it is complete.
3. Verify base month and current month income received up to time of interview and document projection of income for remainder of interview month and next month.
4. Compare information with what is in case record.
5. Discuss and clarify any conflicting information.
6. Review utility expenses to determine appropriate utility standard.
7. Review averaged expenses such as homeowner's insurance, taxes, medical expenses, etc.
8. Request and document any needed verification and give client a checklist.
9. Review rights and responsibilities.
10. Advise households that are applying for or receiving TANF that:
    - Time limits and other requirements that apply to TANF do not apply to SNAP.
    - They may still be eligible for SNAP if they are no longer receiving TANF because they have reached the TANF time limit, have begun working, or for other reasons.
11. Review the DN 405 - Application for Assistance Guidebook and make appropriate referrals for other assistance programs such as Child Care, LIHEAP, Medicaid, TANF, housing, unemployment, WIC.

12. Ask if there are any changes that may affect SNAP benefit or eligibility.
13. Explain EBT and schedule card replacement issuance or change of PIN if necessary.

Things to do After the Interview 430-05-20-45-25

(Revised 01/01/04 ML2893)

View Archives

1. Register the application in TECS if it was not received prior to the interview.
2. Send a pending notice if appropriate.
3. Complete the application and authorize benefits.
4. Send the appropriate determination notice.
5. Write the narrative.

Benefit Availability 430-05-20-50-05

(Revised 03/01/06 ML3017)

View Archives

An eligible household must be provided with an appointment for EBT card issuance and PIN selection by the date benefits must be made available. The household must be able to transact benefits on or before the seven or 30-day timeframe expires.

Whenever a household fails to attend EBT card issuance before eligibility is determined, the household must be notified when benefits are available but card issuance must occur before the household can access benefits.

Timeframes 430-05-20-50-10

(Revised 06/01/09 ML3182)

View Archives

Households requesting, but not entitled to, expedited service must have their applications processed according to 30-day processing standards.

For households entitled to expedited services, benefits must be made available to the household within the expedited processing standard.

If the household is not eligible for the month of application but is eligible and entitled to expedited services for the following month, the household must be provided an opportunity to participate by the 7th calendar day of the second beginning month.

The worker must process an expedited application to ensure the household has the opportunity to participate within the expedited processing standard.

If an unsigned application is received, a telephone interview is conducted instead of an office interview, and the application must be mailed to the household for signature, the mailing time involved **is not counted** in the expedited service timeframe. Mailing time includes only the days the application is in the mail to and from the household and the days the application is in the household's hands pending signature and mailing. The first day of the expedited count is the calendar day following receipt of a signed application.

Expedited Processing Standards 430-05-20-50-15

(Revised 06/01/15 ML3440)

View Archives

County application procedures must be designed to identify households eligible for expedited service at the time the household requests assistance by conducting a pre-screening. Section 1 of the Application for Assistance must be used to screen for expedited services. A household cannot waive its right to expedited service.

Income is not converted when determining entitlement to expedited services.

Income must be converted if the household is paid weekly or biweekly when determining the amount of benefits the household is entitled to.

If any of the following apply, the household is entitled to expedited services:

1. Households with less than $150 in countable gross monthly income.
2. Migrant or seasonal workers who are destitute.
3. Households who have combined countable gross monthly income that is less than the household's monthly rent or mortgage and the appropriate mandatory utility standard.

If pre-screening identifies a household as entitled to expedited service, the application must be processed using the following expedited processing standards:

- The household must be interviewed and issued an EBT card on the date of application. The application must be processed no later than the 3rd calendar day following the date the application is filed postponing all verifications not received, with the exception of identity.

- If the household cannot be interviewed at the time of the request, the household must be issued an EBT card and provided an appointment no later than the 2nd calendar day following the date the application is filed. The application must be processed no later than the 3rd calendar day following the date the application is filed postponing all verifications not received, with the exception of identity.

Examples:

1. **Household files an application on June 2, is screened and entitled to expedited service. The household is issued an EBT card and interviewed on June 2. The case must be processed on or before June 5 postponing all verification not received with the exception of identity.**
2. **Household files an application on June 15, is screened and entitled to expedited service. The household indicates they cannot stay for the interview or EBT card issuance. An interview and EBT card issuance must be scheduled on June 16 or 17. The application must be processed on or before June 18 postponing all verification not received with the exception of identity.**

If the household does not show for the scheduled interview, the notice F018 – Notice of Missed Interview must be sent. If the household reschedules the interview in time to meet the 7-day processing timeframe, the interview must be completed, identity verified and benefits must be available to the household by the 7th day.

If the household does not reschedule the interview in time to meet the 7-day processing timeframe, the application is processed within the 30-day processing timeframe. If the household makes no further contact, the application must be denied on the 30th day following the date of application for failure to complete the interview process. The notice of denial must not be generated prior to the 30th day after the date of application. If the 30th day falls on a weekend or North Dakota

Department of Human Services holiday, the application must be denied on the next working day following the 30th day.

If the expedited processing standard is not met, the application must be processed no later than the 6th day following the date of application so benefits are available by the 7th day. The reason the benefits were not made available within the expedited processing standard must be clearly documented in the casefile.

If pre-screening identifies a household as not entitled to expedited service and it is later determined that the household is entitled to expedited services, the expedited processing timeframe begins with the date the household is discovered entitled to expedited services.

Example:

An application is filed on May 5 and indicates that the household is not entitled to expedited service. At the interview on May 12 it is discovered that the household has countable gross income of less than $150. The application must be processed and an EBT card issued by May 14 so benefits are available on May 15.

If the application is mailed in or dropped off, the county must attempt to contact the household to complete the screening. If the applicant is entitled to expedited services, the application must be processed following expedited processing standards.

Incomplete Application

If an incomplete application is submitted by mail or an incomplete application is filed and the household is unable to stay for the pre-screening, eligibility for expedited processing cannot be determined. The worker must schedule an interview no later than the 2nd calendar day following the date the application is filed.

If the interview is completed, identity is verified and the household is found eligible for expedited services, the application must be processed no later than the 3rd calendar day following the date the application is filed. If the household does not have an EBT card, a card must be issued at the time of interview.

If the interview is completed and the household is not eligible for expedited services, the application must be processed within the 30-day timeframe.

If the household does not show for the scheduled interview, the notice F018 –Notice of Missed Interview must be sent. If the household reschedules the interview in time to meet the 7-day processing timeframe, the interview is completed, identity verified and the household is found eligible for expedited services, the 7-day processing timeframe starts with the date of interview. Benefits must be made available to the household by the 7th day. If the household does not have an EBT card, a card must be issued at the time of interview. Benefits must be issued by the 6th day for deposit into the household's EBT account to ensure they are available to the household by the 7th day.

If the household does not reschedule the interview in time to meet the 7-day processing time frame, the application is processed within the 30-day processing time frame. If the household makes no further contact, the application must be denied on the 30th day following the date of application for failure to complete the interview process. The notice of denial must not be generated prior to the 30th day after the date of application. If the 30th day falls on a weekend or a North Dakota Department of Human Services holiday, the application must be denied on the next working day following the 30th day.

There is no limit to the number of times a household can be certified under expedited processing.

Exception:

Before a household is entitled to expedited services when verifications were postponed, the household must have provided

the postponed verifications or have since been certified under 30-day processing standards.

Example:

Household applied on October 17, was determined entitled to expedited services and certified for two months with postponed verifications. The household failed to provide postponed verifications or recertify.

The household reapplies on December 7, is expedite, however, is not entitled to expedited services because they failed to provide postponed verification in October or November. Mandatory verifications for the December application cannot be postponed and are required to process the application under 30-day processing standards.

Special Procedures for Expediting Services
430-05-20-50-15-05

(Revised 05/01/13 ML3365)

View Archives

To expedite the certification process, a worker must use the following procedures.

Interviews

For a household that is entitled to expedited service, the worker must interview the household within the expedited processing standard. If the household states they cannot stay or cannot return for the interview dates and times offered to meet the expedited processing standard or 7-day timeframe, this must be clearly documented in the casefile. The application must then be processed under the 30-day processing standards. If the household fails to keep the scheduled interview, the worker must send notice F018 – Notice of Missed Interview. This notice informs the household that they are responsible to schedule a second interview.

Identity

In all cases, the applicant's or authorized representative's **identity must be verified** through readily available documentary evidence or a collateral contact.

Verification of identity cannot be postponed.

If verification of identity of the applicant is not provided at the interview, the expedited processing standard starts with the date of receipt of identity. **For expedited applications identity cannot be waived.**

> **Example:**
>
> **The county receives the application on May 10 and schedules an interview on May 11. Verification of identity was not provided. The household fails to show**

for this interview. The worker sends the F018 - Notice of Missed Interview to the household. On May 13 the household calls to set up an interview. Worker schedules an interview for May 14.

On May 14 the household comes in for the interview and provides verification of identity. As verification of identity and interview requirements were met on May 14, the worker has through May 16 to process the application and issue an EBT card so benefits are available on May 17.

Verifications

All reasonable efforts must be made to verify within the expedited processing standards, the household's residency, income, alien status and all other factors, through readily available documentary evidence or a collateral contact. Benefits must not be delayed beyond the expedited processing standard because these eligibility factors have not been verified.

Postponed Verifications

Expedited households are the only households where the mandatory verifications can be postponed. All mandatory verifications including questionable information (i.e. income, deductible expenses, social security numbers, work requirements, citizenship, job quits, verification of participation in another state, determination of drug felony disqualification, etc.) must be postponed if unable to verify within expedited processing standard.

Exception:

The identity of the applicant or the authorized representative.

The worker must postpone the verification(s) which normally would be required, if necessary to meet the expedited processing standard.

A household reapplying must not be denied for failure to provide postponed verifications. However, they lose their entitlement to expedited service and are processed under 30-day processing standards.

Example:

Household applied on October 17, was determined entitled to expedited services and certified for two months with postponed verifications. The household failed to provide postponed verifications or recertify.

The household reapplies on December 7, is expedite, however, is not entitled to expedited services because they failed to provide postponed verification in October and November. Mandatory verifications for the December application cannot be postponed and are required to process the application under 30-day processing standards.

If it is determined that benefits were issued incorrectly because verifications were postponed in order to meet the expedited processing standard, a claim is not established.

Exceptions:

1. **If the household failed to report information, a claim must be established.**
2. **Agency errors.**

Work Requirements

The worker must:

1. Require the applicant to complete the SFN 385 - Affidavit for Work Requirements or SFN 353 - Affidavit for BEST Registrants unless exempt.
2. Require the applicant to complete the SFN 385 - Affidavit for Work Requirements or SFN 353 - Affidavit for BEST Registrants for all non-exempt household members. Work requirements for non-exempt household members must be postponed, if necessary, to meet the expedited processing standard.

3. Require an authorized representative interviewing on behalf of a household to complete the SFN 385 - Affidavit for Work Requirements or SFN 353 - Affidavit for BEST Registrants for all non-exempt household members.
4. Postpone questionable exemptions if the expedited processing standard cannot be met.

Social Security Numbers (SSN)

Expedited households are the only households in which individuals are allowed to participate without a SSN or without proof of application for a SSN for one **full** month of benefits. (If an expedited household applies after the 1st but on or before the 15th, and the only postponed verification is SSN, TECS will only allow a one month review period. The worker will need to contact System Support and Development for assistance in certifying for two months so a full month's benefit can be issued.)

In all cases, expedited households must be asked to provide a SSN for each individual in the household.

Exception:

A newborn is allowed to participate without a SSN or proof of application of SSN for six months following the month the baby is born or by the next, whichever is later.

Examples:

The following examples do not include newborns.

1. **A five person expedited household applies May 1. Two of the five household members do not have a SSN or proof that they have applied. All five individuals are entitled to participate for the full month of May (May 1 through May 31).**

   In this example, the household must be certified for the month of May only, and must reapply for June.

If at the time of review the two individuals are unable to provide a SSN or proof of application for a SSN, they are ineligible household members (DI) when determining benefits for June or until the SSN is provided. June benefits would be for a three-person household.

2. **A five person expedited household applies May 2 (anytime after the first of the month). Two of the five household members do not have a SSN or proof that they have applied. All five individuals are entitled to participate for the partial month of May (May 2 through May 31), and the full month of June (June 1 through June 30).**

   In this example, the household must be certified for no more than the months of May and June and must reapply. If at the time of July review the two individuals are unable to provide a SSN or proof of application for a SSN, they are ineligible household members (DI) when determining benefits for July or until the SSN is provided. July benefits would be for a three-person household.

Length of Review Period 430-05-20-50-15-10

(Revised 05/01/13 ML3365)

View Archives

Households that are certified on an expedited basis and have provided all required verifications, must be assigned regular review periods.

1. If verification **other than SSN** was postponed and the household applied on or before the 15th of the month, the household must be certified for the month of application only.

   Example:

   A household applies on or before June 15 and verification has been postponed. This household must be certified for the month of June only.

   When certified only for the month of application, the worker must send notices F100 - Expedite Approval - 1 Month - Postponed Verification and provide the household with SFN 407 - Application for Review. The household must reapply, complete an interview and provide postponed verifications for continued eligibility. If the household does not reapply and provide postponed verifications, they do not qualify for expedited service again.

   Exception:

   Unless certified under 30-day processing standards since the last expedited application.

2. If verification **other than SSN** was postponed and the household applied on the 16th of the month or later, the household must be certified for the month of application and the following month. Benefits for the second month **must not be issued** until all postponed verifications have been provided.

Exception:

If expenses were postponed and not provided by the last working day of the second month, the second benefit month is issued without allowing unverified expenses.

Benefits for the second month must be issued no later than the 5th working day from the date the verifications are received, or the 1st of the second month, whichever is later.

Example:

A household applies on March 16 and is certified for the months of March and April. Benefits for the month of March must be available to the household within the expedited processing standard. Benefits for the month of April must not be issued until all postponed verification has been obtained. April benefits are issued no later than the 5th working day from the date the verifications are received or April 1, whichever is later.

If postponed verifications are not received by April 30, April benefits are not issued and the case will close March 31. The system automatically closes with a certification ending reason.

When certified for the month of application and the following month, the worker must send notices F101 - Expedite Approval - 2 Month - Postponed Verification. If the application is processed after the 25th day of the application month, the worker must also provide the household with form SFN 407 - Application for Review.

Example:

A household applies on June 16. This household must be certified for the months of June and July. Benefits for the month of June must be processed within the expedited processing standard. Benefits for the month of July must not be issued until all postponed verification has been obtained. July benefits are issued no later than the 5th

working day from the date verifications are received or July 1, whichever is later.

If the postponed verifications are not received by July 31, July benefits are not issued and the case must be closed June 30.

The household must reapply, complete an interview and provide postponed verifications for continued eligibility. If the household does not reapply and provide postponed verifications, they do not qualify for expedited service again.

Exception:

Unless certified under 30-day processing standards since the last expedited application.

30-Day Processing Standards 430-05-20-50-20

(Revised 01/01/04 ML2893)

View Archives

A worker must provide an eligible household an opportunity to participate as soon as possible, but not later than 30 calendar days **after** the application was filed. Households initially applying that are not entitled to expedited service that **have** an EBT card, must be provided benefits if eligible, prior to the 30th day.

Households initially applying that are not entitled to expedited service that **do not have** an EBT card must receive the notice of eligibility and the F012 - EBT Card Issuance Notice prior to the 27th day to ensure that the household has an opportunity to participate by the 30th day.

An application is filed the day the county receives it. The application must contain the applicant's name, address and on the last page of the application signature of a responsible member of the household or the household's authorized representative.

Example:

An application is received on May 11 and the interview completed on May 20. Verifications are requested and a pending notice is sent informing the household they have until June 10 to provide the verifications. The 30-day count starts May 12.

If the household provides the verifications prior to June 10, benefits must be processed by June 9 so benefits are available to the household by the 30th day (June 10).

If the household provides the verifications on June 10, benefits must be processed on June 10. The casefile must contain documentation stating the reason benefits were not available to the client until the 31st day.

Application Use for Beginning Months 430-05-20-50-20-05

(Revised 05/01/13 ML3365)

View Archives

An application is used to process the initial month, second beginning month and in some cases three beginning months. In order to process the application, mandatory verifications are required for all beginning months. When household is interviewed and anticipates changes in the second or third beginning month, the application must be pended for verification of those changes. If the household fails to provide verification necessary to process all beginning months, the application must be denied for failure to provide verification.

Because of anticipated changes, a household may be eligible for the month of application or month of application and second beginning month (if processing in the second month), but ineligible for the following months. In this instance the worker must process the application, approve benefits and send an approval notice for the initial month or initial and second beginning month.

The worker must then enter the anticipated changes for the second or third beginning month (if processing in the second month) and issue a closing notice. This must be done on the same day the initial month is processed to avoid sending a 10-day advance notice. If the second or third beginning month (if processing in the second month) is not processed on the same day as the first month, a 10-day advance notice is required to close the case.

Similarly, a household may be ineligible for the month of application, but eligible for the following month due to anticipated changes. The worker must deny the month of application and use the same application to pend or approve the second month.

If a household applies and indicates they are not interested in benefits for the month of application, the month of application must be denied using the F214 - Application /Review Withdrawn notice. The same application is then used to pend or approve the second month.

A household may be eligible for a zero benefit due to proration for the initial month. The worker must approve the application and a zero benefit must be authorized.

If the initial month is denied, the second month becomes the initial month. If the second month is denied and eligibility is anticipated for the third month, a new application is required.

Exception:

If processing the application in the second beginning month and there is no eligibility for the initial month and second beginning month, but anticipated eligibility for the third month, the same application can be registered and used to process the third month.

Denying the Application 430-05-20-50-20-10

(Revised 06/01/15 ML3440)

View Archives

Households that are ineligible must be sent a notice of denial as soon as possible, but no later than 30 days following the date the application was filed. If the 30th day falls on a weekend or North Dakota Department of Human Services holiday, the application must be denied on the next working day following the 30th day. The household must file a new application if further program consideration is desired.

If a household has failed to appear for an interview and has made no further contact with the worker to express an interest in pursuing the application or failed to provide verifications, the worker must send the household a notice of denial 30 days after the date of application. The notice of denial must not be generated prior to the 30th day after the date of application. If the 30th day falls on a weekend or North Dakota Department of Human Services holiday, the application must be denied on the next working day following the 30th day. If the household schedules an interview or provides the verifications after the 30th day but within 60 days following the date of application, Delays in Processing at 430-05-20-50-20-15 apply.

Delays in Processing 430-05-20-50-20-15

(Revised 06/01/15 ML3440)

View Archives

When eligibility and an opportunity to participate within 30 days following the date of application is delayed, responsibility for the delay must be determined.

Determining cause for the delay dictates what action (deny or pend) must be taken on the case and whether or not the household is entitled to benefits retroactive to the date of the application.

Delays Caused by the County

When a delay in the initial 30-day determination period is caused by the county:

1. Do not deny the application.
2. Notify the household by the 30th day following the application date that the application is pending and state the reason.

If the household is found eligible during the second 30 - day period, provide retroactive benefits to the date of application.

Delays Caused by the Household

If a household has failed to complete any part of the application process within the initial 30 - day period, the delay is the fault of the household if the worker took the following actions:

1. Failure to Complete the Application Form: The worker must have offered, or attempted to offer, assistance in completion of the application form.
2. Failure of Household Member(s) to Register for Work: The worker must have informed the household of the need to complete SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for BEST Registrants and given the household at least 10 days from the date of notification to register household members.
3. Failure to Provide Required Verification: The worker must have:

a. Provided the household with a statement of required verification, **and**

b. Offered to assist the household in obtaining required verification, **and**

c. Allowed the household at least 10 days from the date of request to provide the missing verification.

If it is determined the delay is the fault of the household, the worker must deny the application using the appropriate notice.

Exceptions:

1. **If an individual in the household fails to comply with work registration requirements and the remaining household members are otherwise eligible, the application can be approved with the noncomplying individual's participation as DW.**

2. **If the household fails to provide verification of expenses, the application is processed without the unverified expenses.**

4. For households that have failed to appear for an interview, the worker must have sent the F018 – Notice of Missed Interview. If the household failed to schedule a second interview or a subsequent interview is postponed at the household's request or cannot be rescheduled until after the 20th day but before the 30th day, the household must appear for the interview, bring verification and register members for work by the 30th day; otherwise the delay is the fault of the household.

   If the household fails to appear for the interview or provide the needed verification (other than expenses), the application must be denied. If the required action is taken after the 30th day but before the 60th day following the date of application, the same application form is used and registered as a new application. The application date is the date required action was completed as benefits are prorated from that date and expedited processing standards may apply.

5. If the household has failed to appear for the first interview and a subsequent interview is postponed at the household's request until after the 30th day following the date of the application, the delay is the fault of the household.

   The application must be denied on the 30th day. If the household appears for the interview after the 30th day but before the 60th day following the date of application, the same application form is used and registered as a new application. The application date is the date required action was completed as benefits are prorated from that date and expedited processing standards may apply.

   Examples:

   1. **A household's application was denied for failure to provide verification (other than expenses) on May 17 (30th day). On June 10 the household provides the requested verifications. The application that was denied must be registered with a benefit start date of June 10.**
   2. **Household applies for benefits on January 3rd and is scheduled for an interview on January 10th. The household fails to show for the interview and the F018 Notice of Missed Interview is sent on January 14th. The application is denied on February 2nd (the 30th day) for failure to complete the interview.**

      On February 22nd the household contacts the county and requests an interview. The application must be screened for expedited service and if the household is eligible an interview must be scheduled no later than the 3rd calendar day (February 25th) following the date the application is filed.

      The interview is scheduled for February 25th and the January 3rd application is used for this request. If expedited, and the household is eligible, benefits are prorated from the interview date, postponing

all verifications not received, with the exception of identity.

If not expedited, the application is registered effective with the interview date, CURRENT additional verifications are required and an F301 pending notice is sent to the household. The household has 30 days from the interview date (March 27th) to provide the verifications needed. If the household is eligible, benefits are prorated from the interview date. If the household fails to provide the verifications, the application is denied on March 27th. If the household is interested in future benefits, a new application is required.

3. **Household applies for benefits on January 3rd and is scheduled for an interview on January 10th. The household fails to show for the interview and the F018 Notice of Missed Interview is sent on January 10th. The application is denied on February 2nd for failure to complete the interview.**

   On February 22nd the household contacts the county and requests an interview. The application must be screened for expedited service at that time using the January 3rd application and obtaining current information from the household. If the household is eligible for expedited service, an interview must be scheduled no later than the 3rd calendar day (February 25th) following the date the application is filed postponing all verifications not received, with the exception of identity. If the household is eligible, benefits are prorated from the interview date.

4. **Household applies for benefits and is denied on the 30th day for failure to provide information.**

   Sometime during the second 30 days, (within 60 days from the application date), the household provides verification of some but not all of the verifications previously requested. In this instance,

the original application is not re-registered as not all verifications requested have been provided. If the household is interested in future benefits, they must provide all of the verifications or reapply.

5. **Household applies for benefits and is denied on the 30th day for failure to provide verification of income and expenses. Sometime during the second 30 days, the household provides verification of income, but not the expenses previously requested. In this instance, the original application is not re-registered as not all verifications requested have been provided. If the household is interested in future benefits, they must provide ALL of the verifications within the second 30 days (by the 60th day following the date of the original application) or reapply.**

Notice of Required Verification 430-05-20-55-05

(Revised 10/01/06 ML3044)

View Archives

The worker must provide each household with the Application for Assistance Guidebook as part of the SFN 405 - Application for Assistance at the time of application. The Application for Assistance Guidebook informs the household of the verifications the household must provide as part of the application process. This does **not** serve as documentation of a request from a worker for verification.

Responsibilities for Obtaining Verification 430-05-20-55-10

(Revised 01/01/04 ML2893)

View Archives

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. Households may supply documentary evidence in person, through the mail, by fax or e-mail, or through an . The worker must not require the household to present verification in person.

The worker must accept any reasonable documentary evidence provided by the household and must be primarily concerned with how adequately the verification proves the statements on the application.

When it is difficult or impossible for the household to obtain the documentary evidence in a timely manner, or the household has presented insufficient documentation, the worker must either offer assistance to the household in obtaining the documentary evidence, or must use a collateral contact or a scheduled home visit.

Sources of Verification 430-05-20-55-15

(Revised 06/01/15 ML3440)

View Archives

Acceptable sources of verification include documentary evidence, collateral contacts, home visits and system interfaces.

Documentary Evidence

Documentary evidence is written confirmation of a household's circumstances and must be used as the primary source of verification for all items except residency and household size. If the household cannot obtain documentary evidence, the worker may require collateral contacts or do a scheduled home visit. Residency and household size may be verified through any other source of verification.

Examples:

Wage stubs, rent receipts and utility bills.

Acceptable verification is not limited to any single type of document and may be obtained from the household or another source.

Whenever documentary evidence is insufficient to make a determination of eligibility or benefit level, the worker must pend the application and request sufficient verification from the household.

Collateral Contacts

A collateral contact is a verbal confirmation of a household's circumstances by an individual outside the household and are used when documentary evidence is insufficient or incomplete. The collateral contact may be either in person or over the telephone. The worker must rely on the household to provide the name of any collateral contact. The household may request assistance in naming a collateral contact.

A collateral contact can be any third-party verification of the household's statements. The worker is responsible for obtaining verification from acceptable collateral contacts, which include but are not limited to:

- Employers
- Landlords
- Social service agencies
- Community action agencies
- Migrant service agencies

Once the household has supplied the name of a collateral contact or has asked the worker for assistance in locating a collateral contact, the worker must promptly contact the collateral contact or otherwise assist the household in obtaining the necessary verification.

When the collateral contact designated by the household is unacceptable, the worker must ask the household to name another collateral contact or substitute a scheduled home visit.

The county should only disclose the information that is absolutely necessary to get the information being sought. The county should avoid disclosing that a household has applied for SNAP and should not disclose any information provided by the household. Counties should not suggest that a household is suspected of any wrong doing.

In directly contacting a collateral contact, the worker must always identify themselves by name, position and the name of the county social services office. In doing so and then inquiring about a particular client by name, the contact may be able to determine that the client is applying for assistance. This does not constitute a violation of confidentiality.

If the collateral contact requests information about the recipient’s status, the worker must refuse the inquiry and briefly explain the confidentiality requirements.

Verification obtained in non-written form must be documented in the case file.

Home Visits

Home visits are used on a case-by-case basis when documentary evidence or collateral contacts are insufficient or cannot be obtained. A home visit must be scheduled in advance with the household.

System Interfaces

Workers have access to the following interfaces that are acceptable types of verification:

- NDVerify
  - Birth/Death Records (ND Vital Records)
  - Health Insurance (DEERS)
  - ND Child Support (FACSES)
  - ND Department of Corrections
  - ND Motor Vehicle/Watercraft (Motor Vehicle/Game & Fish)
  - ND State Directory of New Hire
  - ND State Hospital Admission/Discharge
  - ND Unemployment Insurance Benefits (Job Services)
  - ND Wages (Job Services)
  - Other Benefit Information
  - SNAP Intentional Program Violations
  - WSI Medical Claims Status
  - Request UPA
  - Request 40 Quarters
- Job Service Unemployment Insurance Benefits
- SAVE
- IEVS
- PARIS
- Motor Vehicle
- NUMIDENT -This interface is used to verify an individual's social security number and identity. Administrative Manual Section 448-01-

50-15-60 provides additional information regarding the NUMIDENT interface, and defines the alerts that are created when the NUMIDENT match is determined 'Invalid'.

When the return NUMIDENT file is processed, the following indicators display in the NUMIDENT field on Client Profile in TECS with the results of the match:

- Blank – means the information has not been sent to Social Security Administration
- I – Invalid match for social security number
- S – Sent to Social Security Administration for verification
- V – Valid match for social security number

If the indicator is 'I' (invalid) the SSN, name, date of birth or sex of the individual was an invalid match with the SSA information.

When the worker receives one of the following alerts, a valid or active SSN has not been provided.

- SSN Invalid
- SSA has different SSN for client, a valid SSN has not been provided.
- More than 1 SSN at SSA

The worker must send Notice F419 to the household requesting verification of a valid active social security number. If the household does not respond the case continues until review. Verification of the SSN is required at the next review.

When the worker receives one of the following alerts, information entered into TECS may be incorrect or the individuals NUMIDENT record at SSA has incorrect information

- SSN Invalid – sex does not match
- SSN Invalid – DOB does not match
- Sex & DOB do not match SSA
- Name does not match SSN

TECS may be incorrect or the individuals NUMIDENT record at SSA has incorrect information. The worker should check the information entered into TECS for accuracy. If the worker is unable to determine if the information in TECS is accurate, the worker must contact the household (via phone or F419) to determine the correct date of birth or sex and then correct the information in TECS. If the worker contacts the household by phone, the contact must be thoroughly documented in the narrative. If the worker is not able to clarify the information, it needs to be clarified as part of the next review.

- National Directory of New Hire (NDNH)

  Federal regulations require SNAP to match against the Office of Child Support Enforcement (OCSE), National Directory of New Hire (NDNH).

  Each month a file of adults included on applications and reviews approved in the prior month will be sent to the NDNH. Individuals with employment record(s) in the prior month will be returned and used to generate a hit in TECS. Eligibility workers will receive an alert on the fourth working day of the month informing them of the hit. These hits serve as a lead for SNAP to determine if income was reported and correctly considered in determining eligibility. The hits cannot be acted on for other programs. If the verification is obtained for SNAP, the verification can be used to determine if income was reported and correctly considered for other programs.

  If the employment was reported by the household and/or in the case file, the eligibility worker must ensure that the verification was used correctly in determining eligibility. If the verification is not in the case file, the following steps must be used to verify the hit.

  1. The worker must use the information provided in the hit (employer name and address) to obtain verification from the employer. If the verification is received, any necessary corrective action must be taken allowing for advance notice.
  2. If the employer fails to provide the verification within 30 days, the worker must send the F814 – Claims/Required Verification allowing the household 10 days to provide the verification. If the verification is received, any necessary corrective action must be taken allowing for advance notice.

If the case is closed and the household fails or refuses to respond to the request, the worker must document in the case file that there is an outstanding claim issue. If the household applies at a later date, the household must cooperate by providing the information necessary to calculate the claim. If the household continues to fail or refuse to provide the information, the application must be denied.

If the case is an ongoing SNAP case and the household fails or refuses to respond to the request, the worker must send the F401- Failure to Provide Information. The case will close at the end of the advance notice period. The worker must document in the case file that there is an outstanding claim issue. If the household reapplies at a later date, the household must cooperate by providing the information necessary to calculate the claim. If the household continues to fail or refuse to provide the information the application must be denied.

If the household responds and indicates they need assistance in obtaining the information, the worker must attempt to obtain the information from the appropriate source. If the appropriate source fails to respond and provide the needed verification, the worker must complete the claim based on the best information provided by the household. The worker must document the attempt to verify income, income used and how it was arrived at.

NDNH hits must be processed and entered on the NDNH Tracking Results Screen (NDTR) within 45 days of the received date on the National Directory of New Hire (NADO) screen in TECS. The appropriate fields on the NDTR screen relating to the action taken must be completed as this information is required by Federal Regulations. These fields include:

- Interface/Case File Information OK – the household reported the information correctly at the time of application or review.
- Individual Verified as Employed – The household failed to report this employment at the time of application or review.
- SNAP Case Closed Due to Earnings – The earnings from the NDNH hit resulted in case closure.
- SNAP Benefits Reduced Due to Earnings – The earnings from the NDNH hit resulted in a reduction in benefits.

- Difference in Benefit Amount Due to Earnings – The difference in the benefit amount the household would have received prior to the verified employment and the benefit amount the household actually received after the verified employment. Only the difference for the first month the verified earnings are used is included in this figure (first month of overpayment).

Federal regulations strictly limit the use and disclosure of information received through NDNH to purposes directly related to the administration of SNAP. NDNH information must be safeguarded and MAY NOT be released to any agency or individual, including the applicant or recipient. **DO NOT print or include NDNH information in case files. Information that specifically addresses where the hit came from (OCSE NDNH) or the source of the information (employers) CANNOT be included in the:**

- **Request for verification from the employer**
- **Notification of findings sent to the recipient**
- **Documentation in Narratives**

Request for verification, notification of findings and narrative documentation may include reference to information received through a computer match.

Federal law requires that each employee be aware of the unauthorized access and disclosure of information received through a computer match from the NDNH.

The Department maintains a fully automated audit trail of information obtained through the NDNH. The audit trail will track when the alerts and hits are generated along with the completed tracking results.

The state and county social service offices must immediately report breaches of access and disclosure requirements applicable to NDNH information to:

- Director of the Supplemental Nutrition Assistance Program; and
- The Federal Parent Locator Service (FPLS) Information System Security Officer via email: linda.boyer@acf.hhs.gov.

NOTE: Disclosure means information given to another agency or individual who does not require the information to determine eligibility for SNAP.

The record must include:

- Date and time of incident
- Date and time incident was discovered
- How the incident was discovered
- Description of the incident and the data involved (include specific data elements if known but do not include client specific information.
- The address where the incident occurred
- Information technology involved (laptop, server, mainframe)

Any person who knowingly and willfully violates access and disclosure requirements is subject to an administrative penalty (up to and including dismissal from employment), and a fine of $1,000 must be imposed for each act of unauthorized access to, disclosure of, or use of information in the NDNH.

Narrative/Documentation

Casefiles must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation must be detailed to permit a reviewer to determine the reasonableness and accuracy of the determination.

Where verification was required to resolve questionable information, the worker must document why the information was considered questionable or at a minimum, indicate where the inconsistency exists, and what documentation was used to resolve the questionable information.

The worker must document the reason why a collateral contact or home visit was needed.

The worker must also document the reason a collateral contact was unacceptable and an alternate requested.

Good documentation habits save time. Documentation need not be lengthy and no specific format is required but it must address the following:

- Who did the information come from?
- What was the information received?
- When was it received?
- Why is the information pertinent?
- How was the information treated?

Alien Status 430-05-20-60-05

(Revised 01/01/04 ML2893)

View Archives

Only eligible aliens are entitled to participate in the program. Alien status must be verified using acceptable verifications listed in the Alien section of Households with Special Circumstances.

Social Security Numbers 430-05-20-60-10

(Revised 06/01/15 ML3440)

View Archives

All households participating in or applying for participation in the program must furnish the SSN of each household member, or apply for one, before certification. If individuals have more than one number, all numbers are required. It must be explained to applicants who refuse or are unable to provide a SSN that the individual for whom a SSN is not obtained will be disqualified.

However, certification of an otherwise eligible household must not be delayed solely to validate any member's SSN, even if the 30-day processing period has not expired.

If verification of an already reported SSN is not completed at initial certification, it must be completed at the time of or prior to the household's next review. The SSN must be verified in one of the following ways:

1. A copy of each household member's Social Security Card.
2. Matching the reported SSN with information supplied by the SSA such as NDVerify, or NUMIDENT.
3. Proof of application for a SSN.
4. Accept verification of a SSN(s) already verified through TANF, Health Care Coverage or similar programs.

A SSN will be reverified only if the identity of the individual or the SSN becomes questionable.

Obtaining Social Security Numbers

Individuals who do not have a SSN must be informed that a SSN may be obtained by completing Social Security Form SS-5 and submitting it to the

Social Security District Office along with copies of documents used in establishing age, identity and citizenship.

Households must be informed that proof of application for SSN is required and must be requested from SSA. Form SSA-5028, Receipt for Application for a SSN, is normally used by SSA as evidence that an individual has applied for a SSN.

Obtaining SSNs for Newborns

If the household is unable to provide proof of application for a SSN for a newborn, the household must provide the SSN or proof of application at the next review or within six months following the month the baby is born, whichever is later.

A completed Form SSA - 2853, Message From Social Security or documentation from the hospital is considered proof of application for a SSN for a newborn. This receipt form is given to the mother by the hospital verifying a SSN was requested for a newborn. In those instances where the hospital does not provide the Form SSA - 2853 or documentation, a collateral contact to the hospital is acceptable.

If the household is unable to provide a SSN or proof of application for a SSN at its next review or within six months following the baby's birth, the worker must determine if the good cause provisions are applicable.

If it is determined that good cause does not exist, the child is an ineligible household member and must be set to "DI". The following example describes the procedure to follow at initial application:

Example:

The application date is March 10 and the four-month-old child in the household does not have a SSN. The system will pass the SSN criteria for the child and the application can be authorized.

In the review month of November, the system checks the child's age which is now greater than six months old. There must be a SSN or SS-5 date or the case fails. The child's participation must be set to "DI" for the benefit month of December and benefits authorized for the remaining household members, if otherwise eligible.

Participation While Awaiting Social Security Number

Once a SSN application has been filed, the member must be allowed to participate pending notification of that member's SSN.

Failure to Comply

If a household member has refused or failed without good cause to provide or apply for a SSN, that individual is ineligible to participate in the program. The disqualification applies to the individual for whom the SSN is not provided, not the entire household. The income and assets of the disqualified individual are counted as an ineligible household member. The correct participation code in TECS for these individuals is "DI".

Determining Good Cause

In determining if good cause exists for either failure to apply for a SSN or failure to provide a SSN, information from the household member and SSA must be considered.

SSA makes provisions for mailing an application in lieu of applying in person. Good cause does not include delays due to illness, lack of transportation or temporary absences.

If the household member can show good cause why an application for a SSN was not completed in a timely manner, that individual must be allowed to participate for one month in addition to the month of application. Good cause for failure to apply for a SSN must be shown monthly in order for the household member to continue to participate.

Ending Disqualification

The ineligible household member(s) may become eligible upon providing a SSN, which must be verified by the next review.

Use of Social Security Number

Workers are authorized to use SSN(s) in the administration of SNAP. Whenever possible, SSN(s) must be used to prevent duplicate participation, to facilitate mass changes in Federal benefits, and to determine the accuracy and/or reliability of information given by households.

Identity 430-05-20-60-15

(Revised 10/01/14 ML 3410)

View Archives

The identity of the individual making application must be verified. When an authorized representative applies on behalf of a household, the identity of **both** the authorized representative and the applicant must be verified.

Identity may be verified through readily available documentary evidence, or if this is unavailable, through a collateral contact. Any documents that reasonably establish the applicant's identity must be accepted and no requirement for a specific type of identity verification document may be imposed.

Acceptable documentary evidence includes but is not limited to:

- Driver's license
- A work or school identification.
- An identification card for health benefits, other assistance or social service program.
- Wage stubs
- Birth certificate
- Other Benefit interface in NDVerify

Residency 430-05-20-60-20

(Revised 01/01/04 ML2893)

View Archives

Residency must be verified.

Exception:

Unusual cases where verification of residency cannot reasonably be accomplished such as tents, cars, bridges, etc.

Eligible households are not required to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility.

Documents used to verify other factors of eligibility should normally suffice to verify residency as well.

If verification cannot be accomplished in conjunction with the verification of other information, the worker must use a collateral contact or other readily available documentary evidence. Any documents or collateral contact which reasonably establish the applicant's residency must be accepted and no requirement for a specific type of residency verification imposed.

Durational residency requirements are prohibited. Individuals in a county solely for vacation purposes are not considered residents.

A household must be living in the county in which it files an application for participation.

No individual may participate as a member of more than one household, or in more than one county or state in any one month.

Exception:

An individual who is a resident of an abuse shelter and was a member of a household containing the abuser.

The application must include both the mailing address (if there is one) and the physical address.

Disability 430-05-20-60-25

(Revised 01/01/04 ML2893)

View Archives

Disability is verified as follows:

1. Proof of eligibility for SSI, presumptive SSI or SSA disability payments.
2. A statement from the Veteran's Administration which clearly indicates that:
    a. The disabled individual is receiving Veteran's Administration disability benefits and that the disability is rated or paid at a 100% rate under Title 38 of the United States Code.
    b. The veteran or surviving spouse when in need of regular aid and attendance or permanently housebound under Title 38 of the United States Code is receiving VA disability benefits or a surviving child of a veteran who is considered by the VA to be permanently incapable of self support under Title 38 of the United States Code.
3. Use the SSA permanent disability list to verify that a surviving spouse or surviving child of a veteran considered by VA as entitled to compensation for a service connected death or pension benefit for a non-service connected death under Title 38 of the United States Code **and** has a disability considered permanent.

    If it is obvious that the individual has one of the listed disabilities, make a casefile notation. If the disability is not obvious, the household must provide a statement from a physician, licensed or certified psychologist certifying that the individual has one of the non-obvious disabilities listed.
4. Proof that an individual receives a Railroad Retirement disability annuity from the Railroad Retirement Board **and** has been determined to qualify for Medicare.

5. The individual is in receipt of aged, blind or disabled Medical Assistance benefits.

6. For companion households the individual must be age 60 or older, must have a permanent disability based on the SSA permanent disability list and unable to purchase food and prepare meals because of that disability. These individuals are considered disabled for purposes of this provision.

   If it is obvious that the individual is unable to purchase and prepare meals because they suffer from a severe physical or mental disability, even if it is not specifically mentioned on the SSA permanent disability list, the individual is considered disabled. Appropriate casefile notation must be made.

   If the disability is not obvious, obtain a statement from a physician or licensed/certified psychologist certifying (in the physician's/ psychologist's opinion) that the individual is unable to purchase and prepare meals because they suffer from one of the non-obvious disabilities listed, or some other severe, permanent physical or mental disease or non-disease related disability.

Gross Income 430-05-20-60-30

(Revised 10/01/14 ML 3410)

View Archives

1. The unearned income for all household members must be verified.
2. Gross earned income must be verified for the following individuals:
   a. Age 18 and older.
   b. Age 16 and older if not attending school at least half-time.

If the person or organization providing the income has failed to cooperate with the household and the worker, and all other sources of verification are unavailable, the worker must determine an amount based on the best available information provided by the household. The worker must document the attempt to verify income and the income used.

Actual income from the month of application **through the date of interview** must be verified and documented. Income for the remainder of the month must be established and documented based on client information and . This may include using verification of the last month's income if that is what the household anticipates for the first month of application.

If **all** income for the month of application is available prior to or on the interview date, that income must be used for the month of application. If the household anticipates a change, that change must be verified and used.

For all cases where income (both earned and unearned) is received either weekly or biweekly, income must be converted for benefit determination.

Biweekly is defined as receiving earnings every two weeks.

Example:

Individual receives a paycheck every other Monday.

To convert weekly earnings, total the weekly checks and divide by the number of checks (4 or 5) to arrive at the weekly average. The weekly average is then multiplied by 4.3.

To convert biweekly earnings, total the biweekly checks and divide by the number of checks (2 or 3) to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

Exception:

1. **Income conversion does not apply to self-employment income.**
2. **Income will not be converted when it is known that a household will not receive the income on each of the weekly or biweekly pay dates.**
3. **Income conversion does not apply to child support income as this income is base month budgeted.**

If tips, commissions, bonuses or incentives are paid weekly or biweekly and are included in the gross income on the weekly or biweekly paycheck or pay stub, they are converted.

If tips, commissions, bonuses or incentives are paid weekly or biweekly and are included on the paycheck or pay stub, but not in the gross income and the paychecks are received weekly or biweekly, they must be added to the gross income and converted.

If tips, commissions, bonuses or incentives are not paid weekly or biweekly, they are not converted. The tips, commissions, bonuses or incentives must be counted separately as earned income.

Examples:

1. **Cash tips received daily and reported monthly are not converted.**
2. **Tips paid in a separate check that is not paid weekly or biweekly are not converted.**
3. **Household applies for benefits on October 5th and is interviewed on October 17th. At the interview the household reports they are paid every week on Fridays and verifies all earnings received in September and October to the date of interview. September earnings were received on the 1st, 8th, 15th, 22nd and 29th. The household received paychecks on October 6th and 13th and will receive**

additional paychecks on October 20th and 27th. They state at the interview that they expect the October 20th and 27th paychecks to be the same as what they received on the October 6th and 13th paycheck. The October 6th and 13th paycheck must be totaled and divided by two. This amount must then be multiplied by 4.3 and used to determine eligibility and level of benefits for the month of October.

4. **Household applies for benefits on October 17 and is interviewed on October 26th. At the interview the household reports they are receiving biweekly unemployment benefits and verifies checks received on October 3rd and October 17th. The household will receive a third check on October 31st. Unemployment benefits are expected to continue. The October 3rd and October 17th checks must be totaled and divided by two. This amount must then be multiplied by 2.15 and used to determine eligibility and level of benefits for the month of October.**

5. **Household applies for benefits on January 15 and is interviewed on January 17. At the interview the household reports they are paid weekly, however, they only received three of four weekly paychecks in December due to the weather. The household does not know if they will receive all of the weekly earnings in February. Since it is not known whether the household will receive weekly earnings in February, the income must be converted. The three checks from December must be divided by three and then multiplied by 4.3.**

Deductible Expenses 430-05-20-60-35

(Revised 10/01/14 ML 3410)

View Archives

If obtaining verification of deductible expenses delays the household's certification or verification cannot be provided within 30 days of the date of application, the household must be advised that it's eligibility and benefit level will be determined without allowing a deduction for the unverified expense.

If the household subsequently provides the missing verification, the worker must act on the change and provide increased benefits.

The household is entitled to an underpayment of benefits **only** if the worker failed to allow the household sufficient time to verify the expense and/or failed to attempt to offer the household assistance in obtaining the verification.

The worker must document the request for verification of the following deductible expenses. **If they are not provided, do not allow the expense.**

There is no requirement that expenses be paid, only incurred.

Exception:
Child Support must be paid.

Types of Deductible Expenses

1. Rent
2. Mortgage Payment
3. Mobile Home Lot Rent

4. Condominium and Association Fees
5. Property Taxes
6. Homeowners Insurance
7. Legally Obligated/Actual Child Support Paid
8. Dependent Care Deduction
9. Medical Expenses
10. Utility Expenses

Questionable Information 430-05-20-60-40

(Revised 05/01/13 ML3365)

View Archives

Other than the mandatory verifications, workers must verify other factors of eligibility only if they are questionable and affect the household's eligibility or benefit level.

Information is considered questionable when the applicant makes inconsistent statements with what is listed on the application, previous applications, or information received by the worker.

A household's report of expenses that exceed its income may be grounds for a determination that further verification is required. However, this circumstance will not, in and of itself, be grounds for denial. The worker must explore with the household how it is managing its finances, whether the household receives excluded income or has assets, and how long the household has managed under these circumstances.

The following information must be verified if questionable along with any other household discrepancies:

1. **Assets** - At the time of the application interview, household assets must be explored. The worker must explain to all households what liquid and non-liquid assets are and the household's responsibility to report them.

   Asset information must be verified prior to certification **only if inconsistent** with other information on the application, previous application or other documented information known to the worker. If the applicant is unable to resolve the apparent inconsistency, the worker must then verify questionable information.

   a. Liquid Assets - Current bank statements, documents or collateral contact that support the household statements.

b. Non-Liquid Assets - Verification from local realtors, tax assessors or other knowledgeable sources can be used to verify non-liquid assets.

To receive TANF Information and Referral Services, a household must provide asset verification if questionable.

2. **Household Composition** - household size and boarder status.
3. **Citizenship** -Documents such as the following are suitable verifications of citizenship.

- Birth certificates
- Religious records
- Voter registration cards
- Passports
- Certificate of citizenship or certificate of naturalization
- TPQY – 'Verified with positive citizenship' or 'Verified with positive citizenship; Deceased' citizenship verification codes for Medicaid

If verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, a signed statement from someone who is a United States citizen must be accepted. Such a statement must read as follows:

"I declare under penalty of perjury that _____ is a United States citizen. It is my understanding that intentionally giving false information to help this person get SNAP benefits may result in a fine, imprisonment, or both."

The individual whose citizenship is in question is ineligible to participate until proof of United States citizenship is obtained. Until such time as proof is obtained, the individual's income and assets are treated as an ineligible (DI) household member.

Exception:

Verification of non-citizen status is not required for expedited service.

When information from another source contradicts statements made by the household, the household must be afforded a reasonable opportunity to resolve the discrepancy prior to an eligibility determination.

Elderly Households 430-05-20-65

(Revised 06/01/15 ML3440)

View Archives

If a household contains a member who is 59 years old on the date of application, but will become 60 before the end of the month of application, household eligibility is determined as age 60. The maximum shelter deductions do not apply to household's that contain members 60 years of age or older.

TANF Households 430-05-20-70

(Revised 01/01/04 ML2893)

View Archives

Households applying for TANF must be allowed to apply for SNAP benefits at the same time they apply for TANF benefits. The worker may, but is not required to conduct a single interview at initial application for both TANF and SNAP purposes.

The TANF household's SNAP eligibility and benefit level must be based solely on SNAP eligibility criteria, and the household must be certified in accordance with SNAP regulations.

TANF Application

Households applying for TANF who wish to apply for SNAP benefits must complete the SFN 405 - Application for Assistance.

Processing Standards for Combination TANF and SNAP Households

Action on the SNAP portion of the application must not be delayed nor the application denied because the TANF determination has not been made.

Expedited processing standards must be determined for any household applying for TANF and SNAP.

Denied TANF Application

If a household applies for TANF and SNAP benefits at the same time and the TANF application is denied, the SNAP application processing must be completed.

SSI Retroactive Eligibility 430-05-20-75-05

(Revised 01/01/04 ML2893)

View Archives

A resident of a group living arrangement, authorized by FNS or certified by Developmental Disabilities, not determined disabled will be denied SNAP. If the SNAP application is denied before the SSI determination is made or the individual has been denied SSI and the SSI application is later approved, the individual becomes eligible and entitled to SNAP benefits back to the date of SSI entitlement or the original SNAP application date, whichever is later.

A resident of a group living arrangement who was denied as stated above is retroactively entitled to the excess medical deduction and the uncapped shelter deduction from the approval date of the application.

Example:

An individual living in a group living arrangement applies for SNAP on July 1 and SSI on July 14. Because the SSI application decision is still pending at the end of the SNAP 30-day processing timeframe, the SNAP application is denied as the individual does not meet the disabled definition.

The SSI application is approved in September, retroactive to July 14. The individual is entitled to an underpayment for each month back to the date of SSI entitlement, July 14. Any excess medical deductions along with uncapped shelter expenses are allowed when determining the amount of the underpayments.

SSI Households Applying for SNAP at the SSA
430-05-20-75-10

(Revised 01/01/04 ML2893)

View Archives

Households in which all members are in receipt of or applying for Supplemental Security Income are permitted to file a SNAP application with the SSA at the same time the SSI application is filed.

Action by the SSA 430-05-20-75-15

(Revised 01/01/04 ML2893)

View Archives

Whenever a household consisting only of SSI applicants or recipients conducts business at a SSA office, the SSA is required to inform the household of:

1. The right to apply for SNAP at the SSA office without going to the SNAP office, **and**
2. The right to apply for SNAP at the county if it chooses to do so.

The SSA is required to accept and assist in completing any SNAP applications received at that office or contact stations and forward them, within one working day after receipt of a signed application, to the county of the applicant's physical residence.

If SSA sends a SNAP application and supporting documentation to the wrong county of physical residence, that county must, within one working day of receipt of the material, forward it to the proper county.

Form SSA-4233 - Transmittal for SNAP Application is used to transmit SSI recipient SNAP applications to counties. The transmittal form is self-explanatory.

Processing Timeframes 430-05-20-75-20

(Revised 01/01/04 ML2893)

View Archives

Two sets of timeframes for SSI households apply, one for households filing before their release from a public institution and a second for all other joint filing households.

1. **Households filing before release from a public institution** - Unless the household is eligible for expedited service, the eligibility determination must be made and benefits issued to eligible SSI households within 30 days following the date the household **is released from the institution.**

   Expedited processing timeframes begin on the date the household **is released from the institution.**

   The SSA must notify the county of the date of release from the institution. If for any reason, the county is not notified on a timely basis of the applicant's release date, the household is entitled to an underpayment back to the date of release.

2. **Other joint filing households** - Unless the household is eligible for expedited service, the eligibility determination must be made and benefits issued to eligible SSI households within 30 days following the date the application is received by the SSA.

   Expedited service timeframes begin on the date the application is received from the SSA, in the county office.

Household Contact Prohibited 430-05-20-75-25

(Revised 01/01/04 ML2893)

View Archives

After receiving an application from the SSA, the worker **must not** contact the household to obtain information for SNAP certification **unless**:

1. The application is improperly completed.
2. Mandatory verification is missing.
3. The worker determines that certain information on the application is questionable.

The applicant is not required to appear at the county to finalize the eligibility determination.

Expedited Service Prescreening 430-05-20-75-30

(Revised 01/01/04 ML2893)

View Archives

A county must prescreen **all** applications received from the SSA for expedited service entitlement on the day the application is received in the correct county. The expedited processing time standard begins on the date the application is received **at the county.**

SSA Telephone Application or Redetermination 430-05-20-75-35

(Revised 01/01/04 ML2893)

View Archives

If the SSA takes a combined SSI Application/Redetermination and SNAP Application by phone, the county cannot require the household be interviewed again or contact the household to obtain information. The SSA will mail the SNAP application to the claimant for signature and forward the application to the appropriate county.

Underpayments 430-05-20-75-40

(Revised 06/01/04 ML2921)

View Archives

The worker must issue an underpayment whenever the loss was caused by a worker error or by a SSA error through joint processing.

Example:

The loss of an applicant's SNAP application after it has been filed with SSA.

Categorical Eligibility 430-05-20-80

(Revised 10/01/10 ML3233)

View Archives

The following households are categorically eligible:

1. Any household in which ALL members receive TANF, including Diversion Assistance, Transition Assistance and Kinship Care. A TANF household remains categorically eligible if the only reason a child is not included in the monthly TANF grant is because of a benefit cap.

   Exception:

   For TANF Pay After Performance, since the Pay After Performance individual's needs are deducted from the grant, the individual is not considered categorically eligible based on receipt of TANF.

2. Any household in which ALL members receive SSI, including SSI presumptive eligibility benefits or 1619b.
3. Any household in which ALL members receive TANF and/or SSI.

   Exception:

   A TANF household remains categorically eligible if the only reason a child is not included in the monthly TANF grant is because of a benefit cap.

   Receipt of TANF and SSI benefits is defined as:

   a. a benefit that was authorized, but not received, or
   b. a benefit that was suspended, or
   c. a benefit that was recouped, or
   d. a benefit not paid because it was less than a minimum amount.

Automatic Asset and Income Test

Households in which ALL household members are in receipt of TANF, SSI, or a combination of TANF and SSI are categorically eligible and will automatically pass all asset and income tests in TECS. The income type of SI on the UNIN screen and/or participation of IN, in an open TANF case in Vision is used to determine categorical eligibility.

All eligible one and two person households are entitled to the minimum $16 monthly allotment.

> **Exception:**
>
> **If due to proration during the initial month, the benefit is less than $10, no benefit is issued.**

When a household's net income exceeds the level at which benefits are provided, the worker must deny the application using Notice F231 – Zero Benefit.

Non-Categorically Eligible Households

Households in which all members receive TANF and/or SSI that also include a member that is disqualified for fraud (DF) or a drug felony (DD) cannot be categorically eligible. The household will automatically pass the asset test but is subject to the 130% gross income test and 100% net income test.

TANF Information and Referral Services 430-05-20-85

(Revised 05/01/13 ML3365)

View Archives

Any household in which ALL members receive or are authorized to receive TANF Information and Referral Services are eligible as a TANF Information and Referral Services (TANF I & R) household. SNAP households receive TANF I & R services through the receipt of the DN 246 - TANF I & R brochure or the DN 405 - Application for Assistance Guidebook. All applicants and recipients are authorized and notified of these services by signing the SFN 405 - Application for Assistance or the SFN 407 - Application for Review. Both of these forms include a statement that if the household is eligible for TANF Information and Referral Services, the household has been notified and is authorized to receive TANF Information and Referral Services.

The county will provide individuals with information and referrals to various other agencies, programs, organizations and community/county resources that could be of benefit to the household (such as housing, Child Care Assistance, Salvation Army, Community Action, Job Services, Bureau of Indian Affairs, etc.).

Automatic Asset Test

TANF I & R households will automatically pass all asset tests in TECS based on participation codes.

Households must provide verification of assets if questionable, in order to receive TANF Information and Referral Services. If assets are questionable based on sound judgment of the worker and the household fails or refuses to provide verification, the household is not eligible for TANF Information and Referral Services.

If a household is not eligible for TANF I & R, verification of questionable assets is required. The worker must send Notice F240 – TANF Information

and Referral Service Denial and Notice F201 – Failure to Provide Information to the Household.

Exception:

Households with a member who is disqualified for work requirements (DW), a disqualified alien (DI), an ineligible ABAWD (DI), or failure to provide an SSN (DI) can remain TANF I & R eligible. The household must pass the asset test, 200% gross income test and the 100% net income test. Only the disqualified individual's assets are applied to the asset test.

However, if a household with a DW or DI member also includes a member that is elderly or disabled, the household must pass the asset test and 100% net income test. Only the disqualified individual's assets are applied to the asset test.

Income Test

TANF I & R households must pass the 200% gross income and 100% net income test based on household size. If the household fails the 200% gross income or 100% net income test, the worker must deny the application using the F207 - Excess Income notice. When a household's net income exceeds the level at which benefits are provided, the worker must deny the application using Notice F231 – Zero Benefit.

Exception:

If the TANF I & R household fails the 200% gross income test and includes an elderly or disabled household member, the household is not considered a TANF I & R household and must be tested a second time under regular SNAP rules. Regular SNAP rules require these households to pass the asset test and 100% net income tests only.

If the household fails the asset test, the worker must deny the application using the F208 – Excess Assets. If the household passes the asset test but fails the net income test, the worker must deny the application using the F207 – Excess Income.

Non-TANF I & R Households

Households with a member who is disqualified for fraud (DF) or a drug felony (DD) are not TANF I & R eligible. The household must pass the asset test, 130% gross income test and 100% net income test. All household members' assets are applied to the asset test.

Review Periods at Application 430-05-20-95

(Revised 06/01/09 ML3182)

View Archives

Review periods, conforming to calendar months, must be assigned to all eligible households. At initial application, the first month of the review period will generally be the month in which the application is filed.

Simplified reporting households will be certified for 6 months with an interview required at 12 month review.

Exception:

Simplified reporting households with all elderly or disabled members and no earned income will be certified for 12 months with an interview required at 12 month review.

Notice Requirements 430-05-20-100

(Revised 11/01/07 ML3111)

View Archives

When appropriate send the following notices:

Pending

F301 - Additional Information

F302 - Information Over 30 Days/Worker Delay

Approvals

F100 - Expedited Approval for 1 Month with Postponed Verification

F101 - Expedited Approval for 2 Months with Postponed Verification

F102 - Initial Application Approval

F105 - Expedited Approval for Migrants 2 Months Cert Out-of-State Information Needed

Denials

F201 - PI - Failure to Provide Information

F202 - IN - Failure to Complete Interview

F203 - RS - Residency

F206 - CI - Alien Status

F207 - EI - Excess Income

F208 - EA - Excess Assets

F209 - FA - Fraud Action

F210 - RW - ABAWDS Non-Compliance

F213 - OT - Other Reasons

F214 - AW - Application/Review Withdrawn

F219 - DR - Felony Drug Disqualification

F220 - AS - Receiving Assistance in Another State

F223 - OJ - Work Requirements
F224 - SE - Student Eligibility Criteria
F225 - BE - Non-Compliance Denial with BEST
F226 - SH - Not a Separate Household
F231 - ZB - Zero Benefit
F240 - PI - TANF Information and Referral Services
F241 - QC - QC Review Non-Compliance
F242 - FD - Receiving Tribal Commodities
F243 - AI - In an Institution

Dual Participation 430-05-25-05

(Revised 11/01/04 ML2941)

View Archives

An individual cannot participate in SNAP in any month when they have received benefits in the following:

- Another state.
- Another county.
- Another case.
- Commodities from the Food Distribution Program.

Exceptions:

1. **Currently certified SNAP members who enter a designated abuse shelter may apply and be eligible for SNAP benefits in the same month provided that the original certified household contained the abuser. Abuse shelter residents may receive an additional benefit as a separate household only once a month. A new application and case number is required. For all household members in a shelter who have already received a benefit, the participation code in TECS is (SH).**
2. **Households may choose to receive commodities when the SNAP benefit is zero due to proration. If eligible for commodities, the household can be certified for one month only.**
3. **Individuals disqualified from participation in SNAP for a reason other then IPV or court conviction of fraud may be eligible to participate in the Food Distribution Program.**

Non-Separate Household Status 430-05-25-15

(Revised 05/01/13 ML3365)

View Archives

The following must be considered a single SNAP household and **must not be** granted separate household status even if they do not purchase and prepare meals together:

1. A group of individuals who live together and customarily purchase food and prepare meals together for home consumption. Members of this group can be granted separate household status during a review period, if they report a change in how food is purchased and prepared and they meet separate household status.

   Exception:

   Residents of group homes, treatment centers, abuse shelters or homeless shelters.

2. Spouses who live together, even if they do not purchase food and prepare meals together.
3. Parent(s) (regardless of age or marital status) and their natural, adopted, or stepchildren under 22 years of age, even if they do not purchase food and prepare meals together.

   An individual is considered to be age 22 the entire month in which they turn age 22.

   Exception:

   When parents have joint custody, the child(ren) are included in the SNAP case of the parent the child(ren) eat a majority of their meals with (over 50% of three meals daily). When parents have 50-50 custody, and the child(ren) truly spend 50 percent of their time with each parent, the child(ren) are included in the SNAP case of the parent that applies first.

The determination of where the child(ren) eat a majority of their meals is based on documented discussion with the parent. If questionable, further verification is required.

4. Individuals under 18 years of age who live with and are under the parental control of a person other than their parent, even if they do not purchase food and prepare meals together.

   Exception:

   Foster care child(ren)/adults including PATH, subsidized guardianship, Casey Foundation and non-TANF Kinship Care individuals may participate with the household they are residing with at the household's request. These individuals cannot participate separately from the household they are residing with.

   A household does not have the option of including TANF Kinship Care children. TANF Kinship Care children must be included in the household.

5. Adult siblings (age 18 or older) who live together or adult children (age 22 or older) who live with their parents **if** they purchase and prepare meals **together**.

   An individual is considered to be age 22 the entire month in which they turn age 22.

Exception:

Individuals who live with the household (regardless of relationship) who do not eat the majority of their meals (over 50% of three meals daily) as a part of that household.

Examples:

1. **Over the road truck drivers or salespersons, who have no separate residence and return home on the weekends, but are out of the home during the week and eat the majority of their meals away from home.**

2. **A child who is attending school in another community and is only home on weekends.**

Separate Household Status 430-05-25-20

(Revised 06/01/09 ML3182)

View Archives

The following **must be** granted separate household status:

1. An individual living alone.
2. An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others. Members of this group can be granted separate household status during the review period, if they report a change in how food is purchased and prepared and they meet separate household status.
3. Adult siblings (age 18 or older) who live together and adult children (age 22 or older) who live with their parents **if** they purchase and prepare meals **separately**.

   An individual is considered to be age 22 the entire month in which they turn age 22.

4. A companion household - An individual who is 60 years of age or over, living with others (and the spouse of such individual) who is unable to purchase food and prepare meals because they are permanently disabled or suffer from a severe, permanent disability.
5. A homeless individual, including a resident of a public or private non-profit shelter.
6. Residents of any federally subsidized housing for the elderly.
7. Narcotic addicts or alcoholics and their children under age 22 who live together for the purpose of regular participation in a drug or alcohol

   Prior to certifying any residents for SNAP, the worker must verify that the treatment center is authorized by FNS as a retailer or is certified by the Department of Human Services, Substance Abuse Services Unit, including a determination that the center is a non-profit organization.

An individual is considered to be age 22 the entire month in which they turn age 22.

8. Disabled or blind individuals who are residents of a group living arrangements.

   The worker must verify that the group home is authorized by FNS or is certified by Developmental Disabilities. Contact Developmental Disabilities at 328-8932 for certification purposes and Regional Human Service Centers for non-profit status.

9. Individuals temporarily residing in a public or private non-profit abuse shelter.

   The worker must verify that the shelter is a public or private non-profit abuse shelter.

Optional Household Status 430-05-25-25

(Revised 06/01/09 ML3182)

View Archives

The following individuals **may** participate with the household they are residing with at the household's request. These individuals cannot participate separately from the household they are living with.

1. Boarders. An individual paying less than a reasonable amount for board must not be considered a boarder but is considered a member of the household providing the board. Boarders are not considered a resident of an institution.

    a. For individuals whose board arrangement is for more than two meals per day, reasonable compensation must be an amount that equals or exceeds the maximum SNAP allotment for the appropriate size of the boarder household.

    b. For individuals whose board arrangement is for two meals or less per day, reasonable compensation must be an amount that equals or exceeds two thirds of the maximum SNAP allotment for the appropriate size of the household.

2. Foster Care Child(ren) or Adults, including PATH, Subsidized Guardianship, Casey Foundation and non TANF Kinship Care individuals. These individuals are considered a boarder for SNAP purposes.

    A household does not have the option of including TANF Kinship Care children. TANF Kinship Care children must be included in the household.

Household Composition Chart 430-05-25-30

(Revised 01/01/04 ML2893)

View Archives

LIVING SITUATION	HOUSEHOLD COMPOSITION	
	PURCHASE AND PREPARE MEALS TOGETHER	**PURCHASE AND PREPARE MEALS SEPARATELY**
1. Parent(s) with child 22 years old or older	1 Household*	Household 1 - Parent(s) Household 2 - Child
2. Parent(s) with child 21 or younger (Child not married nor a parent)	1 Household*	1 Household*
3. Parent(s) with child 21 or younger (Child married and/or a parent & spouse and/or minor child reside in household)	1 Household*	1 Household*
4. Parent(s) with two children, age 22 & 18 (Neither child		Household 1 - Parent(s)/1

married nor a parent)	1 Household*	8 year old Household 2 - 22 year old
5. Parent(s) with two children, age 22 & 18 (18 year old has spouse/minor child in household)	1 Household*	Household 1 - Parent(s)/18 year old/minor child Household 2 - 22 year old
6. Adult (not parent) and child, age 17 (Adult is supporting 17 year old, no other household members)	1 Household*	1 Household* - Parental Control Rule
7. Adult (not parent) and 18 year old (Adult has only income in household)	1 Household*	Household 1 – Adult Household 2 - 18 year old
8. Adult (not parent) and child, age 17 (Adult is supporting 17 year old, 17 year old has spouse/minor child in household)	1 Household*	1 Household* - Parental Control Rule
9. Brother & sister, both over age 18 (Brother has only		Household

income, no other household members)	1 Household*	1 – Brother Household 2 – Sister
10. Brother age 20 & sister age 16 (Brother is supporting 16 year old, no other household members)	1 Household*	1 Household* - Parental Control Rule
11. Brother age 20 & sister age 16 (Brother has only income, sister has spouse/minor child residing in household)	1 Household*	1 Household* - Parental Control Rule
12. Parent(s) with child 21 years old and child's spouse 22 years old	1 Household*	1 Household*
13. Parent(s) with child 22 years old and child's spouse 18 years old	1 Household*	Household 1 - Parent(s) Household 2 - 22 year old and spouse age 18
14. Brother and sister both under age 18,		Household 1 - Brother

both are working - no parental control	1 Household*	Household 2 - Sister

* 1 Household - All members in the household must be included in one SNAP household.

Non-Household Members 430-05-25-35

(Revised 10/01/14 ML 3410)

View Archives

The following individuals residing with a household **must not** be considered household members when determining the households' eligibility or benefit. The non-household member must be excluded from the household while determining household size. Correct participation codes for these individuals on SSDO are listed.

1. **Boarders including foster care individuals.** When the household providing the boarder service has not requested that the individual(s) be included as a member of the household. (OU)
2. **Individuals who live with the household** (regardless of relationship) who do not eat the majority of their meals (over 50% of three meals daily) as a part of that household. (OU)

   Examples:

   1. **Over the road truck drivers or salespersons, who have no separate residence and return home on weekends, but are out of the home during the week and eat the majority of their meals away from home.**
   2. **A child who is attending school in another community and is only home on weekends.**
3. **Live-in attendants.** Individuals who reside with a household to provide medical, housekeeping, child care, or similar personal services. (OU)
4. **Residents of a institution .** Including those in prison, jail, work release, state hospital, developmental centers and those on approved leave that have not been discharged and residents of Burdick Job Corp. (OU)

The State Office will perform a computer match comparing the TECS active SNAP caseload with the Social Security Administration's State

Verification and Exchange System (SVES). The State Office will notify a worker of any match.

5. **Roomers.** Individuals to whom a household furnishes lodging, but no meals, for compensation. (OU)
6. **Students.** Individuals enrolled in an institution of higher education that are ineligible because they fail to meet the student eligibility criteria. (OU)
7. **Supplemental Security Income recipients in "cash-out" states.** The only Supplemental Security Income cash out state is California. (OU)
8. **Others.** Other individuals who share common living quarters with the household but do not customarily purchase and prepare meals with the household. (OU)

Example:

If the applicant household shares living quarters with another family to save rent, but does not purchase and prepare food together with that family, the members of the other family are not members of the applicants household.

Work Requirements

Work Requirements for participation do not apply to non-household members.

Treatment of Assets

The assets of non-household members are excluded while determining household eligibility and benefit level.

Exception:

Assets owned jointly by an eligible household member and a non-household member are counted in their entirety to the SNAP household.

Treatment of Income

The income of a non-household member living with a household is not considered in determining eligibility or level of benefits of the household, **unless** the non-household member makes the money available to the other household members.

When a non-household member makes money available (e.g. deposit to joint account) from a **countable income** source to other household members, it is counted as unearned income.

1. The net earned income of the non-household member is the portion counted as unearned income when the non-household member is making all of their earned income available to the household.
2. Cash payments from any countable income source made to the household by the non-household member are treated as unearned income to the household.
3. When the earned income of a non-household member and other household members is combined into one wage, the income is determined as follows:
   a. If the household's share can be identified, count the portion due to the household as earned income.
   b. If the household's share cannot be identified, prorate the earned income among individuals earning the combined wage. The portion of the prorated amount is counted as earned income.

Treatment of Expenses

If the household shares deductible expenses with the non-household member, **only** the amount actually paid by or billed to the SNAP household is deducted as a household expense. If deductible expenses cannot be separated they are prorated evenly among the individuals making the payments and only the household's pro rata share allowed.

Exception:

The appropriate utility standard must not be prorated. The household is entitled to the entire standard.

Excluded Household Members 430-05-25-40

(Revised 06/01/15 ML3440)

View Archives

The following individuals residing with a household **must be** excluded from the household when determining the household's size for purposes of assigning a benefit level. Correct participation codes for these individuals on SSDO are listed.

Excluded household members may not participate as separate households.

1. **Drug Felony.** Individuals convicted of Federal or State felonies for possession, use, or distribution of illegal drugs are ineligible to participate in the program, when the act occurred after August 22, 1996. (DD)
2. **Sale of a Controlled Substance Involving SNAP Benefits.** An individual found by a Federal, State, or local court to have used or received SNAP benefits, in a transaction involving the sale of a controlled substance. (DF)
3. **Fleeing Felons, Parole or Probation Violators.** Fleeing felons (charged with or convicted of any felony), parole or probation violators are ineligible to participate in the program. (DF)
4. **Ineligible aliens.** Individuals who do not meet the citizenship or eligible alien status, and those who do not attest to citizenship or alien status at the time of application. Among those excluded are alien visitors, tourists, diplomats and students who enter the United States temporarily with no intention of abandoning their residence in a foreign country. (DI)
5. **Intentional program violation disqualification.** Individuals disqualified because they have been found guilty of IPV. (DF)
6. **Social Security Number disqualified.** Individuals disqualified for failure to provide a Social Security Number. (DI)
7. **Work Requirements.** Individuals disqualified because they failed to comply with the Work Requirements, comparable work requirements

for Job Opportunities and Basic Skills (JOBS) or Basic Employment Skills Training Program (BEST) (DW).

8. Able Bodied Adults Without Dependents must be coded as (DI).
9. **Duplicate Benefits.** Individuals convicted of attempting to receive duplicate benefits because they made a fraudulent statement regarding their identity or place of residence after September 22, 1996. (DF)
10. Disqualified from participation in the Food Distribution Program. Individuals disqualified from participation in the Food Distribution Program for an IPV may not participate in SNAP until the disqualification period expires. (DI)
11. **Sale of Firearms, Ammunition, or Explosives Involving SNAP Benefits.** Individuals found by a Federal, State, or local court to have used or received SNAP benefits in a transaction involving the sale of firearms, ammunition, or explosives. (DF)
12. **Benefits.** Individuals convicted by a Federal, State, or local court of trafficking benefits for an aggregate amount of $500 or more. Aggregating involves the accumulation of separate dollar amounts for separate but related trafficking offenses leading up to a conviction. (DF)

Work Requirements

Work requirements for participation do not apply to excluded household members.

Exception:

Individuals that are excluded from participation for failure to comply with work requirements must comply or become exempt.

Treatment of Assets

The assets of excluded household members are counted in their entirety to the remaining household members.

Treatment of Income

The countable income of excluded household members is considered available in its entirety to the remaining household members according to the following:

1. Count all of the income of members disqualified because of:

   a. A drug felony conviction.
   b. Sale of a controlled substance involving SNAP benefits.
   c. A feeling felon charge or conviction, or a probation violation.
   d. SNAP IPV.
   e. SNAP work requirement.

   Exception:
   Ineligible ABAWDS

   f. A conviction for attempting to receive duplicate benefits.
   g. Sales of firearms, ammunition, or explosives involving SNAP benefits.
   h. A conviction for trafficking benefits.

2. Count a prorated share of the income of:

   a. An ineligible alien.
   b. An individual who fails to meet the SSN requirement.
   c. An ineligible ABAWD.
   d. An individual who has been disqualified from the Food Distribution Program (Tribal Commodities) for an IPV.

   TECS prorates the income of the ineligible household member by dividing the income by the total number of household members (including the ineligible household member). All but the ineligible

household members share is counted as income for the remaining household members. When the excluded household member has earned income, the 20% earned income deduction is applied in its entirety to the prorated share of the remaining household members. TECS performs this calculation based on the participation codes of household members.

Treatment of Expenses

Expenses of excluded household members are allowed as follows:

1. Allow all the expenses of members disqualified because of:

   a. A felony drug conviction.

   b. Sale of a controlled substance involving SNAP benefits

   c. A fleeing felon charge or conviction, or a probation violation.

   d. SNAP IPV.

   e. SNAP work requirement.

   Exception:
   Ineligible ABAWDS

   f. A conviction for attempting to receive duplicate benefits.

   g. Sale of firearms, ammunition, or explosives involving SNAP benefits.

   h. A conviction for trafficking benefits.

2. Allow a prorated share of allowable child support, shelter and dependent care expenses that are paid by or billed to the following individuals. If the following individuals are elderly or disabled, medical expenses paid by or billed to them are not allowable and the household is subject to the shelter expense maximum.

   a. An ineligible alien.

b. An individual who fails to meet the SSN requirement.

c. An ineligible ABAWD.

d. An individual who has been disqualified from the Food Distribution Program (Tribal Commodities) for an IPV.

That portion of the household's allowable child support, shelter and dependent care expenses that are paid by or billed to the excluded household member are divided evenly among the household members including the excluded member. In order for the TECS system to prorate expenses that are billed to or paid by the excluded household member, the expenses must be listed by the excluded household member. All but the excluded member's share is allowed as a deductible expense for the remaining household members. TECS performs this calculation based on the participation codes of household members.

Exception:

If the appropriate utility standard is paid by or billed to the excluded household member the entire expense is allowed.

Boarders Including Foster Care Individuals 430-05-30-05

(Revised 07/01/05 ML2972)

View Archives

Households providing boarder or foster care service have the option of choosing whether or not to include these individuals as household members.

Exception:

1. **Boarder status must not be granted to any of the following:**
   a. **A spouse of a member of the household.**
   b. **Children under 18 years of age if under the parental control of a member of the household.**
   c. **Parents who reside with their natural, adopted, or stepchildren if the child is under 22 years of age.**
   d. **Children, under 22, if residing with their parents.**
2. **Households with TANF Kinship Care child(ren) do not have the option of including the child(ren). The child(ren) must be included as part of the household.**

Treatment of Assets

When the boarder/foster care individual is **not** included in the household, the individual's assets are not counted.

When the boarder/foster care individual **is** included in the household, the individual's assets are counted.

Treatment of Income

When the boarder/foster care individual is **not** included in the household, the individual's income is **not** counted. Foster care payments made to the

household are **not** counted as income. Payments made by the boarder to the household providing the service are counted as .

When the boarder/foster care individual **is** included in the household, the individual's income **is** counted. Foster care payments made to the household are counted as unearned income including tribal, Casey Foundation, Subsidized Guardianship Project, Professional Association of Treatment Homes (PATH) and Kinship Care.

Treatment of Expenses

When the boarder/foster care individual is **not** included in the household, the individual’s expenses are **not** allowed as a deduction.

When the boarder/foster care individual **is** included in the household, the individual’s expenses **are** allowed as a deduction.

Drug Addiction/Alcohol Treatment/Rehabilitation Program 430-05-30-10

(Revised 06/01/15 ML3440)

View Archives

An individual and their children under 22 years of age who reside with them at a drug or alcohol treatment center on a resident basis are certified as a separate household.

Exception:

Narcotic addicts or alcoholics who live under the supervision of a private nonprofit institution, or a publicly operated community mental health center for the purpose of regular participation in a treatment program are considered individual households.

Prior to certifying any residents for SNAP, the county must verify that the treatment center is authorized by FNS as a retailer or the center must provide evidence that it is tax exempt and certified by DHS, Substance Abuse services Unit as:

- Receiving funding under part B of title XIX; or
- Eligible to receive funding under part B of title XIX even if no funds are being received; or
- Operating to further the purposes of part B of title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics.

Centers must provide the county with a monthly 'SFN-202 Group Homes and Drug/Alcohol Treatment Centers Monthly Listing' of currently participating residents. The SFN - 202 must be signed by a responsible center official attesting to the validity of the list. Additionally, the county must make periodic random on-site visits to assure the accuracy of the listing and that county records are consistent and up-to-date. These random onsite visits must be conducted at least annually and the following information must be submitted to the State office:

- Date of the visit.

- Name of the individual conducting the onsite visit.
- Name of the center visited.
- Name of the individual at the center that assisted in the onsite visit.
- The accuracy of the monthly list supplied by the center. If a discrepancy is identified it must be included in the report to the State office.

Treatment/Rehabilitation Center Responsibilities

1. Each authorized center must provide the county with a monthly SFN - 202 Group Homes and Drug/Alcohol treatment centers Monthly Listing of currently participating residents signed by a responsible center official attesting to the validity of the list. The listing must include the following identifiable information for each individual participating in the program and additional information for individuals who leave the facility:

    - Individual's first and last name.
    - SSN
    - Case Number
    - Any changes required to be reported.
    - Date the individual left the center.
    - Amount of SNAP benefits returned to the individual upon their departure.

    When the monthly SFN-202 is received, the county is responsible to:

    a. Verify that the client's case status is appropriate as reported by the center.
    b. Make any appropriate changes to the case based on the information reported by the center.
    c. Validate that the correct amount of benefits have been credited to the client's EBT account.
    d. Complete SFN 788 – Group Living Arrangement and Drug/Alcohol Treatment Center Report. This report lists the facilities in which a client currently resides or had resided at some time during the quarter.

e. Make a copy of the SFN – 202 Group Homes and Drug/Alcohol Treatment Centers Monthly listing received from each facility to attach to the SFN 788 which is due quarterly to the State SNAP office.

2. The county must conduct periodic random on-site visits to assure the accuracy of the list and that the county's records are consistent and up-to-date. These reviews must be conducted at least annually using SFN 450 – County Social Service Office On-Site Review Report, which is then sent to the State SNAP Office.

3. Once the individual leaves the center, the center is no longer allowed to act as that individual's authorized representative.

4. The treatment center must give the individual their EBT card when they leave the center.

5. If the individual leaves the center after benefits have been issued and no benefits were spent, the center must provide the individual with the full month's benefit. This applies at any time during the month.

   If the individual leaves the center prior to the 16th day of the month and some or all of the benefits have been spent, the treatment center must provide the individual with their EBT card and one half of the individual's monthly benefit.

   If the individual leaves on or after the 16th day of the month, the EBT card and all remaining benefits must be returned to the individual.

6. If the individual leaves the center unannounced, the center must, at the end of the month, return the individual's EBT card and remaining benefits to the county along with identifying information from the individual.

7. The center is responsible for any misrepresentation of facts as it relates to residents. The center is liable for all misuse of SNAP benefits.

Treatment of Assets

Assets of an individual and their children under 22 years of age are counted.

Treatment of Income

Income of an individual and their children under 22 years of age is counted.

Treatment of Expenses

Expenses of an individual and their children under 22 years of age are allowed as a deduction.

Group Home Living Arrangement 430-05-30-15

(Revised 10/01/14 ML 3410)

View Archives

For SNAP eligibility, a resident of a group home must be blind or disabled as defined in the definition of disabled.

Prior to certifying any residents for SNAP, the county must verify that the group home serves no more than 16 individuals, is authorized by FNS as a retailer, or is certified or licensed by Developmental Disabilities (328-8932) or Regional Human Service Centers, including a determination that the center is a nonprofit organization.

Group homes must provide the county with a list of currently participating residents on a monthly basis. The list must include a statement signed by a responsible center official attesting to the validity of the list. Additionally, the county must make periodic random on-site visits to assure the accuracy of the listing and that county records are consistent and up-to-date. These random onsite visits must be conducted at least annually and the following information must be submitted to the State office:

- Date of the visit.
- Name of the individual conducting the onsite visit.
- Name of the group home visited.
- Name of the individual at the group home that assisted in the onsite visit.
- Number of individual's living in the group home.
- The accuracy of the monthly list supplied by the group home. If a discrepancy is identified it must be included in the report to the State office.

Group Home Responsibilities

1. Each authorized group home must provide the county with a monthly SFN-202 Group Homes and Drug/Alcohol Treatment Centers Monthly Listing of currently participating resident including a statement signed by a responsible group home official attesting to the validity of the list. The listing must include the following identifiable information for each individual participating in the program and additional information for individuals who leave the group home:

    - Individual's first and last name.
    - SSN
    - Case Number
    - Any changes required to be reported.
    - Date the individual left the group home.
    - Amount of SNAP benefits returned to the individual upon their departure.

    When the monthly SFN-202 is received, the county is responsible to:

    a. Verify that the client's case status is appropriate as reported by the center.

    b. Make any appropriate changes to the case based on the information reported by the center.

    c. Validate that the correct amount of benefits have been credited to the client's EBT account.

    d. Complete the SFN 788 – Group Living Arrangement and Drug/Alcohol Treatment Center Report. This report lists the facilities in which a client currently resides or had resided at some time during the quarter.

    e. Make a copy of the SFN-202 Group Homes and Drug/Alcohol Treatment Centers Monthly Listing received from each facility to attach to the SFN 788 which is due quarterly to the State SNAP office.

2. The county must conduct periodic random on-site visits to assure the accuracy of the list and that the county's records are consistent and up-to-date. These reviews must be conducted at least annually using SFN 450 – County Social Service Office On-Site Review Report, which is then sent to the State SNAP Office.
3. Once the individual leaves the group home, the group home is no longer allowed to act as that individual's authorized representative.
4. The group home must give the individual their EBT card when they leave the group home.
5. If the individual leaves the group home after benefits have been issued and no benefits were spent, the group home must provide the individual with the full months benefit. This applies at any time during the month.

   If the individual leaves the group home prior to the 16th day and some or all of the benefits have been spent, the group home must provide the individual with their EBT card and one half of the individual's monthly benefit.

   If the individual leaves on or after the 16th day of the month their EBT card and all remaining benefits must be returned to the individual.

6. If the individual leaves the group home unannounced, the group home must at the end of the month return the individual's EBT card and remaining benefits to the county along with identifying information for the individual.
7. The group home is responsible for any misrepresentation of facts as it relates to residents. The group home is liable for all misuse of SNAP benefits.

Treatment of Assets

Assets of an individual are counted.

Treatment of Income

Income of an individual is counted.

Treatment of Expenses

For residents who have a single payment for meals and lodging, the amount of the payment that exceeds the Thrifty Food Plan must be allowed as a shelter deduction.

> **Example:**
>
> **A resident is charged a single charge of $350 for meals and lodging, $156 ($350 – $194 Thrifty Food Plan) is used as a shelter deduction.**

If a resident has a separate identifiable payment for room charges, that amount must be allowed as a shelter deduction.

Abuse Shelters 430-05-30-20

(Revised 01/01/04 ML2893)

View Archives

Residents of public or private non-profit abuse shelters may use their SNAP benefits to purchase meals prepared for them by the shelter or use SNAP benefits at retail food stores. A shelter providing meals must be authorized by FNS as a retailer. The shelter should have a current certificate from the Internal Revenue Service, which verifies non-profit status.

Prompt action must be taken to ensure that the former household's eligibility reflects the change in that household's composition.

Treatment of Assets

Assets that are solely owned are counted.

If assets are jointly owned with members of the former household and access is dependent on the agreement of that joint owner they are not counted.

Income of a former household member that is deposited into a joint account is considered an asset.

Exception:

If access is dependent on the agreement of the former household member, it is not counted.

Treatment of Income

Income that is solely owned is counted.

Income of any other former household member is not counted.

Treatment of Expenses

Current expenses of the individual are allowed as a deduction. The expenses of the former household are not allowed.

Federally Subsidized Housing for the Elderly
430-05-30-25

(Revised 01/01/04 ML2893)

View Archives

Residents of federally subsidized housing for the elderly must be granted separate household status.

Treatment of Assets

Assets of an individual are counted.

Treatment of Income

Income of an individual is counted.

Treatment of Expenses

Room costs that can be separately identified are allowable shelter expenses. Any portion of room costs that are paid by HUD are not allowable.

Any amount identified as being for meals cannot be allowed as a shelter expense.

If the amount the resident pays for room and meals is combined into one amount, the amount which exceeds the thrifty food plan for the household size is allowed as a shelter expense.

Medical costs that can be separately identified are allowable medical expenses.

If the amount the resident pays for medical and shelter costs cannot be separately identified, no expense is allowed.

Companion Household 430-05-30-30

(Revised 10/01/14 ML 3410)

View Archives

An elderly **and** disabled individual living with another household because they are unable to purchase and prepare their own meals may be granted separate household status. The companion household is the household the elderly and disabled household member lives with.

Gross Monthly Income Limits for Companion Households

Verification of monthly gross income for both the companion household and the elderly and disabled household member must be verified. The gross income of the companion household must meet the following gross income limits for their appropriate household size without regard to the elderly and disabled household member. If the gross income of the companion household is within the gross income limits, eligibility and level of benefits is based solely on the elderly and disabled household members income and assets.

Example:

An elderly and disabled individual lives with another household consisting of mom, dad and two children. In determining eligibility for the elderly and disabled individual the worker must verify the gross monthly income of dad, mom and two children and compare that to the gross income limit for a family of four based on the table ($3,280). If gross monthly income for the family of four is $3,280 or less, then eligibility and level of benefits for the elderly and disabled individual is based solely on the elderly and disabled individual's income and assets.

HH Size	Maximum Income	HH Size	Maximum Income

1	$1,605	5	$3,838
2	2,163	6	4,396
3	2,722	7	4,955
4	3,280	8	5,513
	Each Additional Member		+559

Striker 430-05-30-35

(Revised 01/01/04 ML2893)

View Archives

A household must not receive an increased allotment as a result of a decrease in income of a striking member of the household. Households with striking members are ineligible to participate in SNAP **unless** the household would have been eligible for benefits the day prior to the strike.

Exceptions:

1. **Individuals who go on strike that are exempt from work requirements the day prior to the strike, other than those exempt because they are employed.**

   Example:

   An individual with a child under the age of six.

2. **Employees whose workplace is closed by an employer in order to resist demands of employees.**

   Example:

   A lockout.

3. **Employees unable to work as a result of striking employees.**

   Example:

   Truck drivers who are not working because striking newspaper pressman prevent newspapers from being printed.

4. **Employees who are not part of the bargaining unit on strike and who do not want to cross a picket line due to fear of personal injury or death.**

Eligibility must be determined by comparing the striking member's income the day before the strike to the striker's current income and using the higher of the two. To determine benefits, deductions are calculated the same as any other household.

Striker households are subject to the work requirements, unless otherwise exempt.

An employee of a Federal, State, or local government who participates in a strike against their governmental employer, or is dismissed from a job because of participation in the strike, is considered to have a job without good cause.

Students in Higher Education 430-05-30-40

(Revised 10/01/14 ML 3410)

View Archives

A student is an individual enrolled in an institution of higher education at least halftime.

This section does **not apply** to individuals:

- Under the age of 18 (through the month the individual turns 18)
- Age 50 or older (effective the month an individual turns 50)
- Physically or mentally unable to work.

  If an individual claims that they are physically or mentally unable to work and it is not evident, verification is required. Verification may consist of an application for or receipt of temporary or permanent disability benefits issued by a government or private source, individuals who are accepted and actively involved in services through Vocational Rehabilitation, including Veteran's Vocational Rehabilitation a statement from a physician, or a statement from a licensed or certified psychologist.

- Attending high school or working to obtain a GED.
- Participating in on-the-job training programs, including refugee training programs
- Not attending school at least half-time.
- Enrolled full-time in a school or training program which is not an institution of higher education.

Student status applies to individuals:

- Between the ages of 18 and 50.
- Physically or mentally able to work.

- Enrolled at least half time in an institution of higher education (defined by the institution).

Student's that have purchased a meal plan for more than half of their daily meals are not eligible to participate. This includes students living on or off campus.

Student status must be verified (class schedule or other verification from the institution). A student **is ineligible** to participate and considered a non-household member (OU) **unless** they comply with one of the following eligibility requirements:

1. Employed a minimum of 20 hours per week averaged monthly and paid for such employment. If an individual is self-employed, they must be employed a minimum of 20 hours per week averaged monthly and receive weekly earnings at least equal to the Federal minimum wage multiplied by 20 hours.

2. Approved for state or federally financed work-study for the school term and the student must anticipate actually working during that time. School term is defined as the school year for this provision.

   The exemption begins with the month the school term begins or the month work-study is approved, whichever is later. The exemption will continue until the end of the month the school term ends or it becomes known that the student has refused an assignment.

   The exemption does **not** continue between terms when there is a break of a full month or longer unless the student is participating in work-study during the break.

3. Physically responsible for the care of dependent household member(s) under the age of six residing with the household. The dependent household member(s) **do not** need to be participating in the same SNAP household. Only one member may claim an exemption as the primary person responsible for the care of dependent(s) when the responsibility is shared.

   The exemption for the primary care giver can be changed during the household's review period.

Example:

A household consists of a single parent and her seven year old child, as well as two foster children, ages three and five. Mom has elected to exclude the foster children from her SNAP household. The income and resources of the foster children are not counted in the SNAP budget and the children are not included in the household size determination.

Mom is a full time student and considered and ineligible student as she is not employed 20 hours per week averaged monthly or participating in a state or federally financed work study program during the regular school year. However, because there is a child under the age of six residing in the household, she is exempt from the student criteria and considered and eligible student.

4. Physically responsible for the care of dependent household member(s) who have reached the age of six but are under age 12, where the worker has determined that adequate child care is not available to enable the student to attend class and comply with the work requirements required to be considered an eligible student. The dependent household member(s) **do not** need to be participating in the same SNAP household but **must be** residing with the household. Availability of adequate child care must be made on a case-by-case basis. Only one member may claim an exemption as the primary person responsible for the care of dependent(s) when the responsibility is shared.

Example:

A household consists of mom, dad, and their eight year old child. Dad is employed full-time, and mom is a full-time student. Mom is considered an ineligible student as she is not employed 20 hours per week averaged monthly or participating in a state or federally financed work study program during the regular school year. However, because adequate child care is not available, she is exempt from student criteria and considered an eligible student.

The exemption for the primary care giver can be changed during the household's review period.

'Responsible for the care of a dependent child,' is defined as a parent or other household member responsible for providing the actual physical care for a child. This could include a household member that is living in the same home but not part of the SNAP household. The determination must be based on documented discussion with the household.

Examples:

1. **Household consists of Mom and her two children ages 23 and 5. Mom states that her 23 year old child cares for her 5 year old while she is working. Based on this discussion, the 23 year old can claim the exemption. This discussion with the household must be documented.**
2. **Boyfriend, girlfriend and girlfriend's 3 year old child live in the same home but purchase and prepare meals separately. The boyfriend cares for the 3 year old while the girlfriend works. The boyfriend can claim the exemption. The discussion with the household must be documented.**
3. **Household consists of Mom, Dad and their 4 year old child. Dad works and Mom is not employed. Their 4 year old child goes to day care while Dad is working. Mom cannot claim the exemptions as she is not providing the care for the child.**
4. **Two adult sisters live in the same home but purchase and prepare meals separately. One sister has a child and works outside the home. The other sister cares for her niece and can claim the exemption. The discussion with the households must be documented.**

6. A **single** parent enrolled in an institution of higher education on a full-time basis (as determined by the institution) and is responsible for the care of a dependent child under age 12.

   This provision applies in those instances where only one natural, adoptive, or stepparent (regardless of marital status) is in the same SNAP household as the child.

Example:

A household consists of mom, her boyfriend, and her eight year old child. Mom is a full-time student and may qualify for eligible student status as her boyfriend is not the father of the eight year old child.

If no natural, adoptive, or stepparent is in the same household as the child, another single full-time student in the same SNAP household as the child may qualify for eligible student status under this provision if they have parental control over the child and is not living with their spouse.

7. Receiving benefits from TANF or participating in the JOBS Program.
8. Attending an institution of higher learning through or in compliance with the following: a program under the Workforce Investment Act (WIA) of 1998, an employment and training program under the Food and Nutrition Act, a program under Section 236 of the Trade Act of 1974. WIA and programs under the Trade Act of 1974 are administered by Job Service and can be verified by contacting that office.
9. Attending an institution of higher learning through or in compliance with the following: a program for the purpose of employment and training operated by a state or local government as determined appropriate by the State (none in North Dakota).

Enrollment Status 430-05-30-40-05

(Revised 05/01/13 ML3365)

View Archives

Student status begins the first day of the school term of the institution of higher education. If the first day of the school term is in one of the application or review month(s), the student is required to comply with student eligibility requirements for those months. Enrollment continues through normal periods of class attendance, vacations, and recess, unless the student:

- Graduates
- Is suspended or expelled
- Does not intend to register for the next school term (excluding summer school).

Examples:

1. **An individual who graduates from high school in May and anticipates or is accepted for the fall semester in an institution of higher education is not considered a student until the first day of the school term.**
2. **An individual, who has not attended the prior school term but anticipates or is accepted for the next term, is not considered a student until the first day of the school term.**
3. **An individual files an initial application on July 5th and indicates they will be starting school on August 25th. The individual must meet student eligibility requirements in order to be eligible for August.**
4. **An individual files an application for review on July 10th for August benefits and indicates they will be starting school on August 25th. The individual must meet student eligibility requirements in order to be eligible for August.**

5. **An individual files an application for review July 10th, after the review period expired, and indicates they will be starting school on August 25th. The individual must meet student eligibility requirements in order to be eligible for August.**

Student Exemption from Work Requirements
430-05-30-40-10

(Revised 01/01/04 ML2893)

View Archives

A student enrolled at least half time in any recognized school, training program, or institution of higher education is exempt from work requirements. A student remains exempt during normal periods of class attendance, vacation, and recess. If a student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal term (excluding summer school), they are no longer considered a student and are not exempt.

Treatment of Assets 430-05-30-40-15

(Revised 01/01/04 ML2893)

View Archives

Assets of an **eligible student** are counted when determining household eligibility.

Assets that are solely owned by an **ineligible student** are not counted when determining household eligibility.

Assets of an **ineligible student** that are jointly owned with another household member are counted in their entirety.

For both **eligible and ineligible** students financial aid and educational funds are excluded.

Treatment of Income 430-05-30-40-20

(Revised 05/01/13 ML3365)

View Archives

For both **eligible and ineligible** students financial aid and educational funds such as scholarships, work study, assistantships, fellowships, internships or stipends are excluded.

Verification of financial aid is not required.

Eligible Student

All income, other than financial aid and educational funds, such as wages from employment, self-employment and unearned income are counted in determining eligibility and benefit level.

Ineligible Student

The income of an ineligible student living with a household is not considered in determining eligibility or level of benefits, **unless** the student makes the money available to the other household members.

When an ineligible student makes money available (e.g. deposit to joint account) from a countable income source to other household members it is counted as unearned income.

1. The **net** earned income of the ineligible student is the portion counted as unearned income when the ineligible student is making all of their earned income available to the household.
2. Cash payments from any countable income source made to the household by the ineligible student are treated as unearned income to the household.
3. When the earned income of an ineligible student and other household members is combined into one wage, the income is determined as follows:

a. If the household's share can be identified, count the portion due to the household as earned income.

b. If the household's share cannot be identified, prorate the earned income among individuals earning the combined wage. The portion of the prorated amount is counted as earned income.

Treatment of Expenses 430-05-30-40-25

(Revised 11/01/04 ML2941)

View Archives

Eligible Students

Deductible expenses of eligible students are allowed in determining the benefit level.

Ineligible Students

If an ineligible student who cannot be granted separate household status shares expenses with an eligible household member(s), the amount actually paid by or billed to the eligible household member(s) is allowed as a deduction.

Exception:

If an ineligible student shares utility expenses with an eligible household member, the eligible household member is entitled to the entire appropriate utility standard.

The worker must have discussion with the household regarding who is responsible for household expenses. This must be clearly documented in the case file.

Examples:

1. **A household consists of Joe, Mary and their two children. Joe is an ineligible student and makes all of his earnings available to Mary and their children. Mary is responsible for the household expenses. The money Joe makes available to Mary is counted as unearned income and Mary is allowed the deductible expenses.**
2. **Same household as above. Joe makes all of his earnings available to Mary and their children,**

however, he is responsible for the household expenses. The money Joe makes available to Mary is counted as unearned income and Mary is not allowed any deductible expenses.

3. **Same household as above. Joe does not make any of his earnings available to Mary and their children, but is responsible for half of the household expenses. Mary receives monthly income of her own and claims responsibility for the other half of the household expenses. The only countable income for Mary is her own. Mary is allowed half of the deductible expenses and is entitled to the appropriate full utility standard.**

4. **Same household as above. Joe deposits all of his earnings into a joint checking account with Mary. Joe's net earnings are counted as unearned income to Mary. The monthly expenses are paid out of the joint account. Because the deductible expenses cannot be differentiated, expenses must be prorated evenly between Joe and Mary. Mary is entitled to the appropriate full utility standard.**

   The TECS system does not prorate the expenses of any individual who has an IN or OU participation code. The worker must prorate the expenses and document the amount allowed and how it was arrived at.

Self-Employment 430-05-30-57

(Revised 04/01/14 ML 3400)

View Archives

An individual who is working for themselves, rather than for an employer, is considered self-employed. The individual may be a contractor, franchise holder, owner/operator, partner, etc. The individual must meet the following criteria to be considered self-employed:

1. Earn the income directly from business or trade, not from wages or salary from an employer.
2. Be responsible for the payment of entire Social Security and Federal withholding taxes. [If an employee, the employer would pay half of their Social Security Tax and withhold federal income tax from the employee's salary.]
3. File self-employment tax forms, however, not all individuals file tax forms. In these special circumstances, income must be anticipated.

Self-employed households are subject to the same basic processing, eligibility and allotment standards as other households. This section explains the regulations that apply to self-employment households which differ from processing of all other SNAP households.

Calculating Self-Employment Income 430-05-30-57-05

(Revised 06/01/15 ML3440)

View Archives

Self-employment income is normally calculated by completing the EAP Self-Employment Worksheet using data from tax forms as verification. Information for each business must be calculated separately. When a household has filed self-employment income taxes the income is determined as follows:

- If the income represents a household's annual income, the income must be annualized over a 12-month period of time, even if the income is received within a shorter period of time during those 12 months.
- If a self-employment enterprise has been in existence for less than a year and continues to operate, the income must be averaged over the period of time the business has been in operation.
- If an individual is self-employed for only part of the year to supplement their income from regular employment, the self-employment income must be averaged over the period of time it is intended to cover rather than a 12-month period.

> **Example:**
>
> **An individual may be a self-employed painter during the three summer months and also works as a housekeeper for regular wages the rest of the year. The self-employment income from painting is averaged over the three summer months because it is intended to meet the individual's needs for only part of the year. Simplified reporting rules apply to this averaged income.**

When the total business 'profit' as calculated above results in a loss, the loss is used to offset other income based on policy at 430-05-30-57-50.

Anticipating Self-Employment Income 430-05-30-57-10

(Revised 04/01/14 ML 3400)

View Archives

When a household has not filed a self-employment income tax return or there has been a significant increase or decrease in the operation of the business, income tax forms, monthly ledgers or bookkeeping records may be used as verification. The income is determined as follows:

1. Business not in operation a complete calendar year or tax forms not filed

    a. The applicant will need to provide monthly income and expense ledgers to anticipate self-employment income and unearned income as a result of self-employment. The EAP Anticipated Self-Employment Worksheet will assist with determining the monthly net farming and business income.

2. Partial liquidation of business

    a. If a business sells some land, equipment, or other capital items to obtain money for current operating expenses and/or pay off a loan, and does not expect a substantial reduction in self-employment income as a result of the sale, continue to look at the most recent income tax forms.

    b. If the business liquidates a large enough portion of the business to result in an anticipated substantial reduction in the self-employment income, the income tax forms must be appropriately adjusted to accurately anticipate the current year's income using the most recent income tax forms. Income and expenses (other than depreciation and depletion) for the portion of the business that is not being liquidated is used to determine net self-employment income.

    Capital gains/losses on sale of property are counted as income.

NOTE: Use only the income or loss from the sale of capital items that can be reasonably anticipated to recur during the current year.

c. If the business expects to liquidate partially but has not done so yet, use the most recent income tax forms in their entirety until the liquidation takes place.

3. Significant increase or decrease in operation

A farm or business may have a significant increase or decrease in operation that is temporary and does not result in liquidation of the business. In these cases, one of the following methods must be used:

a. If the client has had an estimated tax return prepared for the current business year, use the estimated tax return forms to complete the EAP Self-Employment Worksheet.

b. If the client has prepared documents (such as farm plans) from a lender or bank or monthly income and expense ledgers, these documents may be used to arrive at the current year's anticipated income and expenses. The EAP Anticipated Self-Employment Worksheet will assist with determining the monthly net farming and business income.

Anticipated capital gains/losses on sale of property are counted as income.

4. Termination of business

a. If a business expects to completely liquidate but has not done so yet, continue to use the most recent income tax forms or one of the methods described in #3 above until the business has liquidated.

b. If a business has been completely liquidated, tax forms cannot be used to evaluate the applicant's income. Use only whatever income is currently available from other sources.

Treatment of Self-Employment Income 430-05-30-57-15

(Revised 06/01/15 ML3440)

View Archives

When an individual is actively engaged in a self-employment business, the income they receive is considered earned income. The following types of income are always considered earned income:

- Capital or Ordinary Gains/Losses
- Farm Income
- Business Income
- Partnership – Ordinary income, guaranteed payments to partners, depreciation and depletion

However, there are some types of income included on the self-employment income tax forms that are considered unearned income. The following types of income are always considered unearned income:

- Royalty income
- Cooperative distributions from the sale of goods
- Partnership – rental, interest and dividend income
- Income from S-Corporations
- Estate or trust income

The following types are considered earned or unearned depending on whether the individual is actively engaged in earning the income and the self-employment tax forms filed.

- Farm rental income
- Other rental income

The earned income must be separated from the unearned income and will be when using the self-employment calculation worksheet.

Determining Self-Employment Income 430-05-30-57-20

(Revised 06/01/15 ML3440)

View Archives

1. Capital or Ordinary Gains or Losses – A capital or ordinary gain or loss is the difference between the sale price and the cost basis. The cost basis may include improvements and sales expenses such as broker's fees and commissions.

   Capital or ordinary gains or losses are considered part of the **EARNED** income from self-employment. The gain or loss is calculated by deducting the cost basis from the gross sale price. The result is then added to or subtracted from the calculation of the self-employment Income for the business the property was used in.

   > **NOTE: Use only the income or loss from the sale of capital items that can be reasonably anticipated to recur during the current year.**

   This income is generally included on the Schedule D or Form 4797.

2. Farm Income – Income earned through the operation of a farm or ranch including farm rental income and CRP.

   a. Farm Rental Income – Income received by a landowner from the sale of crops or livestock produced by the tenant. **This does not include cash rent of pasture or farmland.**

   b. Conservation Reserve Program Payments (CRP) – Cost share and payment program under the USDA that encourages farmers to convert highly erodible crop land or other environmentally sensitive acreage to vegetative cover.

   Farm income, including farm rental income and CRP:

   - Is considered **EARNED** income when the individual is actively engaged in farming. The total farm income or loss is determined by taking the taxable amount of cooperative distributions from the net farm income and adding in the depreciation.

The amount of cooperative distributions is deducted from farm income as it is excluded. Depreciation is added back in as this is not an allowable expense.

NOTE: Cooperative distributions may include income from the sale of goods (grain, milk, cattle, etc.). Any portion of cooperative distributions that is income from the sale of goods must not be deducted from farm income.

This income is generally included on the Schedule F.

- Is considered **UNEARNED** income as a result of self-employment when the individual is NOT actively engaged in farming. The total farm rental income or loss is determined by taking the taxable amount of cooperative distributions (patronage dividends) from the net farm rental income and adding in the depreciation.

  The amount of cooperative distributions is deducted from farm rental income as it is excluded. Depreciation is added back in as this is not an allowable expense.

  NOTE: Cooperative distributions may include income from the sale of goods (grain, milk, cattle, etc.). Any portion of cooperative distributions that is income from the sale of goods must not be deducted from farm income.

This income is generally included on the Form 4835.

3. Business Income – Income earned through the operation of a business other than farming or ranching.

   Business income is considered **EARNED** self-employment income. Business income is determined by taking the net business income profit or loss and adding in the depletion or depreciation. Depreciation and depletion are added back in as they are not allowable expenses.

   This income is generally included on the Schedule C.

4. Partnerships – A partnership is a self-employment business set up as a partnership with two or more partners. A partner's share of income,

gain, loss, deductions or credits is determined by a partnership agreement.

- Ordinary income and guaranteed payments to partners in a partnership is considered **EARNED** self-employment income. **This income is generally included on the Schedule K-1 (Form1065).** The partner's share of the partnership income is determined by adding the partner's share of depreciation or depletion to their ordinary income and guaranteed payments. Depreciation and depletion are added back in as they are not allowable expenses. **The depreciation and depletion are generally included on the Form 1065.**

- Rental, interest and dividend income paid to partners in a partnership is considered **UNEARNED** income as a result of self-employment. The partner's share of the partnership income is the total of the rental, interest and dividend income.

This income is generally included on Schedule K-1 (Form 1065).

5. Other Rental Income – Income received from the cash rental of property.

   Other rental income is considered **UNEARNED** income as a result of self-employment. Rental income is determined by taking the total net rental income from all rental properties and adding in the depreciation or depletion. Depreciation and depletion are added back in as these **are not an allowable expense. This income is generally included on Schedule E.**

6. Royalty Income – a percentage of gross or net revenues derived from the use of an asset or a fixed price of a unit sold of an item. Income individuals receive from royalties is considered **UNEARNED** income as a result of self-employment. **Royalty income is generally included on Schedule E.**

7. Cooperative distributions - From the sale of goods is unearned income and must not be deducted from farm income.

8. S –Corporation – a separate business entity with 1 to 100 shareholder(s) that passes through the net profit or loss to their

shareholder(s). The business profits are taxed at individual tax rates on each individual shareholder's income tax.

Income shareholders receive from a corporation is considered **UNEARNED** income as a result of self-employment. This income is generally included on the Schedule K-1 (1120S). The shareholder's income is determined by adding the shareholder's share of depreciation or depletion to their ordinary business income, net rental real estate income, interest income and dividend income. Depreciation and depletion are added back in as these are not an allowable expense. **Depreciation and depletion are generally found on the Form 1120S.**

> **NOTE: An owner or employee of a corporation is not a self-employed individual because the business income and liabilities belong to the corporation, not the individual. Wages that an owner or employee receive from a corporation are considered EARNED income.**

9. Estate or Trust Income – Income received from an estate or trust. Income individuals receive from estate or trusts is considered **UNEARNED** income as a result of self-employment. **Estate or trust income is generally included on Schedule E.**

Other Types of Self-Employment Income 430-05-30-57-25

(Revised 04/01/14 ML 3400)

View Archives

The following types of income may or may not be listed on self-employment tax forms. If the income is not listed on the self-employment tax forms, the income must be verified separately.

1. Qualified Service Provider (QSP) – Qualified Service Providers (QSPs) are individuals who provide care for people who want to continue to live in their own homes and communities. QSPs do not need to have a special certificate or license, but they do need to prove they have the skills to provide care.

    - QSP income is considered **EARNED** self-employment income when the individual is not an employee of an agency.
    - QSP income is considered regular earned income when the individual is employed by an agency.

2. Boarder - Individuals or groups of individuals residing with others and paying reasonable compensation for lodging and meals.

    Income from boarders is considered **EARNED** self-employment income when the individual providing the board is actively engaged in providing the lodging and meals and the boarder is not included in the household based on program policy. To calculate income from room and board, take the monthly gross receipts less $100 per boarder.

Wages Paid to Family Members 430-05-30-57-30

(Revised 04/01/14 ML 3400)

View Archives

Wages paid to family members are an allowable business expense.

However, the wages paid to family members must be counted as earned income separately from self-employment income.

Exception:

Earned income of a student under the age of 18. The student must be attending elementary or secondary school at least half time and living with a natural, adoptive parent or stepparent, or be under the parental control of a household member other than a parent.

The income tax forms identify wages paid to family members as wages or labor hired but does not separate outside labor hired from wages paid to family members. The household will need to identify and verify the amount paid to family members (cancelled checks, W-2 forms, bank books showing transfer of funds).

Allowable Expenses 430-05-30-57-35

(Revised 04/01/14 ML 3400)

View Archives

The following expenses are allowable deductions from self-employment income. Because the EAP Self-Employment Worksheet uses net income any of these expenses claimed on the tax form are already deducted. The Anticipated Self-Employment Worksheet also accounts for these expenses.

If a household verifies any of the following expenses incurred as a result of self-employment income that were not included on the tax forms, the expense must be allowed by deducting it from the net income.

- Advertising
- Car and truck expenses
- Chemicals
- Commissions and fees
- Conservation expenses
- Contract labor
- Custom hire (machine work)
- Employee benefit programs
- Feed
- Fertilizers and Lime
- Freight and Trucking
- Gasoline, Fuel and Oil
- Insurance (other than health)
- Interest (mortgage and other)
- Labor hired
- Legal and professional services
- Office expenses
- Pension and profit-sharing plans

- Rent or lease (vehicles, machinery, equipment, business property, land, animals)
- Repairs and maintenance
- Seeds and Plants
- Storage and Warehousing
- Supplies
- Taxes (Real estate, employer's match of payroll taxes, contributions to state unemployment insurance, licenses)
- Travel, meals, entertainment
- Utilities and phone
- Veterinary, breeding and medicine
- Wages
- Other expenses such as:
    - Bad debts
    - Bank service charges
    - Dues and publications
    - Laundry and cleaning
    - Tools
    - Day care meal expenses (if not reimbursed through a food program)

Non- Allowable Expenses 430-05-30-57-40

(Revised 04/01/14 ML 3400)

View Archives

The worker must determine if an expense is non-allowable based on whether the expense is part of producing income. The following expenses are not allowable deductions from self-employment income:

- Expenses and net operating losses (NOL) from previous periods.
- Depreciation/depletion - to allow these costs would result in exclusion for amounts that are not actual costs.
- Other expenses that are not incurred as a result of self-employment income, such as:
    - Charitable contributions
    - Penalties and fines

Treatment of Assets 430-05-30-57-45

(Revised 04/01/14 ML 3400)

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Operating Loans

Operating loans for businesses are **not excluded** and **are an asset** until spent down. When the loan is commingled with other funds in a business account, the operating loan is counted as an asset.

Line of Credit

When a business has a line-of-credit, only the portion that is actually borrowed and held in an account is counted as an asset.

Excluded Vehicles

The worker must first determine if a vehicle is excluded. When a vehicle is excluded the fair market value and the equity value test are not applied.

The **entire** value of the following licensed vehicles are excluded if the vehicle is (the appropriate TECS codes on the VEHI screen are listed):

1. Used for income producing purposes such as, but not limited to, taxi or truck. (PI)

   Vehicles that have been previously used by a **self-employed farme**r, who is no longer farming, are excluded for one year from the date the farm self-employment was terminated. **This exclusion applies only to farmers.**

2. Annually producing income consistent with its fair market value, even if used only on a seasonal basis or temporarily not in use. (PI)

   Example:

   A household owns a pickup with a fair market value of $1,500. During the summer months this vehicle is used to haul lawn-mowing equipment for a lawn service which produces $1,500 income. This vehicle is not used primarily for

this purpose. This vehicle is excluded as it is producing income consistent with its fair market value.

Corporations

Assets listed in a corporation's name are not counted as assets of an individual household.

If a person owns stock in a corporation, the stock is counted as an asset.

Exceptions:

- **If it is essential to their employment.**
- **If an employee of a corporation must hold stock as a condition of employment.**

Example:

If a farmer has incorporated the farm, that individual is the sole owner of the corporation's assets that are related to the farm operation. The farmer's stock in the corporation is essential to that individual's employment and excluded from being counted as an asset.

When the value of closely held corporate shares (only a few shareholders) is not readily available, the worker must subtract corporate liabilities from assets and prorate the difference among the various shareholders based on the percentage of shares held.

Example:

Value of Stock

$22,000 Corporate assets

10,000 Corporate liabilities

$12,000 Value of corporation

x .40 Household has 40% of the stock

$ 4,800 Value of Stock

Asset Exclusions

1. Property that is annually producing income consistent with its fair market value, even if only used on a seasonal basis.

Examples:

Rental homes, vacation homes.

2. Property or work related equipment that is essential to the employment or self-employment of a household member.

   Examples:

   Farmland, tools of a tradesman, machinery of a farmer.

   When a farmer enrolls in the Conservation Reserve Program (CRP), their farm equipment continues to be excluded from asset consideration as long as the individual plans to continue farming after the CRP contract period.

3. Property essential to the self-employment of an individual engaged in farming is excluded for one year from the date the individual terminates the self-employment from farming. After the one-year exclusion, property or equipment that was essential to the self-employment operation is a countable asset. **This exclusion applies only to farm operations.**

Exception:

Grain in the bin is not considered essential to a self-employment operation, it is a product produced by a self-employment operation. Grain in the bin becomes a countable asset 12 months after it was stored regardless of the status of a self-employment operation.

4. Any money deposited into a business checking account that is being counted as income.

Exception:

Operating loans placed in a business account

5. Livestock is excluded when used in a farm operation, used for food, or kept as a pet.
6. Grain in storage up to one year.
7. Installment contracts for the sale of land or buildings, if the contract or agreement is producing income consistent with its fair market value. This exclusion also applies to property sold under an installment contract, or held as security in exchange for a purchase price consistent with the fair market value of that property.

8. Assets of self-employed individuals that have been prorated as income.
9. Non-liquid asset(s) if a lien has been placed on the property as the result of taking out a business loan.
10. Federal drought assistance payments made to farmers pursuant to a determination by the Secretary of Agriculture that a farm emergency exists due to a natural disaster.

Handling Excluded Funds

Excluded funds kept in a separate account, which are not commingled with non-excluded funds, remain excluded for an unlimited period of time.

The excluded assets of self-employed individuals that have been prorated as income and are commingled with non-excluded funds remain excluded for the period of time prorated.

Example: Recurring CRP Payments

All other excluded monies commingled with any other funds remain exempt for six months from the date they are commingled. After **six months from the date of commingling**, all funds in the account are counted as an asset.

Example: Non-Recurring lump sum payments

Exception:

Excluded student financial aid and educational funds commingled with any other funds remains exempt for an unlimited period of time.

Offset of Losses 430-05-30-57-50

(Revised 04/01/14 ML 3400)

View Archives

Loss Other than Farm/Ranch

A loss from one self-employed business may offset any countable income from a second self-employed business but **cannot offset any other type of income.**

Example:

1. **A SNAP household contains a self-employed barber and a self-employed beauty operator. One business can offset the other business.**
2. **A SNAP household contains a self-employed web designer operating at a loss and a self-employed farmer operating at a gain. The loss from the web designer can offset the gain from the farm.**

The worker must offset losses prior to entering income into TECS.

Farm/Ranch Loss

A loss from Farm/Ranch self-employment may offset any other SNAP countable income received by the household during the months over which it has been averaged.

Example:

A farmer/rancher with a $6,000 self-employment loss, as determined by the most recent income tax return, is assigned a 6-month review period. The $6,000 loss is divided by 12 and $500 per month is the averaged loss used to offset any other gross monthly countable income the household may receive.

Farm losses, not used to offset other countable income during the period over which they are averaged, **are not** carried over to a subsequent period.

The order of farm/ranch loss offset is:

1. Other countable self-employment income.
2. Earned income (after having applied the earned income deduction which is calculated by TECS).
3. Unearned income.

Example:

There is a monthly farm/ranch loss offset of $500. The household has other self-employment of $250 per month, regular earnings of $200 per month, and other unearned income of $90. Countable SNAP income is zero, arrived at as follows:

$-500 Farm/Ranch loss offset

+250 Other self-employment income

+160 ($200 - 20% wages)

<u>+ 90</u> Other unearned income unused

-0- Countable SNAP income

The offset applied in a given month is not to exceed the maximum offset for that month and may vary based on the household's other countable income.

The worker must offset losses prior to entering income into TECS.

Determining Eligibility 430-05-30-60-05

(Revised 07/01/05 ML2972)

View Archives

Alien

Only eligible aliens are entitled to participate in the program. An alien is an individual in the United States who is still a subject or citizen of a foreign country and is not a U.S. citizen.

U.S. citizens include anyone born in:

- The 50 states
- District of Columbia
- Guam
- Virgin Islands
- Puerto Rico
- The Northern Mariana Islands
- American Samoa
- Swain's Island
- A foreign country who are:
    a. under 18 years of age, and
    b. admitted to the US as a lawful permanent resident; and
    c. in the legal and physical custody of at least one parent who is a US citizen.

This also applies to children adopted from a foreign country as long as the three conditions above are met.

Verification Information System

When an alien has presented an USCIS document containing the individual's admission number or file number, the worker must use the on-line access system for alien status verification provided by the Department of Homeland Security. Procedures are contained in Chapter 449 - Administrative Procedures Manual.

Eligible Alien

To participate in SNAP an alien must have acceptable verification of alien status and in addition may be required to meet military criteria or the 40 quarter requirement.

Illegal Alien

USCIS makes the determination if an individual is an illegal alien. The worker does not make this determination and must not report an individual to USCIS as an illegal alien unless the following has occurred:

a. unlawful presence must be a finding of fact or conclusion of law that is made as part of a formal determination that is subject to administrative review on an alien's claim, and

b. the finding or conclusion of unlawful presence must be supported by a determination by USCIS or the Executive Office of Immigration Review, such as a Final Order of Deportation.

Illegal aliens are excluded household members (DI) and are treated the same as an ineligible alien.

Ineligible Alien

Individuals who do not meet the eligible alien status and those who do not attest to alien status at the time of application are not eligible. Among those excluded are alien visitors, tourists, diplomats and students who enter the United States temporarily with no intention of abandoning their residence in a foreign country. Ineligible aliens are (DI).

Non-Applicants

An individual who chooses not to provide information on citizenship, alien status or social security number, can choose to be a non-applicant and declare that early in the application process instead of pending the application and waiting for the verification before processing the application. If an individual chooses to be considered a "non-applicant" they are ineligible for SNAP and must be coded as DI in the system. These individuals must not be reported to USCIS.

Sponsored Alien

Sponsored aliens may be eligible or ineligible aliens who have been sponsored by an individual. The sponsor has agreed to support them as a condition of the alien's admission to the United States as a permanent resident.

Questionable Citizenship

The member whose citizenship is in question is ineligible to participate until proof of United States citizenship is obtained. A non-citizen must have completed all of the requirements for citizenship and received a certificate of naturalization. Until proof is obtained, income and assets of the household member whose citizenship is questionable are treated as an ineligible (DI) household member.

Verification of non-citizen status may be postponed in order to meet the expedited processing standards.

If verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, a signed statement from someone who is a United States citizen must be accepted. Such a statement must read as follows:

> "I declare under penalty of perjury that _____ is a United States citizen. It is my understanding that intentionally giving false information to help this person get SNAP benefits may result in a fine, imprisonment, or both."

When either a household or an individual indicates inability or unwillingness to provide documentation of alien status for any household member, the person whose alien status is in question is an ineligible (not illegal) alien. If the individual is determined ineligible, the worker must not continue efforts to obtain documentation of alien status.

Awaiting Verification of Alien Status

If verification of alien status is not provided on a timely basis, the eligibility of the remaining household members must be determined. The income and assets of the individual whose alien status is unverified (where the individual has provided no USCIS documentation of alien status) must be treated in the same manner as a disqualified member and considered available in determining the eligibility of the remaining household members. If verification of eligible alien status is later received, the worker must act on the information as a reported change in household circumstances.

When an applicant has presented an USCIS document containing the individual's alien admission number or alien file number, if the documents appear to be legitimate, the application must be processed within the appropriate time frame without waiting for receipt of secondary verification from USCIS.

Example:

An individual applies and provides USCIS documents. When completing the SAVE inquiry, the worker is advised to institute secondary verification (Form G-845). The application must be processed within the appropriate time frame and the individual must be included in the case.

Eligibility Criteria 430-05-30-60-10

(Revised 10/01/11 ML3286)

View Archives

To determine if an individual is an eligible alien the individual must meet the criteria on the chart.

Eligible immigration status stands alone for purposes of determining eligibility. Adjustment to a more limited status does not override eligibility based on an earlier less rigorous status.

Example:

An individual enters the US with a status of Refugee and is eligible upon entry. Two years later, their status changes from Refugee to Lawful Permanent Resident (LPR). The individual remains eligible as a refugee as this status is more limited.

If eligibility expires in one eligible status, the alien may be eligible under another.

Example:

Child turns age 18 and is no longer eligible under the child status. If the child has been in the US for at least 5 years under lawful permanent residence status or meets the 40 quarters requirement, the child is eligible.

IF THE ALIEN WAS ADMITTED AS:	SNAP ELIGIBILITY	ACCEPTABLE VERIFICATIONS OF IMMIGRANT/ALIEN STATUS
Refugee under section 207 of	Eligible upon entry.	- USCIS Form I-94 showing entry as refugee under

the Immigration and Nationality Act (INA) TECS Code - RE		Section 207 of the INA and date of entry into U.S. (The arrival date is the date used to determine entry date.); or - USCIS Form I- 688B annotated 274a.12(a)(3) (The arrival date is the date used to determine entry date.); or - USCIS Form I-766 with code A3; or - USCIS Form I-571; or - USCIS Form I-551 or I-151 with codes RE1, RE2, RE3, RE4, RE5, RE6, RE7, RE8, RE8b, RE9, IC6, or IC7.
Victim of Human Trafficking TECS Code - A	Eligible upon entry.	- Certification Document from the Office of Refugee Resettlement (ORR).
Asylee under Section 208 of INA TECS Code - A	Eligible upon entry.	- USCIS Form I-94 showing grant of asylum under section 208 (The arrival date is usually the date of designated status.); or - USCIS Form I-766 annotated A5; or - Grant letter from Asylum

		Office of the USCIS; or - Order from immigration judge granting asylum; or - USCIS Form I-688B annotated 274.a12(a)(5) (The arrival date is usually the date of designated status.); or - USCIS Form I-766 with code A5; or - USCIS Form I-551 or I-151 with codes AS6, AS7, AS8, or AS9.
Deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997 or whose removal is withheld under section 241(b)(3) of the INA. TECS Code - A	Eligible upon entry.	Individuals whose deportation has been withheld should have a court order. The date of the court order is the designated status date. - Immigration Judge order showing deportation withheld under section 243(h) or 241(b)(3) of the INA & date of grant; or - USCIS Form I-688B annotated 274a.12(a)(10); or - USCIS Form I-766 with code A10.
Conditional entrant under section 203(a)(7) of the INA as in effect prior to	Eligible if: - resided in the US for 5 years with a conditional entrant status; or - meets the Military	- USCIS Form I-94 showing admission under section 203(a)(7) Refugee-Conditional Entry in effect prior to 04/01/1980; or

April 1, 1980. TECS Code - A if eligible, IA if not eligible	Criteria at 430-05-30-60-10-05	- USCIS Form I-688B annotated 274a.12(a)(3); or - USCIS Form I-766 annotated A3; or - USCIS Form I-551 or I-151 with code R86.
Cuban/Haitian Entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980. TECS Code - A	Eligible upon entry.	- USCIS Form I-551 with code CU6, CU7, or CH7 - USCIS Form I-94 with code CU6 or CU7, or stamped Cuban/Haitian Entrant under Section 212(d)(5) of the INA (The arrival date is usually the date of designated status.) - Unexpired temporary I-551 stamp in foreign passport. - USCIS Form 1-94 indicating the person was paroled into the US on or after 1/12/2010.
Amerasian Entrant as defined in section 584 of PL 100-202, as amended by PL 100-461. TECS Code - A	Eligible upon entry.	- USCIS Form I-551 with code AM6, AM7, or AM8 - USCIS Form I-94 with code AM1, AM2, or AM3 (The arrival date is usually the date of designated status.) - Unexpired temporary I-551 stamp in foreign passport.

Hmong or Highland Laotian TECS Code - A	Eligible upon entry if: - was a member at the time the tribe rendered assistance to the U.S. during the Vietnam era from 08/05/1964 through 05/07/1975; or - spouse or unmarried dependent child of Hmong/Highland Laotian, if they meet one of the following: a. Spouse remains married to the tribal member; or b. Was married to the member at the time of the member's death and has not remarried; c. An unmarried dependent child under the age of 18 or if they are a full-time student under the age of 22. This also applies if the parent is deceased provided that the child was dependent on the parent at the time of death. An unmarried disabled child age 18 or older if the child was disabled and dependent on the parent prior to the	- States tribe meets Vietnam era involvement and has: - USCIS Form I-94 showing entry as refugee under Section 207 of INA and date of entry into the U.S.; or - USCIS Form I-551 or I-151 unless form is marked as admitted under Section 249 & entered after 01/01/72; or - On master list located in State Office.

	child's 18th birthday. Child in (c) above means biological or adopted.	
Lawfully Admitted for Permanent Residence TECS Code - LR	Eligible upon entry if: - is age 65 or older and was lawfully residing in the U.S. on 8/22/1996; or - Meets the SNAP definition of disabled; or - is under age 18; or - meets the 40 quarters requirement; or - has resided in the US for 5 years with a LPR status.	- USCIS Form I-551 or I-151 (Resident Alien card) - If the individual was admitted under Section 249 and entered after January 1, 1972, no eligibility exists. - Any status code on the I-551 is acceptable unless the I-551 is annotated with IB6, IB7, IB8 and the individual does not meet battered alien criteria. - Unexpired Temporary I-551 stamp in foreign passport or on the I-94 form also verifies the individual is admitted for lawful permanent residence.
Parolee under section 212(d)(5) of the INA and status is granted for at least one year TECS Code - A if eligible,	Eligible if: - resided in the US for 5 years with a parolee status; or - meets Military Criteria at 430-05-30-60-10-05	- USCIS Form I-94 stating admission under section 212(d)(5) of the INA.

IA if not eligible		
An alien who has been battered or subjected to extreme cruelty in the U.S. by a spouse or a parent or by a member of the spouse or parents' family residing in the same household as the alien at the time of the abuse, an alien whose child has been battered or subjected to battery or cruelty, or an alien child whose parent has been battered. The battered spouse or child cannot be living with the family who battered them.	Eligible if: - resided in the US for 5 years with a qualified alien status; or - meets Military Criteria at 430-05-30-60-10-05	- I-551 annotated with IB6, IB7, IB8; or - Other USCIS documentation of battered status - contact State Office for clarification.

TECS Code - A if eligible, IA if not eligible		
Native Americans TECS Code - A if eligible, IA if not eligible	Eligible if: - Born in Canada who possesses at least 50% of blood of the American Indian race (Jay Treaty); or - A member of an American Indian Tribe. – Contact State Office if assistance is needed.	- Enrollment documents, birth records, affidavits from tribal officials, INS Form I-181 or I-551 annotated with KIC, KIP, or S13 or other acceptable documents can be used as verification of 50% American Indian blood. A Blood Quantum Letter containing information from the individual's Band, Tribe, Nation stating the individual's blood quantum, which must be at least 50% aboriginal blood can also be used as verification of 50% American Indian blood. The document may contain the following verbiage: • …at least 50% Aboriginal blood • …at least 50% Indigenous blood • …at least 50% North American Indian blood • …at least 50% American Indian

		blood **Note:** The Blood Quantum Letter can be used to show that an individual possesses at least 50% blood of the American Indian Race, but cannot be used to show that an individual does not possess at least 50% blood of the American Indian Race when the parents are enrolled in different Bands, Tribes, or Nations. If the letter does not show an individual possesses at least 50% blood of the American Indian Race, verification should be obtained from the Band, Tribe, or Nation where the other parent is enrolled.
Iraqi and Afghani Special Immigrants TECS Code - RE	Eligible upon entry.	- Documentation verifying admission under section 101(a)(27) of the INA. - Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SQ1, SI1, SQ2, SI2, SQ3, SI3 - I-551 showing Afghan nationality with IV (Immigrant Visa) code of

		SQ6, SI6, SQ7, SI7, SQ9, SI9 - Iraqi passport with immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category SQ1, SQ2, SQ3 and stamp or notation on passport or I-94 showing date of entry - I-551 showing Iraqi nationality or Iraqi passport, with an IV (Immigrant Visa) code of SQ6, SQ7, SQ9

Military Criteria 430-05-30-60-10-05

(Revised 11/01/04 ML2941)

View Archives

An individual lawfully admitted for permanent residence or a battered spouse or child may meet eligibility criteria if they have a past or current involvement with the United States Armed Forces **and** are lawfully admitted to the U.S. under USCIS status.

1. **Past or Current U.S. Military Involvement is defined as**:

   a. An individual on active duty for reasons other than training with any of the United States Armed Forces units. This applies to minimum active duty (24 months) or the period for which the person was called to active duty.

      (1) An individual remains eligible if honorably discharged for reasons other than alien status who fulfills the minimum active duty service requirement including an individual who died in active military naval or air service.

      This includes an individual who served before July 1, 1946, in the organized military forces of the Government of the Commonwealth of the Philippines while such forces were in the service of the Armed Forces of the U.S. or in the Philippine Scouts.

      (2) If active duty is for training such as National Guard or Army Reserve, individual is not eligible.

   b. An individual honorably discharged from the U.S. Armed Forces.

      (1) If the discharge was for alien status or for dishonorable service, the individual is **not** eligible.

2. **Spouse or Unmarried Dependent Children of Individual with U.S. Military Involvement**:

a. An individual must be married to the veteran/service individual or was married to the individual at the time of the individual's death and has not remarried.

   Eligibility for the unremarried surviving spouse of a deceased veteran provided that the couple was married for at least one year or for any period if a child was born of the marriage or was born to the veteran and the spouse before the marriage and the spouse has not remarried.

   (1) An individual would not be eligible if divorced from the veteran/service individual or has remarried since the veteran/service individual's death.

   (2) Eligibility exists for the alien spouse regardless of whether or not the veteran/service individual is a U.S. citizen.

   (3) Eligibility stops if the service individual is discharged from active duty for alien status or dishonorable service.

b. Unmarried dependent child(ren) of the veteran/service individual are eligible if they are:

   (1) A legally adopted or biological dependent child of an honorably discharged veteran or active duty member of the Armed Forces if the child is under the age of 18 or a full-time student under the age of 22.

   (2) A child under age 18 or 22 if a fulltime student of a deceased veteran.

   (3) A disabled child age 18 or older if the child was disabled and dependent on the active duty member or veteran prior to the child's 18th birthday.

   (4) Child(ren) does not have to be residing with the veteran/service individual.

   (5) Eligibility stops if the child(ren) becomes married, is no longer a dependent, or the service individual is discharged from active duty for alien status or dishonorable service.

Establishing Quarters 430-05-30-60-10-10

(Revised 06/01/15 ML3440)

View Archives

Qualifying quarters of coverage are determined by using the amount of earnings received by an individual (or their spouse or parents) for employment or self-employment income on which Social Security taxes must be paid. Individuals are credited a maximum of four quarters per year by the SSA. If an alien earns the 40 quarters of coverage prior to applying for SNAP in that same quarter, the worker must allow that quarter toward the 40 qualifying quarters total.

Qualifying quarters of work not covered by Title II of the Social Security Act may be credited in determining eligibility. The mechanism used by SSA for calculating the amount of wages necessary to obtain a quarter of coverage is used, not the limitations on the types of employment in which the wages may be earned.

An alien must have earned 40 quarters of credit unless their spouse or parents can share quarters with them. Once the alien is credited with 40 qualifying quarters, non-citizen eligibility requirements have been met even though the individual is no longer employed.

An individual's quarters earned from January 1997 and later cannot be counted or credited if the individual received TANF, SNAP, Medicaid, or SSI (this includes benefits received in another state) in any month during that quarter. The worker must evaluate quarters of coverage and receipt of Federal means-tested programs on a calendar year basis.

Spousal Quarters

Spousal quarters of work earned by each spouse during their marriage, separation, or while holding themselves out to the community as husband and wife can be credited to each other. Quarters earned prior to the marriage cannot be credited. Quarters from a deceased spouse are credited to the surviving spouse. Qualifying quarters may be credited to a

non-citizen spouse even if the individual employed is a U.S. citizen. The only time quarters are removed is if an individual received quarters from a spouse and they divorced or no longer hold themselves out to the community as husband and wife. If the spouses divorce or no longer hold themselves out to the community as husband and wife, eligibility continues until the household's next review.

The same quarter may be applied to more than one individual.

Examples:

1. **Jim and his wife, Janet, are aliens lawfully admitted for permanent residence. Jim has 25 qualifying quarters of employment, and Janet has ten qualifying quarters. Jim and Janet are not eligible because they individually or together do not have 40 quarters. (Jim has 25 + 10 from Janet = 35, Janet has 10 + 25 from Jim = 35.)**
2. **Jim and his wife, Janet, are aliens lawfully admitted for permanent residence. Jim has 35 qualifying quarters of employment, and Janet has 15 qualifying quarters. Jim and Janet are eligible because together they have at least 40 quarters. (Jim has 35 + 15 from Janet = 50, Janet has 15 + 35 from Jim = 50)**

Parents/Children Quarters

The quarters of income earned by a natural, adoptive or stepparent, including a deceased parent, are credited as follows:

1. Qualifying quarters earned by parent(s) are credited:
    a. To children under age 18.
    b. If earned prior to the child's birth.
    c. Through the quarter the child turns 18.

Qualifying quarters credited to a child cannot be taken away unless parental rights are terminated.

Quarters earned by parents while a child was under age 18 are credited to a child no matter what age the child may be.

Example:

A 23 year old may be credited with his parents' quarters earned while he was under the age of 18.

2. Qualifying quarters earned by adoptive parent(s) are credited as follows:

   a. From the date the adoption occurred.

   b. Through the quarter the child turns 18.

Quarters from the biological parent(s) are not allowed when the adoption becomes final.

3. Qualifying quarters earned by a stepparent are credited as follows:

   a. From the quarter of the marriage of the stepparent as long as the marriage occurred before the child attained age 18.

   b. Through the quarter the child turns age 18.

   c. Are **not** credited if the 40 quarter determination is made after a divorce or annulment.

   d. Quarters are credited if the natural or adoptive parent and stepparent are separated but not divorced.

If the 40-quarter determination is made prior to a divorce or annulment the quarters cannot be removed.

A child can receive qualifying quarters from each parent as well as from themselves.

Quarters earned by children cannot be deemed to their parents or siblings.

The same quarter may be applied to more than one individual.

Qualifying quarters credited to children are retained when they turn 18.

> **Example:**
>
> **Jim and Janet have two children, Bob and Lori. Bob is 17 years of age, and Lori is 16 years of age. Jim has 25 qualifying quarters, Janet has ten, Bob has five, and Lori has five.**
>
> **Bob is eligible based on qualifying quarters; Bob receives 25 from Jim and ten from Janet, in addition to five of his own = 40.**
>
> **Lori is eligible based on qualifying quarters; Lori receives 25 from Jim and ten from Janet, in addition to five of her own = 40.**
>
> **Jim and Janet are not eligible because they may each be credited with only 35 (25 from Jim and ten from Janet).**

Verification of 40 Quarters Requirement

The following procedures provide guidance to workers in administering the 40 quarters determination.

The applicant must provide the full name, social security number, date of birth and sex of each individual (self, parent, or spouse) whose work history is relevant to the determination of eligibility.

Workers can access information needed to determine if an alien has the 40 qualifying quarters of work history through the SVES in TECS. The qualifying quarter's information is obtained through the TPQY inquiry screens. The quarter of coverage information is displayed on the TPQ3 the next day and is not retained on TECS.

If an alien believes the information from SSA is inaccurate or incomplete, SSA will investigate the discrepancy. Depending on the problem, the

worker may contact SSA directly or refer the applicant to SSA. If the applicant is referred to SSA, SSA will give the individual a document indicating the number of quarters under review. An alien who provides the worker with this document can continue to receive SNAP benefits for six months from the date of SSA's initial response or until SSA has completed its review, whichever is earlier.

For wage matches, SSA will send the worker total quarters from 1930 through 1950 and information on quarters by year for 1951 through the most recent information. The most recent eight quarters may be missing from the information SSA provides. SSA will not investigate these quarters because they will be included in the course of the annual wage reporting operation. However, SSA will provide guidance on how to compute these quarters if the household needs them to meet the 40 qualifying quarters exemption. SSA will transmit a quarter of coverage history display.

If the worker is unable to obtain the work history from SSA, the worker must obtain verification of work from the applicant or other available data sources.

Treatment of Assets 430-05-30-60-15

(Revised 01/01/04 ML2893)

View Archives

The assets of an alien (eligible or ineligible) are counted in their entirety to the household.

Treatment of Income 430-05-30-60-20

(Revised 01/01/04 ML2893)

View Archives

Ineligible aliens are not included in determining the household size for the purpose of assigning a benefit level to the household or comparing the household's monthly income with the income eligibility standards.

When an ineligible alien has earned income, the 20% earned income deduction is applied in its entirety to the prorated share of the remaining household members. The income of the ineligible alien must be entered on the appropriate screen by the ineligible alien. TECS performs this calculation based on the participation codes of household members.

Treatment of Expenses 430-05-30-60-25

(Revised 01/01/04 ML2893)

View Archives

Eligible Aliens

Deductible expenses of eligible aliens are considered when determining the benefit level.

Ineligible Aliens

The deductible expenses of an ineligible alien are prorated. The total deductible expense for the ineligible alien must be entered on the EXSA screen by the ineligible alien. All but the ineligible alien's share is counted as a deductible expense for the remaining household members.

TECS will calculate the correct prorated expense for the remaining household members.

Sponsors and Sponsored Aliens 430-05-30-60-30

(Revised 11/01/04 ML2941)

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Sponsored Aliens

Sponsored aliens may be eligible or ineligible aliens who have been sponsored by an individual. The sponsor has agreed to support them as a condition of the alien's admission into the U.S. as a permanent resident. The sponsor must execute an affidavit of support (USCIS Form I-864 or I-864A) on behalf of the alien pursuant to section 213 of the INA.

The following aliens are exempt from the sponsored alien provisions:

- An alien who is sponsored by an organization or a group as opposed to an individual.
- An alien who is not required to have a sponsor under the Immigration and Nationality Act such as but not limited to a refugee, asylee, parolee, or Cuban/Haitian entrant.
- An indigent alien that is unable to obtain food and shelter taking into account the alien's own income plus any cash, food, housing, or other assistance provided by other individuals including the sponsor(s). For purposes of this provision, unable to obtain food and shelter means that the sum of the eligible sponsored alien's household's own income, the cash contributions of the sponsor and others, and the value of any in-kind assistance the sponsor and others provide, does not exceed 130 percent of poverty income guidelines for the household's size. The worker must determine the amount of income and other assistance provided in the month of application.

  If the alien is indigent, the worker must deem to the indigent alien the amount actually provided by the sponsor or other assistance provided by other individuals. The determination of indigent alien ends 12 months after the determination is made. At the end of the 12 months, a new determination can be made. The County must forward the name of the sponsor(s) and the indigent alien to the State Office.

- An alien who is participating in the program as a member of their sponsor's household.
- A battered alien spouse, alien parent of a battered child, or a battered alien for 12 months after the worker determines that the battering is substantially connected to the need for benefits and the battered individual does not live with the individual who battered them.

  After 12 months, the worker must not deem the sponsors' income and assets if the battery is recognized by a court or by USCIS and has a substantial connection to the need for benefits and the alien does not live with the batterer.

Awaiting Verification

A sponsored alien is ineligible for program benefits until all necessary facts, including verification, are obtained. The eligibility of any remaining household members must be determined. The assets and income of the ineligible alien (excluding the assets and income of the alien's sponsor and sponsor's spouse) must be treated in the same manner as a disqualified individual, and considered available in determining the eligibility of the remaining household members.

If the information or verification is later received, the worker must act on the information as a reported change in household size in accordance with the timeliness standards.

If the sponsored alien is ineligible for failure to provide necessary facts, other adult members of the alien's household (including the spouse) then become responsible for necessary information and/or verification to determine eligibility for remaining household members.

If the same sponsor is responsible for the entire household, the entire household is ineligible until such time as the household provides the needed sponsor information or verification. The worker must assist aliens in obtaining verification if needed.

Deeming Assets

In determining eligibility and level of benefits of a household of which an eligible sponsored alien is a member, the worker must deem the assets of the sponsor and the sponsor's spouse if the sponsor and/or the sponsor's spouse has executed USCIS Form I-864 or I-864A.

Exception:

An immigrant child under the age of 18 is not subject to the deeming requirements.

Assets are deemed as follows:

1. The total amount of assets of the sponsor and the sponsor's spouse reduced by $1,500.
2. If a sponsored alien provides the names and identifying information of other aliens sponsored by his or her sponsor, the amount deemed and counted as an asset is divided by the number of aliens sponsored by the sponsor.
3. If the sponsored alien fails to provide the names and identifying information of other aliens sponsored by his or her sponsor, the worker must count the total amount of assets as available.

The assets of a sponsor and the sponsor's spouse are deemed to the alien until such time as the alien:

1. Achieves U.S. citizenship through naturalization;
2. Has worked or can receive credit for 40 of work; or
3. The sponsor dies.

Beginning January 1, 1997, no quarter counts if the alien received any Federal means tested public benefit during the quarter. Federal means-tested assistance programs for this provision are: SNAP, Medicaid, SSI, and TANF.

Deeming Income

In determining eligibility and level of benefits of a household of which an eligible sponsored alien is a member, the worker must deem the total monthly countable earned and unearned income of the sponsor and the sponsor's spouse if the sponsor and/or the sponsor's spouse has executed USCIS Form I-864 or I-864A.

Exception:

An immigrant child under the age of 18 is not subject to the deeming requirements.

Income is deemed as follows:

1. The 20% earned income disregard is applied to any portion of earned income, and;
2. Reduce by the gross income limit equal to the size of the sponsor and sponsor's spouse's household. This includes any other person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for IRS purposes.
3. If a sponsored alien provides the names and identifying information of other aliens sponsored by his or her sponsor, the amount deemed and counted as income is divided by the number of aliens sponsored by the sponsor.
4. If the sponsored alien fails to provide the names and identifying information of other aliens sponsored by his or her sponsor, the worker must count the total amount of income as available.
5. Any amount remaining after these reductions is the amount of income deemed and counted to the sponsored alien's household.

The income of a sponsor and the sponsor's spouse is deemed as unearned income to the sponsored alien until such time as the alien:

1. Achieves U.S. citizenship through naturalization.
2. Has worked or can receive credit for , or

3. The sponsor dies.

Beginning January 1, 1997, no quarter counts if the alien received any federal means-tested public assistance during that quarter. Federal means-tested public assistance programs for this provision are: SNAP, Medicaid, SSI, and TANF.

Sponsored Alien's Responsibilities

During the period the alien is subject to deeming, the eligible sponsored alien is responsible for obtaining the cooperation of the sponsor and for providing the worker at the time of application and at the time of with the information and documentation necessary to calculate deemed income and assets.

The eligible sponsored alien is responsible for timely reporting the required information about the sponsor and the sponsor’s spouse. This includes if the sponsored alien obtains a different sponsor during the review period and for reporting a change in income should the sponsor or the sponsor’s spouse change or lose employment, or die during the review period. The worker must act on these changes based on .

Claims Against Sponsors

A claim must be established against the sponsor of an alien household for any overissuance that is the fault of the sponsor.

Exception:

A claim must not be established against the sponsor if the sponsor is participating in the program.

Collection Action Against Sponsors

If collection action is initiated against the sponsor, it is accomplished by sending the alien's sponsor a written demand letter which informs the sponsor of the amount owed, the reason for the claim, and how the sponsor may repay the claim.

Alien Documents 430-05-30-60-35

(Revised 11/01/04 ML2941)

View Archives

The following documents may be used to verify alien status:

I-551 - Resident Alien Card – This card - various versions of which have been issued since 1978 - is proof of LPR status. Now known as the "Permanent Resident Card," this card was previously known as the "Resident Alien Card" or "Alien Registration Receipt Card." These cards are also commonly referred to as "green cards," even though recent versions of these cards are multi-colored. Until 1989, these cards had no expiration date, but cards now being issued expire 10 years after the date of issue. At the end of the ten years, the LPR does not lose his or her status, but must simply renew the card. Conditional permanent residents are issued cards that are coded "CR" and expire after two years. All I-551 cards include codes showing how the individual obtained LPR status - whether through work skills, as the relative of a U.S. citizen or permanent resident, through the visa lottery, as a refugee or asylee, or otherwise. The cards also indicate the date on which the individual is considered to have obtained permanent resident status. This is often different from the date the person "entered" the U.S.

I-551 - Permanent Resident Card (237 kb pdf)

I-551 - Permanent Resident Cards (237 kb pdf)

I-551 - Stamp in Foreign Passport -- When an immigrant is first admitted to the U.S. as an LPR, his or her passport is stamped with temporary proof of LPR status. This stamp, which has an expiration date, may also be placed on the immigrant's I-94 form. The stamp may be renewed as necessary up until the time the immigrant receives an I-551 Permanent Resident Card.

I-551 - Stamp in Foreign Passport (288 kb pdf)

I-151 - Resident Alien Card -- The I-151 is a version of the "green card" that was issued before 1978 as proof of LPR status. Over the years the USCIS issued several versions of the I-151 card. Although these cards bear no expiration date, the USCIS decided to discontinue their use and issued regulations providing for their "expiration" as of March 20, 1996. If a person has an "expired" I-151, this does not mean that he or she has lost LPR status; it means only that the I-151 is no longer considered proof of the person's LPR status when he or she applies for a job or attempts to reenter the U.S. Individuals who still have the I-151 should apply for the I-551. Persons who have applied for the I-551 card to replace an earlier version, but who have yet to receive it, may have a receipt from the USCIS or some other document that serves as proof of their LPR status.

I-151 - Resident Alien Card (205 kb pdf)

I-94 - Arrival/Departure Record -- The I-94 is a 3"x5" card which is issued to almost all noncitizens upon entry to the U.S. It is also issued to individuals who entered the country without inspection and subsequently have contact with the USCIS. The card is stamped or handwritten with a notation that indicates the individual's immigration category or the extension category or the section of the law under which the person is granted admission or parole. The words "Employment Authorization" may also be stamped onto the card. Noncitizens with I-94s include LPR's, persons fleeing persecution, persons with permission to remain in the U.S. based on a pending application, persons in deportation or removal proceedings, nonimmigrants, and undocumented persons whose period of admission or parole has expired.

I-94 - Arrival/Departure Record (39 kb pdf)

I-688 - Temporary Resident Card -- Immigrants who legalized their status under the Immigration Reform and Control Act of 1986 (IRCA) were first granted temporary resident status. The temporary resident card has a green stripe on the top. The expiration date on the front of the card is extended by stickers placed on the back. The immigrant may still be in lawful status, even if the I-688 or sticker has expired. The card will be marked at the bottom center with the numbers "245A" or 210" to indicate

whether the person legalized under the general amnesty (INA § 245a program or the farmworker SAW or INA § 210) program.

I-688 - Temporary Resident Card (164 kb pdf)

I-688B - Employment Authorization Document (EAD) -- This document is an earlier version of the Employment Authorization Document for immigrants who have been granted permission to work in the U.S. As with the I-766, there are codes on the front of the card that indicate the person's immigration status and refer to the section of the regulation authorizing employment.

I-688B - Employment Authorization Document (EAD) (75 kb pdf)

I-766 - Employment Authorization Document (EAD) -- This document is one of several that indicate an immigrant has been granted permission to work in the U.S. Codes on the front of the card indicate the person's immigration status by referencing the subsection of the regulation authorizing employment.

I-766 - Employment Authorization Document (EAD) (63 kb pdf)

I-571 - Refugee Travel Document -- The refugee travel document is issued to refugees and asylees in the U.S. who want to travel abroad, and to lawful permanent residents who adjust to LPR status after having received refugee or asylee status. The document is used like a passport to enter other countries and return to the U.S.

I-571 - Refugee Travel Document (88 kb pdf)

N-550 and **N-570** - Certificates of Naturalization -- These documents are issued to persons who become U.S. citizens through the naturalization process. The N-550 is the original certificate of naturalization issued by the court. The N-570 is a replacement certificate issued by the USCIS when the original is lost or destroyed.

N-550 and N-570 - Certificates of Naturalization (666 kb pdf)

N-560 and **N-561** - Certificates of Citizenship -- A certificate of citizenship can be obtained by U.S. citizens born abroad who acquired citizenship at birth through a U.S. citizen parent. It can also be obtained by citizens who derive citizenship when their parents naturalized, and by those adopted by U.S. citizens. The N-561 is a replacement certificate.

N-560 - Certificates of Citizenship (219 kb pdf)

I-179 and **I-197** - U.S. Citizen ID Cards -- these two identification documents were issued to U.S. citizens, but they are no longer used by USCIS. Cards previously issued to U.S. citizens remain valid indefinitely.

I-179 and I-197 - U.S. Citizen ID Cards (607 kb pdf)

Migrant/Seasonal Worker Households 430-05-30-65

(Revised 01/01/04 ML2893)

View Archives

Migrant households are subject to the same basic processing, eligibility and allotment standards as other households. This section explains the regulations that differ from other SNAP households.

Migrant

Migrant households are households who travel away from home on a regular basis to seek employment in an agriculturally related activity. Even though an individual member of a migrant household may obtain employment of a non-agricultural nature, the household is still considered a migrant household.

> **Example:**
>
> **A member of a migrant household obtains employment at a migrant day care center while other household members continue to work or seek work at an agriculturally related activity.**

As long as a household indicates that they plan to continue to do migrant farm work, they retain migrant status.

Seasonal Worker

A seasonal worker is an individual who works in agricultural employment of a seasonal or temporary nature. There is no requirement that:

1. The individual be absent overnight from their permanent place of residence.
2. Agricultural work is the sole source of employment.
3. A household be currently employed in agricultural work as long as the individual indicates they plan to return to agricultural work next season.

The following requirements apply to seasonal workers:

1. Be employed on a farm or ranch performing field work related to planting, cultivating, or harvesting operations; or
2. Be employed in agricultural related operations (i.e. hauling, research, office work, canning, packing, etc.).

A person **employed year-round** in agricultural work **is not** a seasonal worker.

Application Processing 430-05-30-65-05

(Revised 01/01/04 ML2893)

View Archives

The following **exceptions** apply to migrant and seasonal worker households:

- Application Month
- TECS Coding
- Destitute Provisions
- Expedited Processing Standards
- Travel Advance
- Wage Advance

Application Month

If there has been a break of one calendar month or more, a form SFN 405 - Application for Assistance must be used and benefits are prorated. This is considered an initial month.

If a household moves here from another state, a form SFN 405 - Application for Assistance must be used. Benefits **are** prorated if **no** eligible household member received SNAP benefits in the prior month. If **any** eligible household member received SNAP benefits in the prior month, benefits **are not** prorated.

If an ongoing case in North Dakota closes for any reason and the household requests benefits within one calendar month of the case closing, form SFN 407 - Application for Review is used and benefits are **not prorated.**

Postponed Verification

Migrant households eligible for expedited service applying on or before the 15th of the month are assigned a one month review period.

Migrant households eligible for expedited service applying **on or after the 16th of the month** are assigned review periods of two months.

If the postponed verification must be obtained from an **out-of-state** source, notice F105 - Expedited Approval for Migrants 2 Month Cert Out-of-State Information Needed, must be sent to the household advising that no further benefits, **other than their first and second month's issuance**, will be granted until the postponed verification is completed. If verification results in changes to their eligibility or level of benefits, those changes will be acted on without a 10-day advance notice.

Migrant households are entitled to two months benefits for postponed out-of-state verification **only once** each season. If a migrant household requesting expedited service has already received this exception once during the current season, postponement of out-of-state verification must be granted only for the initial month's issuance, the same as any other household.

Example:

A household arrives in North Dakota on May 10 and applies on the same date. The application indicates entitlement to expedited service. Case file records indicate that the household was certified in July last year under expedited service procedures, with mandatory verification postponed.

The case record also indicated that the verification postponed last July had never been completed and we have no record that the household was certified under normal processing standards.

The household is ineligible for expedited services because previously delayed verification was not

completed. The application must be processed under 30-day processing standards.

TECS Coding 430-05-30-65-05-05

(Revised 08/01/07 ML3095)

View Archives

To identify migrant cases in TECS, on the REAP screen an opening sub code of "M" must be used. The opening sub code of "S" must be used to identify seasonal worker cases.

Migrant earned income that is counted must be coded "MC" on EAIN. Seasonal worker earned income that is counted must be coded "SW" on EAIN.

Migrant and seasonal worker earned or unearned income that is disregarded because of destitute provisions must be coded "MD" on EAIN or UNIN.

Destitute Provisions 430-05-30-65-05-10

(Revised 01/01/04 ML2893)

View Archives

Migrant or seasonal worker households are considered destitute if:

1. Income for the month of application was received before the date of application and was from a terminated source.
2. The only income for the month of application is from a new source and the new source income of more than $25 will not be received by the 10th calendar day after the date of application.
3. Terminated source income is received before the date of application and new source income of more than $25 will not be received before the 10th day after the date of application.

Migrant or seasonal worker households may have little or no income at the time of application, **even though they receive income at some other time during the month of application.**

Special Income Calculation Procedures

Destitute households must have their eligibility and level of benefits calculated for the month of application by using only income that is received between the first of the month and date of application.

Any income from a new source after the day of application is disregarded.

Determining Destitute Eligibility

The following procedures **must be** used to determine when migrant or seasonal workers are considered destitute and entitled to expedited service. Special income calculation procedures apply when a household is destitute **and** entitled to expedited service.

Income Prior to Date of Application

A household whose only income for the month of application was received prior to the date of application, and was a terminated source, must be considered destitute.

Income from a New Source

Households whose only income for the month of application is from a new source must be considered destitute if income of no more than $25 from the new source will be received by the 10th calendar day after the date of application.

1. Income normally received on a monthly or more frequent basis is a new source of income if no more than $25 has been received from that source within 30 days prior to the date of application.
2. Income normally received less often than monthly is a new source of income if no more than $25 has been received between the regular payment cycles.

Example:

A household applies in January and is paid every three months starting in January. The income is a new source if no more than $25 was received from that source between October and January.

New Source Income Examples:

1. **A household leaves Texas without a wage advance, arrives in North Dakota on May 9, applies on May 10, and a wage advance of $500 will be received on May 25.**

   The household is destitute because no income will be received within 10 days of date of application. The $500 is disregarded while determining benefits because it is new source income received after the date of application.

2. **A household leaves Texas without a wage advance, arrives in North Dakota on May 9, and applies on May 10. A $500 advance will be received on May 15.**

   This household is not destitute because income of more than $25 from a new source will be received within 10 days of the date of application. The $500 is counted in determining benefits.

3. **A household applies on May 9, was certified under expedited service standards for May and completed all mandatory verification within the expedited time frame. The household timely reapplies for June on May 24. A new source of income of $500 will be received from the new employer on June 15.**

   At review the worker must determine whether or not the household is destitute. This household is destitute because income in excess of $25 will not be received from the new source by the 10th calendar day for June.

Income from a Terminated Source

Income received monthly, or more frequently, is considered as coming from a terminated source if it will not be received from the same source during the month of application or during the following month.

Income received less than monthly is considered as coming from a terminated source if it will not be received in the month in which the next payment would normally be received.

A household whose only income for the month of application was from employment that ended and was received by the household prior to application is considered a terminated source income.

If a household's employment has ended and the household will receive income from that employment after the date of application, the income is

not considered a terminated source but is recurring income. The household is not destitute.

Income from both a Terminated and New Source

A household may receive income from a terminated source before the date of application and no additional income from that source is expected. If income from a new source is received after the date of application, the household is destitute if income of not more than $25 from the new source will be received by the 10th calendar day after the date of application.

Continued Work with Same Employer

A household member whose job duties change but who continues to work for the same employer is still receiving income from the same source.

A worker's source of income is the employer for whom the individual is working, not the crew chief. An individual who travels with the same crew chief is considered to have changed from terminated source income to a new source income.

Example:

Application for Review

A household leaves Texas without a wage advance, arrives in North Dakota on May 9, applies on May 10, and a wage advance of $500 will be received on May 25. The $500 received on May 25 is not counted as it is from a new source and will not be received within 10 days of the application date.

The household reapplies for June on May 28. Another $500 advance will be received from the same employer on June 15.

The $500 is counted as income for June because it is recurring income from the same source.

When Destitute Provisions Apply

These provisions apply at initial application and at review, but **only** for the first month of each review period.

Destitute Application Date

When determining destitute provisions, the date of application is used. If the first month is denied, the first day of the second month is the date of application when applying destitute provisions.

Example:

A family moves to North Dakota and applies for SNAP benefits on May 28th. The household received benefits in another state for the month of May. The application is denied for May and approved for June.

June 1st is the date of application used for applying the destitute provisions.

Expedited Processing Standards 430-05-30-65-05-15

(Revised 01/01/04 ML2893)

View Archives

The following apply to migrant households only. Regular expedited processing standards apply to seasonal workers.

When determining expedited time frames, the date of application is used. If the first month is denied, the **original date** of that application is used to determine expedited time frames when processing the second month. Benefits must be made available within seven days of the original application date or by the first working day of the second month, **whichever is later.**

Example:

A family moves to North Dakota and applies for SNAP benefits on May 28th. The household received benefits in another state for the month of May. The application is denied for May and approved for June.

May 28th is the date used for expedited time frames. Benefits must be made available to the household no later than June 4th.

Travel Advance 430-05-30-65-05-20

(Revised 01/01/04 ML2893)

View Archives

Some employers provide travel advances to cover the travel costs of employees traveling to the location of new employment. Travel advances treated as a reimbursement are not counted as income (MD)and do not affect the determination of when a household is destitute.

> **Example:**
>
> **A household applies on May 10th. On May 3rd the household received a $500 travel advance and will not receive further wages until May 30th. The household must be considered destitute. The May 3rd travel advance is a reimbursement and is not counted as income (MD). Based on the destitute provisions the May 30th wages are not counted as income (MD) because they will not be received within 10 days of the application date.**

If there is a written contract or written employer statement (i.e. growers statement) indicating the travel advance will be subtracted from wages later earned, it is no longer a reimbursement and must be counted as earned income (MC).

Wage Advance 430-05-30-65-05-25

(Revised 01/01/04 ML2893)

View Archives

Wage advances whether written or verbal are counted as earned income. (MC)

A wage advance is used to determine new source income and whether a household is destitute.

Exception:

A wage advance for the purpose of travel.

Examples:

1. **A household applies on May 10th. On May 3rd the household received a $500 wage advance and will not receive further wages until May 30th. The household is not considered destitute because the May 3rd wage advance is counted as earned income (MC). The May 30th wages are counted as income (MC) because it is not from a new source.**
2. **A household applies on May 10th. On May 3rd the household received a $500 wage advance for travel (by written agreement) and will not receive further wages until May 30th. The household must be considered destitute. The May 3rd wage advance is not counted as income (MD) because it is a reimbursement for travel. Based on the destitute provisions, the May 30th wages are not counted as income (MD) because they will not be received within 10 days of the application date.**

Migrant/Seasonal Worker Exemption from Work Requirements and BEST 430-05-30-65-10

(Revised 01/01/04 ML2893)

View Archives

Migrant and seasonal workers under a contract or similar agreement with an employer or crew chief to begin employment within 30 days are exempt from work requirements.

Migrants in the job stream are exempt from BEST and are coded GE on the WORE screen in TECS. Seasonal workers exempt from work requirements are not required to participate in BEST.

Migrant Case Examples 430-05-30-65-15

(Revised 01/01/04 ML2893)

View Archives

1. **A household arrives in North Dakota on May 16 and applies on May 17. The only income for May was a final paycheck from a job in Texas that was received on May 10. The household expects to go to work on or about June 1 and does not anticipate a wage advance but expects payment on June 8. Liquid assets do not exceed $100.**

   This household is destitute. For May, the terminated source income received on May 10 is counted because it was received between the 1st of the month and date of application.

   For June, the grower's statement is used to anticipate income because the destitute provisions apply for only the first month of the review period.

2. **A household issued SNAP benefits on June 5 reapplies for July on July 5 and anticipates a payment of $500 on July 14.**

   The household is not destitute because income of more than $25 will be received from a new source within 10 days of the household's date of application for July. July benefits must be issued to this household no later than 30 calendar days after the July 5 application date.

   The household lost its right to receive SNAP on the regular issuance date because of failure to timely reapply for July. Benefits for July are not prorated as a period of more than one calendar month had not lapsed before the household was reviewed.

New Source Income Examples

1. **A household applies on July 1 and expects to receive a final payoff of $2,000 on July 10.**

The household is not destitute because income of more than $25 will be received within 10 days of the date of application.

The $2000 is counted as income to the household.

2. **The household applies on July 1 and expects to receive a final payoff of $2,000 on July 13.**

   The household is destitute because income will not be received within 10 days of the date of application. The final payoff is disregarded because it is a payment that will not be received within 10 days of the date of application.

3. **A household that was issued SNAP in June timely files an application for review for July on June 14 and anticipates a payment of $2,000 on July 10.**

   This household is not destitute because the payment will be received within 10 days of July 1.

   The $2000 is counted as income to the household.

<u>Final Payoff Examples</u>

1. **A household applies in early June and does not anticipate that they will receive any payment until the end of July at which time the payoff is expected.**

   The application is processed for June and benefits issued. Based on the anticipated payoff, a 10-day advance notice to decrease benefits for July is sent.

   In July, the household reports the payoff will not be received until August 1 and provides verification. The reported change is not acted on for July, as supplements are not issued in the current month.

   The anticipated payoff would be used when processing August benefits.

2. **The following example illustrates correct treatment of final payments anticipated in July, including all actions throughout the season:**

May 20 - The household initially applied, stating that:

a. **SNAP had not been received elsewhere in May.**

b. **A $500 travel advance was received on May 15 that would be subtracted from wages later earned (at the time of application there was no written statement that the advance would later be deducted from wages); and there was no other household income.**

c. **Liquid assets did not exceed $100.**

d. **No further advances would be requested until final payoff in July. The worker verified identity through a collateral contact, but was unable to verify income within the expedited service time frame.**

May 26 - The household is certified and issued SNAP benefits for the month of May within the prescribed expedited service time frame. Because in-state income verification for the travel advance was not provided within the appropriate expedited service time frame, June benefits cannot be issued until income verification is received (postponed verification procedures require assignment of a two-month review period when application is made after the 15th of the month).

The household was certified as destitute and assigned a two-month review period because the May 15 travel advance was disregarded while making destitute household determination. The $500 advance was disregarded as a travel advance under special destitute household income calculation procedures because a written contract (or written employer statement) stating that it was to be deducted from wages later earned was not available within the required expedited service time frame.

May 28 - The worker received a completed Grower's Statement, which stated the following:

a. **Item six indicated that an advance to be subtracted from wages later earned was paid on May 15.**

b. **Item 8b was not checked for weekly, biweekly, or monthly payments, and no dollar amounts were entered. Item 8b did, however, contain a handwritten statement to the effect that the household would be paid as requested before the final payoff.**

c. **Final payoff, on about July 25, would be in the amount of $3,000 minus any wage advance paid.**

d. **The case is worked for June benefits using no income based on the Grower's Statement.**

June 14 - The household timely files an application for review for July and reports receipt of a $2,000 wage advance on June 7. At the time of the interview for review it was learned that the $2,000 wage advance had been drawn to pay for a previously unanticipated household emergency.

June 28 - The case is worked for July using July anticipated income of $500. A one-month review period is assigned because the household expects to leave North Dakota immediately upon completion of the job about July 25. The $500 is counted because:

a. **The household received advances before the final payoff, making the anticipated July 25 payoff recurring, rather than new source income.**

b. **Only that amount will be received in July. Advances totaling $2,500 were received in May and June. Only income actually received or anticipated during the review period is taken into account at the time of certification.**

July 1 - July benefits are issued. In this case situation, no claims against the household are required for either May or June. Because the travel advance could not be verified as an advance that would be deducted from wages later earned within the expedited timeframe, the $500 advance was correctly excluded from the destitute household income calculation procedure as a travel advance.

The $2,000 wage advance in June had not been anticipated in time to affect June issuance.

Application for Review 430-05-35-05

(Revised 05/01/13 ML3365)

View Archives

A review (for all households) is determining continued eligibility based on circumstances **anticipated** for the review period. Workers must approve or deny an application for review.

To determine continued eligibility a household must:

- File the SFN 407 - Application for Review or if a client is also on TANF and/or Medicaid, the Vision Review form. (If the household completes the SFN 405 - Application for Assistance during the review month, it must be accepted in place of the SFN 407).

  If an applicant completes an application for review online at a county social service office, the county must print a copy and provide it to the household.

- Complete an interview, if required, and provide required verifications.

An SFN 407 - Application for Review is considered incomplete if it contains only the applicant's name, address (residential or mailing) and signature of a responsible household member or authorized representative. The household must be advised that it does not have to be interviewed before filing the application and may file an incomplete application form. The incomplete application must be registered, the pending notice sent and the interview scheduled, if required.

The remainder of the SFN 407 with signature on the last page, an interview, if required, and all mandatory verifications are required to complete the application process.

The date of an application for review is the date the county receives a signed form, provided the application was submitted during the county's normal business hours. When an application is submitted after normal business hours, on a weekend, or on a North Dakota Department of Human Service holiday, the application is considered received the next business

day. The county must document the date an application for review is filed by recording the date it was received on the application. The processing timeframe begins the day following the date of application. The completed form must be filed in the last month of the current review period.

> **Example:**
>
> **If a household's review period expires at the end of March, the household must file the application for review for April by March 31.**

If the household files a review without an address (residential or mailing), it is not an application for review. The county must file the review and note on the form that it is not considered an application for review.

If the household provides a residential address but does not provide a mailing address and the applicant is not able to get their mail at their residential address, General Delivery must be used as the address. The worker must explain to the household that they may not get information necessary to keep their case open. If mail is returned with an unknown address, the case, if otherwise eligible, would continue until review.

If an application for review is not filed in the last month of the review period, the case will automatically go to close in TECS.

If an application for review is filed prior to the last month of the review period, the worker must take the following action:

- If the review form was generated from TECS, the county must register the form using the 1st working day of the last month of the review period.
- If the review form was NOT generated from TECS, the household must be informed they will be receiving a form and must complete and return it after the first of the month.

Notice of Determination 430-05-35-10

(Revised 01/01/04 ML2893)

View Archives

Households who file a timely application for review by the 15th of the last month of the review period must be sent a notice of approval, denial, or pending status by the last day of the current review period, utilizing the appropriate TECS notice.

Households who file a late application for review after the 15th of the last month of the review period must be sent a notice of approval, denial, or pending status by the 30th day after the filing of the application for review.

Notice of Expiration of Review 430-05-35-15

(Revised 12/01/08 ML3164)

View Archives

TECS automatically sends Notice X004 - Review Due - Interview to the household 45 days prior to the expiration of the current review period when an interview is required as part of the review process.

Notice X004 informs the household of the following:

1. When the review period expires.
2. That the county will schedule a face-to-face interview after the application for review has been submitted.
3. To complete an application for review and submit it to the county.
4. That the application for review is mailed to them by the end of the month.
5. The application for review must be submitted by the 15th of the following month.
6. The verification requirements the household must meet as a part of the review process.
7. The county responsibility to assist the household in obtaining required verification provided the household is cooperating with the county.

TECS automatically sends Notice X008 - Review Due - No Interview to the household 45 days prior to the expiration of the current review period when there is NOT an interview required as part of the review process.

Notice X008 informs the household of the following:

1. When the review period expires.
2. That they are NOT required to complete an interview as part of the review.
3. To complete an application for review and submit it to the county.

4. That the application for review is mailed to them by the end of the month.
5. The application for review must be submitted by the 15th of the following month.
6. The verification requirements the household must meet as a part of the review process.
7. The county responsibility to assist the household in obtaining required verification provided the household is cooperating with the county.

Automatic Notices 430-05-35-17

(Revised 11/01/06 AMENDED ML3044)

View Archives

The following notices are automatically sent when an application for review is approved:

- X421 – Household over Gross Income Limit and Eligible - Reporting Requirement – for categorically eligible household with income over the gross income limit, this notice informs the household of their reporting requirements.
- X422 – Household under Gross Income Limit Reporting Requirement – for households subject to simplified reporting this notice informs the household of their reporting requirements.

Withdrawing an Application for Review 430-05-35-19

(Revised 05/01/13 ML3365)

View Archives

A household may voluntarily withdraw an application for review at any time prior to the determination of eligibility. This request can be oral or written. The worker must document in the case file the request for withdrawal and send the notice F214 –Application/Review Withdrawn, to the household to confirm the withdrawal. The household must be advised of its right to reapply.

Review Processing Timeframes 430-05-35-20

(Revised 06/01/15 ML3440)

View Archives

A timely application for review must be processed by the end of the current review period.

A late application for review must be processed within 30 days after the date the application for review is filed. If the 30th day falls on a weekend or a North Dakota Department of Human Services holiday, deny the application on the next working day following the 30th day.

Denying the Application for Review 430-05-35-20-05

(Revised 06/01/15 ML3440)

View Archives

Households that are ineligible must be sent a notice of denial as soon as possible, but no later than 30 days following the date the application for review was filed. If the 30th day falls on a weekend or a North Dakota Department of Human Services holiday, the application for review must be denied on the next working day following the 30th day. The household must file a new application if further program consideration is desired.

If a household has failed to appear for an interview and has made no further contact with the worker to express an interest in pursuing the application for review or failed to provide verification, the worker must send the household a notice of denial on the 30th day following the date of application. If the 30th day falls on a weekend or North Dakota Department of Human Services holiday, the application must be denied on the next working day following the 30th day. If the household schedules an interview or provides the verifications after the 30th day but before the end of the month following the last month of the review period, Delays in Processing at 430-05-35-20-20 apply.

Timely Application for Review 430-05-35-20-10

(Revised 11/01/13 ML3384)

View Archives

An application for review is considered timely when it is filed by the 15th day of the last month of the review period and the following actions are completed by the last day of the household's current review period.

1. An completed if required; and
2. All required verifications received.

When all of these conditions are met, eligibility must be determined by the end of the current review period for the new certification period and the appropriate notice sent by the last day of the review period.

Exceptions - Households Assigned One or Two Month Review Periods

Households certified for one month, and households certified for two months when the application for review is processed in the second month, are allowed 15 days from the mailing date on notices F100 - Expedite Approval - 1 Month - Postponed Verification or the F101 - Expedite Approval - 2 Month - Postponed Verification to timely file an application for review. If the household files their review within 15 days of the mailing date, the review must be registered the 1st of the month and benefits are not prorated.

If the household has completed the interview, provided all verifications, and is eligible, benefits must be made available no later than 30 days after the last issuance. This could include an application for review that is received after the household's current review period has expired.

If the review is not filed timely or the interview and verifications are not provided within 30 days of the last issuance, the review must be processed within 30 days after the review was filed by the household.

Example - One month review period assigned:

A household was certified for May on May 10 and issued May benefits on May 11. Notice F100 dated May 11 was sent to the household. The household timely reapplies for June (prior to May 26), is interviewed, provides all mandatory verifications (prior to June 10) and is found eligible. June benefits must be made available to the household no later than June 10 (30 days after the last issuance).

Example - Two month review period assigned:

A household was certified for April and May on April 25 and issued benefits for April on April 26 with postponed verification. Notice F101 dated April 26 was sent to the household. The household provides the postponed verification on May 7. May benefits must be issued by May 12.

The household timely reapplies for June within 15 days (on or before May 10) is interviewed and provides all mandatory verifications (prior to June 11) and is found eligible. June benefits must be made available to the household no later than June 11 (30 days after the last issuance) and are not prorated.

The worker must revert the case to open, NEXT to CLIR and use function 3, enter the case, office, unit and caseload number and enter off the screen. In this instance, the worker must register the application for

review with a benefit start date of June 1 on the REAP screen.

Late Application for Review 430-05-35-20-15

(Revised 12/01/08 ML3164)

View Archives

If a household files an application for review after the 15th day of the last month of the review period, it is considered a late review. If an interview is required and completed, and all verifications are received prior to the end of the household's current review period, the worker has 30 days from the date of the application for review to process it.

If an interview is required and completed, and/or verifications are received after the end of the household's current review period, delays in processing applies.

Delays in Processing 430-05-35-20-20

(Revised 06/01/15 ML3440)

View Archives

When a household files an application for review before the end of its current review period and takes the required action after the end of the current review period, responsibility for the delay must be determined.

Determining cause for the delay dictates what action (deny or pend) must be taken on the case and whether or not the household is entitled to benefits retroactive to the date of the application for review.

Delays Caused by the County

When a delay in the review determination period is caused by the county:

1. Do not deny the application for review.
2. Notify the household by the 30th day following the date of the application for review that it is pending and state the reason.

If the household is found eligible during the second 30-day period, provide retroactive benefits back to the date the review period should have begun.

Delays Caused by the Household

If a household has failed to complete any part of the review process within 30-days of receipt of the review, the delay is the fault of the household if the worker took the following actions:

1. Failure to Complete the Application for Review: The worker must have offered, or attempted to offer, assistance in completion of the form.
2. Failure of Household Member(s) to Register for Work: The worker must have informed the household of the need to complete SFN 385 – Affidavit for Work Requirements or SFN 353 - Affidavit for BEST

Registrants and given the household at least 10 days from the date of notification to register household members.

3. Failure to Provide Required Verification: The worker must have:

   a. Provided the household with a statement of required verification**; and**

   b. Offered to assist the household in obtaining required verification; **and**

   c. Allowed the household at least 10 days from the date of request to provide the missing verification.

If it is determined the delay is the fault of the household, the worker must deny the review using the appropriate notice.

Exceptions:

1. **If an individual in the household fails to comply with work registration requirements, the individual is disqualified and if the remaining household members are otherwise eligible, the review can be approved with the noncomplying individual's participation as DW.**

2. **If the household fails to provide verification of expenses, the review is processed without the unverified expenses.**

4. For households that have failed to appear for an interview, the worker must have sent the F018 - Notice of Missed Interview. If the household failed to schedule a second interview or a subsequent interview is postponed at the household's request or cannot be rescheduled until after the 20th day but before the 30th day, the household must appear for the interview, bring verification and register members for work by the 30th day; otherwise the delay is the fault of the household.

   If the household fails to appear for the interview, provide verification (other than expenses), the review must be denied. If the required action is taken after the 30th day but before the end of the month following the last month of the review period, the same Application for Review form is used and registered as an application. The application date is the date required action was completed as benefits are

prorated from that date and expedited processing standards may apply.

5. If the household failed to appear for the first interview and a subsequent interview is postponed at the household's request until after the 30th day following the date of application for review, the delay is the fault of the household.

   The review must be denied on the 30th day using the F205-Failure to Complete Interview at Review. If the household appears for the interview after the 30th day but before the end of the month following the last month of the review period, the same Application for Review form is used and registered as a new application. The application date is the date required action was completed as benefits are prorated from that date.

   If the household takes the required action by the end of the month following the last month of the review period, do not require a review received after the expiration of the review period. The same Review form is used and registered as a new application. The application date is the date required action was completed as benefits are prorated from that date and expedited processing standards may apply.

Examples:

1. **A household certified through April 30th files an application for review on April 17 for May. The application is denied for failure to provide verification (other than expenses) on May 17 (30th day). If the household provides the verification after May 17 but on or before May 31, the application for review that was denied must be registered with a benefit start date equal to the date the verifications were provided.**

   If the household provides the verifications on June 1 or later, the household must file a new application.

2. **A household certified through February 28th files an application for review on February 17 for March. The application is denied for failure to provide**

verification (other than expenses) on March 19 (30th day). If the household provides the verification after March 19 but on or before March 31, the application that was denied must be registered with a benefit start date equal to the date the verifications were provided.

If the household provides the verifications on April 1 or later, the household must file a new application.

3. **Household files an application for review on January 25th for February benefits and an interview is scheduled for February 1st. The household fails to show for the interview and the Notice of Missed Interview is sent on February 2nd. The review is denied on February 24th for failure to complete the interview.**

   On March 15th, the household contacts the county and requests an interview. Because the review period ended January 31st delays in processing do not apply. If the household is interested in future benefits, a new application is required.

4. **Household files an application for review on January 28th for February benefits. No interview is required for this review and the F301 pending notice is sent to the household requesting verification of January income. The household fails to respond to the pending notice and the review is denied on February 28th for failure to provide information.**

   On March 22nd the household provides verification of January income. Because the review period ended January 31st, delays in processing do not apply. If the household is interested in future benefits, a new application is required.

5. **Household files an application for review on March 1st for March benefits and an interview is scheduled for March 11th. The household fails to show for the interview and the notice of missed interview is sent on that date. On March 25th, the household contacts**

the county and requests an interview. The household is interviewed on March 28th and the application is pended for verification of income. On March 31st (30th day) the review is denied for failure to provide information.

Because the review period ended February 28th, delays in processing do not apply. If the household is interested in future benefits, a new application is required.

6. **Household files an application for review in the last month of the review period. The application for review is denied on the 30th day for failure to provide information.**

   Sometime prior to the end of the month following the last month of the review period, the household provides verification of some but not all of the verifications previously requested. In this instance, the review is not re-registered as not all verifications requested have been provided. If the household is interested in future benefits, they must provide all of the verifications or reapply.

Reviews Received after Expiration of Review Period 430-05-35-20-25

(Revised 06/01/15 ML3440)

View Archives

If a household files an application for review the month following the last month of the review period, it is considered an application for review; however, benefits must be prorated. The worker must revert the case to open, NEXT to CLIR and use function number 3 – Register Application with Existing Case Number, enter the case number, office, unit and caseload number and enter off the screen. On the REAP screen, the worker must enter the date the application for review was received on the Application Received line.

If the household is entitled to expedited services, processing at 430-05-35-25 - Expedited Service at Review must be followed.

If the household is not entitled to expedited services or entitled to expedited services and certified with no postponed information/verification, notice F104 – Review Approval after Review Period Expired must be sent to the household.

> **Example:**
>
> **A household's review period expired on June 30 and the household did not file an application for review in the last month of their review period (June). The household files an application for review on July 9. The application for review is used and benefits are prorated from July 9. A new Application for Assistance, SFN 405, is not required.**

If the household does not take the required action the review which was filed after the review period had expired must be denied using the F244 - Failure to Provide Information at Review after Review Period Expired or F245 -Failure to Interview at Review after Review Period Expired. These

notices do not give the household sixty day to complete the interview or provide the missing verifications.

Review Use for Beginning Months 430-05-35-20-30

(Revised 11/01/13 ML3384)

View Archives

A review may be used to process one, two or up to three months of the new review period. In order to process the review, mandatory verifications are required for all beginning month. When a household is interviewed and anticipates changes in the second or third beginning months, the review must be pended for verification of those changes. If the household fails to provide verification necessary to process all beginning months, the review must be denied for failure to provide verification.

Because of anticipated changes, a household may be eligible for the first month of the review period or first two months of the review period (if processing in the second month), but ineligible for the following months. In this instance the worker must process the review, approve benefits and send an approval notice for the first month or first and second beginning months.

The worker must then enter the anticipated changes for the second or third beginning month (if processing in the second month) and issue a closing notice. This must be done on the same day the first month is processed to avoid sending a 10-day advance notice. If the second or third beginning month (if processing in the second month) is not processed on the same day as the first month, a 10-day advance notice is required to close the case.

A household may be eligible for a zero benefit due to proration for the first month of the review period. The worker must approve the review and a zero benefit must be authorized.

If the first month of the review period is denied a new application is required.

<u>Examples:</u>

1. **A household files a review due in June on June 28. During the interview on July 3rd, the household reports and verifies they will have no income in the month of August. The review is processed for July using the verified anticipated income and the income is removed when processing August benefits.**

2. **A household files a review due in June on June 28. During the interview on July 3rd, the household reports and verifies they will have a new source of income in the month of August. (The review is processed for July and the verified new source income is added when processing August benefits.) If July and August are not processed on the same day, a ten day advanced notice is required to decrease August benefits.**

Expedited Service at Review 430-05-35-25

(Revised 05/01/13 ML3365)

View Archives

Expedited service does not apply at review unless the household files an application for review after the end of its current review period.

If a household files an application for review after the end of its current review period and an interview is required, Expedited Processing Standards at 430-05-20-50-15 apply.

If a household files an application for review after the end of its current review period and no interview is required, the following procedures apply.

County procedures must be designed to identify households eligible for expedited service at the time of review after expiration of the review period when no interview is required by conducting a pre-screening. The application for review must be used to screen for expedited services. If the household completes the SFN 405 - Application for Assistance instead of the application for review, it must be accepted in place of the SFN 407 and Section 1 is used to screen for expedite. A household cannot waive its right to expedited service.

The application for review or SFN 405 - Section 1 will be considered a completed application if the household is entitled to expedited service and it contains the applicant's name, address (residential or mailing), household composition, income, assets and the signature of the applicant, a responsible household member or authorized representative. If the shelter/utility cost questions are not completed, it is still considered complete.

If the application for review or SFN 405 - Section 1 is not considered complete, the worker must attempt to contact the household to complete the screening. If the county is not able to complete the screening, the

pending notice is sent for completion of the application for review or the SFN 405.

If the household is entitled to expedited service, the completed application for review or SFN 405 - Section 1 must be registered. An interview IS NOT required to process the review. The application for review or SFN 405 - Section 1 is processed within the expedited processing standard using the information and verifications provided at the time of filing. Verifications not provided at the time of filing must be postponed in order to meet the expedited timeframe.

When the remainder of the application for review or SFN 405 and verifications are postponed, the household must be certified for one or two months as follows:

1. If the household filed their application for review or SFN 405 - Section 1 on or before the 15th of the month, the household must be certified for that month only.

   When certified only for one month, the worker must send notices F100 - Expedite Approval-1 Month-Postponed Verification and provide the household with SFN 407 - Application for Review for SNAP. The household must reapply, complete an interview and provide postponed verifications for continued eligibility. If the household does not reapply and provide postponed verifications, they do not qualify for expedited service again.

2. If the household filed their application for review or SFN 405 - Section 1 on the 16th of the month or later, the household must be certified for the month of review and the following month. Benefits for the second month must not be issued until the remainder of the application for review or SFN 405 and all postponed verifications have been provided.

Exception:

If expenses were postponed and not provided, by the last working day of the second month the second benefit month is issued without allowing unverified expenses.

Benefits for the second month must be issued no later than the 5th working day from the date the remainder of the application for review or SFN 405 - and all verifications are received, or the 1st of the second month, whichever is later.

When certified for the month of review and the following month, the worker must send notices F101 - Expedite Approval- 2 Month-Postponed Verification. If the review is processed after the 25th day of the month, the worker must also provide the household with form SFN 407 - Application for Review for SNAP.The household must reapply, complete an interview and provide postponed verifications for continued eligibility. If the household does not reapply and provide postponed verifications, they do not qualify for expedited service again.

Exception:

Unless certified under 30-day processing standards since the last expedited application.

Interviews 430-05-35-30

(Revised 06/01/15 ML3440)

View Archives

All households, with an interview required at review, including those submitting applications for review by mail, must have face-to-face interviews with a worker prior to review. An interview must be conducted at the SNAP office or other mutually acceptable location (including a household's residence – this must be scheduled in advance). The primary purpose of interviewing a household is to obtain and furnish information. The interview must be conducted as an official and confidential discussion of household circumstances. The individual's right to privacy must be protected during the interview. Facilities must be adequate to preserve the privacy and confidentiality of the interview.

The individual interviewed may be the applicant, spouse, any other responsible member of the household, or an authorized representative. The worker must review the information that appears on the application for review, explore and resolve inconsistent and incomplete information.

Households must be advised of their rights and responsibilities during the interview, including the appropriate processing timeframes and the household's responsibility to report changes.

Households that are applying for or receiving TANF must be advised that time limits and other requirements that apply to TANF do not apply to SNAP. These households must also be advised that they may still be eligible for SNAP if they are no longer receiving TANF because they have reached the TANF time limit, have begun working, or for other reasons.

Workers, during the interview, must inquire about any changes in household circumstances between the time the application for review was completed and the time of the interview.

Any changes received or reported prior to the review being processed, must be acted on.

1. The worker must also:

    a. Document the date the application for review was filed by recording the date it was received by the county.

    b. Document the date the interview was conducted and the name of the individual interviewed on the application.

    c. Examine and explore each section of the application for review with the household or its authorized representative.

        (1) If it is incomplete, assist the household in completing the form.

        (2) Ensure that the application for review is completed and signed.

    d. If the household has not designated an authorized representative, explain to the household the functional capacity of the authorized representative and allow them the opportunity to designate someone.

    e. The worker must remain flexible, avoid biases, be sincerely interested in people, and be sensitive to their individual circumstances.

2. The worker must keep in mind an interview is **not**:

    a. a criminal investigation.

    b. a counseling session.

    c. an interrogation.

Waiver of Office Interview 430-05-35-30-05

(Revised 01/01/04 ML2893)

View Archives

At the county's discretion, a telephone interview can be conducted instead of an office interview if:

1. The household is unable to appoint an authorized representative.
2. **NONE** of the adult household members are able to come to the office because:

    a. They are elderly or disabled.

    b. They are mentally or physically handicapped.

    c. Of transportation difficulties.

    d. Other hardships such as, but not limited to: illness, care of a household member, residence in a rural area, prolonged severe weather, or work or training hours which preclude an office interview.

The worker must determine if the transportation difficulty or hardship reported by a household warrants a waiver of the office interview and must document in the case file why a request for a waiver was granted or denied.

A waiver of the face-to-face interview does not exempt the household from verification requirements. Special procedures may be used to permit the household to provide verification and obtain its benefits in a timely manner, such as substituting a collateral contact in cases where documentary verification would normally be provided.

Scheduling of Interviews 430-05-35-30-10

(Revised 12/01/08 ML3164)

View Archives

The county must schedule interviews, if required, for all applications for review as promptly as possible. Counties must schedule interviews so that the household has at least 10 days to provide requested verifications before the end of the current review period.

If the household fails to appear for the first interview, the worker must send notice F018 – Notice of Missed Interview. This notice informs the household that they are responsible to schedule a second interview. If the household contacts the county for a second interview, the interview must be held and the application for review processed. If the household does not contact the county for a second interview, the application for review is denied 30 days after the date of the application for review.

Things to do Before the Interview 430-05-35-30-15

(Revised 06/01/09 ML3182)

View Archives

1. Register the SFN 407 - Application for Review if it is received prior to the interview.
2. Check FACSES and New Hire.
3. Copy the MOIA (Monthly Inquiry Authorization) screens (Function 3 on MOMM menu).
4. Read the last narrative.
5. Check case alerts.
6. Review the last application or application for review.
7. Check DIRE to see if there are any outstanding claims.
8. If there is an outstanding claim, check NOHS to see if the client received a Treasury Offset Notice (TOP). If so, and the application is being approved, contact the State Office so the State Office can set the client to "inactive" in the TOP file and reopen the claim. Recoupment will then begin with allotment reduction. Regulations prohibit collection from TOP if the client is an open SNAP case, unless the client is eligible for a zero benefit.
9. Put packet together:
    a. DN 696 - Simplified Reporting Information Fact Sheet
    b. SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for SNAP BEST Registrants
    c. Checklist for requested verifications
    d. Any other forms that may be pertinent to the case (i.e. IIM account, authorization for release of information)
    e. SFN 187 - Medical Expense Verification Worksheet

Things to do During the Interview 430-05-35-30-20

(Revised 12/01/08 ML3164)

View Archives

1. Discuss work requirements and complete SFN - 385 Affidavit for SNAP Work Requirements if necessary.
2. Review SFN 407 - Application for Review and make sure it is complete.
3. Verify a full month's earned and unearned income from the base month or month of review.
4. Compare information with what is in case record.
5. Discuss and clarify any conflicting information.
6. Review utility expenses to determine appropriate utility standard.
7. Review averaged expenses such as homeowner's insurance, taxes, medical expenses.
8. Request and document any needed verification and give client a checklist.
9. Review rights and responsibilities.
10. Advise households that are applying for or receiving TANF that:
    - Time limits and other requirements that apply to TANF do not apply to SNAP.
    - They may still be eligible for SNAP if they are no longer receiving TANF because they have reached the TANF time limit, have begun working, or for other reasons.
11. Make appropriate referrals for other assistance programs such as Child Care, LIHEAP, Medicaid, TANF, housing, unemployment, WIC.
12. Ask if there are any changes that may affect SNAP benefit or eligibility.

13. Explain EBT and schedule card replacement or change of PIN if necessary.

Things to do After the Interview 430-05-35-30-25

(Revised 01/01/04 ML2893)

View Archives

1. Register the application for review in TECS if it was not received prior to the interview.
2. Send a pending notice if appropriate.
3. Complete the application and authorize benefits.
4. Send the appropriate determination notice.
5. Write the narrative.

Processing a Review When No Interview is Required 430-05-35-30-30

(Revised 06/01/15 ML3440)

View Archives

When a household files an application for review and there is no interview required, the worker must document the date the application for review was filed by recording the date it was received by the county. The worker must then examine and explore each section of the application for review.

1. If the application for review is incomplete or mandatory verifications were not provided, the worker must register the application for review and return a copy of the incomplete application to the household highlighting the areas not completed.

   If the application for review is not signed, the application for review cannot be registered. The original application for review must be returned to the household for signature.

   The application for review is considered complete when:

   - The household answers all questions that are appropriate and provides all requested information.
   - Signed by a responsible member of the household or authorized representative.
   - Mandatory verifications including verification of a full month's earned and unearned income from the base month or processing month if available is included. If a pay stub is missing, year to date totals can be used to calculate the income.
   - The SFN 385 – Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for BEST Registrants is complete for all household members required to work register.

2. Send the F301 – Additional Information notice to the household. The notice must indicate that the application for review is being returned for completion, if not complete, and to request mandatory verifications not provided with the application for review. Mandatory

verifications include a full month's earned and unearned income from the base month or month of review.

3. If the completed application for review is not returned, the worker must send the F201 – Failure to Provide Information notice to the household no later than 30 days following the date the application for review was filed. If the 30th day falls on a weekend or a North Dakota Department of Human Services holiday, the application for review must be denied on the next working day following the 30th day.

Exception:

If an individual in the household fails to comply with work registration requirements, the individual is disqualified and if the remaining household members are otherwise eligible, the review can be approved with the noncomplying individual's participation as DW.

If the application for review is complete and all verifications are provided, the worker must process the review as follows. If a household reports a change after filing the review but prior to the review being processed, the change must be acted on.

1. Register the application for review.
2. Compare information with what is in previous case records.
3. Review utility expenses to determine appropriate utility standard.
4. Review averaged expenses such as homeowner's insurance, taxes, medical expenses.
5. Check FACSES and New Hire.
6. Copy MOIA (Monthly Inquiry Authorization) screens (Function 3 on MOMM menu) for the last benefit month. Compare MOIA to the application for review noting reported changes.
7. Read the last narrative.
8. Check case alerts.
9. Review the last application or application for review.
10. Check DIRE to see if there are any outstanding claims.

11. Complete the application for review and authorize benefits.
12. Send the appropriate review notice.
13. Write the narrative.

SSI Households Applying for Review for SNAP at SSA 430-05-35-35

(Revised 01/01/04 ML2893)

View Archives

Households in which **all** members are in receipt of or applying for SSI are permitted to file a SNAP application for review with the SSA.

Form SSA-4233 - Social Security Administration Transmittal for SNAP Application is used to transmit SSI recipient SNAP applications to the county.

Where SSA accepts and refers the application for review, the household must not be required to appear at a second office interview, although the worker may conduct an out-of-office interview, if necessary.

Mandatory Verification 430-05-35-40

(Revised 04/01/14 ML 3400)

View Archives

The worker MUST verify the following information at **review**:

1. SSN - must be provided for all household members not previously provided.

   Exception - Newborn:

   A newborn without a SSN must be included in the household. The household must provide the SSN or proof of application at the next review or within six months following the month the baby is born, whichever is later.

2. Identity - Must be verified for a newly designated authorized representative if the authorized representative completes the interview.
3. Residency - Must be verified if household has moved.
4. Disability:
   a. Permanent disability, not previously verified, must be verified for any household member.
   b. If the disability is not obvious, the household must provide a statement from a physician, licensed or certified psychologist, certifying that the individual is disabled.
5. Income:
   a. Changes in the source of income must be verified.
   b. The unearned income for all household members must be verified.
   c. Gross earned income must be verified for the following individuals:

      (1) Age 18 and older.

(2) Age 16 and older if not attending school at least half time.

A full month's earned and unearned income from the base month or month of review if available must be verified and used. If a pay stub is missing, year to date totals can be used to calculate the income.

If **all** income for the month of review is verified, that income must be used for the first month of the new review period. If the household anticipates a change for the first month of the new review period, **that** change must be verified and used.

If all income for the month of review is not available and the household cannot reasonably anticipate the amount of income for the first month of the new review period, base month income must be verified and used.

For all cases where income (both earned and unearned) is received either weekly or biweekly, income must be converted for benefit determination.

Biweekly is defined as receiving earnings every two weeks.

Example:

Individual receives a paycheck every other Monday.

To convert weekly earnings, total the weekly checks and divide by the number of checks (4 or 5) to arrive at the weekly average. The weekly average is then multiplied by 4.3.

To convert biweekly earnings, total the biweekly checks and divide by the number of checks (2 or 3) to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

Exceptions:

1. **Income conversion does not apply to self employment income.**

2. **Income will not be converted when it is known the household will not receive the income on each of the weekly or biweekly pay dates.**
3. **Income conversion does not apply to child support income as this income is base month budgeted.**

If tips, commissions, bonuses or incentives are paid weekly or biweekly and are included in the gross income on the weekly or biweekly paycheck or pay stub, they are converted.

If tips, commissions, bonuses or incentive are paid or reported weekly or biweekly and are included on the paycheck or pay stub, but not in the gross income and the paychecks are received weekly or biweekly, they must be added to the gross income and converted.

If tips, commissions, bonuses or incentive are not paid or reported weekly or biweekly, they are not converted. The tips, commissions, bonuses or incentives must be counted separately as earned income.

Examples:

1. **Cash tips received daily and reported monthly are not converted.**
2. **Tips paid in a separate check that is not paid weekly or biweekly are not converted.**
3. **Household files an application for review for June benefits on May 17th and no interview is required. The household reports they continue to be paid every week on Fridays and verifies all earnings received in April and May to the date of review. April earnings were received on the 1st, 8th, 15th, 22nd and 29th. The household received paychecks on May 6th and 13th and will receive additional paychecks on May 20th and 27th. The April 1st, 8th, 15th, 22nd, and 29th paychecks must be totaled, divided by five and then multiplied by 4.3. This amount must be used for June.**

If the household anticipates a change in May income, the change must be verified and May income used for June.

4. **Household files an application for review for November benefits on October 17 and is interviewed on October 26th. At the interview the household reports they continue to receive biweekly unemployment benefits and verifies checks received on October 3rd and October 17th. The household will receive a third check on October 31st. Unemployment benefits are expected to continue. The October 3rd and October 17th checks must be totaled and divided by two. This amount must then be multiplied by 2.15 and used to determine eligibility and level of benefits for the month of November.**

5. **Household files an application for review for February benefits on January 15 and is interviewed on January 17. At the interview the household reports they are paid weekly, however, they only received three of four weekly paychecks in December due to the weather. The household does not know if they will receive all of the weekly earnings in February. Since it is not known whether the household will receive weekly earnings in February, the income must be converted. The three checks from December must be divided by three and then multiplied by 4.3.**

Documentation must explain how the worker arrived at the amount of income used.

In all examples that follow, pay dates are the 5th and 20th of each month.

Calculation:	**Example: Documentation must support the use of these amounts.**
March 20 $400.00 April 5 $425.00	a) **Current income.** Household submitted

$825.00	an application for review on April 5 and provides March 5 check - $250.00 gross income, March 20 check - $400.00 gross income, and April 5 check - $425.00 gross income. The household indicates that March 5 check is short hours due to inclement weather. Household anticipates May income to be the same as March 20 and April 5 checks. These two checks – totaling $825.00 gross income are used to determine May benefits.
April 5 $350.00 X2 $700.00	b) **Decreased income.** Household submitted an application for review on April 5 and provides March 5 check - $500.00 gross income, March 20 check - $500.00 gross income, and April 5 check - $350.00 gross income. April 5 check indicates a decrease in hours. The household indicates the decrease in hours is ongoing due to employer cutting back all

	employee's hours. Take April 5 check times two to anticipate May gross income of $700.00. The April 5 check verifies the decrease in hours unless the worker, using prudent judgment, believes it is necessary to obtain additional verification.
March 5 $300.00 March 20 $450.00 $750.00	c) **No change – Base Month.** Household submitted an application for review on April 5 and provides March 5 check - $300.00 gross income, March 20 check - $450.00 gross income, and April 5 check - $190.00. The household indicates March income is what they anticipate for the month of May. March income totaling $750.00 gross income is used to determine May benefits.
April 5 $412.00 Divided By $5.15 80 Hour	d) **Increased income.** Household submitted an application for review on April 5 and provides March 5 check - $412.00 gross

$5.40 x 80 $432.00 $432.00 x2 $864.00	income, March 20 check - $412.00 gross income, and April 5 check - $412.00 gross income. The household reports and verifies a pay raise from $5.15 per hour to $5.40 per hour that will be reflected on April 20 paycheck. Household indicates no change in 40 hours per week. Take April hours from the April 5 check times the new pay rate times two to anticipate May gross income of $864.00.
April 5 $510.00 April 20 $480.00 $990.00	e) **Late review – Current Income.** Household submitted an application for review on April 27. The household provides March 5 check - $490.00 gross income, March 20 check - $490.00 gross income, April 5 check - $510.00 gross income, and April 20 check - $480.00 gross income. Household indicated that there would be no change in income for May. April gross income totaling

	$990.00 is used to determine May benefits.
	f) **Late review– Pended.** Household submitted an application for review on April 27 and provides March 5 check - $200.00 gross income and March 20 check - $600.00 gross income. All April income has been received by household prior to the date of the application for review. The review must be pended for verification of all April income. If not provided by May 27, the application for review must be denied.

6. Deductible Expenses - The worker must document the request for verifications. **If not provided the expense is not allowed.**

There is no requirement that expenses be paid, only incurred.

Exception:

Child support must be paid.

a. Rent - Must be verified only if the amount has changed or the household has moved.

b. Mortgage Payment (including a second mortgage) - Must be verified only if the amount has changed or household has moved.

c. Mobile Home Lot Rent - Must be verified only if the amount has changed or household has moved.

d. Condominium and Association Fees

e. Property Taxes - (if not included in the mortgage payment). Must verify most current years incurred amount if not previously verified.

f. Homeowners Insurance - (if not included in the mortgage payment). Must verify most current amount if not previously verified.

g. Legally Obligated/Actual Child Support Paid – Court ordered amount, child support paid, including arrearages, health insurance premiums and vendor payments, must be verified.

h. Dependent Care Deduction - Current adult or child care expenses must be verified.

i. Incurred Medical Expenses for Elderly (60 years of age) or Disabled Individuals must be verified.

j. Utility Expenses – verification of current expenses must be provided when a household has moved.

7. Alien Status - Must be verified for any new household members.

8. Verification of Questionable Information

   a. Assets

   b. Household Composition

   c. Citizenship - for any new household members.

   d. Any other household discrepancies

Narrative/Documentation 430-05-35-45

(Revised 01/01/04 ML2893)

View Archives

Case files must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation must be detailed to permit a reviewer to determine the reasonableness and accuracy of the determination. Document ALL requests for verification and whether or not the verification was provided.

Review Periods at Time of Review 430-05-35-50

(Revised 05/01/13 ML3365)

View Archives

Review periods, conforming to calendar months, must be assigned to all eligible households. At review, the first month of the review period will generally be the month following the month in which an application for review is filed.

Simplified reporting households will be certified for 6 months with an interview required at 12 month review.

Exception:

Simplified reporting households with all elderly or disabled members and no earned income will be certified for 12 months with an interview required at 12 month review.

When a household files an application for review at 6 months with no interview required and reports the only household members are now elderly or disabled with no earned income, if eligible, the household will be certified for an additional 12 months with no interview.

Notice Requirements 430-05-35-60

(Revised 11/01/07 ML3111)

View Archives

A 10-day advance notice is not required at review, when a decrease or termination results. An application for review is considered the same as an initial application.

Pending

F301 - Additional Information

F302 - Information Over 30 Days/Worker Delay

Approvals

F103 - Review Approval

F104 - Review Approval after Review Period Expired

Denials

F201 - PI - Failure to Provide Information

F202 - IN - Failure to Complete Interview

F206 - CI - Alien Status

F207 - EI - Excess Income

F208 - EA - Excess Assets

F210 - RW - ABAWDS Non-Compliance

F213 - OT - Other Reasons

F214 - AW - Application/Review Withdrawn

F219 - DR - Felony Drug Disqualification

F223 - OJ - Work Requirements

F224 - SE - Student Eligibility Criteria

F225 - BE - Non-Compliance Denial with BEST

F226 - SH - Not a Separate Household

F231 - ZB - Zero Benefit

F240 - PI - TANF Information and Referral Services

F243 - AI - In an Institution

Work Requirements 430-05-40-05

(Revised 12/01/08 ML3164)

View Archives

Individuals are required to:

- Register for work by completing the SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for BEST Registrants at the time of application and every 12 months.
- Seek and accept suitable employment.
- Have good cause when quitting suitable employment.
- Comply with Job Opportunities and Basic Skills (JOBS) and Basic Employment Skills Training (BEST) requirements.
- Comply with Unemployment Insurance Benefits (UIB). Based on discussion with the State Job Service Office and requirements for receipt of unemployment benefits, there is no failure to comply with UIB requirements. The individual simply does not receive a benefit.

Individuals are **not** required to:

- Register for work at Job Service.
- Apply for Unemployment Benefits.

Exemptions from Work Requirements 430-05-40-10

(Revised 06/01/15 ML3440)

View Archives

The following individuals are exempt from the work requirements (client statement is acceptable unless questionable):

1. Individuals age 60 or older. If an individual turns age 60 during the month of application, they are exempt.
2. Individuals younger than 16 years of age.

   If an individual reaches their 16th birthday and they are not exempt, they must register as part of the next scheduled review.
3. Individuals age 16 or 17 if:
   a. Not the primary individual, or
   b. Attending school, or
   c. Enrolled in an employment or training program at least half-time.
4. An individual enrolled at least **half-time** in high school, in any recognized school, training program, or institution of higher education. Individuals working to obtain their GED are also exempt.

   An individual remains **exempt** during normal periods of class attendance, vacation, and recess.

   If an individual graduates, is suspended or expelled, drops out, or does not intend to register for the next normal term (excluding summer school), they are no longer considered a student and are not exempt.

Examples:

1. **An individual who graduates from high school in May and anticipates or is accepted for the fall semester in an institution of higher education is not considered a student until the first day of the school term and is not exempt from the work requirements.**
2. **An individual, who has not attended the prior school term but anticipates or is accepted for the next term, is not considered a student until the first day of the school term and is not exempt from the work requirements.**

5. Individuals physically or mentally unable to work 30 hours or more per week. If the physical or mental incapacity is obvious and known to the worker, it should be documented in the case file and no further verification is needed.

   If the physical or mental incapacity is not obvious or known to the worker, verification is required.

   Examples:

   1. **A physician's statement.**
   2. **A statement from a licensed or certified psychologist or psychiatrist.**
   3. **Application for, receipt of, or entitlement to temporary or permanent disability benefits.**
   4. **Individuals who are appealing a SSA or SSI denial.**
   5. **Individuals who are accepted and actively involved in services through Vocational Rehabilitation as verified by Vocational Rehabilitation.**

6. **An individual subject to and complying with the TANF JOBS work compliance requirement, including the Tribal Work Experience Program (TWEP).**

Examples:

1. **A TANF ineligible caretaker who is not a parent is not subject to the TANF JOBS work compliance requirements so they are subject to the SNAP work requirements.**
2. **If a non-recipient parent is subject to and complying with JOBS, such as a parent who is disqualified due to IPV or non-compliance with Child Support Enforcement, they are exempt from the SNAP work requirements.**

7. A parent or other household member responsible for the care of a dependent child under six or an incapacitated individual residing with the household. The dependent household member or incapacitated individual(s) **do not** need to be participating in the same SNAP household. Only one member may claim an exemption as the primary person responsible for the care of dependents when the responsibility is shared.

   If the child's sixth birthday is reached within a review period, the individual responsible for the child's care must register as part of the next regular review process unless otherwise exempt.

   The exemption for the primary care giver can be changed during the household's review period.

   'Responsible for the care of a dependent child,' is defined as a parent or other household member responsible for providing the actual physical care for a child. This could include a household member that is living in the same home but not part of the SNAP household. The determination must be based on documented discussion with the household.

   Examples:

   1. **Household consists of Mom and her two children ages 23 and 5. Mom states that her 23 year old child cares for her 5 year old while she is working. Based on this discussion, the 23 year old can claim the exemption. This discussion with the household must be documented.**

2. **Boyfriend, girlfriend and girlfriend's 3 year old child live in the same home but purchase and prepare meals separately. The boyfriend cares for the 3 year old while the girlfriend works. The boyfriend can claim the exemption. The discussion with the household must be documented.**
3. **Household consists of Mom, Dad and their 4 year old child. Dad works and Mom is not employed. Their 4 year old child goes to day care while Dad is working. Mom cannot claim the exemptions as she is not providing the care for the child.**
4. **Two adult sisters live in the same home but purchase and prepare meals separately. One sister has a child and works outside the home. The other sister cares for her niece and can claim the exemption. The discussion with the households must be documented.**

8. Individuals who are in receipt of unemployment compensation including Railroad Unemployment Benefits or one who has applied for, but has not yet started to receive unemployment compensation. If the eligibility is questionable, verification must be obtained.
9. A **regular** participant (whether in or outpatient) in a drug addiction or alcohol treatment and rehabilitation program.
10. Individuals who are employed and working at least 30 hours weekly (can be averaged) or receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours. This includes:

    a. Self-employed individuals when the worker determines that the employment constitutes a full-time job.

    b. Individuals receiving a training wage. The training wage must be substituted for the applicable federal or state minimum wage when determining if the individual is exempt from work requirements.

    c. State certified individuals who home school their children a minimum of 30 hours per week. For state certification, the individual must file a SFN 16909 - Statement of Intent with the superintendent of the child's school district to do home schooling.

d. Individuals who, by contract, derive their annual income in a period of time shorter than one year.

If an individual is NOT an ABAWD and NOT exempt from the work requirements at the time of initial application or review, the individual is required to register for work by completing the SFN 385 – Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for BEST Registrants at the time of application and review. The individual is not required to work register again for 12 months.

Loss of Exempt Status 430-05-40-10-05

(Revised 06/01/09 ML3182)

View Archives

If an individual is NOT an ABAWD and NOT exempt from the work requirements at the time of initial application or review, the individual is required to register for work by completing the SFN 385 – Affidavit for SNAP Work Requirements or the SFN 353 - Affidavit for SNAP BEST Work Registrants at the time of application and every twelve months.

If an individual is NOT an ABAWD and is exempt from the work requirements at the time of initial application or review and reports a loss of exempt status during the review period, the individual is not required to work register until review.

Worker Responsibilities 430-05-40-15

(Revised 01/01/04 ML2893)

View Archives

When it is determined that a member of the household is required to register for work, the worker must:

1. Explain the client's rights, responsibilities, requirements and consequences of failure to comply.
2. Provide SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for SNAP BEST Work Registrants for household members required to register and permit the applicant (or other responsible household member or authorized representative) to complete the affidavit for those members.

Work requirements are complete when SFN 385 or SFN 353 has been signed and returned to the worker. The work registration date of all members must be entered on the WORE screen in TECS and the completed SFN 385 or SFN 353 filed in the household case file.

Household Responsibilities 430-05-40-20

(Revised 01/01/04 ML2893)

View Archives

Individuals required to register for work must:

1. Participate in the SNAP Basic Employment and Skills Training (BEST) Program (Burleigh and Cass counties), if referred.
2. Respond to a request from the county or Job Service North Dakota for supplemental information regarding employability status or availability for work.
3. Report to an employer to whom referred if the potential employment meets the suitable employment criteria described in this chapter.
4. Accept a bona fide offer of suitable employment described in this chapter at a wage not less than the Federal minimum wage.
5. Not voluntarily and without good cause quit a job of 30 hours or more a week or reduce work effort to less than 30 hours a week.

Failure to Comply 430-05-40-25

(Revised 01/01/04 ML2893)

View Archives

All **non-exempt** individuals between age 16 and 60 are ineligible to participate if the individual:

1. Refuses to register for work by failing to complete SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for SNAP BEST Work Registrants.
2. Refuses without good cause to participate in the BEST program (Burleigh and Cass counties).
3. Refuses, without good cause, to accept an offer of employment not subject to strike or lockout at the time of refusal, at a wage equal to the higher of the federal or state minimum wage, or 80% of the wage that would have governed had the minimum hourly rate of the Fair Labor Standard Act been applicable to the offer of employment.

   Example:

   An employer contacts a county with a job opportunity. The county refers an individual who does not contact the potential employer or refuses a job offer of 30 hours or more per week. A disqualification would be imposed.

4. Refuses without good cause to provide the **worker** with sufficient information to allow a determination of the employment status or the job availability of the individual.
5. Voluntarily and without good cause:

   a. Quits a job.

   b. Reduces work hours and after the reduction, the individual is working less than 30 hours per week. The reduction in hours must be initiated by the individual, not the employer.

Exception:

A temporary voluntary reduction in earnings in order to eventually obtain a higher rate of pay at a different job with the same employer or a new employer does not subject the individual to disqualification. Current rules recognize that job changes occur and allows the individual to avoid disqualification.

Example:

A gas station attendant quits a 35-hour a week job to accept employment of 20 hours per week as an assistant manager at a retail store. The new employment will become a 40-hour a week position within three months.

Suitable Employment 430-05-40-25-05

(Revised 01/01/04 ML2893)

View Archives

Employment is suitable if:

1. The wage offered is not less than the highest of the applicable Federal minimum wage, the applicable State minimum wage, or 80% of the Federal minimum wage if neither the Federal nor State minimum wage is applicable (waiters/waitresses).
2. The employment is on a piece-rate basis, and the average hourly yield the employee can reasonably be expected to earn is not less than the highest of the applicable Federal minimum wage, the applicable State minimum wage or 80% of the Federal minimum wage if neither the Federal or State minimum wage is applicable.
3. As a condition of employment or continuing employment the individual is not required to join, resign from, or refrain from joining any legitimate labor union.
4. The employment is not at a site subject to a strike or lockout at the time of the offer unless the strike has been enjoined under the Taft-Hartley Act, or an injunction has been issued under Section 10 of the Railway Labor Act.
5. The individual cannot demonstrate or the worker is not aware that the degree of risk to health and safety is unreasonable.
6. The individual cannot demonstrate or the worker is not aware that they are physically or mentally unable to work, as documented by medical evidence or by reliable information from other sources.
7. The individual cannot demonstrate or the worker is not aware that the distance from their home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting.

   Employment is not suitable if daily commuting time exceeds two hours per day, not including transporting a child to and from a child care facility. This applies to moves within state as well as from state to state.

Examples:

1. **A household moves from Moorhead, Minnesota to Fargo, North Dakota. The commuting time to the current job remains under 2 hours, but an individual quit this job to move. This is considered suitable employment and good cause would not be granted even though the household has moved from one state to another.**
2. **A household moves from Fargo to Bismarck, North Dakota. The commuting time to the current job exceeds 2 hours daily and the individual quit this job to move. This is not considered suitable employment and good cause would be granted.**

Employment is not suitable if the distance to the place of employment prohibits walking and neither public nor private transportation is available.

8. The individual cannot demonstrate or the worker is not aware that the work hours or nature of the employment interferes with the individual's religious observances, convictions or beliefs.

Example:

A Seventh Day Adventist could refuse to work on Saturday.

9. The employment offered within the first 30 days of registration is in the individual's major field of experience.

Good Cause 430-05-40-25-10

(Revised 01/01/04 ML2893)

View Archives

The worker is responsible for determining good cause when an individual has failed to comply with any of the provisions of this chapter. Factors to consider include information submitted by the household member involved and the employer.

Good cause for leaving employment includes but is not limited to:

1. Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs.
2. Work demands or conditions that render continued employment unreasonable.

   Example:

   Working without being paid on schedule.

3. If any household member accepts employment, or enrolls at least half-time in any recognized school, training program, or institution of higher education that requires the wage earner to leave employment or move to another area.
4. Resignations by individuals under the age of 60 that are recognized by the employer as retirement.
5. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another.

   Examples:

   Migrant farm labor or construction work.

6. Resigning from a job that does not meet the suitable employment criteria.

7. Circumstances beyond the individual's control, including but not limited to:

    a. Illness.

    b. Illness of another household member requiring the presence of the individual.

    c. A household emergency.

    d. Unavailability of transportation.

    e. Lack of adequate child care for children who have reached age six, but are under age 12.

    f. Acceptance of employment of more than 30 hours a week which doesn't materialize or results in employment of less than 30 hours a week.

Voluntary Quit 430-05-40-30

(Revised 06/01/15 ML3440)

View Archives

When an individual quits or loses a job through their own actions or reduces their work effort voluntarily and after the reduction is working less than 30 hours per week, the worker must explore whether the voluntary quit provisions apply. **The voluntary quit provisions do not apply to individuals exempt from the work requirements, other than individuals exempt due to employment of 30 hours per week or receiving weekly earnings at least equivalent to the federal minimum wage currently in effect multiplied by 30 hours.**

An individual is disqualified if all of the following voluntary quit provisions are met:

1. If the quit or reduction in hours occurred:

    - within 30 days prior to the date of initial application
    - within 30 days prior to the date of receipt of the application for review
    - within 30 days prior to the date of when an individual is added to an on-going case.

        Example:

        Household reports an individual moved into their home on April 15. Individual is being added to the case for May benefits. If the quit occurred within 30 days prior to May 1, voluntary quit provisions would apply if all other provisions are met.

    - After the initial application or application for review was filed and the household reports the quit or reduction prior to the application or review being processed.

2. If the individual was a **mandatory** work registrant at the time of the quit or reduction in hours.
3. If the individual was **hired** for employment of 30 hours or more per week (can be averaged), regardless of the length of employment or if the individual received weekly earnings at least equivalent to the federal minimum wage currently in effect multiplied by 30 hours.

> **Example:**
>
> **A mandatory work registrant was hired to work 30 hours per week. The individual quit the second day of employment without good cause. This would be considered a voluntary job quit.**

4. If the quit was without good cause.

Benefits must not be delayed beyond expedited processing time frames **pending the outcome of the determination**.

If it is determined that a voluntary quit or reduction in hours occurred after benefits have been issued and verifications were postponed in order to meet the expedited time frames, a claim must NOT be established however, the individual would be disqualified (DW).

> **Example: A SNAP application was received; verification of last paycheck, last day of work and reason for termination was postponed to meet the expedited processing time frame. The SNAP review, and postponed verifications were provided. If the verified information indicates the individual quit the job within 30 days of the initial application without good cause, voluntary quit provisions apply.**

A disqualification penalty **is applied** to a voluntary quit when an individual:

1. Voluntarily quits or reduced hours without good cause.
2. Simply leaves a job unannounced or does not return to work without good cause.

3. Had been warned by the employer and continues the objectionable behavior after the warning and is terminated.

   Example:

   An individual is continually late for work or does not show up for work.

4. Is terminated without prior warning.

   Examples:

   Stealing from the employer or drinking on the job.

If the individual states they quit a job or reduced their hours and are not claiming good cause, an employer contact is not required. This must be thoroughly documented in the case file.

A disqualification penalty **is not applied** to a voluntary quit when:

1. The reason for the termination/reduction was beyond the individual's control.
2. Terminating a self-employment enterprise.
3. Resigning a job at the demand of an employer, when an individual has been given the option of resigning or being terminated due to circumstances beyond the individual's control.
4. Terminating employment through a training program such as WIA.
5. An individual quits a job, secures new employment at comparable wages or hours and is then laid off, or through no fault of their own loses the new job, the earlier quit will not form the basis of a disqualification.

   Example:

   An individual quits a full-time job without good cause and several days later applies for SNAP. At the time of application, the individual has secured new employment and is exempt from work requirements. A disqualification would not be imposed against the

individual as at the time of application, the individual is exempt from the work requirements.

6. An individual reduces their work hours to less than 30 hours a week, but continues to earn weekly wages that exceed the Federal minimum wage multiplied by 30 hours.

Verification 430-05-40-35

(Revised 01/01/04 ML2893)

View Archives

If the information provided by the household is questionable, the worker must request verification. The primary responsibility for providing verification rests with the household. The worker must offer assistance in obtaining the needed verification if necessary. Types of verification include but are not limited to:

- The previous employer.
- Employee associations.
- Union representatives.
- Previous co-workers.

A household will not be denied access to the program when a quit resulted from circumstances that cannot be verified, including but not limited to:

- Discrimination practices.
- Unreasonable demands by an employer.
- The employer cannot be located.

Disqualification for Failure to Comply 430-05-40-40

(Revised 01/01/04 ML2893)

View Archives

An individual who fails to comply with work requirements for participation is ineligible to participate.

The TECS participation code for that individual on the SSDO screen is "DW".

Joining Another Household

If the individual who failed to comply with the work requirements joins another household, the individual is an excluded household member. The disqualification continues until the individual complies or becomes exempt. The individual may be eligible to participate during the disqualification period by becoming exempt from work requirements.

Moving from a BEST County

If an individual disqualified from BEST moves from a BEST county to a non-BEST county, eligibility must be re-established.

If the individual is not exempt from the work requirements for participation, Form SFN 385 - Affidavit for SNAP Work Requirements must be completed.

Disqualification Time Frames 430-05-40-40-05

(Revised 10/01/14 ML3410)

View Archives

For new applicants, the disqualification period will begin with the date of application.

If the worker fails to act timely to disqualify an individual for non-compliance with a work requirement, the worker must implement the full disqualification and establish a claim based on 10-10-10 procedures.

For any individual who fails to comply with the work requirements, the disqualification time frame is one month. This disqualification continues until the individual complies with the requirements for participation or becomes exempt.

A disqualified individual may be permitted to resume participation during the disqualification period (if otherwise eligible) by becoming exempt from work requirements or complying with the work requirements.

Once the disqualification period has been imposed, the completion of Form SFN 385, Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for SNAP BEST Work Registrants **does not** negate the disqualification.

The disqualification continues on closed cases until the individual becomes exempt from the work requirement or complies with the work requirement.

Examples:

1. **An individual quits a job without good cause. The individual must obtain employment of at least 30 hours per week, employment that is equal to 30 hours per week times the federal minimum wage or become exempt.**

2. **An individual initially applied on December 27 and is interviewed on January 15. During the interview it was determined that the individual quit a job without good cause on December 20 but has obtained employment on January 3.**

   The application must be denied for the month of December as the individual quit a job without good cause and applied in the month of December. As the individual obtained new employment in January, the same application must be used for the month of January.

3. **An individual quits a job without good cause and is disqualified. At a later date the household (including the disqualified individual) applies for and is found eligible for TANF. The individual is exempt from the work requirements based on receipt of TANF and may be eligible for SNAP.**

4. **At the time of review, an individual reports they have quit a job without good cause 10 days prior to the review being filed. The client is not exempt for another reason and is disqualified (DW). The review is denied.**

   At a later date, the individual reapplies, isnot working, and is not exempt for another reason. During the interview the household reports they had worked a full time job (40 hours per week) three months ago. The individual remains disqualified (DW) and the application is denied as the individual is not exempt at the time of application.

Job Opportunities and Basic Skills (JOBS) and Unemployment Compensation 430-05-40-45

(Revised 10/01/14 ML 3410)

View Archives

The following provisions apply to both BEST and non-BEST counties.

An individual in receipt of TANF or an individual in receipt of UIB is disqualified from SNAP for failure to comply with JOBS/Tribal NEW or UIB requirements. Based on discussion with the State Job Service Office and requirements for receipt of unemployment benefits, there is no failure to comply with UIB requirements. The individual simply does not receive a benefit.

TANF related disqualifications are only applied in SNAP if the client was in receipt of TANF and SNAP at the time the TANF sanction was imposed.

Exception:

If an individual is exempt from the SNAP work requirements for a reason other than receipt of TANF.

If a Pay After Performance individual fails to comply with JOBS/Tribal NEW and a sanction is imposed for TANF, the individual must be disqualified for SNAP unless they are exempt from the work requirements for another reason. If a sanction is imposed during any of the Pay After Performance months or the first month following Pay After Performance, as the individual's needs were not included in the grant, the grant for the children's needs only will continue to be counted.

If an individual is sanctioned for TANF due to non-compliance with JOBS/Tribal NEW and they do not fully complete a proof of performance (POP) prior to or on the second to the last working day of the sanction penalty month, a TANF benefit must not be anticipated for the next month.

If an individual fully completes a POP prior to or on the second to the last working day of a month, a TANF benefit must be anticipated for the next month.

Examples:

1. **An individual is scheduled to complete their POP on August 28 (the second to the last working day of the month). At 4:00 p.m. on August 28, the JOBS/Tribal NEW coordinator calls to inform the county that the client successfully completed their POP that day. Because the client fully completed a POP prior to or on the second to the last working day of the month, a TANF benefit must be anticipated for the next month.**
2. **An individual is scheduled to complete their POP on August 29, (the last working day of the month). Because the client has not fully completed the POP prior to or on the second to the last working day of the month, and the client may not be successful in completing the POP, a TANF benefit must not be anticipated for the next month.**
3. **An individual begins their POP on August 29, (the last working day of the month). Even though JOBS policy allows a client's TANF case to be reverted to open if they successfully complete the POP that started in the sanction penalty month, a TANF benefit must not be anticipated for the next month.**

If an individual is sanctioned by TANF, the TANF grant prior to the reduction is counted in calculating the SNAP benefits.

Example:

Mom is sanctioned for non-compliance with a JOBS/Tribal NEW requirement. Mom's needs are removed from the grant and the grant is reduced from $500 to $400. When calculating SNAP level of benefits, a

disqualification is imposed and the grant amount of $500 is counted as unearned income.

An individual disqualified from SNAP for failure to comply with TANF or UIB can regain eligibility during the disqualification period if they comply with the TANF or UIB requirements or become exempt.

Examples:

1. **Ongoing TANF only case. Mom fails to comply with JOBS/Tribal NEW and is sanctioned for TANF effective December. January 3 the household applies for SNAP. Mom remains sanctioned for TANF. There is NO TANF related disqualification for SNAP because Mom was not in receipt of SNAP at the time the TANF sanction was imposed. Mom is subject to the SNAP work requirements as her needs are NOT included in the TANF grant due to the sanction. Mom must register for work unless otherwise exempt.**
2. **Ongoing TANF only case. In November Mom fails to comply with JOBS/Tribal NEW and is sanctioned for TANF effective December. December 23 the household applies for SNAP. There is NO TANF related disqualification for SNAP because Mom was not in receipt of SNAP at the time the TANF sanction was imposed. Mom is subject to the SNAP work requirements as her needs are NOT included in the TANF grant due to the sanction. Mom must register for work unless otherwise exempt.**
3. **Ongoing SNAP only case. Mom is work registered for SNAP. January 3 Mom applies for TANF and is eligible. Mom is now exempt from the work requirements. In February Mom fails to comply with JOBS/Tribal NEW. A sanction is imposed for TANF effective March. Mom is disqualified for SNAP effective March, as she does not meet any other work requirement exemptions. The TANF case closes effective March 31. The JOBS/Tribal NEW related**

disqualification continues for SNAP until Mom either becomes exempt from a SNAP work requirement or reapplies for TANF and complies with JOBS/Tribal NEW.

The SNAP case closes effective May 31 for failing to provide information. Mom reapplies for SNAP only on June 20. The JOBS/Tribal NEW related disqualification continues for SNAP until Mom either becomes exempt from a SNAP work requirement or reapplies for TANF and complies with JOBS/Tribal NEW.

4. **Ongoing TANF/SNAP case. In December Mom fails to comply with JOBS/Tribal NEW and is sanctioned for TANF effective January. Mom is also disqualified for SNAP effective January, as she does not meet any of the exemptions from the work requirements.**

   On December 27 Mom requests in writing her SNAP case close effective December 31. TANF remains open. On January 3 Mom reapplies for SNAP. There is NO TANF related disqualification for SNAP because Mom was not in receipt of SNAP at the time the TANF sanction was imposed.

5. **Ongoing TANF/SNAP case. In December Mom fails to comply with JOBS/Tribal NEW and is sanctioned for TANF effective January. Mom is also disqualified for SNAP effective January, as she does not meet any of the exemptions for the work requirements. On December 27 Mom requests in writing her TANF and SNAP case close effective December 31. On January 3 Mom reapplies for both SNAP and TANF. TANF imposes a TANF JOBS/Tribal NEW related disqualification. There is NO TANF related disqualification for SNAP because Mom was not in receipt of SNAP at the time the TANF sanction was imposed.**

6. **Ongoing TANF/SNAP case. In December Mom fails to comply with JOBS/Tribal NEW and is sanctioned**

for TANF effective January. Mom is also disqualified for SNAP effective January, as she does not meet any of the exemptions from the work requirements.

TANF case closes the end of February as the only child in the case turns age 18. Mom remains disqualified for SNAP until she meets an exemption from the work requirements.

Notices Used for JOBS/Non-Compliance

The following TECS notices are used for combination TANF/SNAP cases where a SNAP disqualification is being imposed:

- Notice F223 - Work Requirements
- Notice F731 - Decrease Benefit - TANF Non-Compliance - this notice must be sent by the 10-day advance notice deadline.

BEST counties (Burleigh and Cass) must use the following notices when a SNAP disqualification is being imposed:

- Notice F225 - Non-compliance with BEST, for households whose applications for review are denied for failure to comply with BEST requirements (denial/closure reason RW).
- Notice F425 – BEST Non-Compliance for individuals or households disqualified for failure to comply with the BEST requirements.
- Notice F733 - Non-Compliance with BEST

The BEST notices must be sent to households as they are automatically counted and reported to United States Department of Agriculture (USDA).

Able-bodied Adults Without Dependents (ABAWD) 430-05-40-50

(Revised 05/01/13 ML3365)

View Archives

An ABAWD is an individual between the ages of 18 and 50 who is able to work and has no children under 18 years of age in their SNAP household. An individual is not considered an ABAWD until the month following their 18th birthday and is no longer considered an ABAWD the month they turn age 50. (TECS automatically codes all individuals under 18 or 50 and older with a code of NA on the ABRE screen.)

ABAWDS who are not exempt from the ABAWD provisions are only entitled to three months of benefits (consecutive or otherwise) during a 36 month period.

A household containing an individual who is not exempt from the ABAWD provisions must be assigned a 6-month review period, however, the individual is only eligible for a maximum of three ABAWD months or the extended three month benefit period. These households cannot be authorized through.

Prorated or zero benefit months will not count as an ABAWD month.

Exception:

If a household receives a full month's benefit that after recoupment results in a zero benefit, the month counts as an ABAWD month.

When an ABAWD received NE or EE months in error and total overpayments are established, the months will continue to count as NE or EE months until the claim is paid in full. Once the claim is paid in full, the months must be manually changed.

Example:

Single individual applies for SNAP on March 15 and is not exempt from the ABAWD requirements. Application is approved for March as a prorated month and April, May and

June as NE months. Case is close the end of June for failure to comply with ABAWD requirements.

In December, the worker discovers the household was employed at the time of application working 40 hours a week with income resulting in total overpayments. April, May and June continue to count as ABAWD months until the claim is paid in full. Once the claim is paid, the worker would change the months from NE to EX as this individual would have been exempt from the work requirements.

Exemptions from Work Requirements 430-05-40-50-05

(Revised 05/01/13 ML3365)

View Archives

An ABAWD who meets one of the following is exempt from the ABAWD provisions and not subject to limited benefits. Exemption criteria is determined prospectively, (TECS codes on the ABRE screen are listed.)

Verification of work hours is mandatory for items 5, 6 and 7.

1. Exempt from the SNAP work requirements. (EX)

   ABAWDS exempt from ABAWD provisions based on the SNAP work requirement exemption for working 30 hours or more per week are also coded (EX).

2. All adult household members are exempt any time there is a child under the age of 18 in the same SNAP household. (EX)

   Example:

   A five-person SNAP household consists of mom, dad, child under the age of 18, an aunt to the child, and an unrelated adult. All four adults are exempt.

3. State 15% exemption criteria. (SP)
4. A pregnant woman. Client statement is acceptable. (PG)
5. Working at least 20 hours per week averaged monthly (regardless of the hourly wage) but less than 30 hours or more per week. This includes volunteer and in-kind work where an individual is not paid. (HR)

   Volunteer work is when arrangements have been made with a school, hospital, public service agency, library, nursing home, church or other community organizations.

In-kind work is when an individual works in exchange for goods or services.

Example:

An individual managing an apartment building in exchange for free or reduced rent.

This **does not include** court ordered community services or work done for family members or friends when the individual is not paid.

6. Participating in (and complying with) a work program of 20 hours or more per week averaged monthly. Work program means:

   a. A program under the Workforce Investment Act of 1998 (WIA), this is administered by Job Services and can be verified by contacting that office. This includes the WIA administered by the Tribes as long as it meets the 20 hour or more per week averaged monthly requirement. (JT)

   b. A program under Section 236 of the Trade Act of 1974 (Trade Adjustment Assistance Act Program). This is administered by Job Services and can be verified by contacting that office. (TA)

      The BEST Program does not meet this definition of either of these programs.

7. Any combination of paid, volunteer, in-kind work, or work programs that equals 20 hours per week averaged monthly.

An ABAWD exempt from the ABAWD provisions for working an average of 20 hours or more per week is required to report if their hours fall below 20 hours per week. This includes ABAWDS exempt from the SNAP work requirement for working 30 hours or more per week.

If an individual is exempt from the ABAWD provisions at initial application or review for a reason other than working 20 hours or more per week averaged monthly, the individual remains exempt from the ABAWD provisions until the next review.

An individual exempt from the ABAWD provisions at initial application or review for working 20 hours or more per week averaged monthly but less than 30 hours per week is required to work register.

Loss of Exempt Status 430-05-40-50-07

(Revised 05/01/13 ML3365)

View Archives

When an individual is identified as an ABAWD and the individual's eligibility is based on working 20 hours or more per week averaged monthly, the household must report if the ABAWD's hours decrease below 20 hours weekly.

When an individual is exempt from the ABAWD provisions at initial application or review for working 20 hours or more per week averaged monthly, but less than 30 hours per week, the individual must be work registered.

If during the review period, the household reports the individual's work hours have fallen below 20 hours per week, because this is a mandatory reportable change, the F419 – Request for Verification – Simplified Reporting, must be sent to determine if the individual is exempt for another reason. If the household does not respond within 10-days or responds and reports the individual is not exempt for another reason, the ABAWD provisions apply and the individual is coded NE or EE on the ABRE screen. If the individual has used all of their NE and EE months, they are ineligible and their participation code must be changed to DI on SSDO.

When an individual is exempt from the ABAWD provisions at initial application or review for working 30 hours or more per week, the individual is also exempt from the work requirements.

If during the review period, the household reports the ABAWD's work hours have fallen below 20 hours per week, because this is a mandatory reportable change, the F419 – Request for Verification – Simplified Reporting, must be sent to determine if the individual is exempt for another reason, along with the SFN 385 or SFN 353. If the individual does not respond within 10-days or responds and is not exempt for another reason, the ABAWD provisions apply and the individual is coded NE or EE on the ABRE screen. If the individual has used all of their NE and EE

months, they are ineligible and their participation code must be changed to DI on SSDO.

If the household responds and indicated the ABAWD is exempt from the ABAWD provisions, but not exempt from the work requirements and does not return the SFN 385 or SFN 353, their participation code must be changed to DW and a 10-day advance notice (F432 or F730) must be sent stating that the individual is ineligible and that ineligibility can be avoided by returning the form.

Waivers 430-05-40-50-10

(Revised 10/01/14 ML 3410)

View Archives

IM 5215

The SNAP Unit may request the Secretary of Agriculture waive the ABAWD work requirement for any group of individuals that reside in an area in which the unemployment rate is over ten percent or does not have a sufficient number of jobs to provide employment for the individuals.

Federal regulations also provide states with a calculated number of exemptions on a yearly basis. These exemptions are considered the state's 15% exemptions.

The able-bodied provisions do not apply to an individual living in waived or 15% exemption criteria counties and benefits received do not count toward the three ABAWD months.

TECS will default the code on ABRE for all individuals to 'EX' for an county where a waiver of the ABAWD provisions is currently in place. An informational edit will appear on the ABRE screen 'COUNTY EXEMPT FROM ABAWD REQUIREMENTS' and it will not allow entry of coding on the screen for any case in the exempt county. Individuals exempt under the 15% exemption criteria must be coded SP on the ABRE screen.

36 Month Time Frames 430-05-40-50-15

(Revised 10/01/10 ML3233)

View Archives

The 36 month time frame is established on a rolling calendar and is used for all non-exempt individuals.

36 Month **Look Back Period**

A worker must look back 36 months beginning with the month prior to the current month to determine if and when any ABAWD months were used.

Start Date

The 36-month rolling calendar begins for an individual with the first ABAWD month within the 36-month look back period. The 36-month rolling calendar progresses with each passing month and continues uninterrupted even while the individual is not participating. The 36-month rolling calendar was reset to start October 1, 2010 for all cases as a result of the American Recovery and Reinvestment Act.

Examples:

1. **An individual applies on November 1, 2013 and is not exempt from the ABAWD provisions. The worker must look back from October 2013, 36 months (November 2010). The individual used the first ABAWD month in January 2011, therefore, January 2011 starts the 36-month period (rolling clock). The 36-month period would end December 2013.**

   If January 2011 was the only ABAWD month used, the 36-month period ends December 2013. The individual could be eligible for any two ABAWD months, November and December 2013.

   If the individual received ABAWD months in October, November and December 2010, the 36-

month period ends September 2013. The individual is not eligible for additional ABAWD months until November 2013. The worker would explore possible eligibility for the extended three-month benefit period.

2. **An individual applies March 1, 2011, and is not exempt from the ABAWD provisions. The individual received ABAWD months in October 2010, December 2010 and February 2011. The 36-month period starts October 2010 and ends September 2013.**

   The individual has already received three ABAWD months and is not eligible. The worker would have to explore possible eligibility for the extended three-month benefit period.

   If the individual is not eligible for the extended three-month benefit period, the application must be denied.

   This individual would be eligible for November 2013 when October 2011 drops off. If the individual applied in November, the application would be approved for November and closed as the individual is not eligible for December.

   This individual would again be eligible for January 2014 when December 2010 drops off.

   This individual would again be eligible for March 2014 when February 2011 drops off.

   The individual has received three ABAWD months (November 2013, January 2014 and March 2014) for the new 36-month period from November 2013 -November 2016.

Three ABAWD Months 430-05-40-50-20

(Revised 05/01/13 ML3365)

View Archives

An individual who is not ABAWD exempt is entitled to benefits for three months (consecutive or otherwise) during a 36 month period. The 36-month period starts with the receipt of the first ABAWD month.

The worker must enter the code of NE (not exempt) on the ABRE screen in TECS for each of the three ABAWD months received. The worker will receive an alert on the first working day of the third 'NE' month as a reminder to send an advance notice to close the case or change the ABAWD's participation code to DI on SSDO.

The worker is not required to determine if an individual received ABAWD months in another state **unless** the worker becomes aware of a potential benefit history in another state. A worker may become aware of potential benefit history through the application, interview, or when contacting another state. If so, the worker must verify the benefit history with the previous state to determine if the applicant is eligible in North Dakota.

ABAWD months received in another state are countable months in North Dakota **using** the rolling 36-month period. These months cannot be entered into TECS and must be documented on the on-line narrative.

If during the three ABAWD months an individual becomes exempt, the change must be made for the next benefit month as exemption criteria is determined prospectively.

Examples:

1. **An individual applies and is not exempt from the ABAWD work requirements on November 1st. The individual is approved and certified through April. On January 5 the individual reports and verifies employment of 20 hours per week that started on December 20. The individual received their first**

paycheck on January 3. November, December and January are counted as an ABAWD months. The individual is exempt for February.

2. **In an ongoing case an individual reports and verifies work of 20 hours per week averaged monthly. When wage verifications are received it is learned that the individual did not work 20 hours per week averaged (due to illness, weather, not scheduled to work 20 hours for one week, etc.). If the individual is regularly scheduled to work an average of 20 hours per week, the individual is considered working an average of 20 hours per week and the month is an exempt ABAWD month.**
3. **An individual applies and is exempt from the ABAWD work requirements on November 1st as the individual is working 20 hours per week. The individual is approved and certified through April. On December 5 the individual reports and verifies November earnings. The number of hours worked is less than 20 hours per week averaged. If the individual is regularly scheduled to work an average of 20 hours per week, the individual is considered working an average of 20 hours per week and the month is an exempt ABAWD month.**

Non-mandatory reportable changes do not affect ABAWD count months.

Example:

An individual is exempt from work requirements as physically unable to work. At the time of review, a doctor's statement is obtained as the incapacity is no longer evident to the worker. The doctor's statement indicates that the individual is not able to work for an additional six months. Since this individual is exempt at review, the individual remains exempt until the next review. A six month review period is assigned to the case, July through December.

At review in December, the individual reports they were medically able to return to work in October but have not found employment. Since this is not a mandatory reportable change, months November and December do not count as ABAWD months and the worker would determine continuing eligibility.

Regaining and Maintaining Eligibility 430-05-40-50-23

(Revised 05/01/13 ML3365)

View Archives

Regaining eligibility applies to ABAWDS who:

- Received the three NE months; and
- Were closed or denied for failure to comply with the ABAWD work requirements (including failure to file an application for review).

Regaining eligibility does not apply to an individual exempt from the ABAWD provisions for a reason other than working 20 hours or more per week averaged monthly.

There is no limit to the number of times an ABAWD may regain eligibility. In order to regain eligibility, these individuals must verify they are meeting ALL of the following requirements.

- Worked 80 hours in a 30 consecutive day period. (If an individual reapplies prior to the completion of working 80 hours in a 30-day period, benefits are prorated from the date the 80 hours are completed.)
- Be working at least 20 hours per week averaged monthly (regardless of the hourly wage). This includes volunteer and in-kind work where an individual is not paid.

  Volunteer work is when arrangements have been made with a school, hospital, public service agency, library, nursing home, church or other community organizations.

  In-kind work is when an individual works in exchange for goods or services.

  Example:

  An individual managing an apartment building in exchange for free or reduced rent.

This does not include court ordered community services or work done for family members or friends when the individual is not paid.

• If working 20 hours or more per week but less than 30 hours, comply with work registration or BEST if not otherwise exempt.

Examples:

1. A single individual who is not exempt from the ABAWD requirements applies on June 25 and is certified for six months. The case is closed for non-compliance with ABAWD requirements September 30 (third NE month as June was a prorated month).

On December 5, the individual reapplies. The individual verifies they worked 80 hours between November 1 and December 1 and also verifies they are currently working 40 hours per week. The individual is eligible and certified for six months.

On January 10, the individual reports they were laid off. Since they were not work registered at the time of application, after completing the work registration form, the individual receives their three EE months in February, March and April. The case is closed the end of April as the individual is not exempt from the ABAWD requirements for another reason.

In order to regain eligibility, the individual:

- **Must work 80 hours in a 30 consecutive day period, and**
- **Be exempt based on working 20 hours or more per week averaged monthly; unless**
- **They are exempt for another reason.**

2. A single individual received their three NE and three EE months. The individual reapplies on August 5, verifies they worked 80 hours between

July 1 and July 31 and that they are currently working 20 hours per week. The individual is work registered and certified for six months.

On September 15, the household reports they were fired. The individual is not exempt from the ABAWD requirements for another reason so the case is closed the end of September. Since the case closed for failure to comply with the ABAWD work requirements, in order to regain eligibility, the individual must:

- **Work 80 hours in a 30 consecutive day period, and**
- **Be exempt based on working 20 hours or more per week averaged monthly; unless**
- **They are exempt for another reason.**

Extended Three Month Benefit Period 430-05-40-50-27

(Revised 10/01/14 ML 3410)

View Archives

Once an ABAWD has received the three ABAWD months and has had a break in receipt of SNAP, including a participation code of 'DI', extended benefits may be granted for three full consecutive months if the individual has not voluntarily quit a job without good cause within 30 days prior to the date of initial application and meets one of the following:

1. Worked 80 hours or more in any 30 consecutive day period.

   Work can include volunteer or in-kind work.

   Volunteer work is when arrangements have been made with a school, hospital, public service agency, library, nursing home, church or other community organizations.

   In-kind work is when an individual works in exchange for goods or services.

   Example:

   An individual managing an apartment building in exchange for free or reduced rent.

   This does not include court ordered community services or work done for family members or friends when the individual is not paid.

2. Participated in and complied with the requirements of a work program for 80 hours or more in any 30 consecutive day period. Work program means:

   a. A program under the Workforce Investment Act of 1998 (WIA), this is administered by Job Services and can be verified by contacting that office. This includes the WIA administered by the Tribes as long as it meets the 20 hour or more per week averaged monthly requirement. (JT)

b. A program under Section 236 of the Trade Act of 1974 (Trade Adjustment Assistance Act Program). This is administered by Job Services and can be verified by contacting that office. (TA)

The BEST Program does not meet the definition of either of these programs.

3. Any combination of paid, volunteer, in-kind work, or work programs for 80 hours or more in any 30 day consecutive period.

A 30-day period means any 30 consecutive days since the individual was closed or denied for failure to comply with the ABAWD requirements or failed to file a review. It does not have to be a calendar month - it may be a combination of two months.

To receive the extended months, the worker must enter the code of EE (exemption extension) on the ABRE screen in TECS.

The extended three month benefit period can only be approved once in a 36-month period. The three months run consecutively. Once approved, the individual has received the extension regardless of whether they receive benefits for all three months. Case closings, disqualifications or zero benefits will not stop the three month count.

Examples:

1. **An individual received the three ABAWD months in April, May and June and the case closed June 30 for failure to comply with the ABAWD work requirements. On August 16, the individual reapplies and verifies having worked 80 hours in a consecutive 30 days and lost the employment through no fault of their own. This individual is eligible for the extended three-month benefit period, September, October, and November. August does not count as one of the three months due to proration.**
2. **An individual received the three ABAWD months in April, May and June and closed June 30 for failure to comply with the ABAWD work requirements. On August 16, the individual reapplies and verifies having worked**

80 hours in 30 days and lost the employment through no fault of their own. This individual is eligible for the extended three-month benefit period, September, October, and November.

On September 10 the individual reports new employment and income that exceeds the GIL, they expect the income to continue and their case closed September 30 for excess income. Even though the individual is no longer receiving benefits, the extended three month benefit period continues through the month of November. This individual would not be eligible for an additional extended ABAWD three-month benefit period during this individual's 36-month period.

3. **A single individual who is not exempt from the ABAWD requirements applies and is certified for six months. The case is closed for non-compliance with ABAWD requirements at the end of the third NE month. The individual reapplies after starting a job working an average of 20 hours per week and regaining eligibility (meeting the 80 hours of work in a 30 day period). Sometime later during the review period, the individual is laid off by the employer. This individual can receive the three EE months before case closure.**

Exemptions 430-05-40-50-30

(Revised 10/01/14 ML 3410)

View Archives

During any of the three ABAWD months or after the three ABAWD months have been received, if an individual becomes exempt the ABAWD provisions no longer apply.

Examples:

1. **Exempt from SNAP work requirements, turning age 50, physically or mentally unable to work, a dependent child enters the household or pregnancy.**
2. **An individual received the three ABAWD months in January, February and March and the case closed. On April 18, the individual reapplies and reports they have worked 80 hours in a 30 consecutive day period since their case closed and also and verifies employment of 20 hours per week. The application is approved.**

Review Periods 430-05-40-50-40

(Revised 12/01/08 ML3164)

View Archives

A household containing an individual who is not exempt from the ABAWD provisions must be assigned a 6-month review period, however, the individual is only eligible for the remaining ABAWD months or the extended three month benefit period.

Basic Employment Skills Training Program (BEST) 430-05-40-55

(Revised 01/01/04 ML2893)

View Archives

The SNAP Basic Employment Skills Training (BEST) Program is intended to expose participating individuals to job seeking and retention skills. It is operational in Burleigh and Cass counties.

Mandatory Participants 430-05-40-55-05

(Revised 01/01/04 ML2893)

View Archives

Mandatory work registrants who do not meet the BEST exemption criteria are mandatory participants for the BEST program.

Exemptions from BEST 430-05-40-55-10

(Revised 10/01/14 ML 3410)

View Archives

The following individuals are not required to participate in BEST (TECS coding on the WORE screen is listed):

1. Individuals exempt from work registration. (EX)
2. Migrants in the job stream. (MI)
3. Individuals exempt for good cause as determined by sound, professional judgment of the worker. The case must be thoroughly documented to support the exemption. (GC)
4. Limited and non-English speaking individuals. (NE)
5. Individuals who are participating in the Parental Responsibility Initiative for the Development of Employment (PRIDE) Program. (PP)
6. Individuals where public transportation is limited because of where and when the public transportation is available. (LT)
7. Individuals with a temporary disability such as a broken leg, illness, etc. (DI)
8. Pregnant women. (PG)
9. Individuals who do not have a fixed mailing address. (MA)
10. Individuals who have been referred and the BEST coordinator determines the referral is not appropriate. Justification for the exemption will be provided to the eligibility worker in writing. (IA)

Voluntary Participants 430-05-40-55-15

(Revised 01/01/04 ML2893)

View Archives

Individuals exempt from the BEST requirements may participate in BEST on a voluntary basis. Voluntary participants are not subject to the work disqualification.

County Procedures 430-05-40-55-20

(Revised 10/01/14 ML 3410)

View Archives

The workers must carry out the following procedures:

- Determine if the work registrant is required to participate in BEST.
- If the work registrant is exempt, enter the exemption reason code and date exempted on TECS screen WORE.
- If the work registrant is not exempt, refer them to the Employment Communication orientation session using Form SFN 679, "Employment Communication Orientation Referral,". Date, time and place of orientation sessions can be obtained from the local Workshop Coordinator.
- Inform the Workshop Coordinator of the referral by sending them a copy of the completed Form SFN 679, "Employment Communication Orientation Referral," that was given to the participant.
- If notified by the Workshop Coordinator that an individual has failed to comply with BEST participant responsibilities begin .

Workshop Coordinator Responsibilities 430-05-40-55-25

(Revised 01/01/04 ML2893)

View Archives

The local Employment Communication Workshop Coordinator must:

- Conduct orientation sessions, Employment Communication Workshops and Network Center.
- Inform the worker of participant non-compliance.
- Inform the worker when a participant gains employment.
- Inform the State Office of days of attendance of participants.
- Inform the State Office of numbers of individuals who begin the Employment Communication Workshops.
- Inform the State Office of numbers of individuals who gain employment.

Participant Responsibilities 430-05-40-55-30

(Revised 01/01/04 ML2893)

View Archives

BEST participants must do the following:

- Attend the Employment Communication Orientation session assigned.
- Contact the coordinator to reschedule if necessary.
- If selected, attend the Employment Communication Workshop.
- Participate in Network Center for a minimum of five days.
- Cooperate and comply with the Network Center Coordinator.

Participants failing to meet these responsibilities will be subject to Program disqualification.

Participant Reimbursement 430-05-40-55-35

(Revised 10/01/14 ML3410)

View Archives

BEST Program mandatory and voluntary participants are reimbursed a flat rate of ten dollars per day for transportation and other costs directly related to participation in the BEST Program, up to a maximum of $50 per month.

Reimbursements are excluded as income.

Reimbursements will be made by the State Office directly to participating individuals during the month following participation.

Conciliation Procedure 430-05-40-55-40

(Revised 06/01/15 ML3440)

View Archives

The conciliation period is used to determine if the mandatory BEST participant had good cause for not complying and to provide that individual with an opportunity to comply.

The conciliation period begins with the day following the date the worker learns of the noncompliance and continues for 30 calendar days. The worker must contact the non-complying household member to determine whether good cause exists. The worker must contact the household by using F803 - BEST Non-Compliance Conciliation Notice.

If the individual responds within the 30-day period and it is determined that good cause does not exist (and the household member does not comply), begin disqualification procedures by issuing Notice F425 - BEST Non-Compliance or the F733-Decrease in Benefits-Non Compliance with BEST. Be sure to enter the reason for noncompliance in the space provided on the notice.

To avoid Notice of Adverse Action (issuance of Notice F425 or F733), the individual must perform a verifiable act of compliance, such as attending the orientation session, Employment Communication Workshop, or Network Center. Verbal commitment by the individual is not sufficient, unless the individual is prevented from immediately complying by circumstances beyond the household member’s control, such as the availability of a suitable component.

If it is apparent that the individual will not comply (i.e., the individual refuses to comply and does not have good cause), issue Notice F425 or F733.

If Notice F425 or F733 is issued before the end of the 30-day conciliation period and it is verified that the individual complied, the notice should be canceled.

If the individual does not respond within the 30-day period, issue Notice F425 or F733 at the end of the 30-day period. Be sure to enter the reason for noncompliance in the space provided on Notice F425 or F733.

Disqualification Time Frames for BEST 430-05-40-55-45

(Revised 10/01/14 ML 3410)

View Archives

The following disqualification time frames apply for failure to comply with BEST. Before disqualifications are applied to BEST participants, the conciliation period must be followed. The disqualification must be entered on the WORS screen in TECS.

1. First Violation:

   A one-month disqualification must be served (from the date the disqualification becomes effective). The disqualification continues until the individual complies with the BEST requirements for which the disqualification was imposed or becomes exempt.

2. Second Violation:

   A three-month disqualification must be served (from the date the disqualification becomes effective) and continues until the individual complies with the BEST requirements for which the disqualification was imposed. If an individual becomes exempt during the disqualification period eligibility must be reestablished.

3. Third Violation:

   A six-month disqualification must be served (from the date the disqualification becomes effective). The disqualification continues until the individual complies with the BEST requirements for which the disqualification was imposed or becomes exempt. If an individual becomes exempt during the disqualification period eligibility must be reestablished.

If the individual complies with the BEST requirements for which the disqualification was imposed, the individual can be eligible after the disqualification time frame has been served.

If the individual becomes exempt during the disqualification time frame, the disqualification time frame must be ended and the individual can be eligible.

Once a disqualification is imposed:

- If an individual in an ongoing case is disqualified and:
  - Complies during the disqualification period, they must serve the one, three or six month disqualification before they can become eligible.
  - Becomes exempt, the individual can be eligible the following month.
- If the case closed and the individual is reapplying and:
  - Has complied, they must serve the one, three or six month disqualification before they can become eligible.
  - Is exempt, the individual is eligible at the point of application.

Types of Assets 430-05-45-05

Revised 06/01/15 ML3440)

View Archives

In determining the assets of a household, the following must be included and documented in detail.

Assets of a categorically eligible and TANF I & R households are not counted but must be documented and verified if questionable.

Liquid Assets

Types of liquid assets include but are not limited to the following:

- Cash on hand.
- Money in checking or savings accounts.
- Stocks or bonds.
- Lump sum payments (counted as assets in the month in which they are received unless excluded by Federal law).

To arrive at the countable cash value for any account or plan that applies penalties for early withdrawals, subtract the amount of the penalty (if any) from the value of the account or plan.

If the account or plan has been used as collateral or if a lien has been placed on the account or plan, only the equity value available is counted.

Money in a checking or savings account must not be counted as income and as an asset in the same month. Workers must exclude any current month's income deposited in a checking or savings account.

If a check has been written and sent to the payee, even if it has not yet been cashed, the money is not available for other purposes and is

deducted from the account balance. The check register is used as verification of outstanding checks.

Many benefit programs deposit an individual's monthly benefit onto a debit card. Any balance remaining on these debit cards is considered a liquid asset beginning the month following the month it was deposited on the card and counted as income.

EXAMPLES:

- **Unemployment Insurance Benefits (UIB)**
- **Child Support Benefits**
- **Workforce Safety and Insurance (WSI)**
- **Social Security Administration Benefit (SSA)**

Non-Liquid Assets

Types of non-liquid assets include but are not limited to the following:

- Personal property
- Licensed and unlicensed vehicles
- Buildings
- Land
- Recreational properties
- The value of a Contract for Payment

The value of a contract in which payments are current is equal to the total of all outstanding payments of principal required to be made by the contract, unless evidence is furnished that establishes a lower value.

The value of a contract in which payments are not current is an amount equal to the current fair market value of the property subject to the contract. If the contract is not secured by property, the value of the contract is the total of all outstanding payments of principal and past due interest required to be made by the contract.

In situations where the contractual right to receive money payments is not collectable and is not secured, the debt has no collectable value, and thus

no countable asset value. An applicant or recipient can establish that a note has no collectable value if:

a. The debtor is judgment proof. A debtor is judgment proof when money judgments have been secured, an execution has been served against the debtor which has been returned as wholly unsatisfied, and the debtors affidavit and claims for exemptions exempt all of the debtors property; or
b. The applicant or recipient verifies the debt is uncollectible due to a statute of limitations. A satisfactory verification includes an attorney's letter identifying the statute and facts that make a debt uncollectible due to a statute of limitations.

Clients should be encouraged not to forgive debts that have been determined to be uncollectible. Such debts could have a future value if the debtor ever accrues assets. At each review the worker must determine whether the judgments are still on file or whether the debtor has any change in assets.

The value of non-exempt assets (except for licensed vehicles not used for income producing purposes) is the equity value. The equity value is the fair market value less the amount owed.

Unlicensed Vehicles 430-05-45-10-05

(Revised 07/01/05 ML2972)

View Archives

Unlicensed vehicles are those vehicles that are not currently licensed by the Department of Motor Vehicle or Tribal Motor Vehicle.

Exception:

Unlicensed vehicles on an Indian Reservation that does not require tribal members to license vehicles are treated as licensed vehicles.

Unlicensed vehicles not on an Indian Reservation or unlicensed vehicles on an Indian Reservation that require tribal members to license vehicles are listed on the VEHI screen using the appropriate vehicle code, a Y indicator in the UV field and NO TECS exclusion code under the EXT T/P column. The equity value test applies to these unlicensed vehicles.

Licensed Vehicles 430-05-45-10-10

(Revised 01/01/04 ML2893)

View Archives

Licensed vehicles are vehicles licensed by the Department of Motor Vehicle or Tribal Motor Vehicle. To determine the value of licensed vehicles applied to the asset limit, the following procedures must be used. Licensed vehicles are listed on the VEHI screen in TECS.

Jointly Owned Vehicles 430-05-45-10-15

(Revised 01/01/04 ML2893)

View Archives

Jointly owned vehicles are considered available in their entirety to a household.

Exception:

Jointly owned vehicles are excluded from countable assets if:

- **They are jointly owned by a household member and a non-household member who does not live with the household, and**
- **The vehicle is unavailable to the household member because the household member does not have possession or use of the vehicle, and**
- **The household is unable to sell the vehicle (e.g., the signature of the co-owner is needed, and they will not sign).**

Excluded Vehicles 430-05-45-10-20

(Revised 10/01/06 ML3044)

View Archives

The worker must first determine if a vehicle is excluded. When a vehicle is excluded, neither the fair market value nor the equity value is applied.

Unlicensed vehicles on an Indian Reservation that does not require tribal members to license vehicles are treated as licensed vehicles. They must be coded as UV on the VEHI screen with the appropriate TECS exclusion code under the EXT T/P column.

The **entire** value of any **licensed** vehicle will be excluded only if the vehicle is (the appropriate TECS codes on the VEHI screen under the EXT T/P column are listed):

1. Used for income producing purposes such as but not limited to a taxi, truck, a fishing boat, a vehicle used for deliveries, to call on clients or customers, or required by the terms of employment. (PI)

Exception:

Vehicles are not excluded if they are used only for commuting to and from work.

2. The household is legally prohibited from selling the vehicle for whatever reason - these vehicles are not entered into TECS.

   Examples:

   Court injunction or probate.

3. Necessary for long distance travel (other than commuting) that is essential to the employment of a household member (including an ineligible alien or disqualified individual). These types of vehicles include the vehicle of a traveling sales person (PI) or migrant farm worker following the migrant stream. (MT)

Exclusions one through three above also apply when the vehicle is not in use because of temporary unemployment.

4. Used as the household's home. (HO)
5. Necessary to transport a **physically** disabled household member who meets the definition of "disabled" (including an ineligible alien or disqualified individual) regardless of the purpose of such transportation. This exclusion is limited to one vehicle per physically disabled household member. The vehicle need not have special equipment or be used primarily by the **physically** disabled household member. (TR)

   The individual must meet the SNAP definition of "disabled" and the disability must be based on a **physical** disability.

6. Leased vehicle - is not entered into TECS as is not owned by the household.
7. Necessary to carry the primary source of fuel for heating or water for home use. (WF)
8. A vehicle is excluded as inaccessible if as a practical matter the household is unable to sell the vehicle because the sale is unlikely to produce an estimated return of not more than $1500. (IA)

Examples:

1. **A household is making payments on a sedan with a fair market value of $7,000. The household has no other vehicles. The excess fair market value ($2,350) would make the household ineligible. In this instance, the worker must determine if the vehicle is inaccessible. If the household were to net $1,500 or less on the vehicle if sold, the entire value of the vehicle is excluded as an inaccessible vehicle.**
2. **A household has one vehicle that is not otherwise excludable with a fair market value of $6,200. The countable fair market value is $1,550. If the household has no other countable assets that**

combined with other countable assets exceeds the applicable asset limit for the household, the household would remain eligible for participation. In this example, the inaccessible vehicle provision was not needed to exclude the vehicle.

Determining Fair Market Value 430-05-45-10-25

(Revised 07/01/05 ML2972)

View Archives

If a vehicle is **not** an excluded vehicle, the worker must then determine the fair market value. The fair market value of licensed vehicles is the **average trade-in value without using any listed add-ons or deductions**. All vehicles receive the $4,650 exclusion.

The portion of the fair market value exceeding $4,650 or the equity value is counted toward the household asset limit. When the excess fair market value is applied, the amount owing on the vehicle is not considered. In this instance, the equity value is not used.

One of the following is used to determine the fair market value:

- NADA Official Used Car Guide not older than six months
- www.nada.com
- www.edmunds.com
- www.kbb.com (Kelly Blue Book)

The worker must print out a hard copy of the information from the web site for case file documentation.

A household may indicate that for some reason, such as body damage or in- operability, a vehicle is in less than average condition. In this instance, the household should be given an opportunity to obtain verification of the trade-in value from a reliable source. Households must provide verification of the value of antique, custom made, or classic vehicles. Special equipment for the handicapped will not increase the value of a vehicle.

If a vehicle is no longer listed in the NADA Official Used Car Guide, or on the above listed web sites, the household's estimate of vehicle value should

be accepted unless the worker has reason to believe that the estimate is incorrect. If it appears that the vehicle's value will result in ineligibility, the household may obtain an appraisal or produce other evidence of value.

If a vehicle is not yet listed in the NADA Official Used Car Guide, or on the above listed web sites, the household must obtain verification of the trade-in value by contacting a car dealer who sells that make of vehicle.

The fair market value of two or more vehicles must not be added together to reach a total fair market value in excess of $4,650.

Example:

The household consists of a single individual who owns one vehicle with a fair market value of $5,400 and a second vehicle with a fair market value of $4,800. The equity value of the second vehicle is $100. The amount applied to the household asset limit is $750 ($5,400 – 4,650) plus $150 ($4,800 – 4,650).

Determining Equity Value 430-05-45-10-30

(Revised 03/01/06 ML3017)

View Archives

The equity value is the fair market value less the amount owed. The excess fair market value (the value over $4,650) **is counted** and the equity value **is not** counted for the following partially exempt vehicles (the appropriate TECS codes on the VEHI screen under the EXT T/P column are listed):

1. One licensed vehicle per adult household member (or an ineligible alien or disqualified household member whose resources are being considered available to the household), regardless of use. (AM)
2. Any other vehicle a household member under the age of 18 (or an ineligible alien or disqualified household member under age 18) uses to commute to:
    a. Employment. (WS)
    b. Training or education which is preparatory to employment, including high school education. (WS)
    c. Seeking employment in compliance with job search. (LW)

This equity exclusion applies during temporary periods of unemployment to a vehicle which a household member under the age of 18 drives to commute to and from employment.

The WS or LW code must be changed to AM the month following the month the child turns age 18, unless the vehicle is excludable.

TECS excludes $4,650 from vehicles with exemption codes and these vehicles are then exempt from the equity test. Only the excess fair market value is counted.

Fair Market Value Versus Equity Value 430-05-45-10-35

(Revised 10/01/10 ML3233)

View Archives

When a vehicle is assigned both a fair market value in excess of $4,650 and an equity value, only the greater of the two amounts is counted as an asset. If a non-exempt vehicle has no excess fair market value, then only the equity value is counted.

First the system will apply $4,650 to all vehicles that are not coded as totally excluded vehicles.

The system looks for all vehicles that are coded with partial exemptions and applies any excess over $4,650 to the asset limit. The equity value does not apply to partially exempt vehicles.

Example:

1. Household consists of a single individual who owns three vehicles.

Vehicle A:	**$5,600**	**Fair Market Value - $950 (AM)**
	-4,650	**($5,600 equity value)**
	$950	
Vehicle B:	**$4900**	**Fair Market Value - $250**
	-4,650	**($4,000 equity value)**
	$250	
Vehicle C:	**$4,750**	**Fair Market Value - $100**
	-4,650	**($400 equity value)**
	$100	

Vehicle A has a partial exemption code of (AM) and $950 is applied toward the household asset limit. The $5,600 equity value does not apply to this vehicle.

The system will compare Vehicle B's excess fair market value of $250 and the equity value of $4,000 and apply the greater of the two to the asset limit ($4,000).

The system will compare Vehicle C's excess fair market value of $100 and the equity value of $400 and apply the greater of the two to the asset limit ($400). This vehicle should be coded IA and totally excluded as it would net less than $1,500 if sold.

The system will apply $5,350 to the asset limit as follows: $950 for Vehicle A, $4,000 for Vehicle B, and $400 for Vehicle C.

2. **Household consists of a single parent with two small childre5,n. The household is receiving TANF and has two vehicles.**

Vehicle A:	**$10,000**	**Fair Market Value - $5,350**
	- 4,650	**($900 equity value)**
	$ 5,350	
Vehicle B:	**$ 4,900**	**Fair Market Value - $250**
	- 4,650	**($3,500 equity value)**
	$ 250	

As this household is in receipt of TANF, the household is exempt from the asset test.

If this were not a categorically eligible household, the system applies the excess fair market value of $5,350 to the asset limit from Vehicle A. This vehicle should be coded IA and totally excluded as it would net less than $1,500 if sold.

The system will compare Vehicle B's excess fair market value of $250 and the equity value of $3,500 and apply the greater of the two to the asset limit ($3,500).

The system applies $8,850 to the asset limit as follows: $5,350 for Vehicle A and $3,500 for Vehicle B. This case would not be eligible based on excess assets.

Determining SNAP Vehicle Value 430-05-45-10-40

(Revised 03/01/06 ML3017)

View Archives

When determining a vehicle's value that will be applied to the countable asset limit, start with the first step. If the vehicle does not meet any of the definitions in the first step, go to the second, etc.:

1st Test: **430-05-45-10-20 EXCLUDED VEHICLES** – Vehicles are excluded from the asset limit:

Vehicle Definition	TECS Code
*Licensed vehicle is income producing or required by the terms of employment	PI
*Licensed vehicle necessary for long distance travel essential to employment (other than commuting)	PI
*Licensed vehicle used by a migrant to follow the job stream	MT
*Vehicle used as a home	HO
*Licensed vehicle used to transport physically disabled individual	TR
*Licensed vehicle used to carry primary source of heating fuel or water for home use	WF
*Licensed vehicle if sale unlikely to produce significant return ($1500)	IA

*Includes unlicensed vehicles on a reservation that do not require members to license vehicles.

2nd Test: **430-05-45-10-40 DETERMINING EQUITY VALUE** – Vehicle's fair market value above $4650 is applied to the asset limit:

Vehicle Definition	TECS Code
Licensed vehicle for each adult household member	AM
Licensed vehicle used by individual under age 18 for employment or training	WS
Licensed vehicle used by individual under age 18 for seeking employment in compliance with job search	LW

3rd Test: **430-05-45-10-35 FAIR MARKET VALUE VERSUS EQUITY VALUE** – The greater of the fair market above $4650 or equity value is applied to the asset limit:

Vehicle Definition	TECS Code
Licensed vehicle not excluded above	Uncoded

4th Test: **430-05-45-10-05 UN430-05-45-10-05LICENSED VEHICLES** - The equity value test applies to these vehicles:

Vehicle Definition	TECS Code
Unlicensed vehicles or unlicensed vehicles on an Indian Reservation that require tribal members to license vehicles (use the appropriate vehicle code and a Y indicator in the UV field)	Uncoded

Jointly Owned Assets 430-05-45-15

(Revised 01/01/04 ML2893)

View Archives

Assets owned jointly by **separate households** must be considered available in their entirety to each household, unless it can be verified that these assets are inaccessible to the household.

If the household can verify that it has access to only a portion of the asset, only that portion is counted toward the household's asset limit.

A joint asset is not available to the household if it cannot be divided and access to the value is dependent on the agreement of a joint owner who refuses to comply.

If a household member is identified on an account signature card as an individual who can draw on the account of a non-household member and has no legal ownership of the funds in the account, the funds are not considered available and are excluded as an asset.

Examples:

1. **A jointly owned account is not available if access to the account requires the signature of all joint owners and one of the joint owners refuses to sign. However, a joint account that does not require co-signatures would be considered available.**
2. **A mother adds her daughter's name to her savings account. This account required the daughter's signature on the signature card and consists solely of the mother's funds. The account was established so that if something happened to the mother, the daughter would have access to funds to pay the bills for her mother.**

This account is not considered an asset for the daughter.

3. **A daughter is listed on the signature card for dad's savings account. This account is not considered as an asset for the daughter.**

Availability of an Unknown Asset 430-05-45-20

(Revised 01/01/04 ML2893)

View Archives

If a household has an asset that they are unaware of, the asset is not considered available until it becomes known to the household.

Example:

A grandmother opens a savings account in her granddaughter's name. The granddaughter's parents apply for SNAP and at the time are unaware of the account. The worker receives an IEVS hit showing interest income for the granddaughter. The worker requests that the household verify the account.

Once the household becomes aware of the asset, it must be considered available from that time forward. There is no SNAP claim established for the time the asset was unknown to the household.

Asset Limits 430-05-45-25

(Revised 10/01/14 ML 3410)

View Archives

Eligibility will be denied or terminated if the value of non-excluded assets exceeds the following:

1. $3,250 for all households containing an elderly (age 60 or over) or disabled member.
2. $2,250 for all other households.

Categorically eligible and TANF I & R household members **do not** have to meet the asset limits.

Non-categorically eligible household members **must** meet the asset limits.

The household's assets **at the time of the interview** must be used in determining household eligibility. An application cannot be pended allowing the household the option of spending down assets. If a household is over the asset limit on the date of interview, the application must be denied.

Life Estates and Remainder Interest 430-05-45-30

(Revised 01/01/04 ML2893)

View Archives

Life estates are excluded and are not counted as an asset. If an individual has a remainder interest in a life estate, the individual must contact a local real estate agent/company. The real estate agent/company must establish if the remainder interest can be sold (is there a willing buyer).

If there is no willing buyer, the remainder interest has no cash value and is not counted as an asset. If there is a willing buyer then the real estate agent/company must establish the fair market value and the remainder interest is a countable asset.

SNAP does not follow TANF or Medicaid policy regarding life estates.

Asset Exclusions 430-05-45-35

(Revised 06/01/15 ML3440)

View Archives

The following list of assets are the only assets that are excluded for all household members including ineligible aliens and disqualified individuals.

1. The home and surrounding property that is not separated by property owned by others. Roads running through the property will not affect the property exemption.

   The home and surrounding property remain exempt when temporarily unoccupied because of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return.

   Households not currently owning a home but who own or are purchasing property on which they intend to build or are building a permanent home, receive an exclusion for that value.

2. Household or personal goods (i.e. furniture, appliances, jewelry, clothing, antiques, collections, etc.).
3. The cash value of life insurance policies.
4. All tax-preferred retirement accounts. These include but are not limited to:

   - State Retirement
   - Teacher's Retirement
   - 457 plans
   - 401(k) plans
   - Federal employee thrift savings plans
   - 403(b) plans
   - 501(c)(18) plans

- Keogh plans
- Individual Retirement Accounts (IRA's)
- Simplified Employer Pension Plans (SEPs)

If withdrawn, they become an available asset in the month received.

5. The value of one burial plot per household member.
6. **One** bona fide funeral agreement and one financial instrument, including interest accrued, per household member up to $1500. The value of a funeral agreement in excess of $1500 is counted.

Example:

An individual established a funeral agreement some years ago for $1000. Interest to date on this agreement is $600, making the agreement value $1,600. $1,500 is excluded and the remaining $100 is counted towards the household asset limit.

A funeral agreement must be in the form of a written formal contract between a household member and the funeral home/director. Funds designated for burial services/merchandise must be identifiable, accessible to the household and not commingled with other funds.

This provision applies to only formal agreements for funeral and burial expenses such as burial contracts, burial trusts, or other funeral arrangements with licensed funeral directors and does **not** apply to other assets (e.g., passbook bank accounts, savings, and cash surrender value of life insurance policies).

Examples:

1. **An individual designates $2000 in a certificate of deposit (CD) payable on death to a funeral home and the bank retains the CD. Of the $2000, $1500 is excluded and $500 is counted toward the asset limit. If this individual dissolves the agreement with**

the funeral home, the CD becomes a countable asset for SNAP purposes.

2. **An individual sets up a savings account at a savings and loan in the amount of $2000 and designates this money for funeral services. The savings and loan puts the money in a funeral trust account. Of the $2000, $1500 is excluded and $500 is counted toward the household asset limit. If the individual dissolves the agreement with the funeral home, the account becomes a countable asset for SNAP purposes.**

7. Real and personal property that is directly related to the maintenance or use of an excluded vehicle.

Example:

A household which owns a semi-truck to earn its livelihood may be prohibited from parking the semi-truck in the residential area in which it lives. The household owns a one-acre piece of property at the edge of town, only one-fourth of which is used for semi-truck parking and maintenance purposes. Only the value of the one-fourth acre would be excludable under this provision.

8. Governmental payments designated for restoration of a home damaged in a disaster where the household would be subject to a legal sanction for not using the funds as they are intended. These governmental payments are excluded.

Examples:

Housing and Urban Development (HUD) payments through the individual and family grant program and Small Business Administration (SBA) disaster loans or grants.

9. Assets having a cash value which are not accessible to the household.

   Examples:

   - **Security deposits on rental property or utilities.**
   - **Property in probate.**
   - **Inheritances not yet received.**
   - **Real property which the household is making a good faith effort to sell at a reasonable price and which has not been sold.**

     If questionable the worker must verify that the real property is for sale and that the household has not declined a reasonable offer. Verification could include collateral contact or documentation, such as an advertisement for public sale in a newspaper of general circulation or a listing with a real estate broker.

10. Any funds in a trust or transferred to a trust, and the income produced by that trust if it is not available to the household and if **all four** items listed below are met:

    a. The trust arrangement is not likely to cease during the review period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the review period, **and**

    b. The trustee administering the funds is either:

       (1) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member.

       (2) An individual appointed by the court who has court imposed limitations placed on their use of the funds which meet the requirements of this subsection, **and**

c. Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member, **and**

d. The funds held in irrevocable trust are either:

(1) Established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or

(2) Established from non-household funds by a non-household member.

Please submit complete copies of all trust agreements to the Legal Advisory Unit of the Department of Human Services for review along with the following information:

a. Who is applying for benefits and what benefits they are applying for.

b. Verification of all asset(s) owned by the trust including the value of each asset, when the asset was transferred to the trust, and who transferred the asset to the trust.

c. Any other documents or information that you think may be relevant.

11. Indian lands held jointly with the tribe, or land that can be sold only with the approval of the Bureau of Indian Affairs.

12. Any amount necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) under Title XVI of the Social Security Act (SSI) is excluded.

13. 529 Qualified Tuition Program Plans and 530 Coverdell Education Savings Accounts. In North Dakota, 529 Program Plans are administered through the Bank of North Dakota and are called College Save.

These funds remain exempt as long as they are used for the intended purpose at the time withdrawn. If withdrawn and not used for the

intended purpose, they are considered income in the month withdrawn and an asset in the month following the withdrawal.

14. An asset is excluded, if, as a practical matter, the household is unable to sell the asset for any significant return because the household's interest is relatively slight or the costs of selling the household's interest would be relatively great.

Exception:

This provision does not apply to financial instruments such as stocks, bonds, and negotiable financial instruments.

Significant return means any return after estimating costs of sale or disposition and taking into account the ownership interest of the household that is more than $1,500.

Any significant amount of funds means funds amounting to more than $1,500.

Verification of the value of an excluded asset is required if the information provided by the household is questionable.

If a household member states that consent of co-owners is required for a sale of the household member's share of jointly held property, the statement must be verified by documents that demonstrate **both** the co-owners' authority to prevent the sale and the co-owners' unwillingness to agree to the sale.

15. The following is a **partial listing** of assets that are excluded by federal statute. Contact the Regional Representative if assistance is needed in determining whether an asset is excluded.

    a. The value of assistance to children under the Child Nutrition Act of 1966 (child care nutrition programs).

    b. The Domestic Volunteer Services Act of 1973, Titles I and II, as amended.

       Payments under Title I of that Act, including payments from such Title I programs as VISTA, to volunteers for those individuals receiving SNAP or TANF at the time they joined the Title I program.

Payments to volunteers under Title II, including the Retired Senior Volunteer Program (RSVP), Foster Grandparents Program and Senior Companion Program.

c. Payments paid as a result of an emergency or major disaster as defined in the Disaster Relief Act of 1974 or the Disaster Relief & Emergency Assistance Amendments of 1988.

   A major disaster is any natural catastrophe or regardless of fault, any fire, flood, or explosion which the President determines causes damage of sufficient severity and magnitude to warrant major disaster assistance. An emergency is an occasion or instance for which the President determines that federal assistance is needed to save lives and protect property and public health and safety.

   Federal Emergency Management Assistance (FEMA) payments.

Exception:

Payments made when there is no major disaster or emergency are not excluded.

d. Agent Orange Compensation Exclusion Act payments or all payments from the Agent Orange Settlement fund which are distributed by the Aetna Insurance Company.

Exception:

Payments from Veteran's Administration for service connected disabilities resulting from exposure to agent orange are not excluded.

e. Federal Tax refunds, including Earned Income Tax Credits, are excluded as an asset for a period of 12 months from the month of receipt.

f. Allowances paid to children of Vietnam veterans who are born with Spina Bifida.

g. Allowances paid directly or indirectly on behalf of a household by LIHEAP.

h. When an exclusion applies because of use of an asset by or for a household member, the exclusion also applies when the asset is being used by or for an ineligible alien or disqualified individual.

16. Assets that are excluded by express provision of federal statute for American Indians or Alaska Natives. Usually a law will specify payments to members of a tribe or band, and the law will apply to the members enrolled in the tribe or band wherever they live. The individuals should have documentation showing where the payments originate. These payments include, but are not limited to the following:

    a. Indian per capita payments distributed from judgment awards and trust funds up to $2,000 per person per payment. Amounts in excess of $2,000 are considered a countable asset.

    b. Interests of Indians in trust or restricted lands.

    c. Up to $2,000 per year of Individual Indian Monies (IIM) received by individual Indians which is derived from leases or other uses of individually owned trust or restricted lands.

Exception:

The $2000 exemption does not apply to inheritance, bonuses, and other income that is not derived from leases, trust or restricted land.

Client statement is acceptable verification of the amount in an IIM account unless:

1. The amount is more than $2000 for the year;
2. The client's statement is questionable;
3. The IIM account includes countable income such as inheritance, bonuses, and other income that is not derived from leases, trust or restricted land.

Bankruptcy 430-05-45-40

(Revised 01/01/04 ML2893)

View Archives

Bankruptcy may or may not be relevant for SNAP purposes. The worker should get a statement from the bankruptcy trustee regarding accessibility of assets.

Handling Excluded Funds 430-05-45-45

(Revised 01/01/04 ML2893)

View Archives

Excluded funds that are kept in a separate account, and that are not commingled in an account with non-excluded funds, retain their asset exclusion for an unlimited period of time.

The excluded assets of self-employed households which have been prorated as income and commingled with non-excluded funds retain their exclusion for the period of time for which they have been prorated.

All other excluded monies which are commingled in an account with any other funds retain their exemption for six months from the date they are commingled. After six months from the date of commingling, all funds in the commingled account are counted as a asset.

Exception:

Excluded financial aid commingled with any other funds remains exempt for an unlimited period of time.

Verification of Questionable Assets for TANF Information and Referral Services 430-05-45-50

(Revised 01/01/04 ML2893)

View Archives

Households must provide verification of assets if questionable, in order to receive TANF Information and Referral Services. If assets are questionable based on sound judgment of the worker and the household fails or refuses to provide verification, the household is not eligible for TANF Information and Referral Services. As a result the household is not categorically eligible.

If a household is not categorically eligible, verification of questionable assets is required. The worker must send notice F240 – TANF Information and Referral Service Denial and notice F201 – Failure to Provide Information to the household.

Disqualifying Transfer of Assets 430-05-45-55

(Revised 10/01/14 ML 3410)

View Archives

At the time of application, households must provide information regarding all assets which all household members (including ineligible aliens or disqualified individuals) transferred within the three-month period immediately preceding the month of application.

If a disqualified individual transferred assets for the purpose of qualifying or attempting to qualify for program benefits, the household is disqualified for up to one year from the date of discovery of the transfer.

This disqualification also applies if assets are transferred after the household has been determined eligible for benefits in order to prevent reaching the maximum asset limit.

For determining a disqualifying transfer, the burden of proof is the responsibility of the worker.

Permissible Transfers

Transfers of the following do not affect eligibility:

1. Excluded assets.
2. Any non-excluded assets that, when added to other countable assets, totals less at the time of transfer than the allowable asset limit.
3. Assets that are sold or traded at, or near, fair market value.
4. Assets transferred between members of the same household (including ineligible aliens, disqualified individuals and ineligible students).
5. Assets that are transferred for reasons other than qualifying or attempting to qualify for program benefits.

Example:

A parent placing funds into an educational trust fund.

6. Assets of individuals who are categorically eligible or TANF I&R.

Action on Disqualifying Transfers

When a household has transferred assets for the purpose of qualifying or attempting to qualify for program benefits, a notice of denial must be sent explaining the reason for and length of disqualification.

A household that is participating at the time of discovery of the transfer must be sent a notice of adverse action explaining the reason for and length of disqualification.

Length of Disqualification

The period of disqualification begins with the month of application. For participating households, the disqualification period begins the first benefit month after notice of adverse action has expired, unless a fair hearing and continued benefits have been requested.

If a household member who owned and transferred the asset that caused the disqualification leaves the household, the disqualification ends. The remaining period of disqualification follows that individual if the individual becomes a member of another SNAP household.

Length of disqualification is as follows:

Amount in Excess of Asset Limit	Period of Disqualification
$ 0 thru 249.99	1 mo.
250 thru 999.99	3 mo.

1000 thru 2999.99	6 mo.
3000 thru 4999.99	9 mo.
5000 or more	12 mo.

Example:

A two-person household with a disqualified individual who has $1,750 in a bank account makes a disqualifying transfer of a vehicle with a fair market value of $6,000. The first $4,650 of the vehicle's value is exempt. The amount of the vehicle counted toward the asset limit is $1,350. The household's asset limit is $2,250. The bank account is $1,750 which allows $250 of the $1,350 of the fair market value of the vehicle to meet the $2,250 asset limit. The $1,100 excess is used to determine the disqualification period of six months ($6,000 less $4,650 less $250 = $1,100).

Income 430-05-50

(Revised 01/01/04 ML2893)

View Archives

Income is all types of monies, regardless of the source. It is the responsibility of the worker to determine if the income is countable.

Use of Gross Income and Net Income Test 430-05-50-05

(Revised 04/01/14 ML 3400)

View Archives

Categorically eligible households automatically pass all asset and income tests.

- Households in which all members are in receipt of TANF and/or SSI with a member that is DD or DF are considered non-categorically eligible households. These households automatically pass the asset test but must meet the 130% gross income test and the 100% net income test.

TANF I & R households automatically pass the asset test but must meet the 200% gross income test and the 100% net income test.

- TANF I & R households that have a member that is DI or DW must meet the asset test, however, only the disqualified member's assets are counted toward the asset limit. These households must also meet the 200% gross income test and the 100% net income test.
- Households in which all members receive TANF I & R with a member that is DD or DF are considered non-TANF I&R households. These households must meet the asset test, considering all household members assets along with the 130% gross income test and 100% net income test.
- TANF I & R household with elderly and/or disabled members that fail the 200% gross income test must be tested a second time under regular SNAP rules. Regular SNAP rules require these households to pass the asset test, considering all household members assets and the 100% net income tests only. If the household fails the asset test, the worker must deny the application using the F208 – Excess Assets. If the household passes the asset test but fails the net income test, the worker must deny the application using the F207 – Excess Income.

200% Gross Income Limits 430-05-50-10-03

(Revised 10/01/14 ML 3410)

View Archives

The following gross income limits reflect 200% of the Federal income poverty levels.

HH Size	Maximum Income	HH Size	Maximum Income
1	$ 1,946	9	$7,360
2	2,622	10	8,038
3	3,300	11	8,716
4	3,976	12	9,394
5	4,652	13	10,072
6	5,330	14	10,750
7	6,006	15	11,428
8	6,682	Each additional member	+678

Gross monthly income is arrived at by adding the total countable gross monthly earned income of all household members to the total countable monthly unearned income of all household members.

130% Gross Income Limits 430-05-50-10-05

(Revised 10/01/14 ML 3410)

View Archives

The following gross income eligibility standards reflect 130% of the Federal income poverty levels.

HH Size	Maximum Income	HH Size	Maximum Income
1	$ 1,265	9	$4,784
2	1,705	10	5,224
3	2,144	11	5,664
4	2,584	12	6,104
5	3,024	13	6,544
6	3,464	14	6,984
7	3,904	15	7,424
8	4,344	Each additional member	+ 440

Gross monthly income is arrived at by adding the total countable gross monthly earned income of all household members to the total countable monthly unearned income of all household members.

100% Net Income Limits 430-05-50-10-10

(Revised 10/01/14 ML 3410)

View Archives

The following net income eligibility standards reflect 100% of the Federal income poverty levels.

HH Size	Maximum Income	HH Size	Maximum Income
1	$ 973	9	$3,680
2	1,311	10	4,019
3	1,650	11	4,358
4	1,988	12	4,697
5	2,326	13	5,036
6	2,665	14	5,375
7	3,003	15	5,714
8	3,341	Each additional member	+ 339

Net monthly income is arrived at by determining gross monthly income and then subtracting the following:

1. 20% of earned income.
2. Standard deduction based on counting only eligible household members in determining household size as follows:
3. 1 through 3 person household - $155.00
4. 4 person household - $165.00

5. 5 person household - $193.00
6. 6+ person household - $221.00
7. Allowable medical deductions in excess of $35 for elderly or disabled household members.
8. Childcare and dependent care costs.
9. Child support paid.
10. Shelter costs in excess of 50% of net adjusted income. Shelter costs deducted cannot exceed $490.00.

Exception:

Households containing one or more eligible elderly or disabled members are not subject to the shelter deduction maximum of $490.00. Households in which the only elderly or disabled members are excluded are subject to the shelter deduction maximum.

Income Anticipation 430-05-50-15-10

(Revised 04/01/14 ML 3400)

View Archives

Income already received or future income that can be reasonably anticipated, will be taken into account at the time of review. If the amount or receipt of income is uncertain, that portion of the household's income that is uncertain will not be counted. That portion which can be anticipated with reasonable certainty is counted as income.

In cases where the receipt of income is reasonably certain but the monthly amount may fluctuate, the household may elect to income average, if paid once or twice a month.

For all cases where income (both earned and unearned) is received either weekly or biweekly, income must be converted for benefit determination.

Biweekly is defined as receiving earnings every two weeks.

Example:

Individual receives a paycheck every other Monday.

To convert weekly earnings, total the weekly checks and divide by the number of checks (4 or 5) to arrive at the weekly average. The weekly average is then multiplied by 4.3.

To convert biweekly earnings, total the biweekly checks and divide by the number of checks (2 or 3) to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

Exceptions

1. Income conversion does not apply to self-employment income.

2. Income will not be converted when it is known that a household will not receive the income on each of the weekly or biweekly pay dates.

3. Income conversion does not apply to child support income as this is base month budgeted.

If tips, commissions, bonuses or incentives are paid or reported weekly or biweekly and are included in the gross income on the weekly or biweekly paycheck or pay stub, they are converted.

If tips, commissions, bonuses or incentives are paid or reported weekly or biweekly and are included on the paycheck or pay stub, but not in the gross income and the paychecks are received weekly or biweekly, they must be added to the gross income and converted.

If tips, commissions, bonuses or incentive are not paid weekly or biweekly, they are not converted. The tips, commissions, bonuses or incentives must be counted separately as earned income.

Examples:

1. **Cash tips received daily and reported monthly are not converted.**
2. **Tips paid in a separate check that is not paid weekly or biweekly are not converted.**
3. **A household reports at interview on October 20 that a member started a new job and received the first paycheck on October 18 and is paid every Wednesday. Income for the month of application is not converted (October) because the individual did not receive income each Wednesday in October. Actual anticipated income is used for October. Income is converted for the second beginning month of November.**
4. **A household reports on October 10 that a household member will be losing a job on October 25 and will**

receive a final paycheck on November 3. When calculating eligibility and level of benefits for November, the income for this household member is not converted, as the individual will not receive income each week in November. The actual anticipated last paycheck on November 3rd is used.

5. **Ongoing household reports on June 5, that they will not receive all of their weekly paychecks in July as the company will be closed for one week. Since this change will result in an increase in benefits, the F419 must be sent for verification. If verification is provided, the actual anticipated income (not converted) must be used for July as the household will not receive income on each of their weekly pay dates.**

   In August, the household is anticipating to receive all of their weekly pay checks. Since converting the income will result in a decrease in benefits, the change to conversion must not be acted on until review.

In cases where income is received sporadically, the worker must use base month income, unless the household reports a change.

Examples:

On call income or child support received on an irregular basis.

Calculation:	**Example: Documentation must support the amount of income used.**
March 20 $400.00	a) **Current income** Household initially applies on April 5 and is interviewed on April 9. At the interview the

April 5 425.00 $825.00	household indicates they are paid twice a month and provides March 5 check - $250.00 gross income, March 20 check - $400.00 gross income, and April 5 check - $425.00 gross income. During the interview household indicates that March 5 check is short hours due to inclement weather. Household anticipates May income to be the same as March 20 and April 5 checks. These two checks - totaling $825.00 gross income are used to determine April and May benefits.
April 5 $350.00 x2 $700.00	b) **Decreased income** Household paid twice a month reports a decrease in wages on April 5 and verifies the March 5 check - $500.00 gross income, March 20 check - $500.00 gross income, and April 5 check - $350.00 gross income. The household provides verification that the decrease in hours is ongoing due to the employer cutting back all employees' hours. Take April 5 check times two to anticipate May gross income of $700.00. The April 5 check verifies the decrease in hours unless the worker, using prudent judgment, believes it is

	necessary to obtain additional verification.
March 5 $300.00 March 20 450.00 $750.00	c) **No change - Base Month** Household paid twice a month verifies actual March income and provides March 5 check - $300.00 gross income, March 20 check - $450.00 gross income, and April 5 check - $190.00. The household indicates March income is what they anticipate for the month of May. March income totaling $750.00 gross income is used to determine the effect on May benefits.
April 5 $400.00 April 20 600.00 1000.00	d) **No change - Current Month** Household paid twice a month verifies actual March and April income and provides March 5 check - $300.00 gross income, March 20 check - $450.00 gross income, April 5 check - $400.00 gross income and April 20 check - $600.00 gross income. The household indicates no change in income. April income totaling $1000.00 gross income is used to determine the effect on May benefits as it is the most current information.
April 5 $412.00	e) **Increased income** Household paid twice a month provides March 5

Divided by 5.15 80 Hours $5.40 x80 $432.00 $432.00 x2 $864.00	check - $412.00 gross income, March 20 check - $412.00 gross income, and April 5 check - $412.00 gross income. The household reports a pay raise from $5.15 per hour to $5.40 per hour that will be reflected on April 20 paycheck. Household indicates no change in 40 hours per week. Take April hours from April 5 check times the new pay rate times two for a total of $864.00. This amount is used to determine the effect on May benefits.
March 5 $250.00 March 20 400.00 $650.00	f) **On-call income** Household paid twice a month initially applies on April 5 and is interviewed on April 9. At interview household reports on-call employment and provides March 5 check - $250.00 gross income, March 20 check - $400.00 gross income, and April 5 check - $425.00 gross income. During the interview household indicates that they do not have any idea of what, if any, earnings they will have on the April 20 check or for the month of May. Base month income of $650.00 must be used.

March 6 $175.00 March 13 115.00 March 20 210.00 March 27 166.00 $666.00 $666.00 Divided by 4 $166.50 $166.50 x4.3 $715.95	g) **Extra paycheck** Household initially applies on April 5 and is interviewed on April 9. The household is paid weekly and verifies March earnings of March 6 check - $175.00 gross income, March 13 check - $115.00 gross income, March 20 check - $210.00 gross income, March 27 check - $166.00 gross income, and April 3 check - $195.00 gross income. The household anticipates April earnings to be the same as March and anticipates no changes for May. March verified gross income is $666.00. When determining April benefits the worker must divide March gross income by 4 ($166.50). The weekly amount of $166.50 is then multiplied by 4.3 to arrive at $715.95, which is used in determining April and May benefits.

Households With a Decrease in TANF 430-05-50-15-15

(Revised 06/01/09 ML3182)

View Archives

SNAP benefits cannot be increased when a household's income is reduced because of a sanction and/or penalty imposed by TANF, TANF Diversion or TANF Transition Assistance, if the sanction and/or penalty was imposed for a failure to perform a required action to improve the well being of a recipient family.

Examples:

- **Failure to follow through with the Child Support Enforcement Unit.**
- **Failure to follow through with the JOBS Program or Tribal NEW.**
- **Failure to comply with TANF Work Requirements, including a job quit.**
- **Client claims for failure to comply with TANF.**
- **Fraud claims for failure to comply with TANF.**

This provision does not apply to:

- Individuals who are sanctioned and/or penalized at the time the individual applies for TANF.
- Individuals that were not certified for SNAP at the time of the sanction and/or penalty.
- Individuals who are unable to perform as opposed to refusing to perform a required action.
- Procedural requirements in TANF such as:
    - Filing a late monthly report.

- Benefit capped children.
- When an individual reaches the time limit for benefits.
- Reworking first two pro-months for TANF if the household reported correct information.

If an individual in an ongoing TANF case IS certified for SNAP at the time a sanction and/or penalty is imposed in TANF for failure to perform a required action, the gross amount of the TANF grant is counted in calculating SNAP benefits.

If an individual in an ongoing TANF case IS NOT certified for SNAP at the time a sanction and/or penalty is imposed in TANF for a failure to perform a required action, later applies for SNAP, the actual TANF grant is counted in calculating SNAP benefits.

If an individual with a sanction and/or penalty (who was certified for SNAP at the time the sanction and/or penalty was imposed) moves into a new household, the gross TANF grant is counted in calculating SNAP benefits for the gaining household as long as there was no break in the individual's TANF benefits.

If the individual moves here from another state and had a sanction and/or penalty in place in the other state, the ban on increasing benefits must not be applied.

When it is determined that the gross amount of the TANF grant must be used in calculating SNAP benefits, the gross amount is used each month until the county becomes aware that the individual is ineligible for TANF.

If it is determined at a later date that the reduction was incorrect (the fault of the county or an was reversed), underpayment(s) must be completed and issued to the household.

Calculating Benefits Due to a Decrease in Income from TANF

The procedures for determining SNAP benefits when there is such a decrease in income are:

1. Identify that portion of the decrease that is attributable to the sanction and/or penalty or to the repayment of benefits overissued as a result of the household's failure to comply.
2. Calculate SNAP benefits using the benefit amount that would have been issued by the program as if no sanction and/or penalty or overpayment had been deducted from the client's income.

Example:

An ongoing SNAP/TANF case fails to perform a required TANF action and is sanctioned. The gross amount of the TANF benefit must be counted as income for the ongoing SNAP case.

Income Only in Month Received 430-05-50-15-20

(Revised 04/01/07 ML3072)

View Archives

Actual anticipated income during the review period must be counted only during the month it is **normally** received, unless converting or income averaging is used.

Households receiving recurring income paid twice a month or monthly will not have their monthly income varied merely because of changes in mailing cycles or pay dates or because weekends or holidays cause additional payments to be received in a month.

Examples:

1. **An employer may issue checks early because the normal payday falls on a weekend or a holiday. Income will be counted in the month it would normally be received, rather than the month it is actually received.**
2. **An individual is paid on the 1st and the 15th of each month. If the 1st falls on a weekend or holiday, the employer issues the check early, on the last working day prior to the weekend or holiday. This income (1st of the month check) is counted in the month it would normally be received, regardless of when it is actually received.**

For households in receipt of a state or federal assistance payment such as TANF, General Assistance (GA), SSI, or Social Security payments, on a recurring basis, payment is considered as having been received once a month, even if mailing cycles may cause two payments to be mailed in one month and none in another month.

Wages held at the request of the employee must be considered income in the month in which they would otherwise have been paid by the employer.

Wages held by the employer as a general practice, even if in violation of law, will not be counted as income to the household until actually received.

For households initially **approved for** both SNAP and TANF at the same time, the initial TANF grant must be considered when prospectively determining the initial month of SNAP eligibility and benefits if it can be reasonably anticipated during the initial month.

The initial TANF grant must be anticipated for the initial month of SNAP eligibility if authorization of initial month's TANF benefit is made prior to the last five working days of the month.

Example:

A household applies for both TANF and SNAP on May 20, and is authorized for initial month's TANF benefit in the amount of $300 on May 30. The initial TANF grant of $300 cannot be anticipated for May because TANF authorization was not completed prior to the last five working days of May. Therefore, the May TANF grant is not used to determine initial May SNAP.

If TANF authorization is completed on May 26, instead of May 30, the $300 initial TANF grant is used as anticipated income for May.

Income Averaging 430-05-50-15-25

(Revised 01/01/04 ML2893)

View Archives

A household may elect to have their income averaged if they are paid once or twice a month.

Exception:

Destitute and TANF households subject to monthly reporting requirements.

A household cannot elect income averaging if they are paid weekly or bi-weekly. The number of months used to arrive at the average income need not be the same as the number of months in the review period.

Example:

If fluctuating income for the past 30 days and the month of application are known, and are representative of income fluctuations anticipated for coming months, the income from the two known months may be averaged and projected over a review period of longer than two months.

Contract Income 430-05-50-15-30

(Revised 06/01/15 ML3440)

View Archives

Individuals who receive contract income that does not represent their annual income must have the income prorated over the period of time intended to cover.

Example:

Ongoing household reports in November that they entered into a coaching contract for the months of November, December, January and February. The contract is for $2,000 with a one-time payment on February 15. Since this contract does not represent the household's annual income, the $2,000 must be prorated over 4 months. The only month income of $500 would be anticipated and used to determine the effect on the benefit is February.

Individuals who receive contract income which is renewable on a yearly basis and is intended as their annual income must have this income averaged over a 12-month period. These individuals may include school employees (such as teachers, cooks, bus drivers, and janitors), share croppers, etc.

A contract for income must be written or implied and the salary amount identified in the contract must be for a set dollar amount, not an hourly or piece meal basis. Additionally, the salary must be paid based on the set dollar amount, not paid by how many hours were worked or the amount of work that was completed.

If the contract indicates an hourly wage and the employer verifies the contract is for a predetermined total salary amount, the income is considered contract income. If the contract indicates a predetermined total salary amount, but the individual is paid based on the number of hours

worked or the amount of work that was completed, it is not contract income and is treated as normal earned income.

Example:

John signed a contract for 9 months as a school janitor and the contract states he will receive $9000 in monthly installments. John states the income is intended for his annual support:

If John is paid $1000 every month regardless of the hours he works, it is a true contract situation and we would budget $9000 by 12 months = $750 monthly.

However, if John's monthly wages vary by the number of hours he works per month, it is not a true contract because John is being paid by the hour, not by the contract amount. (For example, one month his wage shows 160 hours x his hourly wage and 20 hours of overtime, and the next month shows 100 hours x his hourly wage, and the pay is equal to the hourly rate.) John's income would be budgeted as received in this situation, not annualized or averaged over the period of the contract.

Contract income that is intended for the individual's annual income must be annualized over a 12 month period, even though predetermined non-work periods are involved or actual compensation is scheduled for payment during work periods only.

An applicant initially applies and has a new contract or an ongoing household that initially starts receiving contract income during participation in the program. In these instances, the worker must anticipate income and annualize, but not count **any income** until the budget month that the individual will actually receive a check.

Example:

A household applies in June and has a contract to start teaching in August. The income from the contract must be annualized, however, the first month that any contract income would be counted is August.

Once the household is in a continuing cycle of income, the worker must annualize income expected and begin counting the monthly amounts the first month of participation.

Example:

In January, a household applies and a teacher in the household has been under contract for the last year and receives contract income for the months of August through May. Starting with the benefit month of January, the contract income must be prorated over 12 month and 1/12 of it must be counted as income and used when calculating January benefits (the first month of participation).

Contract Renewal

The renewal process may involve signing of a new contract each year, may be automatically renewable, or, as in cases of school tenure, rehire rights may be implied and not require a written contract.

Earned vs. Unearned 430-05-50-15-35

(Revised 04/01/14 ML 3400)

View Archives

Payments, such as sick leave, disability or vacation pay from an employer that are paid from employer funds are earned income if the individual is still considered an employee.

Example:

An employed individual is receiving a check from the employer while on sick leave. Because the individual's employment has not been terminated the payment is counted as earned income.

Payments, such as sick leave, disability, vacation or severance pay from an employer that are paid from employer funds are unearned income if the individual is no longer an employee. The gross amount of the payment is counted as unearned income.

Payments from an outside source such as insurance companies are unearned income.

Example:

An individual is receiving disability payments from a group insurance policy that was purchased through the employer. The checks were delivered to the individual by the company which acted as addressee. Since the payments came from an outside source (the insurance company) instead of company funds they are considered unearned income.

If a final paycheck does not identify any vacation/sick leave pay as being included in the final check, the check is counted as earned income. If the final check identifies any portion of the check for vacation/sick leave pay, that portion **must be** counted as unearned income.

Earned Income 430-05-50-20-05

(Revised 10/01/14 ML 3410)

View Archives

Earned income includes, but is not limited to:

1. All wages and salaries of an employee, including individuals under the age of 18 who are not attending school. This includes wages paid by the Census Bureau for temporary employment related to census activities and short term disability payments from the employer.

   Exception:

   Short-term disability payments from an outside source other than the employer are considered unearned income.

2. Self-employment income is considered earned income when the individual is actively engaged in the operation. The earned income from self-employment is separated from the unearned income when using the self-employment calculation worksheet.

3. Payments under Title I (VISTA, University Year for Action, etc.) of the Domestic Volunteer Services Act of 1973. These payments are subject to the earned income deduction, excluding vendor payments.

   Exception:

   These payments are excluded for individuals receiving SNAP or TANF at the time they joined the Title I program. Temporary interruptions in SNAP participation will not alter the exclusion once an initial determination has been made.

4. Earnings of individuals participating in on-the-job training programs under Title I of WIA or Youthbuild who are over the age of 19 or under the age of 19 who are not under parental control..

5. Military re-enlistment bonus.

   If a household receives up to 50% of the bonus amount as an initial payment with the remainder paid in equal annual installments, the initial payment and the annual installments are annualized.

If a household receives the bonus as a lump-sum payment, it is exempt as a non-recurring lump-sum payment. The lump-sum payment is counted as a resource in the month it is received.

6. Wages received by an individual or Qualified Service Provider (QSP) for providing services under Family Home Care, when the individual is employed by an agency. (When an individual or QSP is not an employee of an agency, the income is considered self-employment.)
7. Wages that are diverted to pay an expense when an individual has the **option**.

   Example:

   Housing provided by an employer in lieu of wages, when the employee has the option of either being paid or having his wage applied toward an expense (free or reduced rent, day care bill, car repairs, etc.).

8. Wages that are garnished by the employer. Any amount garnished is not excluded. The total gross income is counted in the income computation.
9. Bonuses received on a recurring basis must be counted as earned income.

   For a recurring bonus, at application or review, the worker must verify the last bonus received. The verified amount is then prorated over the period of time intended to cover and used in the new review period.

   If the bonus is a one-time payment or the household cannot reasonably anticipate receipt of it again, it is treated as a non-recurring lump sum.

   If the bonus is received on a sporadic basis, the bonus must be base month budgeted or prorated over the period of time intended to cover and the monthly prorated amount must be counted, unless the household reports a change.

   Examples:

   1. **At application in February, the household reports their employer pays monthly performance bonuses**

based on the office quota. The household reports they received their last bonus in November and does not know whether they will receive a future bonus. Since the household is not receiving a recurring bonus and does not anticipate receipt of a bonus, no bonus income is counted.

In March the household turns in a change report form along with pay stubs for Medicaid. The pay stubs indicate the household received a performance bonus in February. Since the bonus is now recurring, the bonus income must be anticipated for April. The worker must determine if using the bonus along with any other changes results in an increase or decrease in benefits.

2. At review in February for March, the household reports they continue to receive a monthly performance bonus. The bonus received in February is verified and used for the new review period.

10. Advances will be counted as income when received, unless previously counted as income. Advances on wages will count as income in the month received **only** if reasonably anticipated.
11. Money received from the sale of an individual's blood or blood plasma.
12. Family Subsistence Supplemental Allowance (FSSA) payments made to members of the Armed Forces.
13. Variable Housing Allowances (VHA), Basic Allowance for Quarters (BAQ) and Basic Allowance for Housing (BAH) paid to military personnel for housing costs.
14. Alternative Trade Adjustment Assistance/Reemployment Trade Adjustment Assistance (ATAA) wage subsidies provided under the Trade Adjustment Assistance (TAA) Extension Act of 2001.

Unearned Income 430-05-50-20-10

(Revised 06/01/15 ML3440)

View Archives

Unearned income includes, but is not limited to:

1. Assistance payments such as TANF, including Diversion Assistance and TANF Transition Assistance (Job Retention portion of the payment). During the first four months of TANF Pay After Performance eligibility, the grant for the children's needs must be anticipated and counted as unearned income. Since the Pay After Performance individual's needs cannot be anticipated during any of the first four months, the Pay After Performance individual's needs are not counted.

   If the individual is complying and their needs are prospectively included in the grant for month five, the grant including the individual's needs must be prospectively budgeted for SNAP.

Exception:

JOBS supportive services and TANF Supportive Services and Special Items of Need that represent a reimbursement are not counted as income.

The housing allowance is not considered a reimbursement, and is counted as unearned income.

When there is a reduction in a TANF benefit due to failure to perform a required action or for IPV and an overpayment is being recouped, the gross amount of the TANF grant must be counted as income if the individual was receiving SNAP benefits at the time the penalty was imposed.

2. Payments such as:

   a. Annuities - including IRAs and Keogh Plans

   b. Pensions - retirement or disability

   c. Veteran's benefits

   d. Workforce Safety & Insurance

e. Unemployment compensation - The worker must allow three working days mailing time with day one being the check date in the online Job Service system in determining when unemployment benefits were received.

f. Social Security and SSI benefits

g. Strike benefits

h. Deemed income from a spouse in a nursing home to the spouse in the community.

i. Adoption subsidies

Exception:

Adoption subsidies that are reimbursements for child care while the responsible adult is working or seeking employment or for medical expenses are excluded.

j. General Assistance

If child support or taxes are withheld from any of the above benefits, the **gross** amount must be counted.

If a portion of one of the above benefits is withheld to repay an overpayment from that same source, the net amount must be counted.

If a portion of one of the above benefits is withheld to repay another source, the gross amount must be counted.

Examples:

1. Back Taxes

2. Defaulted Student Loan

If there is a reduction in one income source due to the receipt of another income source, the net amount must be counted.

3. Self-employment income is considered unearned income when the individual is not actively engaged in the operation. The unearned income from self-employment is separated from the earned income when using the self-employment calculation worksheet.

4. Contracts for Payment. When an applicant or recipient has sold property with a contract to receive a series of periodic payments, rather

than one payment, the arrangement is usually called a "contract for deed". The essential feature of the contract for deed is the right to receive future payments, usually coupled with a right to get the property back if the payments are not made. Contractual rights to receive money payments also arise out of other types of transactions. The valuable contract document may be called a note, accounts receivable, mortgage, or by some other name.

> **Note:** Some contractual rights may be written so the lender has the right to demand payment at any time. If so the note is considered a demand note and can be called in at any time. If a note is written so the lender does not have the right to demand payment but the note is in default, it also becomes a demand note. Contractual rights may or may not have collateral or security to guarantee payment.

The payments will include both interest and a portion of the sale price of the property that was sold (principle) and must be calculated separately.

The interest portion of payments received for any contractual right to receive payments (such as Contracts for Deed) must be counted as unearned income. The payment must be prorated over the period of time intended to cover.

5. Income made available or payments in money that are made directly to a SNAP household by an ineligible or a non-household member.

Examples:

1. **Income deemed from a spouse in a nursing home the spouse in the community.**
2. **Money put in a checking or savings account by an individual outside of the SNAP household.**

Exceptions:

1. **Excluded income that is deposited in a joint checking account by an ineligible student is not counted as income.**

2. **If a household member is identified on an account signature card as an individual who can draw on the account of a non-household member and has no legal ownership of the funds deposited into that account these funds are not considered available and are excluded as income.**

6. Payments from Government sponsored programs, dividends, interest, royalties, and all other direct money payments from any source that can be construed as a gain or benefit.

Exception:

Interest or dividend income that is accrued or paid out on liquid assets is excluded.

7. Monies that are withdrawn that are or could be received by a household from irrevocable trust funds are considered excludable assets. The withdrawal from the trust must be considered income in the month received.

   Please submit complete copies of all trust agreements to the Legal Advisory Unit of the Department of Human Services for review along with the following information:

   a. Who is applying for benefits and what benefits they are applying for.

   b. Verification of all asset(s) owned by the trust including the value of each asset, when the asset was transferred to the trust and who transferred the asset to the trust.

   c. Any other documents or information that you think may be relevant.

8. When monies (which are not considered earned income) legally belonging to a household are diverted to a third party for an expense, the vendored payment is counted as unearned income rather than excluded.

   Examples:

   1. **TANF protective payments.**

2. **A household receives court ordered monthly support payments in the amount of $400. $200 is diverted by the provider and paid directly to a creditor for a household expense. The court ordered payment of $400 is counted as income.**

   Money diverted from a court ordered payment to a third party for a household expense must be included as income because the payment is taken from money owed to the household.

Exception:

Payments specified by a court order to go directly to a third party rather than the household are excluded from income because they are not payable to the household.

9. The amount of a reimbursement that exceeds the actual incurred expense. Reimbursements will not be considered to exceed actual expenses, unless the provider or the household indicates the amount is excessive.

10. Payments to tribal members (residing on or off the reservation) from gaming proceeds. These payments are not per capita payments and must be prorated over the period of time intended to cover.

    Examples:

    - **Three Affiliated Tribal Elderly Payments**
    - **Three Affiliated Tribes People's Fund Payments**
    - **Spirit Lake Social Impact Payments**
    - **Sisseton-Wahpeton Oyate of the Lake Traverse Reservation Casino Cash**

Exception:

At application and review, payments received from the Three Affiliated Tribes People's Fund or general distribution from <u>oil and gas revenue</u> in the most recent FULL 12 month period are annualized and counted for the new review period.

11. Alaska Permanent Fund Payments. These payments are recurring payments and must be annualized. If someone moves to North Dakota and will no longer get the payment, the current year's payment will be annualized and counted.
12. Recurring lump sum payments such as but not limited to gift cards such as Visa and MasterCard, inheritances and insurance settlements. These payments must be prorated over the period of time intended to cover.
13. All gambling winnings.
14. Cash donations received on a recurring basis.

Exception:

Cash donations based on need received from private non-profit charitable organizations that do not exceed $300 in a quarter.

Example:

A household receives $150 from a private non-profit organization in July, $100 in August, and $100 in September. That household would be entitled to an income exclusion of $150 for July, $100 for August, and $50 for September, for a total of $300.

15. The full amount of child support, spousal support, or any other payments made directly to the household from non-household members.

    Child support payments are shown as income on UNIN in TECS next to the child the payment is intended for. Spousal support payments are shown as income on UNIN in TECS next to the person the payment is intended for.

    The worker must verify the following:

    a. The amount of the legal obligation.

    b. The amount of child support or spousal support received.

    For ongoing cases with a North Dakota court order, verification must be obtained from FACSES. For those households with an out-of-state court order, verification must be obtained using child support stubs or documented collateral contacts.

Federal tax intercept payments are a non-recurring lump sum and are not counted as income. Federal tax intercept payments do not appear on the View ND Child Support (FACSES) window.

State and interstate state tax intercept payments are counted as income as these payments are applied to current child support. State tax intercept payments do appear on the View ND Child Support (FACSES) window.

If child support is received via check, direct deposit or electronic payment card (EPC), the worker must allow three working days for posting to the financial account in determining when the income was received. Day one of the three day count is the Disbursed Date on the View ND Child Support (FACSES) window or the date on the check or child support statement for payments not processed through FACSES.

Child support and spousal support income is base month budgeted.

Exceptions:

1. If child support or spousal support income is received monthly or twice a month, it may be averaged if the household agrees to income averaging. This must be documented in the casefile.

2. If child support or spousal support is received quarterly, semi-annually or as an annual payment, it is prorated over the period of time intended to cover.

3. If child support income is being retained because the household is receiving TANF, child support income is excluded.

When the TANF case closes, base month child support retained by the state must be anticipated as income.

Based on discussion with the household and the verification provided, the worker must document the amount of child support income counted or not counted and why.

<u>Initial Application</u>

At application, child support income to the date of interview must be verified via FACSES or by the household and documented. That amount must be counted along with what the household anticipates to receive for the remainder of the application month. This may include using verification

of the last month's income if that is what the household anticipates for the first month of the review period.

If a household comes in for the interview at the end of the initial month, all child support received in the initial month must be counted. The three working days allowed for posting to the financial account in determining when income is received does not apply to any payment(s) the household may have already received in the initial or second beginning month.

When processing the second beginning month, the amount of child support income used in the initial month must be anticipated unless the household anticipates a change. If the household anticipates a change, the change must be verified and used.

Reviews

At review a full month's child support income from the base month or month of review, if available, must be verified and used. If the household reports an anticipated change, verification of the change must be provided and is used.

Examples:

1. **A household is certified through January 31 and files an application for review on January 26. The household is interviewed on February 10 and receives one child support payment at the beginning of each month. The household received child support income on February 3. The February 3 child support income must be used for the first month of the review period (February).**
2. **A household is certified through June 30 and files an application for review on June 26 with no interview required. The household reports they receive two child support payments each month and received all of their June child support income. Since the full month's child support from the review month is available, June child support income must be used.**

Ongoing Cases

For ongoing cases, if the worker receives an alert that child support was received in the base month, the most current month’s (base month) income as reflected in FACSES must be used to determine the effect on the

benefit. If the base month income results in an increase in benefits, the change must be acted on.

If the base month income results in a decrease in benefits, the change is not acted on until review.

If the worker receives an alert that no child support was received in the base month, the worker will need to check FACSES. If no child support was received (applying the three working day policy for child support received in the month prior to the base month) in the base month, no child support income is used to determine the effect on the benefit for the benefit month.

If a household reports they do not expect to continue to receive child support income, the worker must follow up on this reported change by sending the F419 requesting verification. If verification is provided, the change must be acted on to increase benefits. If verification is not provided, the previously verified amount of income continues to be used until review.

If a household reports a change in child support income that will result in an increase in benefits, does not provide verification of the change, and the change is not reflected in FACSES, the worker must send F419 and follow up on the reported change. If verification is provided, the change must be acted on to increase benefits. If verification is not provided, the previously verified amount of income continues to be used until review.

Non-Monetary Benefits 430-05-50-25-05

(Revised 05/01/13 ML3365)

View Archives

Non-monetary benefits are any gain that is not in the form of money payable directly to the household. This includes in-kind benefits such as in-store credit, meals, clothing, public housing, produce from a garden, excludable vendor payments and housing provided by an employer in lieu of wages **when the employee has no option.**

Excludable Vendor Payments 430-05-50-25-10

(Revised 10/01/06 ML3044)

View Archives

Excludable vendor payments are those payments in money made by either an individual who is not a household member or by a public or private organization directly to a third party for a household expense. These payments are not counted as income and the payment paid to the third party for a household expense is not an allowable deduction.

Examples:

1. **A rent payment, when it is paid directly to the landlord by a relative or friend who is not a household member, if the payment is not considered a loan.**
2. **Rent or mortgage payments paid by Housing Assistance Program (HAP) or a local housing authority directly to the landlord or mortgagee.**
3. **Payments by a government agency directly to a child care agency.**
4. **TANF vendor payments, including Diversion Assistance vendor payments, are excludable if they are made for:**
    a. **Medical assistance**
    b. **Child care assistance**
    c. **Energy assistance**
    d. **Emergency assistance (including, but not limited to housing and transportation payments) for migrant or seasonal worker households while they are in the job stream.**

e. **Housing assistance payments made through a State or local housing authority.**

f. **Utility Expenses**

5. **GA vendor payments are excludable (except for housing) if they are made for:**

   a. **Energy assistance.**

   b. **Housing assistance from a State or local housing authority.**

   c. **Emergency assistance for migrant or seasonal worker households while they are in the job stream.**

   d. **Emergency or special assistance payments.**

   e. **Assistance provided under a program in a State in which no GA payments may be made directly to the household in the form of cash.**

      Exception:

      Tribal GA payments are countable.

6. **Money received and disbursed by a third party for a household expense from a benefit or fund raiser.**

Reimbursements for Past or Future Expenses
430-05-50-25-15

(Revised 04/01/14 ML 3400)

View Archives

Reimbursements for past or future expenses are excluded if they do not exceed actual expenses. The worker **will not** consider a reimbursement to exceed the expense unless the provider or the household indicates that it is excessive.

Reimbursements for normal household living expenses such as rent or mortgage, clothes or food, **are a gain or benefit and are not excluded**. To exclude these payments, they must be specifically for an identified expense, other than normal living expenses, and used for the purpose intended.

When a reimbursement, including a flat allowance covers multiple expenses, it is not required that each expense be separately identified, as long as none of the reimbursement covers normal living expenses.

Examples:

1. **Reimbursements for job or training-related expenses such as travel, per diem, uniforms, and transportation to and from the job or training site.**

   Exception: Per Diem for food is considered a normal living expense and cannot be excluded.

2. **JOBS supportive services and TANF special allowances, including Diversion Assistance and TANF Transition special allowances, which represent a reimbursement.**
3. **Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work.**
4. **Medical or dependent care reimbursements.**

5. **All TANF child care payments.**
6. **Child Care Assistance Program payments.**
7. **Tribal Work Experience Payments (TWEP). The incentive portion of TWEP payments is disregarded. Any amount over the incentive is unearned income.**
8. **Nutrition for North Dakota Day Care Children, a United States Department of Agriculture (USDA) approved program to pay eligible in-home day care providers for food purchased for day care children.**
9. **All income, allowances, and bonuses received as a result of participation in the Burdick Job Corps Program.**

Payments for Care and Maintenance of Non-Household Member 430-05-50-25-20

(Revised 01/01/04 ML2893)

View Archives

When monies are received and used by a SNAP household for the care and maintenance of a non-household member, the portion of the single payment that is identified as belonging to the non-household member is excluded.

If the non-household member's portion cannot be identified, the payment is divided equally among the individuals for whom the payment is intended and the exclusion is applied to either the portion or the amount actually used for the non-household member's care, whichever is less.

Examples:

1. **A parent is receiving court ordered child support of $350 per month for two children (prorated to $175 per child). The parent reports that one of the children went to live with the grandparents. The parent sends $175 of the monthly child support check to the grandparents for the care of the child. Only $175 would be counted as unearned income to the parent and remaining child. The $175 sent to the grandparents is not counted as income to the parent.**

   If the parent does not send any of the $350 monthly child support to the grandparents, the $350 is counted as unearned income for the parent and remaining child.

   If the parent sends $200, only the prorated $175 would be excluded.

2. **The clothing allowance paid by TANF for children in boarding school or under the Voluntary Placement Program.**

Earned Income of Students Under 18 Years of Age
430-05-50-25-25

(Revised 04/01/14 ML 3400)

View Archives

To exclude the earned income of a student under the age of 18, that student must be attending elementary or secondary school at least half time and living with a natural, adoptive parent or stepparent, or be under the parental control of a household member other than a parent.

This exclusion continues during school vacations, provided the child's enrollment resumes following the vacation.

A student is someone who is attending elementary or secondary school or attending classes to obtain a General Equivalency Diploma (GED). The school must be recognized, operated or supervised by the state or local school district. This includes a student who attends classes through a home-school program recognized or supervised by the state or local school district.

Earnings for these individuals are excluded through the month they turn 18.

When a student turns 18, if the household provides current income verification for the student, the student's income must be used to determine the effect on the benefit starting with the month following the student's birthday.

If the student's earnings or amount of work cannot be identified from that of others, the total earnings are prorated evenly among the working members and the student's pro rata share is excluded (i.e. migrants when the contract is for the family unit).

The TECS coding on the MASS screen for these students is "HT" (half-time) or "FT" (full-time) for a student. The parental control indicator on this screen must set to "Y"

If a student under the age of 18 is attending an institution of higher education; the student's income is counted. The TECS coding on the MASS Screen must be PT, HT, or FT and the parental control indicator must be set to 'N' for the income to count.

Loans 430-05-50-25-30

(Revised 01/01/04 ML2893)

View Archives

All loans, including loans from private individuals as well as commercial institutions are excluded.

Gifts 430-05-50-25-35

(Revised 05/01/04 ML3365)

View Archives

Monetary gifts, such as store specific gift cards, gift certificates, money received as a birthday, anniversary, graduation, or Christmas present, are excluded.

Irregular Income 430-05-50-25-40

(Revised 01/01/04 ML2893)

View Archives

Any income in the review period that is received too infrequently or irregularly and cannot be reasonably anticipated, that does not exceed $30 in a quarter.

Non-Recurring Lump-Sum Payments 430-05-50-25-45

(Revised 04/01/14 ML 3400)

View Archives

Money, both earned and unearned, received in the form of non-recurring lump-sum payments including, but not limited to:

- Retroactive salary increases
- Back wages
- Rebates or credits
- Retroactive Social Security payments (whether it is paid in a lump sum or installments)
- Retroactive SSI (whether it is paid in a lump sum or installments)
- Retroactive adjustment payments from SSA due to changes in the individual's earning record
- Retroactive TANF
- TANF payments made to divert a family from becoming dependent on welfare if the payment is not defined as assistance based on TANF regulations.
- Child support arrearages
- Retroactive railroad retirement benefits
- Insurance settlements
- Mineral leasing bonuses and up-front payments
- Refunds of security deposits on rental property or utilities
- Military re-enlistment bonuses

  If a household receives up to 50% of the bonus amount as an initial payment with the remainder paid in equal annual installments, the initial payment and the annual installments are annualized.

If a household receives the bonus as a lump-sum payment, it is exempt as a non-recurring lump-sum payment. The lump-sum payment is counted as a resource in the month it is received.

- Bonuses that cannot be reasonably anticipated on a regular basis
- Specific types of self-employment payments
- If a household is required by a lender to liquidate some of their land and turn the proceeds over to the lender, the proceeds are non-recurring lump sum and not counted.

All non-recurring lump sum payments are counted as assets in the month they are received, unless specifically excluded by Federal law.

Overpayments 430-05-50-25-50

(Revised 01/01/04 ML2893)

View Archives

Monies that are voluntarily or involuntarily withheld from any income source that are used to repay an overpayment from that income source are excluded as income. The gross amount minus the overpayment deduction is the amount counted as income.

Exception:

When there is a reduction in a TANF benefit due to failure to perform a required action or for IPV and an overpayment is being recouped, the gross amount of the TANF grant must be counted as income if the individual was receiving SNAP benefits at the time the penalty was imposed.

Child Support Payments 430-05-50-25-55

(Revised 01/01/04 ML2893)

View Archives

Child support payments received by TANF recipients that must be assigned to the Child Support Enforcement Unit in order to maintain TANF eligibility.

Exception:

Voluntary or unassigned child support payments received by TANF recipients are counted as unearned income.

Federal Drought Assistance Payments 430-05-50-25-60

(Revised 01/01/04 ML2893)

View Archives

Federal drought assistance payments made to farmers based on a determination by the Secretary of Agriculture that a farm emergency exists due to a natural disaster are excluded.

Plan for Achieving Self-Support (PASS) 430-05-50-25-65

(Revised 01/01/04 ML2893)

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Any amount necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) under Title XVI of the Social Security Act (SSI) is excluded.

Income Excluded by Federal Law 430-05-50-30

(Revised 10/01/14 ML 3410)

View Archives

The following is a **partial listing** of income that is excluded by federal law. Contact the Regional Representative if assistance is needed in determining whether other types of income are excluded.

1. The value of assistance to children under the Child Nutrition Act of 1966 (child care nutrition programs).

2. The Domestic Volunteer Services Act of 1973, Titles I and II, as amended.

   Payments under Title I of that Act, including payments from such Title I programs as VISTA, to volunteers for those individuals receiving SNAP or TANF at the time they joined the Title I program.

   Payments to volunteers under Title II, including the Retired Senior Volunteer Program (RSVP), Foster Grandparents Program and Senior Companion Program.

3. Americorps income is excluded. Americorp VISTA income is only excluded if the individual was receiving SNAP at the time they took their oath to join Americorp VISTA.

4. Homestead tax credits including rental refunds.

5. Payments paid as a result of an emergency or major disaster as defined in the Disaster Relief Act of 1974 or the Disaster Relief & Emergency Assistance Amendments of 1988. This includes Federal Emergency Management Assistance (FEMA) payments and Emergency Unemployment Benefits along with comparable state and local payments.

   A major disaster is any natural catastrophe regardless of fault, any fire, flood, or explosion that the President determines causes damage of sufficient severity and magnitude to warrant major disaster assistance.

An emergency is an occasion or instance for which the President determines that federal assistance is needed to save lives and protect property and public health and safety.

Exception:

Payments made when there is no major disaster or emergency are not excluded.

6. Agent Orange Compensation Exclusion Act payments or all payments from the Agent Orange Settlement fund which are distributed by the Aetna Insurance Company.

   Exception:

   Payments from the Veteran's Administration for service connected disabilities resulting from exposure to agent orange are not excluded.

7. Federal Tax refunds, including Earned Income Tax Credits, are excluded from income for a period of 12 months from the month of receipt.
8. Allowances paid to children of Vietnam veterans who are born with spina bifida.
9. Allowances paid directly or indirectly on behalf of a household by LIHEAP.
10. Any allowances, earnings, or payments received under WIA or Youthbuild.

    Exception:

    Earnings of individuals participating in an on-the-job training programs under Title I of WIA or Youthbuild who are over the age of 19 or under the age of 19 and are not under parental control are counted as earned income.

11. Tribal High School Graduate/GED Payments- Payments from Tribes within North Dakota to tribal members who graduate from high school or receive a GED.

12. Funds received by persons 55 and older under the Senior Community Service Employment Program Title V of the Older Americans Act are excluded from income. The organizations that receive some Title V funds are as follows:

    - **Green Thumb – Experience Works**
    - **National Council on Aging**
    - **National Council of Senior Citizens**
    - **American Association of Retired Persons**
    - **U. S. Forest Service**
    - **National Association for Spanish Speaking Elderly**
    - **National Urban League**
    - **National Council on Black Aging**

13. Department of Housing and Urban Development (HUD) vendor payments for rent or mortgage paid to landlords or mortgagees. HUD Section 8 Housing Voucher Program payments that are paid to the household are also excluded.

14. Women, Infants, and Children (WIC) Program.

15. Payments or allowances made for the purposes of providing energy assistance, including utility reimbursements made by the Department of Housing and Urban Development (HUD), Rural Housing Service, and Tribal Utility Payments including Tribal LIHEAP.

    This includes a one-time payment or allowance applied for on an as needed basis and made under a Federal or State law for the costs of weatherization or emergency repair or replacement of an unsafe or inoperative furnace or other heating or cooling device. A down-payment followed by a final payment upon completion of the work will be considered a one-time payment for this provision.

    Exception:

    Any payments or allowances made for the purpose of providing energy assistance under Title IV-A (TANF) are counted as unearned income.

16. Income that is excluded by express provision of federal statute for American Indians or Alaska Natives. Usually a law will specify payments to members of a tribe or band, and the law will apply to the members enrolled in the tribe or band wherever they live. The individuals should have documentation showing where the payments originated. These payments include, but are not limited to the following:

    a. Indian per capita payments distributed from judgment awards and trust funds up to $2,000 per person per payment. Amounts in excess of $2,000 are considered a countable asset.

    b. Interests of Indians in trust or restricted lands.

    c. Up to $2,000 per year of Individual Indian Monies (IIM) received by individual Indians which is derived from leases or other uses of individually owned trust or restricted lands.

    Exception:

    The $2000 exemption does not apply to inheritance, bonuses, and other income that is not derived from leases, trust or restricted land.

    The IIM account must be verified at every review. Client statement is acceptable verification of the amount in an IIM account unless:

    1. The amount is more than $2000 for the year;

    2. The client's statement is questionable;

    3. The IIM account includes countable income such as inheritance, bonuses, and other income that is not derived from leases, trust, or restricted land.

    <u>Verification Options</u>

    1. Request for verification of IIM account information using form SFN 413, Individual Indian Monies Account. This form will need to be notarized per requirements of the United States Department of the Interior, Office of the Special Trustee for American Indians, Office of Trust Funds Management. These

releases are valid for one (1) year and must be renewed annually.

2. Individuals with IIM accounts receive statements from the Office of Trust Funds Management on a quarterly basis. A copy of this form may be requested from the recipient. However, the recipient will not receive the statement if the Office of Trust Funds Management does not have a current address.

3. The individual may obtain a statement of their IIM account directly from the Office of Trust Funds Management through the Bureau of Indian Affairs (BIA) by requesting the information in person or by making a telephone request. In both cases, the individual will need to know their account number and provide at least two forms of identification.

New Source Income

When new source income is deposited into an individual's IIM account, the countable amount will be determined as follows. If the household reports a new source of income, the change must not be acted on until review unless the change results in an increase in benefits.

Verification of the IIM account must be obtained for the most recent FULL 12 month period through one of the three options currently identified in policy. Once verification of the IIM account is received, the worker will subtract any deposits that cannot be counted as IIM income, such as inheritances, VA, SSA, SSI, gaming profits, bonus payments, etc., based on current policy. Once those deposits have been subtracted, take the most current months, or an average if received for multiple months, new source income amount and multiply by 12. That amount must be added to all countable deposits for the twelve-month period (excluding the new source income deposited into the IIM account), deduct the $2000 disregard, and then divide the remaining balance by 12 to determine the monthly countable unearned income.

Examples:

1. **In 02/2009, the Eligibility Worker learns that the individual began receiving a new source income in 02/2009 through their IIM account. The Eligibility Worker will request verification of the IIM account**

for the period of February 1, 2008 thru February 28, 2009, the most recent FULL 12 month period, plus the current month of 02/2009, to capture the amount of the new source income.

Reviewing the ledger, the Eligibility Worker would determine which income is countable. The new source income deposited in February was $850. Multiplying $850 by 12 equals $10,200. The countable income, not including the new source income, for the FULL 12 month period (February 1, 2008 thru January 31, 2009) totals $1,500. The total income to be considered for the 12-month period is $11,700 ($10,200 plus $1,500). After deducting the $2000 disregarded amount from $11,700, $9,700 must be annualized and the monthly amount of $808.33 counted as unearned income.

2. **A new application is received in July and the Eligibility Worker requests verification of the IIM account for the period of July 1, 2008 thru June 30, 2009, the most recent FULL 12 month period.**

   Reviewing the ledger, the Eligibility Worker determines a new source income began being deposited in April 2009. The Eligibility Worker would first determine which income is countable. The new source income deposited in April was $850, in May was $790 and in June was $825. The three months of the new source income are totaled and divided by 3 and the average is projected for a 12 month period ($2,465 divided by 3 equals $821.67). Multiplying $821.67 by 12 equals $9,860.04. The countable income, not including the new source income, for the 12 month period totals $87.29. The total income to be considered for the 12-month period is $9,947.33 ($9860.04 plus $87.29). After deducting the $2000 disregard from $9,947.33, $7,947.33 must be

annualized and the monthly amount of $662.28 counted as unearned income.

17. Monies made available to a household by an absent member deployed to a designated combat zone must be excluded when establishing the household's income for SNAP purposes as follows:

    a. The worker must establish what amount of the military person's net pay was actually available to the household prior to the deployment of the military person to a designated combat zone. The line of thinking here is that we would only count the absent person's pay that was actually available to the SNAP household (net income).

       Keep in mind that the net income is used only if the military person was in the SNAP household prior to deployment to a combat zone. If the military person was NOT in the SNAP household prior to deployment, the amount actually made available to the SNAP household is counted as unearned income.

    b. The worker must then determine the amount of his or her military pay that the absent member deployed in a designated combat zone is making available to his or her family.

       If the amount of his or her military pay that the absent member deployed in a designated combat zone is making available is equal to or less than the amount the household was receiving from the military person prior to deployment to a designated combat zone (net income), all of the allotment would be counted as income to the household for SNAP purposes. Any portion of the amount that exceeds the amount the household was receiving prior to deployment of the military person to a designated combat zone should be excluded when determining the household's income for SNAP purposes.

       In order to arrive at this amount, the worker must review the last LES (Leave and Earnings Statement) of the military person immediately prior to deployment. The LES will identify combat pay if it is being received and can be used to establish deployment to a combat zone. Deployment to a combat zone

can also be established through orders issued to the military person.

Example:

A SNAP household that included a military person was receiving $900.00 (net income) prior to deployment to a designated combat zone. The military person is now providing $1,400.00 to the remaining household members. When determining the household's income for SNAP purposes, $900.00 would be counted and $500.00 is excluded.

Designated Combat Zones

Combat zones are designated by an Executive Order from the President as areas in which the U.S. Armed Forces are engaging or have engaged in combat. There are currently three such combat zones (including the airspace above each):

- Arabian Peninsula Areas, beginning Jan. 17, 1991 -- the Persian Gulf, Red Sea, Gulf of Oman, the part of the Arabian Sea north of 10° North latitude and west of 68° East longitude, the Gulf of Aden, and the countries of Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.
- Kosovo area, beginning Mar. 24, 1999 -- Federal Republic of Yugoslavia (Serbia and Montenegro), Albania, the Adriatic Sea and the Ionian Sea north of the 39th Parallel.
- Afghanistan, beginning Sept. 19, 2001.

Public Law 104-117 designates three parts of the former Yugoslavia as a Qualified Hazardous Duty Area, to be treated as if it were a combat zone, beginning Nov. 21, 1995 -- Bosnia and Heruegovina, Croatia, and Macedonia.

In addition, the Department of Defense has certified these locations for combat zone tax benefits due to their direct support of military operations, beginning on the listed dates:

In support of Operation Enduring Freedom (Afghanistan combat zone):

- Pakistan, Tajikistan and Jordan - Sept. 19,2001
- Incirlik Air Base, Turkey - Sept. 21 , 2001 through Dec. 31, 2005
- Kyrgyzstan and Uzbekistan - Oct. 1, 2001
- Philippines (only troops with orders referencing Operation Enduring Freedom) - Jan. 9. 2002
- Yemen - Apr. 10, 2002
- Djibouti - July 1, 2002
- Somalia - Jan. 1, 2004

In support of Operation Iraqi Freedom (Arabian Peninsula Areas combat zone):

- Turkey - Jan. 1, 2003 through Dec. 31, 2005
- Israel - Jan. 1 through July 31, 2003
- the Mediterranean Sea east of 30° East longitude - Mar. 19 through July 31, 2003
- Jordan - Mar. 19, 2003
- Egypt - Mar. 19 through Apr.20, 2003

Bankruptcy 430-05-50-35

(Revised 01/01/04 ML2893)

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Bankruptcy procedures do not alter the regulations on income. Bankruptcy may or may not be relevant for SNAP purposes. The worker should get a statement from the bankruptcy trustee regarding accessibility of assets and the household's anticipated income.

When a household is required to turn over their earned or unearned income to a bankruptcy trustee for distribution, these proceeds are considered in their entirety as income to the household.

The living allowance paid by the trustee to the household is usually a distribution of the above income received by the trustee on behalf of the household.

If the living allowance is from funds owned by the trustee, it is counted as unearned income.

Deductions 430-05-55-05

(Revised 10/01/14 ML 3410)

View Archives

Deductions are automatically allowed by TECS.

Standard Deduction

Standard deduction based on counting eligible household members in determining household size is as follows:

- 1 through 3 person household - $155.00
- 4 person household - $165.00
- 5 person household - $193.00
- 6+ person household - $221.00

Earned Income Deduction

A twenty percent (20%) deduction is allowed from **gross** earned income.

Expenses 430-05-55-10

(Revised 11/01/04 ML2941)

View Archives

The following expenses are allowed as a deduction from countable income:

- Medical expenses
- Dependent care costs
- Child support paid
- Representative Payee Fee
- Shelter costs

Calculating Expenses

A household may choose one of the following methods to calculate expenses.

Anticipated Expenses

Household expenses must be calculated based on expenses the household expects during the certification period. Anticipation is based on the most recent month's bills, unless the household is reasonably sure that a change will occur.

Billed Expenses

Except for averaged expenses, a deduction is allowed only for the month an expense is billed or otherwise becomes due, regardless of when the household plans to pay the expense. Amounts carried over from past billing periods are not deductible.

Averaged Expenses

For expenses that are not billed on a monthly basis the household **may elect** a one-time deduction or to have expenses averaged.

For fluctuating expenses the household may elect to use actual expenses or averaged expenses.

A worker must assist the household in deciding which of the following methods provides the household with the greater benefit.

Examples:

1. **<u>Expenses Not Billed Monthly</u> - A household certified from January 1 through June 30 reports an allowable medical expense of $100 on March 15. The worker must act on the reported change.**

   The household may choose to have the $100 medical deduction averaged over the remaining months of the review period (April, May, and June), and must then be removed for July OR it may be used in its entirety in April and must then be removed for May.

   In this example without further medical expenses, the worker must inform the household that using the medical expense, as a one time expense in April would provide a greater benefit.

2. **<u>Fluctuating Expenses</u> - An elderly household with ongoing fluctuating monthly prescription costs is certified for one year. The fluctuating costs should be averaged using a prior period that is indicative of what the household anticipates to have as ongoing medical expenses for the new review period.**

If a household chooses averaging, the **worker** must document this in the case file. The method chosen must be used for the entire review period.

Annual expenses such as property taxes or homeowners insurance that are billed yearly must be allowed as a one-time payment or averaged over 12 months.

Excludable Vendor Payments 430-05-55-15

(Revised 07/01/05 ML2972)

View Archives

Excludable vendor payments are those payments in money made by either an individual who is not a household member or by a public or private organization directly to a third party for a household expense. These payments are not counted as income and the payment paid to the third party for a household expense is not an allowable deduction.

Examples:

1. **A rent payment, when it is paid directly to the landlord by a relative or friend who is not a household member, if the payment is not considered a loan.**
2. **Rent or mortgage payments paid by Housing Assistance Program (HAP) or a local housing authority directly to the landlord or mortgagee.**
3. **Payments by a government agency directly to a child care agency.**
4. **TANF vendor payments are excludable if they are made for:**
    a. **Medical assistance**
    b. **Child care assistance**
    c. **Energy assistance**
    d. **Emergency assistance (including, but not limited to housing and transportation) for migrant or seasonal worker households while they are in the job stream.**
    e. **Housing assistance made through a State or local housing authority.**

5. **GA vendor payments are excludable (except for housing) if they are made for:**

   a. **Energy assistance.**

   b. **Housing assistance from a State or local housing authority.**

   c. **Emergency assistance for migrant or seasonal worker households while they are in the job stream.**

   d. **Emergency or special assistance payments.**

   e. **Assistance provided under a program in a State in which no GA payments may be made directly to the household in the form of cash.**

      Exception:

      Tribal GA payments are countable.

6. **Money received and disbursed by a third party for a household expense from a benefit or fund raiser.**

Medical Expenses 430-05-55-20

(Revised 10/01/14 ML 3410)

View Archives

That portion of medical expenses in excess of $35 per month, excluding special diets, of an elderly (beginning in the month an individual turns age 60) or household member are allowable **after third party payments. These expenses must be reported and verified within 30 days of the billing date. If the household has made arrangements with the provider to make payments within 30 days after the initial billing or within 30 days after third party payment, verification must be provided at the time the expense is reported.**

Medical expenses include all allowable medical expenses made by a household for an individual who was an elderly or disabled household member immediately prior to dying or entering a hospital or nursing home, if the remaining household members are legally responsible for payment of the expenses. The expense must be coded by the individual responsible for the medical expense on EXSA using the ME LR code.

Example:

1. **An elderly mother and daughter are living together and are one household. The mother goes into the hospital and the daughter who is not legally responsible for her mother's medical costs is paying on those expenses as she can. The daughter is not allowed to claim a medical deduction for her mother's costs because she is not legally responsible for them.**
2. **An individual (not elderly or disabled) applies for SNAP. At the time of application, the individual reports that her disabled husband passed away and also reports medical expenses that were incurred by her husband that she is legally responsible to pay. These expenses are an allowable deduction for**

this individual. This expense must be coded as ME LR on EXSA.

Households may but are not required to report any changes in medical expenses during the review period. If the household reports a change, the worker must determine if the change will result in an increase or decrease in benefit. If the change results in an increase in benefits, the change must be acted on. If the change results in a decrease in benefits, the change must not be acted on until review.

Exception:

If the change meets the criteria to decrease benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

If the household reports a medical expense but is unable to provide verification of the expense, a deduction is not allowed.

The $35 applies to the total expenses incurred by all elderly or disabled household members, it does not apply to each person's expenses if more than one person in the household is elderly or disabled. TECS automatically deducts $35 from the amount entered on the EXSA screen.

Individuals receiving Social Security benefits as a dependent or survivor **are not** eligible to receive the medical deduction.

Individuals receiving emergency SSI benefits based on presumptive eligibility **are** eligible to receive the medical deduction.

At initial application and medical expenses should be averaged from a prior three month period, if that is indicative of what the household anticipates to have as ongoing medical expenses in the new review period.

The medical expenses from the three prior months may not be indicative of combination SNAP/Medicaid cases when the full recipient liability is not being met. The worker must thoroughly discuss this with the household to establish what the household anticipates as ongoing medical expenses.

In a combination SNAP/MA case, when making a change for both programs, if the recipient liability for MA changes and the recipient liability is being allowed as a medical expense for SNAP purposes, change the amount allowed as an expense for SNAP on the EXSA screen as follows:

a. If the household is incurring the **entire** recipient liability, change the amount allowed as an expense for SNAP on the EXSA screen to the new amount, if the change results in an increase in benefits. If the change results in a decrease in benefits, the change is not acted on until review.

b. If the household is incurring **only a portion** of the recipient liability and the amount has been averaged, and the income or expenses for this case causes the recipient liability to change, continue to use the previously averaged amount as a medical expense for SNAP. At review, reaverage using the new recipient liability.

The SFN 187 - Medical Expense Worksheet should be used for all households entitled to a medical deduction.

If the SFN 187 is used, the household must be asked to complete the bottom portion of the form and the top half is completed by the worker. This worksheet also serves as documentation of verified medical expenses, the calculation and the amount allowed as a deduction.

Computing Medical Expenses 430-05-55-20-05

(Revised 10/01/14 ML 3410)

View Archives

The client can choose to have current medical expenses, paid or unpaid computed as follows:

- Averaged over the review period at application or review or the remainder of the review period for ongoing cases.
- Used as a one-time expense for the next month.
- A monthly installment can be used for the period of time it has been agreed upon for the household to pay the balance. Once the period of time of payment has been determined, monthly installments remain in the case for the length of the review period even if the bill is paid in full as it does not meet the criteria to decrease benefits.

This agreement can be verbal or implied (as long as the medical provider is accepting payment, there is an agreement).

The **worker** must assist the household in deciding which method provides the household with the greater benefit.

If the averaging or monthly installment computation is used, a one-time expense is treated separately. Do not change the averaged amount currently being used for the review period.

Example:

A household has ongoing monthly medical expenses of $100 and the household timely reports a one time medical expense of $250 for glasses on March 5. When calculating benefits for the month of April, the ongoing monthly medical expense of $100 is allowed and the household has the option of using the $250 deduction as follows:

- **The one time medical expense of $250 can be averaged over the remaining months of the review period.**
- **Allowed as a one time medical expense of $250 for April, when calculating benefits for the month of May the medical expense is not allowed.**
- **If the household had agreed to a monthly installment of $50 for the glasses, the $50 would be added to the $100 ongoing monthly medical expenses for the next five months.**

Actual Medical Expense Versus Standard Medical Expense Deduction 430-05-55-20-07

(Revised 10/01/14 ML 3410)

View Archives

Households with elderly or disabled individuals who are billed and responsible for more than $35 in allowable monthly medical expenses can choose the Standard Medical Expense Deduction of $200 per month rather than actual medical expenses. **Only one Standard Medical Expense Deduction can be allowed per household**. The expense must be coded by an elderly or disabled individual with a participation code other than DI using the ME ST code on the EXSA screen in TECS.

The only medical expense that will be allowed in addition to the standard medical expense deduction is when a household is legally responsible for payment of expenses for an individual who was an elderly or disabled household member immediately prior to dying or entering a hospital or nursing home (ME LR).

TECS will automatically deduct $35 from the total of all medical expenses for all individuals entered on the EXSA screen.

Initial Application

At initial application, verification of medical expenses is required. If verification of medical expenses is not provided, no expense is allowed. If verification of medical expenses is provided and the total of all allowable monthly medical expenses for all elderly and disabled household members exceeds the $200 Standard Medical Expense Deduction, actual verified expenses are allowed. Actual allowable monthly medical expenses must be coded by the elderly or disabled member(s) that incurs the expense.

Exception:

If the household has medical expenses that are greater than $200 but chooses the Standard Medical Expense Deduction rather than actuals, this must be documented in the case file.

If verification of medical expenses is provided and the total of all allowable monthly medical expenses for all elderly and disabled household members is greater than $35 but less than $200, the Standard Medical Expense Deduction is allowed for the household. The Standard Medical Expense

Deduction must be coded by only one elderly or disabled individual with a participation code other than DI.

If a household also reports a one-time medical expense at application, the household can choose to have the one-time expense averaged over the review period or used as a one-time expense. If the household chooses to:

- Average over the review period, the one-time expense is included with other allowable monthly medical expenses in determining entitlement to the Standard Medical Expense Deduction.
- Use as a one-time expense, the one-time expense is included with other allowable monthly medical expenses. If the total is greater than $35 but less than $200, the household can choose the Standard Medical Expense Deduction.

  If the total is greater than $200, the household can choose to use actuals. The actuals must be allowed for the application month. The one-time expense must then be removed for the following month. Once removed, if monthly expenses are less than $200, the household can choose the Standard Medical Expense Deduction again for the following month.

Review

At review, households will remain eligible for the Standard Medical Expense Deduction if they report the total of all elderly and disabled members' allowable medical expenses are greater than $35. Client statement of medical expenses is acceptable and must be documented in the case file. If the household reports medical expenses that are greater than $200, verification is required. If verification of medical expenses is not provided, the Standard Medical Expense Deduction will continue to be allowed for the new review period.

Ongoing Cases

Households entitled to the Standard Medical Expense Deduction are allowed to change to actual medical expenses during the review period. If a household reports new medical expenses that would entitle them to the Standard Medical Expense Deduction or expenses which exceed the standard, since these changes will result in an increase in benefits, the changes must be verified. Notice F419 – "Request for Verification" must be

sent allowing the household 10 days from the mail date of the notice to verify the reported change.

If the household provides verification within the 10-day period, the worker must act on the reported change within 10 days and send the household the appropriate notice. If the verification entitles the household to the Standard Medical Expense Deduction, the expense must be coded by only one elderly or disabled individual in the case. If the verification entitles the household to actual medical expenses, the actual allowable expenses must be coded by the elderly or disabled member(s) that incur the expense.

If the household fails to provide verification within the 10-day period, the previously verified amount is used and the benefit stays the same. If there is no previously verified amount (i.e. household reports now incurring medical expenses and previously had not), no change is made and the benefit stays the same.

If the household fails to provide verification within the 10-day period and provides verification at a later date, benefits are increased the month after receipt of the verification.

If a household reports a one-time medical expense in an ongoing case, the household can choose to have the one-time expense averaged over the remainder of the review period or used as a one-time expense. If the household chooses to:

- Average over the remainder of the review period, the one-time expense is included with other monthly medical expenses in determining entitlement to the Standard Medical Expense Deduction versus actual medical expenses.
- Use as a one-time expense, the one-time expense is included with other allowable monthly medical expenses. If the total is greater than $35 but less than $200, the household can choose the Standard Medical Expense Deduction.

  If the total is greater than $200, the household can choose to use actuals. The actuals must be allowed for the next month. The one-time expense must then be removed for the following month. Once removed, if monthly expenses are less than $200, the household can choose the Standard Medical Expense Deduction again for the following month.

Example:

At initial application in February, a household verifies monthly medical expenses of $140 and chooses to use the Standard Medical Expense Deduction. The household is approved and certified through July. On May 5, the household timely reports a one-time medical expense of $300 for glasses. When calculating the benefits for the month of June, the household has the option of using the $300 deduction as follows:

- **Average the expense over the remainder of the review period (two months) for a monthly amount of $150 per month. Adding the $150 per month to the other monthly medical expenses of $140 results in a total of $290. The household can choose to use actuals for the remainder of the review period.**
- **Allowed as a one-time medical expense of $300 for June along with the other monthly medical expenses of $140. The ME ST would be removed for June. When calculating benefits for the month of July, the one-time expense along with the other medical expenses are removed and the Standard Medical Expense Deduction is again allowed.**

Past Due Medical Expenses 430-05-55-20-10

(Revised 01/01/04 ML2893)

View Archives

Medical expenses cannot be allowed if past due. A bill is considered past due 30 days from the billing date after third party processing. Past due means the payment is overdue to the provider, not overdue at the time of review.

The only time a bill is not considered past due is if the household made an arrangement with the provider to make payments within 30 days after the initial billing date or within 30 days after third party payment.

Examples:

1. **An individual initially applying in March reports and verifies a $600 medical expense incurred in November. The individual has been making monthly payments of $50 since the original billing. The $50 payment is an allowable deduction each month through the following November. It cannot be allowed beyond the month of November as the bill should be paid and averaging was not used.**
2. **An individual initially applying in March reports and verifies a $600 medical expense incurred in November. The individual started making monthly payments of $50 in February. The individual was originally billed for this expense in December. The $50 monthly payment cannot be allowed as it is considered "past due"**

Third Party Payments 430-05-55-20-15

(Revised 01/01/04 ML2893)

View Archives

Any medical expense that will be covered by a third party payment or an excluded vendor payment is not allowed as a deduction. No deduction can be allowed until:

- The third party has made a determination regarding payment.
- The medical vendor has billed the household for the remaining balance.
- The household must report and verify within 30 days of the billing.

A household's statement that no third party payment will be received must be accepted unless it is questionable.

Example:

A household has total medical expenses of $635 and has third party coverage (such as health insurance or Medicare). The household receives the bill for $635 in February. In June the health insurance company pays $400 of this bill. The household is billed on July 15 for the remaining $235 and reports and verifies this on August 5.

As the individual reported and verified the expense timely (within 30 days from the billing date after third party processing) the worker must allow a medical deduction using one of the following methods:

- **Averaged over the remainder of the review period.**
- **A one-time deduction for the month of September.**

- **Monthly installments can be allowed for the period of time it has been agreed upon for the household to pay the balance.**

Allowable Medical Expenses 430-05-55-20-20

(Revised 10/01/14 ML 3410)

View Archives

The following is a **partial** listing of allowable medical costs:

1. Medical care provided by a licensed practitioner.
2. Dental care, including dentures and orthodontics.
3. Hospitalization, outpatient treatment and nursing care, including Home and Community Based Services (HCBS).
4. Nursing home care including payments by a **legally responsible** household member for an individual who was a household member immediately prior to entering a nursing home.
5. Prescription drugs when **prescribed** by a licensed practitioner and over-the-counter medication (including insulin) when approved by a licensed practitioner. This includes postage and handling costs associated with mail order prescription drugs.
6. The co-pays that Medicaid allows as a deduction in determining the monthly Recipient Liability.
7. The costs of prescribed medical supplies are allowed as a deduction. The following is a partial list:
    - Sick-room equipment (including rental).
    - Equipment added to a vehicle or home for a handicapped person.
    - The cost of building a ramp for a wheelchair.
    - Amplifiers and warning signals for handicapped individuals (medic-alert).
    - Typewriter equipment connected to a telephone for deaf individuals.

Exception:

Computer purchased by a handicapped individual for learning purposes is not an allowable medical expense.

8. Health and hospitalization insurance premiums.

   Only the portion of a medical insurance premium assigned to the or household member is allowed when computing the deductible amount. If the policy does not define how much of the premium is for each insured household member, the **worker** must prorate the premium amount among all members insured on the policy. Only the prorated amount for the eligible elderly or disabled household member is allowed as a deduction. When health insurance premiums are an automatic deduction from a checking or savings account, the service fee charged by the bank is not an allowable deduction.

   The cost of health, accident, cancer, nursing home and ambulance policies which state that the monies will be used to cover medical expenses are allowable medical expenses.

   Exception:

   The costs of accident, cancer, or nursing home policies that do not state that the monies are intended for use to cover medical expenses.

   Health or income maintenance policies payable in lump sum settlements for death or dismemberment or that continue mortgage or loan payments while the beneficiary is disabled are not allowed as a deduction.

9. Medicare premiums, co-insurance, and deductibles.

   Exceptions:

   A Medicare premium for an individual who is QMB/SLMB or Buy-In for Medicaid is not an allowable medical expense for SNAP purposes as the household will be reimbursed for these premiums once it is no longer deducted from the Social Security check. The Medicare premium is no longer allowed when the QMB/SLMB application is approved.

Qualifying Individual 1 (QI-1) are entitled to payment of their Medicare Part B premium. The Medicare part B premium is not an allowable medical deduction.

10. Hearing aids and prosthetics.
11. Securing and maintaining a service animal specifically trained to assist handicapped individuals, including the cost of food and veterinarian bills.
12. Eyeglasses and contact lenses prescribed by a licensed practitioner.
13. Reasonable cost of transportation and lodging to obtain medical treatment or services, including trips to a pharmacy, dental office, optometrist, etc. can be counted as a medical deduction up to the following amounts:

    - $0.56 per mile for mileage.
    - $72 plus tax for in-state lodging.
    - $99 plus tax for out-of-state lodging.

    These costs must be verified.

    Exception:

    Meals are not an allowable expense for households who must travel to obtain medical care.

14. Maintaining an attendant, homemaker, home health aide, child care services or housekeeper necessary due to age, infirmity, or illness. In addition, an amount equal to the Thrifty Food Plan for one-person is deducted if the household furnishes the majority of the attendant's meals.

    The Thrifty Food Plan for this meal related deduction must be the benefit in effect at the time of initial certification. The **worker** is required to update the benefit amount at the next scheduled review. The **worker** has the option to do so earlier if the benefit changes before the next scheduled review.

    If a household incurs attendant care costs that could qualify under both the <u>medical deduction</u> and <u>dependent care deduction</u>, the **worker** must treat the cost as a medical expense.

15. Child care expenses for a child receiving SSI that are necessary and identifiable.

    Example:

    Mom is not working and stays home to care for her disabled child receiving SSI. Mom takes the child to a child care facility while she runs errands, medical appointments, etc. The child care expense incurred is an allowable medical expense deduction.

16. Payments on loans for one-time medical expenses or medical expenses billed on a credit card are deductible, but the **interest** must not be allowed as part of the deduction.

17. Monthly Phone Fees for Medic Alert systems. The basic fee for the telephone which the system uses is handled as a utility expense.

    Example:

    Individual is charged $20.00 per month by the phone company for a Medic Alert system and $15.00 per month for basic phone service. The $20.00 is allowed as a medical expense. The $15.00 for basic telephone services is allowed as a utility expense.

18. Enrollment fees and monthly premiums paid by the household for the Medicaid Workers with Disabilities coverage.

19. Premiums, co-payments, co-insurance and deductibles paid by the household for Medicare Part D.

20. Premiums, paid by households for children with disabilities coverage.

Dependent Care Costs 430-05-55-25

(Revised 10/01/14 ML 3410)

View Archives

Households must verify current month or base month dependent care expenses at initial application and . The out-of-pocket child care expense incurred by the household is an allowable child care deduction. A deduction for care of a child or other aged or disabled dependent is allowed when necessary for a household member to:

- Accept or continue employment.
- Seek employment.
- Attend training or pursue education preparatory to employment.

Child care costs are allowable for children under age 16. If a child turns age 16 during the review period, the child care costs will continue to be allowed until the next review as this does not meet the criteria to decrease benefits.

The portion of child care expenses that will be reimbursed are not allowable.

Dependent care expenses will be allowed only if the service is provided by someone outside the SNAP household.

Example:

Grandma, mom and child are all one SNAP household.

Grandma is providing child care for the child and receiving a Child Care Assistance payment of $300. Mom is paying out of pocket expenses to grandma of $50. The $300 Child Care Assistance payment is counted as earned self-employment income to grandma. The $50 mom is paying grandma out of pocket is not counted as income to grandma and is not allowed as an expense for mom.

When the child care expense is greater than the Child Care Assistance Program (CCAP) payment, the out-of-pocket child care expense incurred by the household is an allowable child care deduction.

Example:

The child care expense for one child is $250 and child care assistance reimburses the household $100 that is applied toward that child care bill, for SNAP purposes:

1. **Disregard as income the $100 child care assistance payment.**
2. **Allow a child care deduction in the amount of $150 ($250 total child care expense incurred minus the $100 child care payment).**

If a TANF household chooses the option of receiving a work related child care disregard from the TANF grant, SNAP will count the amount of the TANF grant as unearned income and allow the household a deduction for child care expenses.

At application, anticipated expenses for the first two months are allowed as a deduction based on verification from the provider, information from the household, and the worker's prudent judgment.

When a CCAP application is pending, allow the entire child care expense as a deduction until the certificate has been issued and the first CCAP billing form is received. When the certificate has been issued and the billing form is received, the worker must act on the change based on simplified reporting requirements.

Examples:

1. **Ongoing SNAP household applies for CCAP and is issued a certificate on August 5, however no billing form has been received. The entire child care expense continues to be allowed for September as a**

deduction as a CCAP billing form was not received. The household provides a CCAP billing form on September 17. Since the household's out of pocket cost based on the sliding fee scale will result in a decrease in benefits, the entire child care expense continues to be allowed until review.

2. **New application for SNAP and CCAP.**

   If the CCAP certificate is issued and the billing form received prior to authorizing the SNAP case, the out of pocket costs based on the sliding fee scale are allowed as a deduction for SNAP.

   If the SNAP case is authorized prior to the CCAP certificate being issued and/or the billing form being received, the entire out of pocket cost continues to be allowed. Once the certificate is issued and the billing form received, the household's out of pocket cost based on the sliding fee scale will result in a decrease. The entire child care expense continues to be allowed until review.

At review if the household anticipates no changes in child care expenses, use base month or current month verified expenses. If not anticipating a change and household fails to provide verification of base month or current month, no deduction is allowed.

For ongoing cases, if a change is anticipated and it will result in an increase in SNAP benefits, it must be verified before it can be allowed.

Changes resulting in a decrease must not be acted on until review.

If the household fails to complete a redetermination for CCAP, the entire out-of-pocket costs must be anticipated.

Examples:

1. **Ongoing SNAP and CCAP household has a review due for CCAP and a review for SNAP in March. If the SNAP review is processed prior to the CCAP review the household's out-of – pocket expense would be used based on the existing certificate that ends in March and the most current billing form received. The household failed to complete the CCAP review in March. In April, the worker must send the F419 requesting verification of child care expense. If the household provides the verification, the worker must anticipate the full child care expense and increase benefits. If the household fails to provide the required verification, the worker will continue to use the out-of-pocket child care expense previously used in determining April SNAP benefits.**

2. **Ongoing SNAP and CCAP household has a review due for CCAP and a review for SNAP in March. Both reviews were completed. The household's out-of- pocket child care expense would be anticipated for April based on the new certificate and the most current billing form received, taking into consideration any anticipated changes reported and verified by the household.**

3. **Ongoing SNAP and CCAP household has a review due for CCAP and a review for SNAP in March. If the SNAP review is processed prior to the CCAP review the household's out-of – pocket expense would be used based on the existing certificate that ends in March and the most current billing form received.**

Child Support Paid 430-05-55-30

(Revised 10/01/14 ML 3410)

View Archives

Legally obligated child support payments paid by a household member to or for a non-household member, including payments made to a third party on behalf of the non-household member (vendor payments), and arrearages are allowable deductions.

Exception:

Legally obligated child support payments made to an individual outside of the household or an agency must be allowed if the child for whom the support was paid is a household member.

Example:

Dad has a legal obligation to pay child support/arrearages, the children are now living with him, and he continues to pay the support to his ex-wife who is not a household member. As dad continues to pay support, the deduction is allowed.

The worker must verify the following information:

a. The legal obligation.

b. The amount of the legal obligation.

c. The amount actually paid including arrearages.

Verification can be obtained from:

a. ND Child Support FACSES

b. Child support stubs

c. Documented collateral contacts

d. Wage stubs

e. Verification provided by the client from the child support website – www.childsupportnd.com

The surcharge or processing fee that employers can charge and health insurance premiums are allowable deductions. These expenses are entered on the NOMD screen in TECS.

If the health insurance policy does not define how much of the premium is for each insured household member, the worker must prorate the premium amount among all members insured on the policy. Only the prorated amount of the health insurance the household is court ordered to pay is allowed as a deduction on NOMD. When health insurance premiums are an automatic deduction from a checking or savings account, the service fee charged by the bank is not an allowable deduction.

Alimony or spousal support payments are not allowable deductions.

The deduction can exceed the legally obligated amount as a result of arrearages, interest or income withholding orders.

Initial Application

At initial application, the worker will allow the deduction based on an AVERAGE of what the household has paid if there is a payment history, (two prior consecutive months which could include the application month), taking into account any expected changes and the legally obligated amount.

The number of months used to arrive at the average is not limited, and is based on the prior payment history, the individual's current circumstances and discussion with the household. This must be documented.

Where child support is paid on a sporadic basis, a deduction cannot be allowed unless the worker can reasonably anticipate that a payment will be made. This determination is based on the prior payment history (two prior consecutive months which could include the application month) for the household and documented discussion with the household.

If there is no prior payment history (two prior consecutive months which could include the application month), a deduction is allowed based on what the household expects to pay, including arrearages. The worker must look at the amount legally obligated, the individual's current circumstances and discussion with the individual. The amount allowed and the reason why must be documented in the casefile.

If there is an initial court order establishing child support, the amount allowed as a deduction is anticipated based on the court order, the individual's current circumstances and discussion with the individual. The amount allowed and the reason why must be documented in the casefile.

Review

At review, the worker must verify the amount paid in the prior review period including arrearages and any reported change in the legal obligation. The worker must average (sporadic or regular payments) and use that amount for the next review period.

Any child support payments the household anticipates making in the month the review is due must be included in the average for the new review period.

Examples:

1. **A household certified for January through June is reviewed on June 5. Any child support payments the household anticipates making in the month of June must be included in the average for the new review period.**
2. **A household certified for January through June is reviewed on June 5. Child support payments were made sporadically as follows:**

   January - $300.00

   February - $150.00

   May - $100.00

   Total = $550.00

The household does not anticipate making any payments in the month of June. The average amount of $91.67 ($550 divided by 6) is allowed as a monthly child support deduction for the new review period.

If the household reports and verifies a change at review, the change must be acted on as part of the review process.

Examples:

1. **At review on October 11, a household reports and verifies a change in their legal obligation to pay child support from $300 per month to $200 effective October 1. The household states they have already paid the $200 for October and will continue to pay that amount each month. When working this case for November benefits, based on discussion with the household and verification of the new amount of the obligation, $200 a month is allowed as a deduction.**
2. **At review in May, a household reports and verifies a change in their legal obligation to pay child support. The only child turned age 18 and is graduating from high school this month. Effective June 1, the child support obligation stops. When working this case for June benefits, no child support deduction is allowed.**
3. **At review in May, a household reports a change in the amount of child support they pay. The worker must request verification of the change in child support paid. If the change is verified, the change must be acted on and documented. If the change is not verified, a child support deduction is not allowed.**

If there is an initial court order establishing child support, the amount allowed as a deduction is anticipated based on the court order, the

individual's current circumstances and discussion with the individual. The amount allowed and the reason why must be documented in the casefile.

Ongoing Cases

The deduction averaged at initial application or review will continue to be allowed for ongoing cases unless the household reports a change in the legal obligation or the legally obligated amount they pay. If an averaged deduction is being allowed and the household reports a change in the amount of child support they pay or provides pay stubs that indicated fluctuating withholding, the averaged deduction must not be changed until review.

If the household was not paying child support at the time of application or review and reports in writing or verbally to their worker that they are now paying child support, a deduction can be allowed if verified. The pay stubs can be used as verification of the change, if not questionable.

When there is an initial court order establishing child support, the amount allowed as a deduction is anticipated based on the court order, the individual's current circumstances and discussion with the individual. The worker must document the amount used and the reason why. This amount is used for the remainder of the review period.

Providing pay stubs that indicate child support was withheld does not constitute a reported change by the household.

Once certified, the household is not required to report how much of the legally obligated amount they actually paid. That information must be reported and verified at the next review.

Example:

A household was initially certified allowing a verified legal child support obligation of $300 per month. At the time of certification, the payment history showed the household had actually paid $300 a month. The household was certified from May through October with an averaged deduction of $300 per month. In August

and September, the household makes payments of $100. There is no change in the legal obligation. As the household is not required to report a change in the amount actually paid, the $300 per month deduction allowed through October is correct.

If the household reports a change in the legal obligation to pay child support, the legally obligated amount of child support or when a household reports they are now paying child support and a deduction is not currently being allowed during the review period and the change results in an increase in benefits, or the effect on the benefit is unclear, the worker must send the F419 requesting verification. If verification is provided, the change must be acted on. If verification is not provided, the deduction continues to be allowed at the previously verified amount and the case is not closed. FACSES is available as a tool to verify this information.

If the household reports a change in the legal obligation to pay child support or the legally obligated amount of child support that results in a decrease in benefits, the change is not acted on until review.

Non Allowable Child Support Paid 430-05-55-30-05

(Revised 01/01/04 ML2893)

View Archives

An income tax refund that has been intercepted by the Child Support Enforcement Unit for child support arrearages **is not** an allowable deduction.

Child support payments paid to another member of the same SNAP household are **not** an allowable deduction.

> **Example:**
>
> **A child lives with his parents who are not married but who are members of the same household. The father pays child support to the mother as a result of a court order. This payment is not an allowable deduction and is not counted as income to the mother.**

Representative Payee Fee 430-05-55-35

(Revised 06/01/15 ML3440)

View Archives

Representative payee fees are fees that non-profit organizations or an individual charges individuals for whom they serve as representative payee. This fee is an allowable deduction for a household claiming this expense. Verification must be provided before the deduction can be allowed. This expense is entered on the NOMD screen in TECS.

Shelter Costs 430-05-55-40

(Revised 06/01/15 ML3440)

View Archives

Monthly shelter costs in excess of 50% of net adjusted income after all other deductions are allowed, not to exceed $490.

Exception:

Households containing one or more eligible elderly or disabled members are not subject to the shelter deduction maximum of $490. Households in which the only elderly or disabled members are excluded are subject to the shelter deduction maximum.

Only the most current bills can be used for verification of shelter costs. Past due amounts are not an allowable expense. Only the billed amount can be allowed as a deduction.

> **Example:**
>
> **Household's monthly mortgage payment is $500 per month. The household is paying $600 a month to pay the mortgage off sooner. Only the $500 billed amount can be allowed as a shelter cost deduction.**

Expenses need not be in the household's name, but must be incurred by the household and the household must be expected to pay the expense.

If a non-household member pays the household's shelter costs directly to the provider on behalf of the household, the worker must determine if the payment is a loan.

If the payment is a loan, it is excluded from income and the expense is allowed as a shelter deduction.

If the payment is not a loan, it is excluded from income and the shelter deduction is not allowed.

Example:

Tom owns his own home with a mortgage payment of $700. Bill is Tom's roommate and is claiming separate household status from Tom. Bill pays $300 for his share of the housing costs directly to the mortgage company. The $300 is not counted as income to Tom. Tom's allowable shelter expense for the mortgage is $400.

When **separate** households share shelter expenses and one receives a payment for shelter expenses from the other, the payment is **not** counted as income. Each household is entitled to its actual share of the shelter costs as a deductible expense.

Example:

Tom and Bill are roommates claiming separate household status. Bill pays Tom $200 a month for his share of the rent and Tom pays the landlord the $400 monthly rent. The $200 paid to Tom is not counted as income and each is allowed their share of the rent ($200) as a deductible expense.

When a homeowner is renting a part of their home to another individual, the payment the homeowner receives is countable unearned income. The homeowner is entitled to the full mortgage payment as a shelter expense.

Example:

Sarah is renting a room in her home to Bonnie. Bonnie is paying $350 to Sarah. Sarah has a monthly mortgage of $816. The $350 is countable unearned income to Sarah and the $816 is allowed as a mortgage expense. Bonnie is allowed a rent expense of $350.

Shelter costs covered by an excludable reimbursement or vendor payment are not allowable deductions.

Exception:

LIHEAP payments.

Example:

The portion of rent paid by HUD is not allowed.

Shelter costs include only the following:

1. Rent. Is allowed only if the household is responsible to make a money payment to someone outside of the household. If there is a separate identifiable rental fee for a garage, appliances, furniture, etc., it is not allowed.

Exceptions:

1. **If an individual works in exchange for rent with no option to be paid, no income is counted and no rent expense is allowed.**
2. **If an individual works off part of the rent with no option to be paid, the amount that is worked off is not counted as income and the remaining amount is allowed as a rent expense.**
3. **If the household does not have the option to pay the rental fee for a garage, appliances, furniture, renter's insurance, etc., the expense is allowable.**

The portion of rent paid by Housing Assistance Program (HAP) is not considered part of a household's shelter expense.

If a certified group home resident has a single payment for room and meals, the amount of the payment that exceeds the Thrifty Food Plan (TFP) is a shelter expense. If a resident has a separate identifiable payment for room charges, that amount is used for the shelter deduction. If the separate identifiable payment for room charge is for incidental costs (household supplies, van lease, etc.) they are not allowable.

2. Mortgage Payment (including both first and second mortgages). Payments on second mortgages and home equity loans are allowable shelter costs regardless of why the money was obtained or how it was used.

   Mortgage insurance is an allowable deduction as long as the lender requires it.

   When the Farm Service Agency (FSA) has placed a moratorium on a household's mortgage payment, the deduction for a FSA mortgage

payment is not allowed during the moratorium period. After the moratorium has ended, the recalculated amount is allowed.

3. The shelter costs of an unoccupied home can be claimed if:

- The home is unoccupied due to employment or training away from home, illness or abandonment caused by a natural disaster or casualty loss, **and**
- The household intends to return to the home, **and**
- The current occupants, if any, are not claiming the shelter costs for SNAP purposes, **and**
- The home is not leased or rented during the absence of the household.

Exception:

A household is not entitled to any utility expenses for an unoccupied home.

4. Condominium and association fees.
5. Mobile home lot rent.
6. Property taxes, State and local assessments (if not included in the mortgage payment), and permit taxes for mobile homes. The most current year's incurred amount must be verified. Always use the full amount regardless of when the taxes are paid or if taxes are discounted due to early payment. Taxes need not be paid. Penalties or past due taxes from prior years are not allowable.

   Property taxes that are billed yearly must be allowed as a one-time payment or averaged over 12 months.

   Property taxes are allowed for the lot the home is on. City Assessors or Township Assessors are able to provide information on assessments including separating assessments if they are for multiple lots.

7. Homeowner Insurance (if not included in the mortgage payment). The most current year's amount must be verified. Always use the full amount regardless if the insurance is discounted such as bundled

insurance covering other items such as vehicles or discounts due to annual payments, etc. Insurance need not be paid, only incurred.

If the bill separates contents, liability and structure costs, only the amount for the structure can be allowed. If the bill does not separate these costs, the entire amount is allowed.

Service fees charged by the insurance company for households who choose to pay their insurance other than yearly are an allowable deduction. Late fees are not an allowable deduction.

Renter insurance is not an allowable expense unless the household does not have the option to not have this type of insurance.

Flood insurance is an allowable expense.

Homeowners insurance billed yearly must be allowed as a one-time payment or averaged over 12 months.

8. Utility expenses. Households cannot claim actual utility expenses and are entitled to only one of the mandatory utility standards. A household is not entitled to any utility expenses for an unoccupied home.

   Households with a separate utility meter, even if the utility bill is not in their name, are entitled to one of the mandatory utility standards as long as they are expected to pay the utility bill.

   Example:

   A household is renting a home and is responsible for the heating costs; however, the bill is in the landlord's name. The landlord in turn gives the bill to the household each month for payment. As the household is incurring the bill and there is a separate meter, the household is entitled to the standard utility allowance (HL SU).

   Households that are billed by their landlord on the basis of individual usage or are charged a flat rate for utility costs separately from their rent are entitled to the appropriate standard.

Examples:

1. **An individual lives in an apartment where there is a separate meter for heating costs. The utility bill is not in the SNAP household's name, but the household incurs these expenses and is expected to pay the bill. The household is entitled to the standard utility allowance (HL SU).**
2. **An individual lives in a side-by-side duplex and there is only one meter for heating costs. The owner of the duplex lives in one side and a SNAP household lives in the other side. The landlord bills the SNAP household a flat rate of $200.00 per month separately from the rent for the heating costs. The household is entitled to the standard utility allowance (HLSU).**

HUD and FSA utility subsidies are excluded from income for SNAP. Additionally, when a household receives a utility subsidy, the household is not entitled to the appropriate mandatory utility standard unless their actual utility costs exceed the utility subsidy.

Utility subsidies are defined as a deduction for the estimated value of utilities and charges for other housing services payable directly by the family. In most cases, the utility allowance involves no direct payment to the household. The payment is issued to the landlord and is used to reduce the household's shelter costs.

- If the utility allowance exceeds the rent, the excess is paid in the form of a utility reimbursement or rebate to the household. The household's actual utility costs must exceed the utility reimbursement or rebate in order to receive the appropriate mandatory utility standard.
- If the utility allowance does not exceed the rent, no money is returned to the household. The household is entitled to a rental expense for their out-of-pocket costs and the appropriate mandatory utility standard based on the utility expenses incurred.

Examples (Household's are not in receipt of LIHEAP):

1. **Monthly rent is $50. The household is responsible for heating costs and the HUD utility allowance is $60. Because the utility allowance exceeds the rent, the excess of $10 is paid in the form of a utility subsidy to the household. Allow no rent in this case. The household's actual utility bill must exceed the utility subsidy of $10 before the household is entitled to the HL SU.**

2. **Monthly rent is $65. The household is responsible for electricity and telephone costs (not incurring heating or cooling costs) and the HUD utility allowance is $75. The excess utility allowance is paid to the household in the form of a utility subsidy. Allow no rent and the household's actual utility bill must exceed the utility subsidy of ($10) before the household is entitled to the LU SA.**

   The household's actual electricity bill is $26 and actual telephone bill is $42.50. The maximum allowed for telephone is the $38 telephone standard. Since the actual utility bills exceed the utility subsidy, the household is entitled to the LU SA.

3. **Monthly rent is $437. The household is responsible for heating costs and the HUD utility allowance is $42. Since the utility allowance does not exceed the rent, the allowance is used to offset the household's rent expense resulting in an out-of-pocket rent expense of $395.00. The $395 is allowed as rent expense. If the household incurs an out-of-pocket cost for heating/cooling, the household is entitled to the HL SU.**

If a non-household or ineligible household member shares utility costs with eligible household members, the eligible household members are entitled to the appropriate standard.

If two or more separate households live together and share utility costs, each household is entitled to the appropriate standard.

Example:

A household consists of three single individuals who purchase and prepare meals separately. One of the three individuals applies for benefits. All utility costs are shared. The SNAP household is entitled to the appropriate standard.

a. Standard Utility Allowance (HL SU):

The following households are entitled to the Standard Utility Allowance (HLSU on the EXSA screen) of $635 which includes all utility expenses:

- Households responsible for heating/cooling costs. Receipt of LIHEAP and Tribal LIHEAP based on incurring heating costs verifies entitlement to the HLSU.
- Households who are no longer incurring heating/cooling costs but have received LIHEAP benefits greater than $20 in the current or prior 12 months, remain eligible for the standard deduction. Receipt of LIHEAP benefits of greater than $20 must be verified and documented.
- Households that include the head of household of the LIHEAP case who have received LIHEAP renter/heat paid benefits greater than $20 in the current or prior 12 months. Receipt of LIHEAP renter/heat paid benefits of greater than $20 must be verified and documented. Other members of the LIHEAP household are not entitled to the HLSU in their own SNAP case based on receiving LIHEAP payments of greater than $20 in the current or prior 12 months.

  NOTE: Receipt of LIHEAP is considered known information to the county. Workers are required to monitor when a household that includes the head of household of the LIHEAP case receives renter/heat paid benefits greater than $20 in the current or prior twelve months that would entitle the household to the HLSU.

Examples:

1. **Household applies for SNAP on May 1. Worker verifies a member of the SNAP household has been receiving**

LIHEAP renter/heat paid benefits as the LIHEAP head of household of $35 per month since October 1. The household is entitled to the HLSU.

2. **Mom, Dad and two kids apply for SNAP and LIHEAP with Dad as the head of household on May 1. The household is only eligible for one LIHEAP renter/heat paid benefit of $11 which is paid on May 20. The worker approves the SNAP application May 27. The household is not entitled to the HLSU because they have not received at least $20 in renter/heat paid benefits.**

3. **Mom, Dad and two kids apply for SNAP and LIHEAP with Mom as the head of household on May 1. Worker determines the household is eligible for renter/heat paid benefits from October 1st through May 31. LIHEAP benefits of $280 are paid to the household on May 20th.**

   The SNAP application is approved for May and June on May 15th and the household is certified for six months. The household is not entitled to the HLSU for May or June. Once the LIHEAP payment has been paid, the household is entitled to the HLSU, and SNAP benefits must be increased for June. (Processing a SNAP application should not be delayed pending receipt of a LIHEAP payment).

4. **Household moves from a residence where they were incurring heating costs and were receiving LIHEAP benefits. They move to an apartment where heat is now included in their rent and they are on housing, therefore not eligible for LIHEAP. If the LIHEAP head of household remains in SNAP case, the household continues to be eligible for the HLSU because they have received LIHEAP payments greater than $20 in the past twelve months.**

5. **Household receiving SNAP and LIHEAP renter/heat paid benefits with girlfriend as the primary individual for SNAP and boyfriend as head of household for**

LIHEAP. Household is entitled to the HLSU based on receiving LIHEAP payments greater than $20 in the past twelve months. During the review period, girlfriend reports boyfriend moved out. Since the LIHEAP head of household was removed from the SNAP case, the household is no longer entitled to the HLSU based on receipt of LIHEAP greater than $20. However, since removing the HLSU does not meet criteria to decrease benefits, the change must not be acted on until review.

If boyfriend applies for SNAP, he is entitled to the HLSU based on receiving LIHEAP benefits of greater than $20 in the past twelve months as the LIHEAP head of household.

Any households that have central utility meters and are charged only for excess heating or cooling costs are entitled to the HL SU year round.

Households that are charged only for excess heating or cooling costs are entitled to the HL SU year round.

Households that are only charged for the air conditioning unit itself or for the installation of an air conditioner are not entitled to the HLSU.

b. Limited Utility Allowance (LU SA):

Households not entitled to the HL SU that incur at least **two** of the following utility expenses are entitled to the Limited Utility Allowance (LU SA on the EXSA screen) of $219.00.

Water

Sewer

Garbage

Electricity

Telephone - the household must incur the basic service fee for one telephone to be entitled to the telephone deduction. The cost of telephone service for a land-line, cellular service or voice over Internet protocol entitles the household to the telephone standard. Cellular service that entitles the household

to the standard includes monthly service fees or pre-paid service cards. A statement with monthly service fees or a receipt for pre-paid service cards will serve as verification.

Example:

A household is renting an apartment and is responsible for electricity and telephone costs (no heating/cooling costs). As the household is incurring these expenses, the household is entitled to the Limited Utility Standard (LU SA).

c. Minimum Utility Standard (MU):

Households not entitled to the HL SU or LU SA that incur at least **one** of the following utility expenses are entitled to the Minimum Utility Standard (MU on the EXSA screen) of $182.00.

Water

Sewer

Garbage

Electricity

Example:

A household is renting an apartment and is responsible for electricity only (no heating/cooling costs). As the household is incurring these expenses, the household is entitled to the Minimum Utility Standard (MU).

d. Telephone Standard (TL):

Household not entitled to the HL SU, the LU SA, or MU that incur telephone expenses only are entitled to the Telephone Standard (TL on the EXSA screen) of $36.00. The cost of telephone service for a land-line, cellular service or voice over internet protocol entitles the household to the telephone standard. Cellular service that entitles the household to the standard includes monthly service fees or pre-paid service cards. A statement with monthly service fees or a receipt for pre-paid service cards will serve as verification.

9. Charges for repair of a home that was substantially damaged or destroyed due to a natural disaster such as fire or flood that are not reimbursable.

10. If a household is using a motor home as their home the following expenses can be allowed:

    - Payment on the motor home
    - The portion of the insurance that covers the motor home
    - Space rent (lot rent)
    - Appropriate Utility Standard

11. If a household is using another type of camper as their home such as a fifth wheel type, pull type or slide in generally a vehicle is required to pull them or transport them. The following expenses can be allowed:

    - Payment on the camper
    - The portion of insurance that covers the camper
    - Space rent (lot rent)
    - Appropriate Utility Standard

12. If a household is living in their car the following expenses can be allowed:

    - Payment on the car
    - The portion of insurance that covers the car

Benefit Determination 430-05-60

(Revised 01/01/04 ML2893)

View Archives

Benefits are determined prospectively for each month of a household's SNAP review period.

Calculating Income and Benefit Level 430-05-60-05

(Revised 10/01/14 ML 3410)

View Archives

Calculating Income

To determine the household's total countable income add the monthly countable gross earned income (including income) of all household members, minus the 20% deduction, to the monthly of all household members.

Calculating Net Adjusted Income

To determine a household's net adjusted income subtract the allowable deductions from the total countable income. The following deductions are allowed:

- Farm loss offset
- Standard deduction based on counting only eligible household members in determining household size.
    - 1 through 3 person household - $155.00
    - 4 person household - $165.00
    - 5 person household - $193.00
    - 6+ person household - $221.00
- Medical costs over $35 for / household members.
- Dependent care costs
- Child support paid to a non-household member
- Excess shelter costs

Calculating Benefit Level

To determine the household's benefit level, subtract 30% of the net adjusted income from the Thrifty Food Plan for the appropriate household size.

THRIFTY FOOD PLAN

H.H. Size	Amount	H.H. Size	Amount
1	$194	5	$771
2	357	6	925
3	511	7	1022
4	649	8	1169
		Each Additional Member	+146

Initial Month Proration 430-05-60-10

(Revised 10/01/14 ML 3410)

View Archives

A household's benefit for the initial month of certification will be based on the day of the month the household applies for benefits. Using the exact number of days in a month, households will receive benefits prorated from the day of application to the end of the month.

TECS automatically prorates the initial month. To determine the amount of benefits during the initial month, use the following chart:

Date Application Filed	Multiply by This Amt. For 28-day Months	Multiply by This Amt. For 30-day Months	Multiply by This Amt. For 31-day Months
1	1.0000	1.0000	1.0000
2	.9642	.9666	.9677
3	.9285	.9333	.9354
4	.8928	.9000	.9032
5	.8571	.8666	.8709
6	.8214	.8333	.8387
7	.7857	.8000	.8064
8	.7500	.7666	.7741
9	.7142	.7333	.7419
10	.6785	.7000	.7096
11	.6428	.6666	.6774

12	.6071	.6333	.6451
13	.5714	.6000	.6129
14	.5357	.5666	.5806
15	.5000	.5333	.5483
16	.4642	.5000	.5161
17	.4285	.4666	.4838
18	.3928	.4333	.4516
19	.3571	.4000	.4193
20	.3214	.3666	.3870
21	.2857	.3333	.3548
22	.2500	.3000	.3225
23	.2142	.2666	.2903
24	.1785	.2333	.2580
25	.1428	.2000	.2258
26	.1071	.1666	.1935
27	.0714	.1333	.1612
28	.0357	.1000	.1290
29	---	.0666	.0967
30	---	.0333	.0645
31	---	----	.0322

After arriving at the prorated benefit amount round **down** to the nearest whole dollar.

Example:

$20.49 and $20.51 both round to $20.

For all households, including one and two person households, the initial month must be processed and authorized. If the benefit computation results in a benefit of less than $10, **no issuance** is made for the initial month. Subsequent months are authorized if the household remains eligible.

Example:

A household applies on April 27, is found eligible for $27 in monthly benefits, however, there are no benefits issued for April because the initial month's prorated benefit is $3 (27 x .13 = 3.51, rounded to 3). If otherwise eligible, benefits of $27 are issued for the following month.

The following are three examples calculating net income and benefit level for a household with a farm loss offset, a regular household, and a special household:

Farm Loss Offset

A husband, wife, and their three children are self-employed in farming and their net income is based on their tax return. Using a loss of $3575 and dividing by 12 months equals $297.92 monthly net loss. The wife is also employed and her monthly gross income is $506.42.

	Income and Deductions		Benefit Determination	
1.	Earned Income	$506.42	1. Thrifty Food Plan	$771.00

2.	**Unearned Income**	**0.00**	**2.**	**Net SNAP Income x 30%=**	**0.00**
3.	**Line 1 times 80%**	**405.14**	**3.**	**SNAP Benefit**	**$771.00**
4.	**Total Income**	**405.14**			
5.	**Farm Loss Offset**	**-297.92**			
6.	**Standard Deduction**	**-193.00**			
7.	**Net SNAP Income**	**0.00**			

<u>Regular Household</u>

Household consists of husband, wife and their two children. The husband is employed full time and earns $1000 per month. The wife is employed part time with gross earnings are $267.75 per month. Anticipated child care is $126.00.

	<u>Income and Deductions</u>			**<u>Benefit Determination</u>**	
1.	**Earned Income**	**$1267.75**	**1.**	**Thrifty Food Plan**	**$649.00**
2.	**Unearned Income**	**0.00**	**2.**	**Net SNAP Income**	**395.80**

3.	**Line 1 times 80%**	**1014.20**	**3.**	**Line 2 x 30%**	**118.74**
4.	**Total Income**	**1014.20**	**4.**	**SNAP Benefit**	**530.00**
5.	**Standard Deduction**	**-165.00**			
6.	**Line 4 minus Line 5**	**849.20**		**Excess Shelter Computation**	
7.	**Dependent Care**	**-126.00**			
8.	**Line 6 minus line 7**	**723.20**	**1.**	**Total shelter costs**	**$689.00**
9.	**Excess Shelter costs**	**-327.40**	**2.**	**50% of line 8**	**361.60**
10.	**Net SNAP Income**	**395.80**	**3.**	**Line 1 - Line 2**	**327.40**

Special Household

Household consists of an elderly husband and wife who receive $652.00 per month from SSA. There is no other income. Their total medical expenses are $195.80 per month.

	Income and Deductions			**Benefit Determination**	
1.	**Earned**	**0.00**	**1.**	**Thrifty Food Plan**	**$357.00**

	Income				
2.	**Unearned Income**	**$652.00**	**2.**	**Net SNAP Income**	**246.80**
3.	**Total Income**	**652.00**	**3.**	**Line 2 x 30%**	**74.04**
4.	**Standard Deduction**	**-155.00**	**4.**	**SNAP Benefit**	**282.96**
5.	**Line 3 minus line 4**	**497.00**		**Medical Deduction**	
6.	**Medical Deductions**	**-165.00**		**Total Medical**	**$195.80**
7.	**Line 5 minus line 6**	**332.00**		**Minus $35**	**160.80**
8.	**Excess shelter costs**	**-85.20**		**Household Chooses Standard Medical Expense Deduction**	**$200.00**
9.	**Net SNAP Income**	**246.80**			

<u>Excess Shelter Computation</u>

1. Total shelter costs $251.20

2.	**50% of line 7**	**166.00**
3.	**Line 1 minus line 2**	**85.20**

Minimum Benefit 430-05-60-15

(Revised 10/01/14 ML 3410)

View Archives

One and Two Person Households

Eligible one and two person households are eligible for a minimum $16 benefit.

Exception:

If during the initial month due to proration the benefit is less than $10, a zero benefit is authorized.

Households with Three or More Members

Eligible households with three or more members may be eligible for a benefit of less than $16.

Exception:

If during the initial month due to proration the benefit is less than $10, a zero benefit is authorized.

Simplified Reporting Requirements 430-05-67-05

(Revised 11/01/13 ML3384)

View Archives

All households are subject to simplified reporting requirements. Simplified reporting households will be certified for 6 months with an interview required at 12 month review.

Exception:

Simplified reporting households with all elderly or disabled members and no earned income will be certified for 12 months with an interview required at 12 month review.

All simplified reporting households will be authorized through for six or 12 months, whichever is appropriate.

Exceptions:

1. **Households that contain an ABAWD who is receiving NE or EE months cannot be authorized through.**
2. **Households that contain an individual in an open TANF, including Diversion Assistance, Transitional Assistance, TANF Pay After Performance or TANF Kinship Care case in Vision cannot be authorized through.**

When a household files an application for review at 6 months with no interview required and reports the only household members are now elderly or disabled with no earned income, if eligible, the household will be certified for an additional 12 months with no interview.

Mandatory Reportable Changes

Certified household must report the following mandatory changes by the 10th day of the month following the month of the change.

Mandatory changes occurring after the interview or after a review is filed with no interview but before the date of the notice of eligibility must be reported by the 10th of the month following the notice of eligibility.

1. Households must report a change in actual income from the base month when it exceeds the gross income limit for the household size (130% of poverty level) by the 10th day of the following month. Actual income is countable earned and unearned income that has not been converted or averaged.

   To determine actual income, households must be advised to total their SNAP household's income at the end of the month. If new individuals are present in the home, their income must be included. If individuals have left the home, their income is not included. If the income of all those present exceeds the original gross income limit for the household size, then the household is required to report the income.

Exceptions:

a. **If at application or review a household is categorically eligible or TANF I & R and income exceeds the gross income limit for the household size (130% of poverty level) and the household is eligible for a benefit, the household is not required to report any change in income.**
b. **If an ongoing case that is categorically eligible or TANF I & R reports a change in income that exceeds the gross income limit for the household size (130% of poverty level), and the household is eligible for a benefit, the household is not required to report any further changes in income.**

Examples:

1. **A household reports actual income that exceeds the 130% gross income limit for its household size and based on this income is not eligible for a benefit. The household anticipates that actual income will continue to exceed the 130% gross income limit. The**

worker must send an advance notice to close the case.

2. **A household of four applies and is approved. The household is informed of the 130% gross income limit for its household size of four and they must report if their income goes over this limit.**

   In month three the household reports a new member with income moved in and income now exceeds the 130% gross income limit for a household size of four. The household remains eligible after adding the new member. The household must now report if their gross monthly income exceeds the 130% gross income limit for a household size of five.

3. **A household with an individual who is disqualified (not elderly or disabled) with no earned income and a disabled individual and is subject to report based on the 130% gross income limit for a household size of 1.**

4. **A three person household is approved and informed to report if their income exceeds the 130% gross income limit for a household size of three. In month three the household reports a new individual moved in with income that results in the household exceeding the 130% gross income limit for a three person household. The household is required to report their income exceeding the 130% gross income limit by the 10th day of month four.**

   Since the new member purchases and prepares meals with the household, the new member and their income are required to be added to the case regardless of the effect on the benefit.

If the household remains eligible by adding the new member and their income, the household must be informed to report if their income exceeds the 130% gross income limit for a household size of four.

If the household is not eligible by adding the new member and their income, the F419 must be sent to determine if the income will continue.

a. **If the household does not respond to the F419, the case must be closed with advance notice unless the change was reported in writing and signed by the household.**

b. **If the household responds and expects the income to continue, the worker must close the case with an advance notice, unless the change was reported in writing and signed by the household.**

c. **If the household responds and does not know if this income will continue, the worker must close the case with an advance notice, unless the change was reported in writing and signed by the household.**

   If the household verifies prior to case closure that gross income is below the 130% GIL for its household size, the worker must revert the case to open and determine eligibility and level of benefits using the newly verified income.

d. **If the household responds and states they do not expect the income to continue, the household must provide verification other than client statement that their income will not continue to**

exceed the 130% gross income limit for their household size.

If the newly verified income results in an increase or decrease in benefits, the change must be acted on as adding an individual and their income meets the criteria to decrease benefits.

5. **Mom, Dad and two children apply and are approved and informed to report if their income exceeds the 130% gross income limit for a household size of four. Dad leaves the home in month four. The household did not report and is not required to report Dad left the home. Dad's income is not included in determining if the household's income exceeds the 130% gross income limit for a household size of four.**

6. **Sally and her daughter Molly live in the same home and purchase and prepare their meals separate from Jill and her son Michael. Both Sally and Molly and Jill and Michael apply and are approved in February as separate households. Both households must be informed to report if their income exceeds the 130% GIL for a household size of 2.**

   Jill and Michael's income is not considered in Sally's case and Sally and Molly's income is not considered in Jill's case as they have been determined to be a separate household.

   In April, Jill's husband Al returns to the home. Al's income results in a household size of two exceeding the 130% GIL. Both Sally and Jill are required to report their income exceeds the 130% GIL for a household size of two.

Since Al is required to be in Jill's case, no changes are made to Sally's case.

If Jill's case remains eligible by adding Al and his income, the household must be informed to report if their income exceeds the 130% GIL for a household size of three.

If Jill's case is not eligible by adding Al and his income, the F419 must be sent to determine if the income will continue.

a. **If they do not respond to the F419, the case must be closed with advance notice unless the change was reported in writing and signed by the household.**

b. **If they respond and expect the income to continue, the worker must close the case with an advance notice, unless the change was reported in writing and signed by the household.**

c. **If they respond and do not know if this income will continue, the worker must close the case with an advance notice, unless the change was reported in writing and signed by the household.**

   If they verify prior to case closure that gross income is below the 130% GIL for their household size, the worker must revert the case to open and determine eligibility and level of benefits using the newly verified income.

d. **If the household responds and states they do not expect the income to continue, they must provide verification other then client statement that their income will not continue to exceed the gross income limit for their household size.**

If the newly verified income results in an increase or decrease in benefits, the change must be acted on as adding an individual and their income meets the criteria to decrease benefits.

7. **A three person household is approved and informed to report if their income exceeds the 130% gross income limit for a household size of three. In month three the household reports a new individual moved in with income that results in the household exceeding the 130% gross income limit for a three person household. The household is required to report their income exceeding the 130% gross income limit by the 10th day of month four.**

   Since the new member purchases and prepares meals separately from the household, the new member and their income are not added. The three person household remains eligible and must report if their income exceeds the 130% GIL for a household size of three. The household does not need to continue to report the new members income monthly as they have been determined to be a separate household.

8. **Heather and John apply for benefits. John is determined to be an ineligible student and set to OU. Heather is approved and informed to report if her income exceeds the 130% GIL for a household size of one. In determining if income exceeds the 130% GIL, Heather only needs to include the portion of John's income that is made available to her.**

2. When a household member is identified as an ABAWD and the household members eligibility is based on working an average of 20

hours weekly, the household must report if the ABAWD's hours decrease below an average of 20 hours weekly.

Example:

A household reports an eligible ABAWD reduced their hours to less than 20 hours weekly. The household anticipates the hours will continue to be less then 20 hours weekly. The worker must send an advance notice to disqualify the individual from the case unless the individual is eligible for Non-Exempt (NE) or Exemption Extension (EE) months.

Action on Reported Changes 430-05-67-15

(Revised 06/01/15 ML3440)

View Archives

When a simplified reporting household reports a change other than one of the mandatory reportable changes, the worker must determine if the change will result in an increase or decrease in benefits.

Exception:

If at application or review, a household verified a change for a future month, the change must not be acted on.

Applications and reviews cannot be pended for verification of a future change and the worker must not request future verification that is not required to process the application or review.

A case is ongoing after the application or review has been processed.

If the result on the benefit is not obvious, the benefit calculator or hand budget must be used. A copy of the benefit calculator or hand budget must be retained in the casefile as documentation of the action taken on the change.

Once a determination has been made on a change and documented, the report of an additional change does not affect the documented change.

Example:

A household reports a change in income on March 5th. The worker, using the benefit calculator, determines the change will result in a decrease in benefits, documents the change was not acted on by putting a copy of the budget in the casefile.

On March 9th the worker receives an IEVS UIB alert. Since the IEVS UIB alert meets the criteria to decrease benefits, the change in unemployment benefits must be acted on to increase or decrease benefits. The change in unemployment benefits is made to the last issued benefit.

If a household reports a change via voice-mail or e-mail on a weekend, a North Dakota Department of Human Services holiday, or after hours, the change is considered reported on the next working day.

If the household's 10 days to provide requested verification falls on a weekend or North Dakota Department of Human Services holiday, and the household provides the verification on the weekend or North Dakota Department of Human Services holiday, the change must be acted on the next working day to determine the effect on the benefit.

Changes Resulting in an Increase in Benefits 430-05-67-15-05

(Revised 06/01/15 ML3440)

View Archives

Any change that results in an increase in benefits must be verified. When verification is not provided, F419 – "Request for Verification" must be sent allowing the household 10 days from the mail date of the notice to verify the reported change.

1. If the household provides verification within the 10-day period, the worker must act on the reported change within 10 days and send the household the appropriate notice.

   If a change that results in an increase in benefits is reported and verified for an ongoing month, the change must be acted on.

   Example:

   Household reports on August 18 they are no longer working. Verification indicates their last paycheck will be received in September. The verified income from their last check will be used for September. The verified change must also be acted on for October by removing this source of income as it will result in an increase in benefits.

2. If the household fails to provide verification within the 10-day period, the previously verified amount of the reported change is used and the benefit stays the same.

   If there is no previously verified amount (i.e. household reports now paying rent and previously had not), no change is made and the benefit stays the same.

3. If the household fails to provide verification within the 10-day period and provides verification at a later date, benefits are increased the month after receipt of the verification.

Examples:

1. **Worker receives an alert for Medicaid that child support was received in the base month for an ongoing case. Using base month child support results in an increase in benefits. The alert must be acted on.**

2. **The annual changes in the Thrifty Food Plan, Gross and Net Income Limits, Standard Deduction, Maximum Shelter Deduction and the Mandatory Utility Standards must be acted on as they will result in an increase in benefits. The household must be notified of their new reporting requirement (Gross Income Limit) at review. The worker must send the appropriate change in benefit notice.**

   If a household reports other changes during the month of September that are being acted on at the same time as the annual changes, the benefit calculator including the annual changes must be used to determine whether the changes will result in an increase or decrease in benefits from the amount the household received in September.

   If the result is an increase in benefits for October, the change must be made to increase October benefits.

   If the changes result is a decrease in benefits, then only the cost of living adjustments are used to increase benefits for October. The remaining changes are not made as this would result in a decrease in benefits.

3. **A household reports that a job ended. The worker must send Notice F419 – Request for Verification – Simplified Reporting. If the household responds and provides the requested information within 10 days of the mailing date of the notice, the change must be acted on to increase benefits and the appropriate notice must be sent to the household.**

If the household fails to provide the requested verification within 10 days, the previously verified amount of income is used and the benefit stays the same.

If the household fails to provide the requested verification within 10 days, but provides it at a later date, benefits are increased the month after receipt of the verification.

4. **Husband, wife and their three children over the age of six apply and are approved. The husband and wife are both working 30 hours per week at the time of application. In month 3 of the review period, the household reports the husband was fired from his job. Since this change will result in an increase in benefits, the change must be verified. The worker sends the F419 requesting verification of the loss of income. The household provides verification from the employer, verifying the individual was fired with no reason given.**

   The income is removed resulting in an increase in benefits. Since this was not a mandatory reportable change, the individual does not have to comply with the work requirements until review.

5. **Single individual with no income applies and is eligible for three NE ABAWD months. The individual is certified for 6 months. The worker sends an advance notice to close the case in the third NE month. On the 21st of the month the individual calls and reports they are working 25 hours per week at minimum wage.**

   Since this will result in an increase in benefits from the case closure, the F419 must be sent to verify the new source of income and hours. If verification is received within 10 days, the individual's participation must be changed to IN and the income added. If the individual fails to provide verification

within 10 days, the case will close at the end of the month.

6. **An eligible ABAWD (working 20 hours per week averaged monthly), reports the loss of a job. The worker sends the F419 to determine if the individual is exempt from the ABAWD requirements for another reason and to verify the loss of income.**

   If the household responds and verifies the loss of income and the individual is exempt for another reason, the worker must act on the reported change to increase benefits by removing the income from the job loss.

   If the household responds and verifies the loss of income and the individual is not exempt from the requirements for another reason, the individual is eligible for up to 3 months (NE or EE months). The income from the job is removed. Once the NE or EE months have been used, the individual's participation code must be changed to "DI". A 10-day advance notice is required.

   If the household does not respond to the F419, the individual is eligible for up to 3 months (NE or EE months). Once the NE or EE months have been used, the individual's participation code must be changed to "DI". No change is made to the income until review.

Changes Resulting in a Decrease in Benefits 430-05-67-15-10

(Revised 06/01/15 ML3440)

View Archives

A worker must not act on changes that will result in a decrease in benefits, unless the change meets the following criteria:

1. The information is obtained or received from:

    a. TPQY

    b. SDX

    c. BENDEX

    d. SAVE information from the United States Citizenship and Immigration Services (USCIS)

    e. IEVS UIB Alerts or UIB Interface

2. When a new application for TANF, TANF Diversion or TANF Pay After Performance is approved in an ongoing SNAP case, the information used to determine the grant along with the grant must be acted on for SNAP regardless of the effect on the benefit.

    In an ongoing case, when changes are reported for TANF that result in a change in the TANF grant, the changes along with the change in the TANF grant must be acted on regardless of the effect on the benefit.

3. Household voluntarily requests case closure.

    If another state calls or sends an e-mail that a household is applying for SNAP in their state, the case must be closed for residency allowing for adequate notice.

4. Household income exceeds the 200% gross income limit for its household size. Case must be closed for excess income with advance notice unless reported in writing and signed by the household.

Exception:

If a TANF I & R household fails the 200% gross income test and includes an elderly or disabled household member, the household is not considered a TANF I & R household and must be tested a second time under regular SNAP rules. Regular SNAP rules require these households to pass the asset test and 100% net income tests only.

If the household fails the asset test, the case must be closed for excess assets. If the household passes the asset test but fails the net income test, the case must be closed for excess income.

5. Households actual base month income exceeds the 130% gross income limit for its household size, the household expects this income to continue and based on this income is not eligible for a benefit.

   If anticipated income exceeds the 130% gross income limit, the household expects this income to continue and based on this income is not eligible for a benefit, the case must be closed based on client statement.

6. Households subject to the asset test that fail the asset limit. Case must be closed for excess assets with advance notice unless reported in writing and signed by the household.

7. Household reports a change that brings an ABAWD's hours below 20 hours weekly averaged monthly.

8. A household member who has used their ABAWD benefit months (NE or EE).

9. Determination of these disqualifications:

   - IPV
   - Drug felonies
   - Fleeing felons
   - Failure to comply with JOBS and BEST

10. The worker becomes aware of information from any source that all household members have died. Adequate notice is required.

11. Household reports the addition of a new household member or loss of a household member.

    - A 'new' household member is an individual that has never been reported as living with the household.

      If a household reports a member with a current participation code of 'OU', is now eligible to participate as a member of their SNAP household, this change does not meet criteria to decrease benefits. This change would only be acted on during the review period if it resulted in an increase in benefits.

      EXAMPLES:

      1. **An ineligible student who is now eligible to participate.**
      2. **A household reports an individual who had been residing with them is now eating the majority of their meals as part of their household.**

    - If the household reports that all household members have moved out of state, the case must be closed for loss of residency allowing for adequate notice.
    - If a household reports the addition of a household member who is receiving benefits in another SNAP case, the individual must be removed from the case before being added to the new case. If removing the individual results in a decrease in benefits, a 10-day advance notice is required unless the change was reported in writing and signed by the household the individual is being removed from. This could include a written and signed statement from the individual being removed if they are a responsible adult household member.
    - If a household reports a household member has entered an institution such as a long term care facility, Burdick Job Corp.

12. If a household or a household member applies for the Food Distribution (Tribal Commodities) Program.

13. If a household chooses to have a one-time medical expense used for the next month, the expense must be removed for the following month regardless of the effect on the benefit.

14. When household reports a change resulting in the loss of medical expense deductions and capped shelter costs as an individual is no longer disabled.

15. When the household reports the primary individual that is not the spouse dies, the case must be closed using the other reason (OT) code. The remaining household members must reapply in order to continue to receive benefits.

    If the primary individual moves out of the home, the remaining household members must be removed from the primary individual's case and reapply in order to continue to receive benefits. The primary individual's case remains open unless it is determined the primary individual is ineligible.

16. When an error is made in a case and corrective action results in a future month decrease or allotment reduction due to an overpayment.

17. When the worker sends the F814 – Claims/Required Verification to obtain verification needed to complete a claim, the F401 must be sent to close the case if the household fails to respond.

18. When the household received a closing notice and later reports a change that results in continued eligibility, the change must be acted on regardless of the effect on the benefit.

19. When a household refuses to cooperate with Quality Control. Quality Control will notify the worker. The worker must terminate the household's eligibility. A 10-day advance notice is required.

    If the reported change meets the criteria to decrease benefits, it must be acted on within 10 days from the date the change was reported and a 10-day advance notice must be sent. If the change is reported in writing and signed by the household, a 10-day advance notice is not required. Adequate notice is required.

If a household reports a change that meets the criteria to decrease benefits and other changes, the worker must use the benefit calculator to determine whether the multiple changes result in an increase or decrease in benefits.

If the multiple changes result in an increase in benefits, verification must be requested and all verified changes must be acted on.

If the multiple changes result in a decrease in benefits, then only the change(s) that meet the criteria to decrease benefits are acted on. The change(s) that meet the criteria to decrease benefits may then result in a decrease, increase or no change in benefit. The worker must document other changes were not acted on as they resulted in a decrease in benefits and did not meet the criteria.

If the multiple changes result in no change in benefits, then only the change(s) that meet the criteria to decrease benefits are acted on.

Examples:

1. Mom and her two children are receiving benefits in one county. Dad is receiving benefits in another county. Dad reports one of the children came to live with him and would like the child added to his case. A 10-day advance notice is required to remove the child from Mom's case. The child must be added to Dad's case the month the child is removed from Mom's case.

2. An ongoing case received a $300 benefit for the month of October. The household reports an increase in their income due to a new source which results in their income exceeding the 130% GIL for their household size. The household expects this income to continue and using this income results in the household not being eligible for a benefit. The worker sends advance notice to close the case on October 8.

   On October 25, the household reports and verifies a change in the new source income. Based on the change, the household is eligible for a $200 benefit. The change must be acted on for November benefits. Advance or adequate notice is not required as receiving a benefit is an increase from the case closure.

3. An ongoing case reports that a household member left the home on October 4. The individual must be removed from the case when determining eligibility and level of benefits

for November. If the change results in a decrease in benefits, a 10-day advance notice is required. If the change is reported in writing and signed by the household, a 10-day advance notice is not required. Adequate notice is required.

4. The worker is notified on October 10 that an individual in an ongoing case is disqualified for an intentional program violation. The participation code for the disqualified individual must be changed to "DF" and the IPV disqualification is imposed for November. Adequate notice is required.

5. Household consisting of a husband and wife initially apply on November 3. The husband is employed 35 hours a week. The wife is not working and is eligible to receive three non-exempt (NE) ABAWD months. The household is certified for 6 months. The first NE month for the wife is December. In the third month (February), the wife's participation code must be changed to DI when working March benefits. A 10 day advance notice is required.

6. In month three of an ongoing case, the worker discovers they failed to convert income at the time of application. A claim is completed using the corrected converted amount of income. Allotment reduction is used to recoup the claim resulting in a decrease in benefits.

7. Application for review filed in November for December benefits. Household consists of husband and wife who have both received their three NE month. At review, the wife reports she is pregnant and the husband is now working 40 hours per week. The case is certified with both eligible. In December, household reports husband lost his job. The worker sends notice F419 to determine if the individual is exempt for another reason. The household responds and indicates the individual is not exempt. Since the household is required to report if an ABAWDS hours decrease below 20 hours per week and the change meets the criteria to decrease benefits, the change must be acted on by removing the income and changing the husband's participation to DI. This change must be

acted on without verification as it meets the criteria to reduce benefits.

In January household reports husband found a new job and anticipates working 25 hours per week at minimum wage. Based on this information, the change will result in an increase in benefits. The worker sends the F419 requesting verification of the new job and hours. If the household provides the verification, the change must be acted on to increase benefits.

If after verification is received, the change would result in a decrease in benefits, the change is not acted on (husband remains DI with no income) until review.

8. Single individual with a 10-year-old is exempt from the work requirements at the time of application as they are working full time. Individual reports they lost their job. Worker sends F419 for verification of the terminated income. Household provides statement from employer that verifies the terminated income but does not substantiate a voluntary job quit. The change in income must be acted on as it results in an increase in benefits.

The SFN 385 or SFN 353 must be completed at the time of review, as this is not a mandatory reportable change.

9. Single individual applies in December and reports they plan on applying for unemployment benefits. Individual was entitled to expedited benefits and approved without postponed verifications for the benefit months of December and January. January is the individual's first NE month. In January when working February benefits, the worker received an IEVS UIB alert indicating the individual received two unemployment checks in December. IEVS UIB meets the criteria to decrease benefits and must be acted on for February. The individual must also be changed to an exempt ABAWD for February.

10. Household reports on January 25th that base month income exceeded the 130% GIL for its household size in December and the worker determines the household is not eligible for a benefit. The worker must send the F419 to determine if the income will continue to exceed the 130% GIL and request verification if it is not expected to continue, allowing the household 10-days to respond.

February benefits are authorized with the same income used for January.

a. If the household does not respond to the F419, the case must be closed for excess income the end of February.

b. If the household responds and expects the income to continue, the worker must close the case with an advance notice the end of February, unless the change was reported in writing and signed by the household.

c. If the household responds and does not know if this income will continue, the worker must close the case with an advance notice the end of February, unless the change was reported in writing and signed by the household.

If the household verifies by the last working day of February that gross income is below the 130% GIL for its household size, the worker must revert the case to open and determine eligibility and level of benefits for March using the newly verified income.

d. If the household responds and states they do not expect the income to continue, the household must provide verification other then client statement that their income will not continue to exceed the 130% GIL for their household size.

If the newly verified income results in an increase in benefits, the change must be acted on.

If the newly verified income results in a decrease in benefits, the change must not be acted on until review.

11. ABAWD receiving their NE months reports they started a job and are working at least 20 hours per week averaged monthly. The worker must send the F419 for verification of the new job and hours the individual is working. If the verification indicates the individual is now an eligible ABAWD working 20 hours per week averaged monthly, the individual's ABAWD status must be changed to exempt (HR on the ABRE screen) for the following month.

If the income verification is provided and using the income results in a decrease in benefits, the change in income is not acted on until review.

If the household does not respond to the F419, the individual is eligible for up to 3 months (NE or EE). Once the NE or EE months have been used, the individual's participation code must be changed to "DI". A 10-day advance notice is required unless the change was reported and signed by the household

12. Household is certified with income over the 130% GIL and they are eligible for a benefit. The household is not required to report any changes in income. The worker received a child support alert and uses base month child support to determine the effect on the benefit. Based on the household's other income and the child support income, the household is no longer eligible for a benefit. The worker must send the F419 to determine if the increase in income is going to continue and to request verification if the income is not expected to continue.

a. If the household does not respond to the F419, the case must be closed for excess income.

b. If the household responds and expects the income to continue or does not know if the income will continue, the worker must close the case with an

advance notice, unless the change was reported in writing and signed by the household.

If the household verifies by the last working day of February that gross income is below the 130% GIL for its household size, the worker must revert the case to open and determine eligibility and level of benefits, using the newly verified income.

c. If the household responds and states they do not expect the income to continue, the household must provide verification other then client statement that their income will not continue to exceed the 130% GIL for their household size.

If the newly verified income results in an increase in benefits, the change must be acted on.

If the newly verified income results in a decrease in benefits, the change must not be acted on until review.

If the reported change does not meet the criteria to decrease benefits, the worker must not ask for verification or follow-up on the change. The worker must document why additional information is needed. The change is acted on at review.

Information/changes that do not meet the criteria include, but are not limited to:

1. ND Child Support (FACSES)
2. New Hire Matches
3. Employer verification signed by the employer, income tax forms or a report from a self-employed household
4. Mail returned by the Postal Service with an unknown or out-of-state address

NOTE: If mail is returned with an out of state address, the address should be updated in TECS to ensure the household continues to receive proper notification.

5. Day care billing forms
6. Household report of a new job or increased income
7. Wage stubs, checks from UIB, Workforce Safety, Child Support, SSA/SSI
8. Reading information in a newspaper
9. Becoming aware of a client working

Examples:

1. Worker receives an alert that child support was received in the base month for an ongoing case. Using base month child support would result in a decrease in benefits. The change is acted on at review.

2. A SNAP only household reports and verifies a new source of income. This income along with all other countable income does not exceed 130% of poverty for the household size. As this change will result in a decrease in benefits and does not meet the criteria, the change is not acted on until review.

3. An individual was DW at the time of application for a job quit. In the third month of the review period, the individual reports a new job and provides their first paycheck. Changing the individual to IN and adding their income results in a decrease in benefits. The individual's participation is not changed and the income is not added until review.

4. Application is approved for a 45 year old dad not working and his 17 year old son who is a full time student with earned income. In month three of the review period the 17 year old will turn 18. No change is made to the case as adding the income will result in a decrease in benefits. The dad is an eligible ABAWD until review as no change was reported.

5. Ongoing SNAP/Medicaid case includes an eligible student. The household reports a change in income that results in an increase in benefits, as the student is no longer working an average of 20 hours per week. The change in income must be acted on as it results in an increase in benefits. Because the student may be eligible for another reason and student status is not a mandatory reportable change, the student remains eligible until review.

Combination Cases 430-05-67-15-15

(Revised 06/01/15 ML3440)

View Archives

Combination Medicaid Cases

The worker must determine if a change reported for Medicaid results in an increase or decrease in SNAP benefits using the following procedures:

1. Enter the verified changes on the benefit calculator or do a hand budget.
2. If the changes result in an increase in benefits, the changes must be made to the case in TECS.

Exception:

In combination SNAP/MA cases when processing the cost of living adjustment changes in December of each year, if the recipient liability is being averaged, do not change the amount allowed as a medical expense deduction for SNAP purposes. The change is not acted on until review.

3. If the changes results in a decrease in benefits, the changes are not acted on until review and benefits continue as previously authorized. A copy of the benefit calculator or hand budget must be retained in the casefile.

Exception:

If the change meets the criteria to decrease benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

Examples:

1. **In a combination SNAP/MA case if the entire recipient liability is being allowed as a medical expense deduction**

and it changes as a result of a change in income reported by the household, change the amount of income being used and allow the new recipient liability if it results in an increase in benefits.

If the change in income reported by the household and resulting change in recipient liability results in a decrease in benefits, the change is not acted on until review.

If MA closes for RL not being met, and this results in a decrease in benefits, do not remove the RL amount until review.

2. **Ongoing SNAP/MA case. Client is paid weekly and provides four of the five pay stubs from the base month. The fifth pay stub is not required by Medicaid. The worker must use the four pay stubs to convert the income. If the change results in an increase in benefits, the change must be acted on.**

   If the change results in a decrease in benefits, the change is not acted on and the benefits stay the same.

3. **Ongoing SNAP/MA case. Client resides in a group home and each month the case manager provides a listing of earnings for individuals in the group home to the county office. If the change results in an increase in benefits, the change must be acted on.**

   If the change results in a decrease in benefits the change is not acted on until review.

4. **Ongoing SNAP/MA case. Household provides base month and all of the processing month pay stubs. The processing month pay stubs must be used to determine the effect on the benefit, as it is the most current information.**

5. **Ongoing SNAP/MA case. Household provides pay stubs for Medicaid. Actual income on the pay stubs is not over the gross income limit. Worker converts the income as**

the individual is paid biweekly which results in the converted income exceeding the gross income limit.

If the household is eligible for a benefit, no change is made, as it would result in a decrease in benefit. The worker must send the F741- HH Over GIL and Eligible - Reporting Requirement - Ongoing Case to the household.

If the household is not eligible for a benefit, the worker must send the F419 - Request for Information to determine if the income will continue.

a. If the household responds and indicates the income will continue or the household does not respond, the case must be closed for excess income.

b. If the household responds and states they do not know if the income will continue to exceed the gross income limit for the household size, the case must be closed.

If the household verifies by the last working day of the processing month that gross income is below the gross income limit for the household size, the worker must revert the case to open and determine eligibility and level of benefits based on the newly verified income.

c. If the household responds and states they do not expect the income to continue, the household must provide verification other than client statement that their income will not continue to exceed the gross income limit for their household size. If the household does not provide the verification, the last reported converted income is used to close the case.

If the household provides the verification and the newly verified income results in an increase in benefits, the change must be acted on

If the household provides the verification and the newly verified income results in a decrease in benefits, the change must not be acted on until review.

Combination TANF Cases

When a new application for TANF, TANF Diversion or TANF Pay After Performance is approved in an ongoing SNAP case, the information used in determining the grant along with the grant must be acted on for SNAP regardless of the effect on the benefit.

In an ongoing case, when changes are reported for TANF that result in a change in the TANF grant, the changes along with the change in the TANF grant must be acted on regardless of the effect on the benefit.

When changes are reported for TANF that do not result in a change in the TANF grant, the changes are not acted on unless they result in an increase in benefits.

Exception:

If the change meets one of the other criteria to reduce benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

When multiple changes are reported and some but not all result in a change in the TANF grant, they are acted on as follows:

- If using the multiple changes including the change in the TANF grant results in an increase in SNAP, act on all the changes.
- If using the multiple changes including the change in the TANF grant results in a decrease in SNAP, then only the changes that result in the change in the TANF grant and the changed TANF grant must be acted on.

Exception:

If the change meets one of the other criteria to reduce benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

Changes reported for Diversion, Transition or ineligible caretaker cases do not result in a change in the grant. For SNAP, these changes are not acted

on unless they result in an increase in benefits. The grant continues to be used for SNAP at the same amount.

Exceptions:

1. If the change meets one of the other criteria to reduce benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.
2. If the children in an ineligible caretaker case have income that changes and these changes result in a change in the grant, the change in income and the change in the grant must be acted on regardless of the effect on the benefit.
3. In an ineligible caretaker case, if the parent of the children moves into the home, this will result in a change in the grant and must be acted on regardless of the effect on the benefit.

Examples:

1. Ongoing TANF/SNAP case. The household reports a change in income. The change in income results in a decrease in the TANF grant. The increased income and the decreased TANF must be acted on for SNAP regardless of the effect on the benefit, as they meet the criteria to decrease benefits.
2. Ongoing TANF Diversion/SNAP case. The household reports a change in income. The change in income does not result in a change in the TANF Diversion grant. The change in income does not meet the criteria to decrease benefits. If the change in income results in an increase in SNAP, the change must be acted on. If the change in income results in a decrease in benefits, the change must not be acted on as it does not meet the criteria to decrease benefits.
3. Ongoing TANF/SNAP case. The household reports a change in income and a change in rent. The change in income results in a decrease in the TANF grant. The change in rent does not affect the TANF grant. If the change in income, the change in the TANF grant and the change in rent results in an increase in benefits, all of the changes are acted on. If the change in income, the

change in the TANF grant and the change in rent result in a decrease in benefits, the change in income and the change in the TANF grant must be acted on as they meet the criteria to decrease benefits. The change in rent is not acted on until review.

In this scenario, the change in rent would be acted on if the household moved into or out of subsidized housing as it affects the TANF grant and meets the criteria to decrease benefits.

4. Ongoing SNAP/TANF case. The household received a grant of $328 in January. The household files their monthly report in February for March benefits. Based on the monthly report, the household would have received a grant of $328 for March also.

However, mom is sanctioned for March so the March TANF grant without mom's needs is $163. Since mom is not exempt from the work requirements for another reason, mom is disqualified for SNAP. SNAP benefits cannot be increased as a result of a sanction for TANF so the full $328 grant must be used.

5. Ongoing SNAP/TANF case. The household received a grant of $300 in February. The household files their monthly report in February for March benefits and reports and verifies a change in income. Based on the monthly report, the household would have received a grant of $375 for March.

However, mom is sanctioned for March so the March TANF grant without Mom's needs is $163. Mom is not exempt from the work requirements for another reason, so mom is disqualified for SNAP. Since the change in income reported on the monthly report resulted in a change in the TANF grant, the change in income must be acted on for SNAP. SNAP benefits cannot be increased as a result of a sanction for TANF so the full $375 grant must be used.

6. Ongoing SNAP/TANF case. Mom is sanctioned on 12/24/08 for January benefits due to her failure to comply with JOBS. As mom is not exempt from the work requirements for another reason, an adequate notice to impose the disqualification for

SNAP must be sent on the same day as the TANF adequate notice. Mom also failed to complete a TANF monthly report for December and as a result, the TANF case closed the end of December. The full TANF grant must be anticipated for January as there is a history of late reporting for TANF.

7. Ongoing SNAP/TANF case. Mom is an eligible student due to receipt of TANF. TANF is closing the end of January due to excess income as a result of an increase in unearned income.

For SNAP, since the income change resulted in the change in the TANF grant, the change in income must be acted on and the TANF grant must be removed for February benefits.

Mom remains an eligible student for SNAP as we cannot determine if mom would be eligible as a student for a reason other than receipt of TANF until review.

8. Ongoing SNAP/TANF case. The household consists of mom, her kids, boyfriend and their child in common. Mom reported she started a job in November and received 2 pay checks in November. However, the job does not meet the employability plan and as a result TANF is closing the end of December due to the JOBS sanction progressing to close. As mom is not exempt from the SNAP work requirements for another reason, mom was disqualified and remains disqualified for SNAP. Mom also reported that boyfriend had an in increase in his wages in November.

For SNAP, if the change in income for mom, the change in income for boyfriend and removing the TANF grant results in an increase in benefits, the changes must be acted on.

If the change in income for mom, the change in income for boyfriend and removing the TANF grant results in a decrease in benefits, then only the TANF grant is removed. Since the changes in income do not result in a change in the TANF grant, the changes in income do not meet the criteria to decrease benefits and are not acted on until review.

9. Ongoing SNAP case. The household applies for TANF and is approved as an ineligible caretaker case. Since the ineligible caretaker's income is not used in determining the TANF grant, the caretaker's income does not meet the criteria to decrease benefits. If the ineligible caretaker's income is provided at the time of application for TANF, and using the caretaker's income along with the TANF grant results in an increase in benefits for SNAP, the income and the grant are acted on. If using the caretaker's income results in a decrease in benefits, only the TANF grant is used for SNAP.

For ongoing months, if the ineligible caretaker reports income on the monthly report, the income is only used if it results in an increase in SNAP as the income does not change the TANF grant.

10. Ongoing SNAP/TANF case. A source other than the household reports the household moved out of state in December. TANF is closed the end of December as the household did not file a monthly report. Since the change in the TANF grant was due to failure to monthly report, the TANF grant is removed in determining January benefits as there is no history of late reporting. The SNAP case continues until review.

11. Ongoing SNAP/TANF case. The caretaker reports fluctuating income monthly and is also paying child support for a child outside of the home. The amount of the child support changes monthly as it is based on her earnings (withholding cannot be more than ½ of net income). The base month child support withheld is allowed as an expense for TANF and affects the amount of the TANF grant each month. Since the fluctuating income and the child support expense result in a change in the TANF grant, the change in income, the child support and the change in the TANF grant must be acted on regardless of the effect on the benefit.

In January, the caretaker reports missing one pay check in the base month due to the holidays in December but anticipates receiving a full month's income in February. A full month's income and child support expense must be anticipated when determining February benefits.

12. Ongoing SNAP/TANF case. The household has a history of late monthly reporting and did not file a monthly report by 12/27/08. The 12/08 grant of $328 is anticipated when working 01/09 SNAP benefits.

On 12/31/08 the household files a monthly report and reports a new job with verified partial month income of $442 received in 11/08. The 01/09 TANF grant of $197 is issued on 01/05/09.

The household has not filed their monthly report by advance notice deadline in January, the $197 grant must be anticipated for 02/09 benefits as the household continues to have a late history of monthly reporting for TANF. A full months income from the new job must be anticipated for February as the new income results in a change in the TANF grant and SNAP benefits are prospectively budgeted.

13. Ongoing SNAP/TANF case. The household reports new employment beginning in January on the monthly report filed in January. As the new income is retro budgeted and will not result in a change in the TANF grant for February, the change in income cannot be used for SNAP.

In February when working TANF, the base month income from January is used in determining the TANF grant for 03/09. As the change in income results in a change in the TANF grant, the change in income and the change in the grant are used in determining SNAP for 03/09. A full months income is used as SNAP benefits are prospectively budgeted.

Whenever a change results in the reduction or termination of a household's TANF benefits within the household's SNAP review period, the worker must make a separate determination for SNAP eligibility. A worker must not terminate a household's SNAP benefits solely because the TANF case has closed.

When a household has not submitted a completed TANF monthly report by the third to the last working day of the month, the TANF grant must not be counted prospectively to determine SNAP benefits.

Exception:

If there is a two immediate prior consecutive month history, which could include the processing month, of late or incomplete monthly reporting for TANF, the TANF grant must be counted prospectively to determine SNAP benefits. Monthly reports for TANF are due on the fifth of the month or the first working day after the fifth of the month if the fifth falls on a weekend or North Dakota Department of Human Services holiday. A TANF monthly report received after the due date is considered a late report.

Example:

Ongoing TANF/SNAP case. The household files a monthly report for TANF on August 10 and September 20. As of October 29, the TANF monthly report has not been filed. On October 29 the worker is processing November SNAP benefits. The TANF grant must be anticipated for November.

When a TANF household changes from TANF Diversion to TANF or from TANF to TANF Diversion, a TANF grant is anticipated as follows:

1. A household received four months of TANF Diversion Assistance and a closing notice is sent in month four. The household submits a TANF monthly report in month four and a Request for Benefits. A TANF grant must be anticipated and counted for month five.
2. A household received four months of TANF Diversion Assistance and a closing notice is sent in month four. The household submits a TANF monthly report in month four but does not submit a Request for Benefits. A TANF grant is not anticipated or counted for month five.
3. A household received four months of TANF Diversion Assistance and a closing notice is sent in month four. The household does not submit a TANF monthly report in month four but does submit a Request for Benefits. A TANF grant is not anticipated or counted for month five.
4. A household received four months of TANF Diversion Assistance and a closing notice is sent in month four. The household does not submit a TANF monthly report or a Request for Benefits in month four. A TANF grant is not anticipated or counted for month five.
5. A household received two months of TANF. The household submits a Request for Benefits and a TANF monthly report in month two to be

changed to TANF Diversion. A TANF grant must be anticipated and counted for month three.

If a change is made to the TANF case after authorizing SNAP and it results in the TANF case closing, the worker must revert TANF to close and reauthorize the SNAP case as the household is no longer considered categorically eligible.

If a change in household circumstances requires a reduction or termination in the TANF grant and the worker has sufficient information to determine how the change affects the household's SNAP eligibility and benefit level, the worker must take the following actions:

1. If the change requires a reduction or termination of SNAP benefits, the worker must issue adequate notice or advance notice for both the TANF and SNAP actions on the same day. If the household requests a fair hearing within the period provided by the notice, the worker must continue the household's SNAP benefits on the basis authorized immediately prior to sending the adequate or advance notice.

   If a fair hearing is requested for both programs, the hearing must be conducted according to TANF procedures and timeliness standards.

   If the SNAP review period expires before the fair hearing process is completed, the household must reapply for SNAP benefits.

2. If the change will result in an increase in benefits as a result of the reduction or termination of the TANF grant, the worker must issue the TANF advance notice, but must not take any action to increase the household's SNAP benefits until the household decides whether it will appeal the TANF advance notice.

   If the household appeals and the TANF grant is continued, the household's SNAP benefits must continue at the previous level.

   If the household does not appeal, the worker must act on the changes along with the change in the TANF grant. The 10-days for the worker to act on the increase is calculated from the date the TANF advance notice period expires.

Examples:

1. **Ongoing TANF/SNAP case. The household reports an increase in earned income on the TANF October 5 TANF monthly report. The change results in a decrease in the TANF grant. The increased earned income and the decreased TANF grant must be acted for November benefits allowing for adequate notice as the change meets the criteria to decrease benefits.**
2. **Ongoing TANF/SNAP case. The household reports a household member left the home on October 25. Since the change will result in a decrease in TANF and requires advance notice for both TANF and SNAP, the household member must be removed and the decreased TANF grant must be anticipated for December benefits. The TANF advance notice and the SNAP advance notice must be issued on the same day.**

Whenever a change results in the reduction or termination of the TANF grant and the worker does not have sufficient information to determine how the change affects SNAP eligibility and benefit level (such as an absent parent returning to the household and the household asked to have its TANF case closed without providing any information on the income of the new household member), the worker must take the following action:

1. If the situation requires a reduction or termination of the TANF grant and requires a TANF advance notice, the worker must issue F419 - Request for Information at the same time it sends a TANF advance notice giving the household 10 days from the mail date to provide the needed information. Before taking further action, the worker must wait until the TANF advance notice period expires, or until the household requests a fair hearing, whichever occurs first.

    a. If the household requests a fair hearing and elects to have the TANF grant continue pending the appeal, the worker must continue SNAP benefits at the same level.

    b. If the household does not request a fair hearing and provides the information requested, the worker has 10 days to act on the changes and the change in the TANF grant allowing for advance or adequate notice.

c. If the household does not request a fair hearing and fails to provide the information, only the change in the TANF grant is acted on allowing for advance or adequate notice.

2. If the situation does not require a TANF advance notice, the worker must send F419 giving the household 10 days from the mail date to provide the needed information. If the household provides the requested information within the 10 days, the worker has 10 days to act on the information allowing for advance or adequate notice.

   If the household fails to provide the requested information, only the TANF grant is removed when determining SNAP benefits.

   Example:

   Ongoing TANF/SNAP case. Household reports on October 5 the absent parent returned to the household and asked to have their TANF case closed. The worker must send the F419 on the same day the TANF advance notice to close is sent allowing the household 10 days to provide the information for the absent parent.

   The household provides the information on October 10. The worker must not act on the changes until October 15. If the household does not request a fair hearing for TANF, the change to add the absent parent and remove the TANF grant must be acted on.

Unclear or Insufficient Information to Make a Benefit Determination 430-05-67-15-20

(Revised 11/01/13 ML3384)

View Archives

Whenever a worker receives unclear or insufficient information from a household and the worker is unable to determine the effect on the benefit, the worker must pursue clarification and verification of household circumstances using the following procedures:

1. The worker must send Notice - F419 "Request for Verification" to the household clearly advising the household of the verification it must provide or the actions it must take to clarify its circumstances. The household must be allowed 10 days from the mailing date of F419 to respond and to clarify its circumstances either by telephone or by correspondence.
2. If the household responds and provides sufficient verification within the 10-day period and it results in an increase in benefits, the worker must act on the reported change within 10 days and send the household the appropriate notice.
3. If the household fails to provide verification within the 10-day period, the previously verified amount of the reported change is used and the benefit stays the same.

If there is no previously verified amount (i.e. household reports paying rent and previously had not), no change is made and the benefit stays the same.

Example:

1. **20 year old single individual is approved for SNAP and informed to report if her income exceeds the 130% GIL for a household size of one. During the review period, the 20 year old moved in with mom. The 20 year old must include mom's income in determining if her income exceeds the 130% GIL for a household size of one.**

The 20 year old reports the move to the worker. The worker must send the F419 for the information needed to add mom to the 20 year olds case. If the household responds, mom is added to the 20 year olds case. The worker must then send the F741 –Household Over Gross Income Limit and Eligible- Reporting Requirement (Ongoing Case) or F742 – Household Under Gross Income Limit Reporting Requirement (Ongoing Case), whichever is appropriate, informing the household of their new reporting requirement based on the increased household size.

If the household fails to respond, the case continues until review.

2. **Boyfriend and girlfriend living in the same home apply for SNAP and are determined to be separate households and were approved for benefits. Since separate household status was established at the time of application, they do not need to include each other's income in determining if their income exceeds the 130% GIL.**

   During the review period, girlfriend reports they were married. The worker must send the F419 for the information needed to add boyfriend to girlfriend's case. If the household responds, the boyfriend is added to the girlfriend's case after allowing for advance notice to close the boyfriend's case. The worker must then send the F741 or F742, whichever is appropriate, informing the household of their new reporting requirement based on the increased household size.

   If the household fails to respond, the cases continue until whichever household is required to complete the first review.

4. If the household provides the verification at a later date and the change results in an increase in benefits, benefits are increased the month after receipt of the verification.

   Example:

   If a household reports an ongoing decrease in income on October 15, the worker must send notice F419 to the

household. If the household does not respond within 10 day of the mailing date, the reported and unverified change is not acted on when determining eligibility and level of benefits for November. The benefit stays the same.

On November 16, the household provides verification of the previously reported and unverified ongoing decrease in income. When determining eligibility and level of benefits for December, the verified change is made as it results in an increase in benefits.

5. If the household responds and provides sufficient information/verification or provides sufficient information/verification at a later date and the change results in a decrease in benefits, the change must not be acted on until review.

Exception:

If the change meets the criteria to reduce benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

Example:

Ongoing SNAP/MA case. Client is paid twice a month and provides only one pay stub from the base month or provides a pay stub from the base month and one pay stub from the processing month. Year to date totals can be used. The worker sends notice F419 requesting additional information, because we cannot determine the effect on the benefit. If the household provides the second pay stub from the base month, the worker must determine if base month income results in an increase or decrease in benefits. If base month income results in an increase in benefits, the income must be used. If base month income results in a decrease in benefits, the income is not used. The previously verified amount of income is used.

If the household fails to provide the second pay stub from the base month, the previously verified amount of income is used.

Action on Multiple Reported Changes 430-05-67-15-25

(Revised 11/01/13 ML3384)

View Archives

If a household reports multiple changes that result in a decrease in benefits or no benefit change, the changes must not be acted on until review.

Exceptions:

1. **If a household reports changes during the month of September that are being acted on at the same time as the annual changes that result in a decrease in benefits, then only the cost of living adjustments are used to increase benefits for October.**
2. **If a household reports a change that meets the criteria to decrease benefits and other changes that result in a decrease in benefits or no change, then only the change(s) that meet the criteria to decrease benefits are acted on. The change(s) that meet the criteria to decrease benefits may then result in a decrease, increase or no change in benefits. The worker must document other changes were not acted on as they resulted in a decrease in benefits and did not meet the criteria.**

   If the changes meet the criteria to decrease benefits, the changes must be acted on within 10 days from the date the changes were reported and a 10 day advance notice must be sent. If the changes are reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

If a household reports multiple changes that result in an increase in benefits or the benefit determination is unclear, the changes must be verified. If the household does not provide verification, the F419 – "Request for Verification" must be sent allowing the household 10 days from the mail date of the notice to verify the reported changes.

1. If the household provides verification of one, some or all of the reported changes within the 10-day period and it results in an increase in benefits, the worker must act on the verified change(s) within 10 days

and send the household the appropriate notice. Changes that are not verified are not acted on.

2. If the household fails to provide verification of any of the reported changes within the 10-day period, the reported changes are not acted on, the previously verified amount is used and the benefit stays the same.
3. If the household provides verification of one, some or all of the reported changes at a later date and the changes result in an increase in benefits, benefits are increased the month after receipt of the verification.
4. If the household responds and provides sufficient information/verification of one, some or all reported changes or provides sufficient information/verification at a later date and they result in a decrease in benefits, the changes must not be acted on until review. Changes that are not verified are not acted on.

Exceptions:

1. **If a household reports changes during the month of September that are being acted on at the same time as the annual changes that result in a decrease in benefits, then only the cost of living adjustments are used to increase benefits for October.**
2. **If a household reports a change that meets the criteria to decrease benefits and other changes that result in a decrease in benefits or no change, then only the change(s) that meet the criteria to decrease benefits are acted on. The change(s) that meet the criteria to decrease benefits may then result in a decrease, increase or no change in benefit. The worker must document other changes were not acted on as they resulted in a decrease in benefits and did not meet the criteria.**

   If the change meets the criteria to decrease benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

Examples:

1. **A household reports the loss of a job and new employment. The worker sends Notice F419 requesting verification of new source and terminated source income. The household provides the last day of work and the final pay check (including any vacation pay) for the job loss and the number of hours they will be working, dates they will be paid and the first pay check that includes the hourly wage for the new source of income. The changes do not put the household over the 130% gross income limit. If the changes result in an increase in benefits, the changes must be acted on.**

   If the changes result in a decrease in benefits, the changes are not acted on. The changes must be acted on at review.

   If the household fails to provide verification of any of the reported changes within the 10-day period, the reported changes are not acted on, the previously verified amount is used and the benefit stays the same.

2. **A household reports the loss of a job and new employment. The worker sends Notice F419 requesting verification of new source and terminated source income. The household provides the last day of work and the final pay check (including any vacation pay) for the job loss but does not provide verification of the new source of income. Removing the income from the job loss results in an increase in benefits and must be acted on. The new source income is not acted on until review.**

3. **A household reports a new household member, a change in rent and a change in income. The worker is unclear what effect these changes have on the benefit and sends the F419 for verification needed to add the new household member, the change in rent and the change in income.**

   If the household verifies the changes and they result in an increase in benefits, the changes are acted on.

If the household verifies the changes and they result in a decrease in benefits, only the new household member is added as adding a new household member meets the criteria to decrease benefits.

4. **A SNAP/MA household reports and verifies a change in earned income and resulting change in child care costs and reports a change in rent but does not provide verification. The worker also receives an SDX alert indicating a change in SSI income of a household member. The worker determines these changes result in an increase in benefits and sends the F419 allowing the household 10 days to provide verification of the rent expense.**

   If the household fails to provide verification within 10 days, the worker must react to the verified changes in earned income, child care costs and SSI income. The change in rent is not acted on as it was not verified.

   If the household provides verification, all changes must be acted on to increase benefits.

   If after verification is received, the changes result in a decrease in benefits, only the change in SSI income is made as it meets the criteria to decrease benefits. The remaining changes must be acted on at review.

5. **SNAP/ME case with multiple changes:**

   a. **August 1, the worker receives a FACSES alert indicating child support was received in July.**

   b. **August 9, the worker receives an SDX alert indicating a change in SSI for a child in the case.**

   c. **August 17, mom reports her job ended and provides her last check.**

   On August 17, the worker enters base month child support income and the change in SSI income on the benefit calculator to determine the effect on the

benefit. Mom's earned income is not used as the last check is not questionable and verifies the job end.

If the changes result in an increase in benefits, the changes must be acted on.

If the changes result in a decrease in benefits, only the change in SSI income is entered into TECS as the SDX alert meets the criteria to decrease benefits.

On August 20, dad reports he is receiving UIB and reports he received his first check on August 19. The worker determines this change will result in a decrease in benefits and it is not acted on as it does not meet the criteria to decrease benefits.

If the worker had not taken action on any of the changes prior to August 20, then all changes would be considered when determining the effect on the benefit.

6. **SNAP only household. On August 7 the husband reports he quit one of his two jobs. On August 10, the husband provides 1 of two paystubs from the job he is currently employed at.**

   The worker sends the F419 allowing the household 10 days to provide verification of the terminated source income and the remaining paystub from the current employment.

   If the household fails to provide the verifications, no changes are made.

   If the household provides the verifications, the changes are acted if they result in an increase in benefits. If the changes result in a decrease in benefits, the changes are not acted on until review.

7. **SNAP/ME household provides pay stubs and a childcare billing form. The worker uses the benefit calculator to determine the effect on the benefit. The result is no change in the benefit amount.**

Since there is no change to the last issued or noticed benefit amount, the worker must document no changes made as no change in the benefit. No changes are made in TECS.

If subsequent changes are reported, the worker must determine the effect on the benefit against the last issued or noticed benefit.

8. **Single pregnant woman applies and is certified in June and is claiming separate household status from the father of her child. On August 10th mom reports her child was born on August 3rd and she will be on maternity leave in August and September.**

   The worker must send the F419 requesting verification to add the baby, verification of maternity leave and verification needed to add the father of the child to mom's case.

   a. **If verifications are provided, dad and the baby are added to mom's case. The household is now subject to the GIL for a household size of 3.**

      If dad was receiving SNAP in his own case, dad's case must be closed with a 10-day advance notice before he can be added to mom's case.

   b. **If the verifications are not provided, no changes are made until review.**

9. **On August 15, the household reports an increase in rent from $100 to $125 and a new household member who is working 20 hours a week at $8.50 an hour. The worker determines the changes will result in a decrease in benefits. The F419 is sent for verifications necessary to add the new household member as this meets the criteria to decrease benefits.**

   The household provides the verifications and the individual is added for September with a 10-day advance notice.

In October the household provides verification of the change in rent report on August 15. The worker determines the change in rent will result in an increase in benefit. The change must be acted on for November benefits.

10. **Household reports income over the 130% GIL and an increase in child support paid. The worker determines the household remains eligible for a benefit; however it is a decreased benefit. Since these changes do not meet the criteria to decrease benefits, the changes are not acted on until review.**
11. **Household reports an increase in income and a decrease in the child support obligation and payment. The worker determines these changes result in income over the 130% GIL for the household size and the household is not eligible for a benefit. The changes meet the criteria to decrease benefits and the case must be closed with adequate or advanced notice.**

Adding a New Household Member 430-05-67-20

(Revised 11/01/13 ML3384)

View Archives

When adding a new household member to an ongoing case, the individual is processed as a new applicant. The mandatory verifications apply to the new individual. If the individual is not exempt from the work requirements, the individual is also required to complete SFN 385 - Affidavit for SNAP Work Requirements or SFN 353 - Affidavit for BEST Registrants.

If the individual being added has received benefits in another household, state, or through the Food Distribution Program, the individual cannot be added.

Exceptions:

1. **Initial application proration does not apply to the individual being added to the household.**
2. **Drug felony and fleeing felon status is pursued at the next review completed after adding the new household member.**

If the household does not provide the mandatory verifications needed to add the individual, Notice F419 – "Request for Verification" is sent, along with the F846 Affidavit/Notice for Work Registrants or F847 Affidavit/Notice for Best Registrants if appropriate, allowing the household 10 days from the mailing date of the notice to provide the information needed.

If the household provides the mandatory verifications needed to add the individual within 10 days from the mail date and it results in an increase in benefits, the individual must be added to the household for the next benefit month. If because of when the change is reported, the 10 day timeframe extends into the next benefit month, a supplement must be issued.

If the household provides the mandatory verifications needed to add the individual and it results in a decrease in benefits, the worker must issue a 10 day advance notice unless the change was reported in writing and signed by the household. If the worker does not have 10 days for the 10 day advance notice, the individual is not added for the next benefit month, but must be added the month following the expiration of the 10 day advance notice.

If the household does not respond to the F419 within the 10 days from the mail date, the individual is not added until review.

Exceptions:

1. **If the household reports their income exceeds the gross income limit for their household size with the addition of a new member and does not respond to the F419, the case must be closed for excess income.**
2. **If the household fails to provide verification of the individual's expenses, the individual is added and the expenses are not allowed.**

If the household provides the verification at a later date, the change must be made to increase or decrease benefits the month after receipt of the verification.

The household is subject to the new gross income limit (GIL) once the individual has been added to the case. The worker must send notice F741 or F742 whichever is appropriate in addition to the appropriate notice advising the household the individual has been added to the case.

Removing a Household Member 430-05-67-25

(Revised 04/01/07 ML3072)

View Archives

When a household reports that an individual has left, the individual must be removed.

Exception:

If the individual is temporarily away from the household for less then one full calendar month.

> **Example:**
>
> **Household reports on October 17 that a household member entered a 30-day treatment program on October 13 and anticipates returning on November 11. Since the household member will be away for less then one full calendar month, the individual is not removed from the household.**

If removing the individual results in an increase in benefits, client statement is acceptable verification, unless questionable. The worker must process the change timely.

If removing the individual results in a decrease in benefits, a 10-day advance notice is required unless the change is reported in writing and signed by the household. If the worker does not have 10-days for the 10-day advance notice, the individual is not removed for the next benefit month, but must be removed for the month following the expiration of the 10-day advance notice.

The household is subject to the new gross income limit (GIL) once the individual has been removed from the case. The worker must send notice F741 or F742 whichever is appropriate in addition to the appropriate notice advising the household the individual has been removed from the case.

Household Moves to a New County Within the State 430-05-67-30

(Revised 06/01/09 ML3182)

View Archives

When the worker has information indicating a household has moved to a new county and verification has not been provided, the worker from the county the household is moving from must send Notice F419 – Request for Verification requesting any verification needed, including residency and new shelter costs. The household has 10 days from the mailing date of the F419 to provide the verification. Verification of residency is not required until review.

If the household fails to provide verification of new shelter and utility costs, the previously reported and verified expenses continue to be used until review, as removing the expenses would result in a decrease in benefits.

If the household provides the verifications and it results in an increase in benefits, benefits are authorized using the verified information.

If the household provides the verifications at a later date and the change results in an increase in benefits, benefits are increased the month after receipt of the verification.

If the household provides the verifications within the 10 days or provides the verification at a later date and it results in a decrease in benefits, the change is not acted on until review.

Regardless of whether the household responds to the F419 or the effect on the benefits, the new address must be entered into TECS and the case transferred to the new county. Prior to transferring the case the worker must complete the following in order. However, the sending and receiving county must take into consideration what is in the best interest of the household.

1. Change the address.
2. Send the F419 requesting any verification needed, including residency and new shelter costs allowing the household 10 days to provide the verification.
3. Authorize benefits.
4. Work any IEVS for combination cases when verification has been received or case alerts.
5. Complete any outstanding claims.
6. Ensure that any cash payments on claims received by the worker are submitted to Finance.
7. Review the file to ensure the mandatory verifications are included.
8. Update narrative.
9. Send notice F817 – Notice to Client Case File Transfer.
10. Transfer the case in the TECS system using the CARC screen.
11. Complete SFN 700 – Case Transfer Log.

Example:

Worker received mail returned with a new forwarding address outside of their county on February 25. The worker sends the F419 requesting residency and new shelter costs on February 26 allowing the household 10 days to provide the information. March benefits remain authorized through. On March 5 the household provides the requested verifications. The new shelter costs are allowed when processing April benefits as they result in an increase from March. March benefits are not increased as a supplement cannot be issued for a change in shelter costs.

Action on Changes Reported by a Source Other than the Household 430-05-67-40

(Revised 11/01/07 ML3111)

View Archives

Any change reported from a source other than the household where the effect on the benefit is an increase or unknown, must be acted on by sending the F419. The household must be allowed 10 days from the mailing date of F419 to respond and to clarify its circumstances either by telephone or by correspondence. If the change results in a decrease in benefits, the change must not be acted on until review.

Exceptions:

1. **Medical expenses that are reported from a source other than the household during the review period must not be acted on if the worker must contact the household for verification.**

   Example:

   A niece calls to report that her aunt who is on SNAP is paying $60 a month for prescriptions. The worker is prohibited from contacting the aunt.

2. **If the change meets the criteria to decrease benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.**

   Example:

   Dad reports that a child came to live with him permanently who was included and receiving SNAP benefits in mom's case. The child must be removed from mom's case allowing for a 10 day advance notice to reduce benefits. The child must then be added to dad's case.

1. If the household responds and provides sufficient verification within the 10-day period and it results in an increase in benefits, the worker must act on the reported change within 10 days and send the household the appropriate notice.
2. If the household fails to provide verification within the 10 day period, the previously verified amount of the reported changes is used and the benefit stays the same.

   If there is no previously verified amount (i.e. household reports now paying rent and previously had not), no change is made and the benefit stays the same.

3. If the household provides the verification at a later date and the change results in an increase in benefits, benefits are increased the month after receipt of the verification.
4. If the household responds and provides sufficient information/verification within 10 days or provides verification at a later date and the change results in a decrease in benefits, the change must not be acted on until review.

Exception:

If the change meets the criteria to decrease benefits, the change must be acted on within 10 days from the date the change was reported and a 10 day advance notice must be sent. If the change is reported in writing and signed by the household, a 10 day advance notice is not required. Adequate notice is required.

Example:

A source other than the household reports a household member is working on October 15 and the effect on the benefit is unknown. Notice F419 was sent to the household on October 16 and the household did not respond to the notice within 10 days of the mailing date. When determining eligibility and level of benefits for November, the reported and unverified change is not acted on.

On November 16, the household provides verification of the previously reported and unverified new source of

income. The new source of income does not put the household over 130% of the gross income limit for the household size. When determining eligibility and level of benefits for December, the verified change is not acted on as it results in a decrease in benefits.

Change in Reporting Requirements from Simplified Reporting to Simplified Reporting Household Over Gross Income 430-05-67-45-15

(Revised 10/01/10 ML3233)

View Archives

If a categorically eligible or TANF I & R household certified as a simplified reporting household reports and verifies a change that results in the household exceeding the gross income limit for the household size and the household remains eligible for a benefit, the worker must send notice F741– Household Over Gross Income Limit and Eligible - Reporting Requirement. This notice informs the household they must complete a review form and the only reporting requirement is to report a change in work hours that bring an ABAWD below an average of 20 hours weekly.

Change in Reporting Requirements from Simplified Reporting Household Over Gross Income to Simplified Reporting 430-05-67-45-20

(Revised 10/01/10 ML3233)

View Archives

If a categorically eligible or TANF I & R household certified as a simplified reporting household with income that exceeds the gross income limit for the household size, reports and verifies a change that results in income no longer exceeding the gross income limit for the household size, the worker must send notice F742 – Household Under Gross Income Limit Reporting Requirement. This notice informs the household of their reporting requirements.

Example:

A household of four reports and verifies gross income of $2500 that exceeds the gross income limit for the household size. In calculating eligibility and level of benefits, the household is eligible for a $22.00 benefit. The household reports a household member lost a job resulting in gross income decreasing to below the gross income limit for the household size. The worker must send the F742 – Household Under Gross Income Limit Reporting Requirement that informs the household of the gross income limit for the household size. The household is now required to report if income exceeds the gross income limit for the household size.

Adequate Notice 430-05-67-50

(Revised 11/01/13 ML3384)

View Archives

A household must receive adequate notice no later than the date the household receives or would have received its next benefit allotment. Adequate notice must be generated in the system by the worker on the third to the last working day of the month to allow for two days mailing time to the household.

Adequate notice is not required for increases in benefits.

An adequate notice is required for the following changes:

1. When **verification is received from the household** and meets the following conditions:

    a. Information is **reported in writing and signed by a responsible adult household member**, resulting in the reduction or termination of benefits, and

    b. The worker can determine the household's allotment or ineligibility based **solely on the information provided** by the household.

    Examples of Signed Verifications:

    - Change report form for Medicaid
    - Signed application for TANF, Medicaid, Child Care Assistance, or LIHEAP.
    - Check stubs with household's signature.
    - A child care form reporting a change with the household's signature.
    - The cover sheet of a fax that contains the client's signature.

Exceptions:

- **A handwritten return address on an envelope is not considered a signature.**
- **Changes reported via e-mail are not considered signed by the household.**

2. **Case closure - household request.** The request must be made in writing by a household or in the presence of the worker and documented. Notice F414 - Client Request must be sent to the household confirming the request. The household can request a fair hearing.

   If the request is made by telephone or e-mail, a 10-day advance notice is required.

3. **Mass changes** for adjustments to eligibility standards, benefits, deductions, utility standards, grant adjustments, changes in federal benefits and the **annual SSA/SSI cost of living adjustments**. The State Office provides mass media notices.
4. Death of all household members.
5. When another state calls or sends an e-mail that a household is applying in their state or a household reports that all household members **have moved out-of-state.** The case must be closed for residency.
6. When the only individual in the household **moves out of the county** and enters into one of the following:

   a. Long Term Care

   b. Basic Care

   c. Institution

Exception:

If an individual moves into one of the facilities listed above within the county, a 10-day advance notice is required.

7. **Completion of an underpayment.** When a household is entitled to an underpayment and has chosen monthly installments instead of a lump

sum, and the household was previously notified in writing when the monthly installments would terminate.

8. **Joint TANF/SNAP application** results in the receipt of SNAP pending TANF grant approval and household is notified at the time of certification that SNAP benefits would be reduced upon receipt of a grant.
9. When a member of the household is **disqualified for IPV** and benefits of the remaining members are reduced or terminated.
10. **Changing a household from cash repayment to allotment reduction** as a result of failure to make the agreed payments.

10-Day Advance Notice 430-05-67-55

(Revised 10/01/11 ML3286)

View Archives

When there is a reduction or termination of benefits within a review period, a 10-day advance notice must be sent to the household, unless changes are reported in writing and signed by the household. Changes reported via e-mail are not considered signed by the household and required a 10-day advance notice.

The written notice must contain the following:

1. Action taken or intended.
2. Reason for the intended action.
3. Household's right to request a fair hearing.
4. Name and phone number of a person to contact for additional information.
5. Availability of continued benefits.
6. Household liability for any overissuance received pending a fair hearing decision when the decision is adverse to the household.

Notices sent through TECS informing the household of the reduction or termination of benefits show the benefit calculation and reason.

If a 10-day advance notice to reduce benefits is sent to a household and later that same month the household reports a change that results in an additional decrease in benefits, another 10-day advance notice is required.

Example:

A household received $300 for the benefit month of December. On December 10, the case is processed for January and a 10-day advance notice is sent to the household as January benefits decreased to $250. On December 22, the

household reports and verifies a change that results in an additional decrease in the January benefit to $200.

The 10-day advance notice sent on December 10 only addresses the reduction to $250. Another 10-day advance notice is required to decrease benefits to $200. Since it is past advance notice deadline, this change cannot be made for January benefits. The change must be made for the benefit month of February.

If a household has been sent a 10-day advance notice to reduce, suspend, or terminate benefits and later that same month reports a change that results in the household receiving a benefit or an increase in benefits, a 10-day advance notice is not required.

Example:

A household received $400 for the benefit month of December. On December 5, the household reports their income exceeding the GIL and is not eligible for a benefit. The F419 is sent to determine if the income is expected to continue and to request verification if the income is not expected to continue. The household fails to respond to the F419 within 10 days so the F407 – Excess Income notice is sent to close the case. On December 23, the household provides verification that their income is not expected to continue to exceed the GIL and the household is eligible for a $200 benefit for January. A 10-day advance notice is not required.

Fair Hearings 430-05-70

(Revised 01/01/04 ML2893)

View Archives

A household who is denied benefits or whose benefits have been reduced, suspended or terminated has the right to a fair hearing. This includes:

1. The denial of a request for which were lost more than 90 days prior, but less than a year, from the household's request, or
2. When a household disputes its current level of benefits at any time during the review period.

Exception:

When a household has benefits reduced, suspended or terminated as a result of an order issued by Food and Nutrition Services, a fair hearing must be provided if the household believes the benefit level was computed incorrectly or that the provisions of the order were misinterpreted.

A fair hearing will be denied to any household disputing the fact that a reduction, suspension, or termination was ordered.

Households DO NOT have a right to continuation of benefits pending a fair hearing when appealing the order issued by Food and Nutrition Services. The household may receive retroactive benefits in an appropriate amount if it is determined that the benefits were reduced by more than the amount the county was directed to make.

Notification of Rights to Request a Fair Hearing 430-05-70-05

(Revised 01/01/04 ML2893)

View Archives

At the time of application, each household will be informed in writing of their right to a fair hearing, the procedures involved with the request, and the availability of free legal representation.

A household that disagrees with a county action must be advised of the right to request a fair hearing. The notification of the right to request a fair hearing is on the back of all TECS notices sent to households.

Request for a Fair Hearing 430-05-70-10

(Revised 01/01/04 ML2893)

View Archives

A household has 90 days from the date the notice is mailed to request a fair hearing.

A request for a hearing may be either oral or written and made by the household or its authorized representative. The date of any oral request must be documented in the file.

If the household's request is unclear, the worker may request the household clarify the grievance.

The freedom of the household to make a request for a hearing must not be limited or interfered with in any way.

County Responsibilities on Hearing Requests 430-05-70-15

(Revised 01/01/04 ML2893)

View Archives

The county is responsible to make available, without charge, the specific materials necessary for a household or its representative to determine whether a hearing should be requested, or to prepare for a hearing.

If the individual making the request speaks a language other than English and the county is required to provide bilingual staff or interpreters, the county must make certain that the hearing procedures are verbally explained in that person's language.

The county must also assist a household with its hearing request if the household makes such a request. If the request is an oral request, the county must complete the procedures necessary to start the hearing process without requiring the household to provide the request in writing.

All households must be advised of any legal services available to assist them with the fair hearing. The worker must provide the household with SFN 1087 – Legal Service Organizations.

The county must send the hearing request to the State Appeals Supervisor within five days. The household's grievance, the county's action, the basis for the action, and all documentation must be sent to the State Appeals Supervisor with the hearing request or as soon as available.

If the county becomes aware that a household plans to move from the State before a fair hearing decision would normally be reached, the county must expedite the hearing request to ensure the household receives a decision and restoration of lost benefits and the hearing must be processed faster than others, if necessary, to allow a decision before the household leaves the area.

Denial or Dismissal of Request for Hearing 430-05-70-20

(Revised 10/01/14 ML 3410)

View Archives

A request for hearing may be denied or dismissed by the appeals supervisor if:

1. The request is not received within the allowed time period.
2. The household or its representative withdraws the request in writing.

   NOTE: If the request for withdrawal is not received in writing from the household, the hearing continues.

3. The household or its representative fails to appear at the scheduled hearing.

Continuation of Benefits 430-05-70-25

(Revised 06/01/15 ML3440)

View Archives

A household's benefits must continue at the level prior to the notice of adverse action if:

- The request for hearing was made timely (within ten days of mail date of adverse action); **and**
- The household's review period has not expired; **and**
- The household has not specifically waived continuation of benefits

If the tenth day falls on a weekend or a North Dakota Department of Human Services holiday the request for hearing and continuation of benefits will be considered timely if it is received the next business day following the weekend or North Dakota Department of Human Services holiday.

If the request for hearing and continuation of benefits is received after business hours on the tenth day the request will be considered timely.

A household is not eligible for continuation of benefits when:

- The initial application or review is denied.
- The benefit amount has been reduced as a result of changes reported and verified at review or a new application. Changes in the benefit amount at review or new application do not require a notice of adverse action

Once benefits have been continued or reinstated, they must not be reduced or terminated prior to the receipt of the official hearing decision unless:

1. The review period expires. The household has the right to reapply and eligibility is determined for a new review period with a new benefit amount.

2. The hearing official makes a preliminary determination, in writing and at the hearing, that the household's claim that the worker improperly computed the benefit, misinterpreted or misapplied federal law or the federal regulation is invalid.
3. A new change affecting the household's eligibility or benefit occurs while the hearing decision is pending. The worker sends the household a 10-day advance notice for the new change and the household fails to request a hearing.
4. A mass change affecting the household's eligibility or benefit occurs while the hearing decision is pending.

The worker must promptly inform the household in writing if benefits are reduced or terminated pending the hearing decision.

If benefits are continued and the action taken by the worker is upheld by the hearing decision, a claim against the household must be established for all overissuances from the date the adverse action would have been applied.

If the request for hearing is **not made timely**, benefits must be reduced or terminated, as stated in the 10-day advance notice. If the household is able to show good cause for filing a late request, benefits must be reinstated at the benefit level prior to the 10-day advance notice.

Example:

A 10-day advance notice to terminate benefits is sent to the household on September 10. The household must request a fair hearing by September 20. If the household has not requested a hearing by September 20, benefits are not continued.

County Conferences 430-05-70-30

(Revised 01/01/04 ML2893)

View Archives

A household wishing to contest denial of expedited services must be offered a conference. The household must be informed that the use of the conference is optional and that it does not delay or replace the fair hearing process.

The conference for households contesting denial of expedited services must be scheduled within two working days, unless the household requests a later conference date or that they do not wish to have an agency conference.

A county conference may result in an informal resolution of the dispute, however, unless the household withdraws its request for a hearing in writing, the hearing must be held.

The county may choose to offer conferences to any household adversely affected by county actions.

The conference must be attended by an eligibility supervisor and/or county director as well as the household or representative. The worker involved in the case may also attend.

Timely Action on Hearings 430-05-70-35

(Revised 10/01/14 ML 3410)

View Archives

When a household timely requests a fair hearing, the State has 60 days to ensure:

1. The hearing is conducted.
2. A decision is reached.
3. The household and county are notified of the decision.

When a decision results in a decrease of benefits, the decrease must be reflected with the next scheduled issuance, following receipt of the hearing decision. Adequate or advance notice is not required. Claims must be established for any overissuance, which resulted from the continued benefits.

When a decision results in an increase of benefits, the benefits must be issued within 10 days of receipt of the hearing decision.

Exception:

The worker may take longer than 10 days to make the decision effective if it elects to use the households normal issuance cycle, provided that the issuance will occur within 60 days from the household's request for hearing.

Household Requests for Postponement 430-05-70-40

(Revised 01/01/04 ML2893)

View Archives

A household is entitled to request and receive a postponement of the scheduled hearing.

The length of the postponement must not exceed 30 days. The time limit for a decision is extended for as many days as the hearing is postponed.

> **Example:**
>
> **A decision from the appeals officer is mandated within 60 days, however, if a 10-day postponement is allowed, the decision is required within 70 days.**

Intentional Program Violation (IPV) 430-05-75-05

(Revised 12/01/08 ML3164)

View Archives

In order to determine if an individual(s) has committed an IPV, that individual must have intentionally:

1. Made a false or misleading statement, misrepresented, concealed, or withheld facts.

   Examples:

   Failure to report:

   - **Income exceeding the GIL**
   - **A source of income at the time of application or application for review**
   - **A household member at the time of application or application for review**

2. Committed any act that constitutes a violation of the Food and Nutrition Act, SNAP regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of coupons, authorization cards, or reusable documents used as part of an automated benefit delivery system.

   Examples:

   - **Purchasing alcohol or tobacco with SNAP benefits.**
   - **Purchasing food and reselling for cash.**
   - **Selling SNAP benefits.**

The use of the term "intentionally" in the regulations does not mean the worker has the burden of proving that an individual intended to commit a fraudulent act. The worker does not have to prove a deliberate intent to defraud. An individual's signature on the application attests to providing full information and to understanding the reporting requirements.

Example:

Intent is satisfied if an individual is aware of the mandatory reporting requirements, but for whatever reason did not report.

If an individual does not report a mandatory change by the 10th of the following month, a program violation may have occurred.

If a failure to report is discovered by the worker, the worker must consider initiating an IPV.

An IPV may exist regardless of whether there is a claim. There is no requirement that a claim exist when pursuing IPV.

An individual disqualified from participation in SNAP due to an IPV or court conviction of fraud may not participate in the Food Distribution Program until the period of disqualification expires. Counties must notify the Food Distribution Program administering agency in writing of SNAP disqualified individuals, along with the inclusive dates of disqualification.

Subsequent IPV Action 430-05-75-10

(Revised 01/01/04 ML2893)

View Archives

A subsequent IPV cannot be brought against an individual unless the violation took place after the date of the Executive Director's Findings and Order in the previous action.

> **Example:**
>
> **If a decision for a first violation is dated May 17, but the second violation concerns unreported income for the month of December in the prior year, a second violation cannot be imposed because it took place prior to the decision in the first violation.**

An IPV can be pursued if it involves two separate individuals and two separate violations, no matter when the violations occurred.

> **Example:**
>
> **A decision for a violation is dated May 17 for the husband in the household. A second violation occurs due to unreported income for the month of December in the prior year for the wife. IPV can be pursued against the wife.**

County Office Role and Responsibility 430-05-75-10-05

(Revised 01/01/04 ML2893)

View Archives

The county is responsible for investigating any case of alleged IPV regardless of current eligibility. Appropriate cases **must be acted on**, either through administrative disqualification hearings or referral to a court of appropriate jurisdiction (State's Attorney). The burden of proving the IPV occurred is a county responsibility.

The county must not initiate an administrative disqualification hearing against an individual for the same or related circumstances that have already been referred for prosecution. If circumstances related to the original referral occur prior to prosecution, these circumstances should be included with the original referral. If circumstances related to the original referral are not referred for prosecution, a client error claim is established if appropriate.

Example:

An individual failed to report income in January and February. The worker referred the case to the State's Attorney. Prior to prosecution by the State's Attorney's office, the worker discovers additional unreported income in May.

The worker should refer the May unreported income to the State's Attorney as the case has not yet been prosecuted. If the May unreported earnings are not referred to the State's Attorney's office for inclusion with the January and February unreported earnings, a client error claim must be established if appropriate.

The worker must not initiate an administrative disqualification hearing for the additional unreported income.

The worker must initiate administrative disqualification hearings in the following cases when:

- Facts of the individual case do not warrant civil or criminal prosecution through the appropriate court system.
- A case previously referred for prosecution was declined by the appropriate legal authority.
- The county formally withdraws a previously referred case when no action was taken within a reasonable period of time.

Evidence 430-05-75-15-05

(Revised 12/01/08 ML3164)

View Archives

Types of evidence include but are not limited to:

- Application forms
- Statements made during the application or review interviews
- Monthly report forms
- Notices of benefits
- Past IPV for failure to report
- Application for Review
- Reporting forms
- Narratives
- Documented phone calls
- IEVS verification
- Involvement of an interpreter

Review of Evidence 430-05-75-15-10

(Revised 10/01/14 ML 3410)

View Archives

When there is evidence a violation has been committed, the worker must review the case and all evidence with the supervisor, director, or a Regional Representative.

This review will result in a decision to:

- Proceed with the IPV process, or
- Proceed with the inadvertent client error process.

Completion of SFN 1940 - TANF/SNAP Notice of IPV 430-05-75-15-15

(Revised 01/01/04 ML2893)

View Archives

If IPV is pursued, the worker must complete the first portion of SFN 1940 - TANF/SNAP Notice of Suspected IPV.

In completing the form, list the name of the individual suspected of the IPV. In most cases this will be the individual who has reported the change or completed the application containing the false information. If the applicant is not the individual who provided the false information, do not prepare a SFN 1940 against that individual.

There may be occasions when more than one individual gave a false report or were interviewed together and in those cases, prepare a **separate** SFN 1940 for each individual.

When completing the "description of evidence" section the worker must:

- Be concise in describing the allegation.
- Address the individual.
- Identify what the individual represented, as well as when and how using complete dates.
- Describe the information received and where that information came from (if more room is needed use a second sheet).
- Document how the individual was aware of the reporting requirement.

Scheduled Meeting 430-05-75-15-20

(Revised 10/01/14 ML 3410)

View Archives

The worker must attempt to hold a meeting with the individual to discuss the suspected IPV within two weeks of establishing the suspected IPV using the F011 -Correspondence notice. If the worker believes the violation did occur and the individual does not have a satisfactory explanation the worker must:

1. Provide the individual with a copy of the SFN 1940.
2. Provide the individual with a DN 1087 - Legal Service Organizations.
3. Provide an explanation that the individual can sign part A or B of the waiver.
4. Provide an explanation of the disqualification penalties.
5. Provide an explanation that the worker will request an administrative disqualification hearing (in-person or by phone) unless the individual signs either waiver A or B.

If it is determined that no violation has occurred, SFN 1940 must be placed in the file with a notation that it was not forwarded for further action and a summary of the explanation given by the individual. Any claim continues to be collected as an inadvertent household error.

If the F011 is returned as undeliverable or with no forwarding address, the IPV shall not be forwarded to the Legal Advisory Unit for a hearing. An IPV hearing cannot be scheduled by the Office of Administrative Hearing (OAH) if notice cannot be mailed and received by the recipient. The IPV information must be placed in the casefile until an address is known.

Waiver Defined 430-05-75-15-25

(Revised 01/01/04 ML2893)

View Archives

An individual has the right to waive an administrative disqualification hearing.

The worker must possess sufficient evidence to warrant holding a disqualification hearing before allowing an individual to waive the hearing.

- Waiver A - Allows an individual to admit to the facts and accept the disqualification period.
- Waiver B - Allows an individual to accept the disqualification without admitting to the facts.

A signed waiver is a statement that the household has been informed a disqualification penalty will result.

Signed Waiver 430-05-75-15-30

(Revised 01/01/04 ML2893)

View Archives

If part A or B of the waiver **is** signed:

1. Give the individual a copy of the SFN 1940.
2. Mail the SFN 1940 detailing the violation to the Appeals Supervisor at the State Office.

If Part B is signed, a cover letter detailing why the individual signed Part B rather than Part A must also be sent to the Appeals Supervisor.

Unsigned Waiver 430-05-75-15-35

(Revised 12/01/08 ML3164)

View Archives

If an individual chooses **not** to sign either Part A or B of the waiver **OR** the individual fails, within two weeks, to respond to a request for a meeting **OR** fails to attend a scheduled meeting without satisfactory explanation within three days after the scheduled meeting:

1. A hearing will be requested (in person or by telephone).
2. Mail a copy of the SFN 1940 - TANF/SNAP Notice of Suspected IPV to the individual.
3. Mail SFN 1087 - Legal Service Organizations to the individual.
4. Mail the following to the Appeals Supervisor at the State Office:
    a. SFN 1940
    b. A letter detailing the violation.
    c. Copies of relevant parts of the Application, Application for Review, etc.
    d. Copies of evidence obtained.
    e. A request for legal counsel if necessary.

Failure to Attend Hearing 430-05-75-15-40

(Revised 01/01/04 ML2893)

View Archives

If an individual fails to appear at the disqualification hearing without good cause, the hearing officer will conduct the hearing and base the decision solely on the information provided by the county at the hearing.

Benefits Pending IPV Decision 430-05-75-15-45

(Revised 01/01/04 ML2893)

View Archives

A pending disqualification hearing does not affect the benefit determination. of a claim continues at the rate of 10% or $10 whichever is greater, if that is the payment schedule agreed upon. Full payment of the claim before the disqualification decision is reached does not stop the disqualification process.

State Office Role and Responsibility 430-05-75-15-50

(Revised 08/01/07 ML3095)

View Archives

The State Office has the responsibility to provide guidance to counties by responding to questions and clarifying policies.

The Appeals Supervisor reviews the SFN 1940 – TANF/SNAP Notice of Suspected Intentional Program Violation – and the letter detailing the violation.

If the Appeals Supervisor does not approve the waiver, the Appeals Supervisor will return the waiver to the county with a letter detailing the reason(s) the waiver was not approved. The county then has the option of:

- Providing the Appeals Supervisor with information regarding the missing element(s).
- Dismissing the waiver.
- Referring the case for prosecution.

The Appeals Supervisor will approve the waiver if the county shows that a Program rule has been violated and the county has sufficient evidence to support the allegation contained in the IPV or to have warranted the scheduling of a hearing.

Signed Waiver

The Appeals Supervisor will prepare the Findings and Order for review and signature by the Executive Director. The Order will notify the individual of the disqualification and the effective date.

Unsigned Waiver

If the waiver was not signed by the individual, the Appeals Supervisor reviews the case and refers the case to the Office of Administrative Hearings.

A hearing is scheduled either by phone or in person with an Administrative Law Judge. The individual must be provided a 30-day advance notice of the scheduled hearing. The hearing must be conducted, a decision rendered, and the county notified within 90 days from the notice of hearing.

The individual is entitled to a postponement of up to 30 days. If the hearing is postponed, the above time limits will be extended for as many days as the hearing is postponed.

If the individual or their representative fails to appear for the scheduled hearing, without good cause, the hearing will still be conducted as scheduled. Good cause is decided by the Appeals Supervisor.

Following the hearing, the Administrative Law Judge issues Recommended Findings and Order for review and action by the Executive Director. If the Order signed by the Executive Director finds the individual committed a violation, the Order will be mailed to the individual and the county stating the disqualification and the effective date.

No further administrative appeal procedure exists after an individual waives the right to an administrative disqualification hearing and a disqualification penalty has been imposed. The disqualification penalty cannot be changed by a subsequent fair hearing decision. The individual is entitled to seek relief in a court of appropriate jurisdiction.

Upon notification of the disqualification, the State Office enters the disqualification on the IPSA screen in TECS and the appropriate information in the Disqualified Recipient Subsystem (EDRS).

County Action Upon Receipt of Signed Decision
430-05-75-15-55

(Revised 10/01/14 ML 3410)

View Archives

Review the decision **signed by the Executive Director** to determine if an IPV was committed.

If an IPV was not committed the household remains responsible for any overissuance and the claim continues as an inadvertent household error regardless of eligibility for benefits.

If an IPV was committed the worker must:

1. **Disqualify the individual:** For all disqualified individuals, including those not participating at the time of the disqualification order, the disqualification period begins with the first month following the date the individual receives the IPV findings and order. Send the appropriate notice to the household, even if the case is currently closed. Adequate notice is required for open cases.
    - F209 Fraud Action – Used when an application is denied as the only individual is disqualified for fraud.
    - F410 Intentional Program Violation – Used when a case is closed as the only individual is disqualified for fraud.
    - F737 Decrease in Benefits/Decrease Persons IPV – Used when an individual in an ongoing case is disqualified for fraud.
    - F848 IPV Notification/Closed Case – Used when an individual in a closed case is disqualified for fraud.

    Once a disqualification penalty has been imposed it continues uninterrupted until completed. The household remains responsible for repayment of any overissuance that may have resulted from this violation, regardless of eligibility for benefits.

2. **Change the error cause code** for the claim to "FR" (SEOO, function 5) and set the participation code for the disqualified individual to "DF" if currently participating. Send Notice F818 – IPV – Overissuance to the

household and set an alert for 10 days as the household has 10 days to return the signed Notice F818. After the 10 days has elapsed, change the recoupment percent from 10% to 20% (SEOO, function 5). For IPV claims, the amount of SNAP benefit reduction is the greater of 20% of the benefit or $20 per month.

If no claim exists, send F737-Decrease in Benefits/Decrease in Persons –IPV.

3. **Set a person/program alert on the PRAP screen (CAMM, function 19).**

IPV 430-05-75-20-05

(Revised 10/01/14 ML 3410)

View Archives

An individual found to have committed an IPV is ineligible to participate as follows and the appropriate TECS code on SSDO is DF:

1. For a period of 12 months for the **first** IPV.
2. For a period of 24 months for the **second** IPV.
3. Permanently for the **third** violation of any IPV.

If a court fails to impose a disqualification, the county must impose the appropriate disqualification penalty unless it is contrary to the court order.

An IPV can be pursued if a client is permanently disqualified. Pursuing the IPV will allow for recoupment of a claim at 20% rather than 10% if recoupment is possible.

Court Referrals 430-05-75-20-10

(Revised 01/01/04 ML2893)

View Archives

Federal regulations encourage counties to refer for prosecution, under State or local statutes, individuals suspected of committing IPV, particularly if large amounts of SNAP benefits are involved.

The county must confer with its legal representative to determine the types of cases that will be accepted for possible prosecution.

The county must not initiate an administrative disqualification hearing against an individual for the same or related circumstances that have already been referred for prosecution.

Court Conviction 430-05-75-20-15

(Revised 01/01/04 ML2893)

View Archives

Prosecutors are encouraged to recommend to the courts that a disqualification penalty be imposed in addition to any criminal penalties for the violations.

If an individual suspected of committing an IPV is convicted under State or local statute and the court specifies a disqualification period, that disqualification period must be used.

If the court fails to specify a disqualification period, the county must forward the following information to the Appeals Supervisor:

- Criminal Complaint
- Judgment or Order
- A cover letter detailing the violation and providing the name, address, TECS number of individual, and notation of any prior disqualification.

The Appeals Supervisor must then process the Findings and Order for the disqualification which the Executive Director signs.

When the worker receives the **signed** Findings and Order, the worker must:

1. **Disqualify the individual:** For all disqualified individuals, including those not participating at the time of the disqualification order, the disqualification period begins with the first month following the date the individual receives written notification. Adequate notice is required.

   Once a disqualification penalty has been imposed it continues uninterrupted until completed. The household remains responsible for

repayment of any overissuance that may have resulted from this violation, regardless of eligibility for benefits.

2. **Change the error cause code** for the claim to "FR" (SEOO, function 5) and set the participation code for the disqualified individual to "DF" if currently participating. Send Notice F818 – IPV – Overissuance to the household and set an alert for 10 days as the household has 10 days to return the signed Notice F818. After the 10 days has elapsed, change the percent from 10% to 20% (SEOO, function 5). For IPV claims, the amount of SNAP benefit reduction is the greater of 20% of the benefit or $20 per month.

3. **Set a person/program alert on the PRAP screen (CAMM, function 19).**

Deferred Adjudication 430-05-75-20-20

(Revised 01/01/04 ML2893)

View Archives

Deferred adjudication is when an individual plea bargains their case with a State's Attorney. This results in no court hearing being held and the individual is placed on probation and required to pay restitution.

Counties have the option of allowing accused individuals to sign disqualification consent agreements for cases of deferred adjudication.

> **Example:**
>
> **If the County State's Attorney, rather than prosecuting a suspected intentional program violator in court, chooses to execute an agreement with the individual.**

Advance Notification of Deferred Adjudication

The county must enter into an agreement with the prosecuting official to provide for advance written notification to the individual of the consequences of consenting to disqualification in cases of deferred adjudication.

The written notification must include at a minimum:

1. A statement for the individual to sign that they understand the consequences of consenting to disqualification. The applicant must also sign the consent agreement if the accused individual is not the applicant.
2. A statement that the individual understands the disqualification and the reduction in benefits for the period that the disqualification will be imposed even though the individual was not found guilty of fraud.
3. A warning informing the individual of the SNAP IPV disqualification penalties and which penalty will be imposed.

4. A statement that the remaining household members, if any, will be responsible for repayment of the resulting claim, unless the individual has already repaid the claim.

Imposition of Deferred Adjudication Disqualification

When an individual suspected of IPV signs the deferred adjudication disqualification agreement, the individual is disqualified in accordance with the IPV disqualification periods, unless contrary to the court order.

If the court imposes a disqualification period or specifies the date for initiating the disqualification period, the worker must disqualify the household member in accordance with the court order.

Notification of Deferred Adjudication Disqualification

When the worker receives the **signed** Findings and Order, the worker must:

1. **Disqualify the individual:** For all disqualified individuals, including those not participating at the time of the disqualification order, the disqualification period begins with the first month following the date the individual receives written notification. Adequate notice is required.

   Once a disqualification penalty has been imposed it continues uninterrupted until completed. The household remains responsible for repayment of any overissuance that may have resulted from this violation, regardless of eligibility for benefits.

2. **Change the error cause code** for the claim to "FR" (SEOO, function 5) and set the participation code for the disqualified individual to "DF" if currently participating. Send Notice F818 – IPV – Overissuance to the household and set an alert for 10 days as the household has 10 days to return the signed Notice F818. After the 10 days has elapsed, change the percent from 10% to 20% (SEOO, function 5). For IPV claims, the amount of SNAP benefit reduction is the greater of 20% of the benefit or $20 per month.

3. **Set a person/program alert on the PRAP screen (CAMM, function 19).**

Reversed Disqualification

When a court reverses an administrative IPV or court conviction, the worker must reinstate the individual in the program if eligible. Benefits that were lost as a result of the disqualification must be restored.

Other Disqualifications 430-05-75-25

(Revised 11/01/13 ML3384)

View Archives

Sale of a Controlled Substance Involving SNAP Benefits

An individual found by a federal, state, or local court to have used or received SNAP benefits, in a transaction involving the sale of a controlled substance is ineligible to participate in the program and the appropriate TECS code on SSDO is DF:

1. For a period of 24 months for the first violation.
2. Permanently upon the second violation.

These penalties also apply in cases of deferred adjudication by the court.

Sale of Firearms, Ammunition, or Explosives Involving SNAP Benefits

An individual found by a federal, state, or local court to have used or received SNAP benefits, in a transaction involving the sale of firearms, ammunition, or explosives is permanently ineligible to participate in the Program and the appropriate TECS code on SSDO is DF.

This penalty also applies in cases of deferred adjudication by the court.

Fraudulent Statements Regarding Identity or Place of Residence

An individual found to have made a fraudulent statement or representation with respect to identity or place of residence in order to receive duplicate benefits (both in state and out-of-state) is disqualified for 10 years and the appropriate TECS code on SSDO is DF.

The guilty decision must have occurred on September 20, 1996, or after and the 10-year time frame starts the month following the month the

individual was found guilty in a state or federal court anywhere in the nation.

If the guilty decision was issued from the Administrative Hearing Office, the 10-year time frame starts the month following the month of receipt of the signed Findings and Order.

Continuing to receive benefits in one state after moving to another constitutes making a fraudulent statement or representation with respect to identity or place of residence in order to receive duplicate benefits. When this occurs, a claim must be established and IPV pursued by the state the individual is currently residing in.

Fleeing Felons, Parole or Probation Violators

An individual who is a fleeing felon, parole or a probation violator, is ineligible to participate in the program and the appropriate TECS code on SSDO is DF.

If an individual indicates on the application, application for review or reports that they are a fleeing felon, parole or probation violator, the worker must obtain information to substantiate the report. Any information received must be forwarded to the State SNAP Office. The State SNAP Office will review the information to determine if the violation disqualifies the individual from the SNAP and notify the worker. If appropriate, the State SNAP Office will enter the disqualification on the sanction screen in TECS, change the individual's participation code to DF and enter the individual into the DRS system.

Drug Related Felony

An individual convicted of a felony for possession, use, or distribution of illegal drugs is ineligible to participate in SNAP for seven years from the conviction date of the offence when the act occurred after August 22, 1996.

If an individual is convicted of a drug related felony, the following information must be sent to the State SNAP Office for review on the SFN 376 - Drug Related Felony Review form:

- Eligibility Worker's Full Name and County
- Individual's Date of Birth
- Individual's Full Name and Middle Initial
- Case Number Individual is Participating In
- Individual's Client ID Number
- Sex of Individual
- Copies of the Criminal Complaint and Judgment or Order which substantiates the individual's drug-related felony

In order to determine whether an individual's conviction is disqualifying, the court documents sent to the State Office must include the date of the offense(s), the sentence or judgment of the court and the nature of the offenses. This information is usually contained in the Criminal Complaint and Judgment document. However, the offense date is not always listed on the Criminal Complaint and Judgment.

If the Criminal Complaint and Judgment document does not contain the offense date(s) please request a copy of the "Information" or "Criminal Information" document and forward it to the State Office. The "Information" or "Criminal Information" document will include the offense date(s).

If an individual is convicted in a federal court, the court documents may not indicate whether an offense was a misdemeanor or a felony. In that case, the court documents should be forwarded to the State Office even without that information being provided.

The State SNAP Office will review the information to determine if the conviction disqualified the individual from SNAP and notify the worker. If appropriate, the State SNAP Office will enter the disqualification timeframe

on the sanction screen in TECS (IPSA) and change the individual's participation code to DD.

If an individual reports their felony has been reduced to a misdemeanor, the eligibility worker will complete the SFN 376 with the required information and resubmit the Criminal Complaint and Judgment documents to the State SNAP Office. If the client regains eligibility, the eligibility worker will receive notification and an end date will be added to the IPSA screen in TECS. Clients will regain eligibility following the month of report or at the next SNAP review.

If an individual is currently disqualified contact the State SNAP office for a review of the criminal complaint and judgment at their next review or new application. If the client regains eligibility, the eligibility worker will receive notification and an end date will be added to the IPSA screen in TECS.

Trafficking Benefits

Individuals convicted by a Federal, State, or local court of trafficking benefits for an aggregate amount of $500 or more are permanently ineligible and the appropriate TECS code on SSDO is DF. Aggregating involves the accumulation of separate dollar amounts for separate but related trafficking offenses leading up to a conviction.

Disqualified Recipient Subsystem (DRS) 430-05-75-30

(Revised 01/01/04 ML2893)

View Archives

The State Office enters the following disqualified individuals into the DRS:

1. Administrative disqualification hearing.
2. Waiver of right to an administrative disqualification hearing.
3. Court action.
4. Deferred adjudication.

If a worker has reason to believe that an individual may be subject to disqualification in another state, the individual's full name and Social Security number should be referred to the State Office for inquiry into the subsystem.

When the worker contacts another state to determine if the individual received or is currently receiving benefits from that state, the worker must ask whether any individual age 18 or older has been disqualified for:

1. IPV.
2. Court action for fraud.
3. Felony drug conviction.

If there is a disqualification, the worker must request IPV findings and order or court documents and forward to the State Office for entry on the IPSA screen in TECS.

The State Office will assist counties if they have difficulty obtaining this information.

Claims 430-05-80

(Revised 06/01/09 ML3182)

View Archives

Claims must be established for any household that received more SNAP benefits than it was entitled to receive or for benefits that are trafficked.

Exceptions:

1. **Claim for errors caused by the client must only be established for mandatory reportable changes.**
2. **Claims must not be established when the only household members were under age 18 at the time the error occurred.**

Examples:

1. **Initial application for household consisting of Mom, age 17, and her child, age 3. The application is approved with no income. In month three, the worker discovers Mom had earned income at the time of application. No claim is established in this case as all household members were under age 18 at the time the error occurred. IPV can be pursued.**
2. **Review for household consisting of Mom, age 17 who is also disqualified for fraud (DF), and her child, age 3. The review is approved with no income. Two months later the worker discovers that Mom failed to report a new source of unearned income at application. No claim is established as all household members were under age 18 at the time the error occurred. IPV can be pursued.**

A claim is established by calculating and authorizing the overpayment and sending the appropriate notice to the household. Each person who was an adult member of the household when the overpayment or trafficking

occurred is responsible for the repayment of the claim. Authorized representatives who actually traffic benefits are responsible for repayment of the claim.

If there is a change in household composition, counties can pursue collection action against any adult who was a member of the household at the time overissuance occurred.

At the time of certification outstanding claims against a household must be identified and appropriate action taken. The worker is responsible to identify outstanding claims at the time of certification by checking TECS claim alerts (SEOO function 2) and direct recoupment (DIRE).

Federal regulations prohibit benefit reduction of an initial benefit, a retroactive initial benefit, and a current month's supplemental benefits. TECS does not allow recoupment in these instances.

Exception:

TECS will recoup from an initial benefit when there has not been a break in participation from the previous month.

Example:

SNAP case closed January 31 for excess income. Household reapplies February 1 and is eligible. TECS will recoup from February benefits.

Categorically Eligible Households 430-05-80-05

(Revised 01/01/04 ML2893)

View Archives

Claims against households determined categorically eligible are established **only** when **the claim can be computed on the basis of changed household net adjusted income and/or household size**. Other factors such as assets will **not** result in a claim.

Example:

While working a case, a worker discovers that a household was not entitled to the for the past six months. No entitlement to the SUA results in a change in net adjusted income and a claim must be established.

Types of Claims 430-05-80-10

(Revised 01/01/04 ML2893)

View Archives

All claims must be handled in one of the following three categories and claim codes on OVCA are listed:

1. An overissuance must be handled as an **inadvertent household error claim** when the household unintentionally failed to report or provide information. (CL)

   All errors pending IPV/court order decision must be established as an **inadvertent household error claim** until a signed decision is received.

2. An overissuance must be handled as an **administrative error claim** when the worker failed to take action on information reported or provided by the household. (AG)
3. An overissuance must be handled as a **IPV claim** only if an administrative disqualification hearing official or a court has determined that an individual committed an IPV or when an individual signs a deferred adjudication disqualification consent agreement. (FR)

   A claim must be handled as an inadvertent household error until a signed decision is received.

When Not to Establish a Claim 430-05-80-15

(Revised 06/01/15 ML3440)

View Archives

A claim must not be established if an overissuance occurred as a result of the worker failing to ensure that the household:

1. Signed the application form.
2. Signed the review form.
2. Completed a current work requirements form.
3. Was certified in the wrong county.

Establishing Claims 430-05-80-20

(Revised 06/01/15 ML3440)

View Archives

All claims must be established before the last day of the quarter following the quarter in which the overpayment or trafficking incident was discovered. The date of discovery is defined as the date the worker first suspects a household:

1. received more benefits than it was entitled to; or

2. may have misused their benefits.

Exception:

Corrective action as a result of a Quality Control review must be completed within 30 days of receiving the Quality Control finding.

The date and the source of discovery must be recorded on the OVCA screen. The source of discovery codes are:

AG - Agency

IV - IEVS

QC - Quality Control

OS - Other Source

If the claim has not been established by the last day of the quarter following the quarter the overpayment or trafficking occurred, the claim must still be established for up to twelve months prior to the date of discovery. The claim would not be considered timely, but is valid.

IEVS and PARIS Hits 430-05-80-23

(Revised 06/01/15 ML3440)

View Archives

IEVS UIB and PARIS Interstate hits meet the criteria to decrease benefits and must be acted on.

IEVS UFO, IEVS Quarterly Wage Matches, PARIS Veterans Benefit Matches, and PARIS Federal Income Hits are only acted on if verification is obtained for Medicaid or TANF.

For SNAP only cases, IEVS UFO and IEVS Quarterly Wage Match alerts can be cleared upon receipt. PARIS Veterans Benefit Matches and PARIS Federal Income Hits will not be generated for SNAP only cases. If there is a claim or potential for a claim based on the IEVS alert, the F814-Claims/Required Verification should be sent to the household.

For combination SNAP, Medicaid and TANF cases, if the verifications are requested and received for Medicaid or TANF, the verifications must be used for SNAP to determine if a claim exists and to establish the claim.

Examples:

1. **Worker received an IEVS Quarterly Wage Match alert on a combination SNAP and Medicaid case. The worker is required to follow up on the wage match for Medicaid and sends a Medicaid request for verification. The household provides verification of earnings that should have been reported at application. The worker must establish a client error claim and determine if IPV should be pursued.**
2. **Worker received a quarterly wage match on a combination SNAP and Medicaid case. The worker is required to follow up on the wage match for Medicaid and sends a Medicaid request for**

verification. The household provides verification of the quarterly wage match. The verification indicates the gross income was received during the review period and did not exceed 130% of poverty for the household size. This information must not be acted on to decrease benefits. There is no claim, as the household was not required to report these earnings. This must be clearly documented in the casefile.

3. **Worker receives a quarterly PARIS Veterans Benefit match on a combination SNAP and Medicaid case. The worker is required to follow up on the wage match for Medicaid and sends a Medicaid request for verification. The household provides the verification of the PARIS Veterans Benefit match. The verification indicates the gross income was received during the review period and exceeded the 130% GIL for the household size. This information must be acted on as it meets the criteria to decrease benefits. The worker must determine if a claim needs to be established based on 10-10-10.**

Claims that are Not Cost Effective 430-05-80-25

(Revised 12/01/08 ML3164)

View Archives

The State Office has determined that it is not cost effective to collect any claim when the SNAP case is closed and the amount of the claim is less than $125. When benefit months are reworked resulting in both underpayments and overpayments, the overpayments must be authorized first. Underpayments are then authorized and will offset the claim. In determining if a claim is cost effective to collect, the dollar amount of the claim after offset is used.

In this instance, the worker must calculate the total overpayment and authorize it on OVCA. A notice of overpayment must not be sent to the household and must be deleted. The worker must contact the State Office to adjust the claim.

Exceptions:

1. **A claim must be completed for any case cited and reported as an overissuance by Quality Control regardless of the amount.**
2. **A claim that has already been established.**

Determining Claim Months 430-05-80-27

(Revised 10/01/11 ML3286)

View Archives

For administrative errors and inadvertent household errors, the worker must establish a claim for any overissuance for a maximum of 12 months from the .

Example:

Worker discovers in July 2011 the household failed to report a source of unearned income at the time of initial application in April of 2009. A client error claim must be established for the months of August of 2010 through July of 2011 and the worker must determine if IPV should be pursued.

If a household failed to report a mandatory reportable change, the worker must apply the maximum timeframe of 10-10-10 to determine when the change should have been acted on.

- The household has until the 10th day of the month following the month the change occurred to report the mandatory change.
- The worker then has 10 days to act.
- In all instances 10-days must be allowed for the 10-day advance notice. Even though 10-day advance notice may not have been required (change reported in writing and signed by the household), policy requires that 10 days must be allowed.

Exception:

10-10-10 does not apply at initial application or review.

If a worker failed to act on a timely mandatory reported change, the worker must apply the maximum timeframe of 10-10-10 to determine when the change should have been acted on.

Example:

A household reports on September 9th, their August income exceeds the 130% GIL for their household size, the income results in ineligibility and is going to continue. The worker discovers in December that this change was not acted on. In determining the first month of the claim, the full 10-10-10 must be applied. The household had until September 10th to report the change and the worker had until September 20th to act. Allowing for a 10-day advance notice, the first month of the agency error claim would be October.

If a worker failed to act timely on a change the household was not required to report but required action by the worker, the household's 10 days to report does not apply. The worker must apply 10-10 from the date they became aware of the change to determine when the change should have been acted on.

Examples:

1. **During a case file review in December, it was discovered that an IEVS UIB alert received on October 5th had not been acted on. In determining the first month of the claim, the worker must apply 10-10. The worker had until October 15th to act on the IEVS alert. Allowing for a 10-day advance notice, the first month of the agency error claim would be November.**
2. **During a case file review in January, it was discovered the household reported a household member left the home on October 25th and the change had not been acted on. Since this is not a mandatory reportable change but does meet criteria to decrease benefits, the change was required to be acted on. In determining the first month of the agency error claim, the worker must apply 10-10. The worker had until November 4th to act on the**

change. Allowing for a 10-day advance notice, the first month of the claim would be December.

If a 10-day advance notice would have been required for the month the claim is being established (individual did not report timely or worker did not act timely), it is assumed, for the purpose of calculating the claim, that the 10-day advance notice period would have expired without the household requesting a fair hearing.

Obtaining Verification Necessary to Complete a Claim 430-05-80-29

(Revised 06/01/15 ML3440)

View Archives

When the worker has determined there is potential for a claim or that a claim exists, any verification needed to complete the claim must be obtained by using Notice F814 – Claims/Required Verification – allowing the household 10 days to provide the information. The worker must only request verification necessary to complete the claim and document how they became aware of the information regarding the claim or potential claim.

Example:

1. **In month five of the certification period, the household provides verification of income exceeding the GIL, indicates the income will continue and the case is set to close. In reviewing the income, it appears the household may have been over the gross income limits for prior months. The worker must send the F814 for verification of the income. The worker must document the F814 was sent for verification of prior months income based on the year to date totals on the verified pay stub.**
2. **Household initially applies and is interviewed on August 3. The household reports no income at application and is approved for August and September. On August 30, the household provides a pay stub dated August 17 reflecting a pay period of August 4 through 11. The worker must send the F814 for verification of the date hired. The worker must document the F814 was sent for verification of prior months income based on the pay period start date of the August 17 verified pay stub. If the household fails to respond to the F814 within 10 days, the F401 must be sent to close the case.**

If the case is closed and the household fails or refuses to respond to the request, the worker must document in the case file that there is an outstanding claim issue. If the household applies at a later date, the household must cooperate by providing the information necessary to calculate the claim. If the household continues to fail or refuse to provide the information, the application must be denied.

If the case is an ongoing SNAP case and the household fails or refuses to respond to the request, the worker must send the F401. The case will close at the end of the advance notice period. The worker must document in the case file that there is an outstanding claim issue. If the household reapplies at a later date, the household must cooperate by providing the information necessary to calculate the claim. If the household continues to fail or refuse to provide the information the application must be denied.

If the household responds and indicates they need assistance in obtaining the information, the worker must attempt to obtain the information from the appropriate source. If the appropriate source fails to respond and provide the needed verification, the worker must complete the claim based on the best information provided by the household. The worker must document the attempt to verify income, income used and how it was arrived at.

If a household member other than the PI applies on their own, there is no requirement they provide information for the claim before the application can be processed.

Calculating the Amount of Claims 430-05-80-30

(Revised 06/01/15 ML3440)

View Archives

When completing the claim, eligibility items determined to be in error must be corrected using circumstances that should have been used at:

- application; or
- review; or
- when a change was reported/discovered; or
- should have been reported.

If income conversion applies, the corrected converted amount must be used. This information is used for each month of the claim, taking into consideration any other changes reported during that time.

Examples:

1. **Ongoing SNAP household reports and verifies earned income on March 10. The earned income resulted in the household being over the 130% GIL, not eligible for a benefit and the household indicated it will continue. The worker failed to act on this reported and verified change.**

   On May 27, the household reported two children with no income entered the home and provided the necessary verification to add them. Adding the children results in the household no longer exceeding the 130% GIL and is eligible for a benefit.

   When adding the two children, the worker discovers the failure to act on the March 10 change. The change in earned income would have resulted in case closure the end of March. April and May are total overpayments. There is no claim for June as the

household reported and verified a change resulting in continued eligibility. Even if the worker takes their ten days, a supplement must be issued for June.

2. **A household initially applied on April 26. At the interview on May 5, the mother reported her children in her home. The case was processed on May 5. The worker found out a few days later the children were placed into foster care the beginning of April and were not in the home at the time of the application or interview.**

   The worker completes a claim for April and May and the case is set to close the end of May as income exceeds the 130% GIL for the household size and not eligible for a benefit.

   On May 27, the mom reports and verifies the children have returned to her home. Based on the additional household members, income no longer exceeds the 130% GIL and is eligible for a benefit. The case must remain open for June. Even if the worker takes their ten days, a supplement must be issued for June.

When correcting benefits for a household failure to report or timely report and the resulting change would result in an underpayment instead of a claim, benefits are not restored.

When completing a claim for expenses, only the incorrect expenses are changed. All other expenses remain unchanged unless there is other information reported timely.

Example:

The standard utility allowance was allowed in error. The household also has rent and child care expenses. When completing the claim, the standard utility allowance is removed and the rent and child care expenses remain unchanged, unless there is other information reported timely.

When a household fails to report or to timely report earned income or earned self-employment income, the earned income deduction is not allowed when establishing the overissuance. The Earned Income Penalty Violation Code (PV) is entered on the EAIN or SEEI screen for only the earned income or earned self-employment income not reported or not reported in a timely manner.

Examples:

1. **It is discovered at review that a household's actual income exceeded the 130% GIL in month two of the review period and the household was not eligible for a benefit. The household had until the 10th of month three to report and did not. The household's income exceeded the 130% GIL in months three and four, was under the 130% GIL in month five, and was over the 130% GIL in month six. The household reported no changes in income until the review. Months four, five, and six are total overpayments because the case should have closed at the end of month three.**

2. **A household initially applies on October 2 and reports and verifies income for the husband. No income is declared for the wife. The application is approved on October 14 and the household is certified from October 2 through March. In January, the worker discovers the wife had income at the time of initial certification and it was never reported. The wife is paid every other Friday. In December the wife also received a raise, but the raise would not have put the household over the gross income limit.**

   In computing the amount of the overissuance for October, the verified amount of income that the wife was receiving at the time of certification is used. Since the wife would not have received all of her October income at the time the application was approved, September converted income is used to determine the claim for October. In computing the amount of the overissuance for any subsequent month, September converted income would also be used. The December raise would be disregarded, as it did not put the household over the

gross income limit. The claim would be for the months of October through January.

3. **A household reports and verifies September and October earnings at initial certification in October and is certified from October through March. The household is paid on the first of each month. The worker incorrectly used September income. As all income from the month of application was available, October income should have been used. In March, the worker discovers the error and also learned the household received a pay raise in December. The raise put the household over the 130% GIL for their household size.**

   In computing the amount of the overissuance for October through January, the worker would recompute the household's benefits based on October income. As the pay raise in December put the household's income over the 130% GIL, the household would have had until the 10th of January to report the change. The case should have closed the end of January as the household was not eligible with income over the 130% GIL. The claim for February and March is based on a total overpayment.

4. **Household was initially certified in November and was over the 130% GIL but eligible for a benefit. In month three a household member obtained employment that was discovered at review in April. There is no claim in this case as the household was not required to report when income exceeded the 130% GIL for the household size. Claims are only completed for mandatory reportable changes.**

5. **At review in April, it is discovered that household income exceeded the 130% GIL in January. Based on information obtained, the household had until February 10th to report that income exceeded the 130% GIL. In determining if a claim exists for March and April, the household's income exceeded the 130% GIL for its household's size. However, the household was eligible**

for a benefit for both March and April. There is no claim as the household remained eligible and had the income been reported, would have resulted in a decrease in benefits.

When a combination TANF/SNAP household fails to report income as required, only the unreported income is acted on when creating a SNAP claim. Any month where the unreported earnings caused the TANF benefit to change would be used and coded PV on the EAIN screen.

The TANF benefit amount would not be changed when calculating the claim.

EXAMPLE:

At review in February 2015, it is discovered a SNAP/TANF household failed to report earned income for the past year. The earnings began in January 2014. Verification of the unreported income has been received.

When reworking the TANF benefit using the unreported income, some months resulted in TANF overpayments and other months there were no changes to the TANF benefit.

The January 2014 wages which affected the March 2014 TANF benefit the household would have received is used when calculating the SNAP claims using the PV code.

The unreported income from any months that caused the TANF benefit to change would be used when calculating all SNAP claims for the previous twelve months. The corrected TANF benefit would not be used when calculating the claims.

Trafficking Claims

Claims from trafficking related offenses will be the amount of the trafficked benefits as determined by:

a. the individual's admission;

b. adjudication; or

c. the documentation that forms the basis for the trafficking determination.

Collecting Claims Against Households 430-05-80-35

(Revised 06/01/15 ML3440)

View Archives

Collection action must be initiated on all claims that are cost effective.

The worker can postpone collection action when a case is referred for possible prosecution or for administrative disqualification when the worker determines that collection action will jeopardize the case.

Administrative Error Claims

When an administrative error claim is established, the worker must:

1. Send notice F819 - Overissuance Notice Agency Error to the household. This notice is a combination overissuance/demand for payment notice.

   The worker will receive an alert 30 days from the date Notice F819 is sent as a reminder that the demand for payment is due.

2. Set the payment plan to 10% or $10 (whichever is greater) allowing for adequate notice, if the household does not respond and is currently participating in the program. Allotment reduction is automatic.

   If a SNAP case is closed and a household reapplies at a later date, a 10-day advance notice or adequate notice is not required to begin allotment reduction in the second beginning month, provided the worker sent Notice F819 when the claim was originally established.

   If allotment reduction begins after the second beginning month, adequate notice is required.

Inadvertent Household Error Claims

When an inadvertent household error claim is established the worker must:

1. Send notice F816 - Overissuance Notice Client Error to the household. This notice is a combination overissuance/demand for payment notice.

   The worker will receive an alert 20 days from the date Notice F816 is sent as a reminder that the demand for payment is due.

2. Set the payment plan to 10% or $10 (whichever is greater) if the household does not respond and is currently participating in the program. Allotment reduction is automatic and adequate notice is required.

If a SNAP case is closed and a household reapplies at a later date, no 10-day advance notice or adequate notice is required to begin allotment reduction in the second beginning month, provided the worker sent Notice F816 when the claim was originally established.

If allotment reduction begins after the second beginning month, adequate notice is required.

IPV Claims

The worker must initiate collection action against the household.

Exception:

If collection action will jeopardize the case against a household member referred for prosecution.

When an individual has been found guilty of IPV, the worker must:

1. Send notice F818 - IPV - Overissuance to the household. This notice is a combination overissuance/demand for payment notice.

   The worker will receive an alert 10 days from the date Notice F818 is sent as a reminder that the demand for payment is due.

2. Change the error cause from CL to FR and the payment plan from 10% to 20% or $20 (if the $20 is greater than 20%) if the household

does not respond and is currently participating in the program. Allotment reduction is automatic and adequate notice is required.

If a SNAP case is closed and a household reapplies at a later date, no 10-day advance notice or adequate notice is required to begin allotment reduction in the second beginning month, provided the worker sent Notice F818 when the claim was originally established.

If allotment reduction begins after the second beginning month, adequate notice is required.

When a case has been referred for prosecution the worker must request restitution be brought before the court or addressed in the agreement reached between the prosecutor and accused individual.

Tracking Claims 430-05-80-40

(Revised 01/01/04 ML2893)

View Archives

The State Office is required to track claims. For tracking purposes, a claim will be considered established as of the date of the initial overissuance notice or written notification.

Court Ordered Claim Repayment 430-05-80-45

(Revised 07/01/05 ML2972)

View Archives

A worker must recoup the portion of a claim **not** included in a court order as long as the order does not specifically void it. The worker must also ensure that payments received by the Clerk of Court are sent to the Finance Division of the Department of Human Services along with the case name and case number.

When an individual has been found guilty of fraud in court, the worker must:

1. **Disqualify the individual:** For all disqualified individuals, including those not participating at the time of the disqualification order, the disqualification period begins with the first month following the date the individual receives written notification. Adequate notice is required.

   Once a disqualification penalty has been imposed it continues uninterrupted until completed. The household remains responsible for repayment of any overissuance that may have resulted from this violation, regardless of eligibility for benefits.

2. **Change the error cause code** for the claim to "FR" (SEOO, function 5) and set the participation code for the disqualified individual to "DF" if currently participating. Send Notice F818 – IPV – Overissuance to the household and set an alert for 10 days as the household has 10 days to return the signed Notice F818. After the 10 days has elapsed, change the percent from 10% to 20% (SEOO, function 5). For IPV claims, the amount of SNAP benefit reduction is the greater of 20% of the benefit or $20 per month.
3. **Set a person/program alert** on the PRAP screen (CAMM, function 19).

Examples:

1. **An <u>open</u> SNAP case has a $500 claim and is court ordered to repay $300 to the Clerk of Court. The court order does not state that the remaining amount of the claim is void. The worker must recoup the remaining $200 at 20% each month in addition to the monthly payments the household is required to pay the Clerk of Court. (If the individual fails to make payments to the Clerk of Court, the worker must continue to recoup at 20% until the claim is paid in full.) The total amount of the collection MUST NOT exceed the claim amount. The worker must keep in contact with the Clerk of Court.**
2. **A <u>closed</u> SNAP case has a $500 claim and is court ordered to repay $300. The court order does not state the remaining amount of the claim is void. If no payments are made, the claim will remain in TECS for TOP (Treasury Offset Program).**
3. **A SNAP case is <u>reopened</u>, has a $500 claim, and is court ordered to repay $300. The court order does not state the remaining amount of the claim is void. The worker must recoup the remaining $200 at 20% each month. (If the individual fails to make payment to the Clerk of Court, the worker must continue to recoup at 20% until the claim is paid in full.) The total amount of the collection MUST NOT exceed the claim amount. The worker must keep in contact with the Clerk of Court.**

Fair Hearings and Claims 430-05-80-50

(Revised 08/01/07 ML3095)

View Archives

If a household contests a claim and requests a fair hearing, collection action on the claim must stop.

If the hearing official determines that a claim does in fact exist against the household, the household must be renotified of the claim sending the household the appropriate overissuance notice (F816, F818 or F819).

If the hearing official determines that a claim does not exist, the worker must contact the State Office.

Compromising Claims 430-05-80-55

(Revised 01/01/04 ML2893)

View Archives

A claim or any portion of a claim can be compromised if it can be reasonably determined that a household's economic circumstances dictate that the claim will not be paid in three years.

If a household's circumstances indicate that a compromise is appropriate, please contact the State Office.

Terminating and Writing Off Claims 430-05-80-60

(Revised 01/01/04 ML2893)

View Archives

A terminated and written off claim is defined as follows:

1. A terminated claim is a claim in which all collection action has ceased.
2. A written off claim is no longer subject to continued Federal and State Office collection and reporting requirements.

Contact the State Office for the termination or write-off of a claim in the following instances:

1. When all adult household members die.

2. The claim is $25 or less and the claim has been delinquent for 90 days or more.

   Exception:

   Unless other claims exist against the household resulting in an aggregate claim total of greater of $25.

3. It is not cost effective to pursue the claim.

4. The claim is delinquent for three years or more.

   Exception:

   If the claim is $25 or more, it will be referred to TOP.

5. You cannot locate the household.

6. The claim is invalid.

Bankruptcy and Claims 430-05-80-65

(Revised 10/01/06 ML3044)

View Archives

When a worker has been notified that a household has filed for bankruptcy, collection action must stop for all claims, pending the outcome of the court proceedings. The prohibition on collection action includes recoupment.

If a county is notified of a bankruptcy, the county must inform the Legal Advisory Unit and send in any documentation received on the bankruptcy to that unit.

A copy of the Notice of Bankruptcy, Meeting of Creditors, Deadlines and the Discharge of Debtor or Order Dismissing Case must be sent to the Legal Advisory Unit.

Types of Payments 430-05-80-70

(Revised10/01/14 ML 3410)

View Archives

Claims can be paid using any of the following types of payments or a combination of them:

1. Allotment Reduction

   Allotment reduction is automatic for participating households and begins with the first allotment issued after the appropriate notification.

   Exception:

   Allotments cannot be reduced when the only currently eligible household members were under age 18 during any of the benefit months reworked that resulted in the claim. In this situation, contact the State SNAP Office to close/suspend the claim.

   Examples:

   1. **Initial application consisting of Mom, age 30 and her 9 year old child. The application is approved with no income. In month three, the worker discovers Mom had earned income at the time of application. A claim is established and IPV pursued. Prior to Mom becoming disqualified (DF), allotment reduction was used to reduce the amount of the claim. When the county receives the signed Findings and Order, Mom becomes DF. Since the only eligible household member now was under age 18 at the time the error occurred, allotment reduction must stop.**
   2. **Review consisting of Mom, age 28, and her 8 year old child. There is an outstanding claim from two years ago that we have been collecting through**

allotment reduction. At review, it is determined that Mom voluntarily quit a job without good cause and is DW. Since the only eligible household members now was under age 18 when the error occurred, allotment reduction must stop.

Two months later, Mom reports that her 5 year old child moved into the household. Since Mom is now exempt from the work requirements, the voluntary job quit disqualification must be ended and Mom and the child added to the case. As Mom is now eligible and was over the age of 18 at the time the error occurred, allotment reduction must begin.

a. Administrative and inadvertent household error claims. The amount of SNAP benefits recovered each month is the greater of 10% of the household's monthly allotment or $10 per month, whichever is greater.

b. IPV claims. The amount of SNAP benefits recovered each month is the greater of 20% of the household's monthly allotment or $20, whichever is greater.

c. If a household requests benefit reduction at a rate higher than those listed in (a) or (b) immediately above, benefits are reduced by that amount. Supporting documentation must be in the case file.

Exception:

If collecting at the limits listed in (a) or (b) immediately above are greater than the requested benefit reduction by the household, then (a) or (b) immediately above must be used.

2. Offsetting Underpayments

When a household has an outstanding balance on a claim and is entitled to an underpayment, the system will automatically apply the underpayment to the overpayment.

Exception:

Underpayments cannot be used to offset claims when the only eligible household members were under age 18 at the time the claim was completed. In this situation, contact the State SNAP Office to close/suspend the claim before authorizing the underpayments.

3. Lump Sum or Installment Payments

   If the household chooses an installment payment plan and their case is currently open, the payment must be equal to or greater than 10% or $10, whichever is greater.

   Exception:

   If the claim is due to fraud, the payment must be equal to or greater than 20% or $20, whichever is greater.

   Acceptable forms of lump sum or installment payments include a check, cash, money order or EBT benefits whether it represents partial or full payment.

   If a household fails to submit a negotiated payment, the claim is subject to additional collection actions.

4. Treasury Offset Program (TOP)

   This is informational and is a State Office procedure.

   Properly established administrative error, inadvertent household error and IPV error claims can be submitted if they meet the following requirements:

   a. Case must be closed.
   b. Claims must be $25 or more. Smaller claims for an individual can be combined.
   c. A claim must be at least three months delinquent.

Exceptions:

1. **There is a court order.**
2. **If part of a combined claim is under judgment.**
3. **Double submissions of claims involving more than one adult household member are not allowed.**
4. **Claims submitted for bankruptcy cannot be referred.**

d. The State Office must provide households a 60-day notice informing them that the delinquent claim will be referred for offset.

5. Client Authorized EBT Benefits

A household must be allowed to pay a claim using benefits from its EBT account. If the household is currently participating in the program, allotment reduction is automatic. The worker must explain to the household that choosing repayment from its EBT account in addition to allotment reduction or an EBT benefit greater than allotment reduction is strictly voluntary.

Written authorization must be obtained from the client which specifies the amount. The Demand for Payment notice can be used. This information must be submitted to the State Office.

6. Expunged EBT Benefits

Any benefits in an EBT account that has not been used in 365 days are expunged and no longer available to the household. Expunged benefits are applied to any outstanding claim using the EX code. This is a State Office procedure.

7. Other Collection Actions

Other collection action may be used to collect claims such as collection agencies.

8. Unspecified Joint Collections

When an unspecified payment is received for a combined case, each program must receive a prorata share of the amount collected.

9. Public Service

   If authorized by a court, the value of a claim may be paid by performing public service.

Collecting a Claim from Individuals in Separate Households 430-05-80-75

(Revised 01/01/04 ML2893)

View Archives

When two or more adults who were members of the household when the claim occurred are now receiving benefits in separate households, they continue to be responsible for repayment of the claim. In order for collection action to begin, contact the State Office for instructions.

Interstate Claims Collection 430-05-80-80

(Revised 01/01/04 ML2893)

View Archives

North Dakota will accept claims from other states if the individual is a recipient here. The transferring state must submit a copy of the claim, payment records, and any disqualification or court documentation. From this information, a claim with the balance will be added to the TECS system.

Contact the State Office for further instructions before adding the outstanding balance to the TECS system.

Submitting and Reporting of Cash/Benefit Payments 430-05-80-85

(Revised 03/01/06 ML3017)

View Archives

When a claim is repaid with cash or SNAP benefits, the following procedures apply:

1. **Cash payments**: All cash payments **must be promptly submitted** to the Finance Division of the Department of Human Services with a completed SFN 827 - Credit Form.
2. **Payments in benefits:**

   If a SNAP household elects to make payments on a claim using EBT benefits, a demand for payment notice or other written authorization must be signed by the household. A copy of the demand letter or other written authorization must be sent to the State SNAP Office, and EBT personnel make the adjustment.

   All collections must be noted administrative, inadvertent, or intentional.

Overpayment of Claims by Households 430-05-80-90

(Revised 01/01/04 ML2893)

View Archives

Any amount overpaid on a claim must be refunded by the State Office.

Notice Requirements 430-05-80-95

(Revised 08/01/07 ML3095)

View Archives

When appropriate send the following notices:

F410 – Intentional Program Violation

This notice is used when a one-person household has been found guilty of IPV, which results in case closure.

F737 – Decreased Benefits/Decreased Persons – IPV

This notice is used when one or more individuals have been found guilty of IPV which results in a decrease in household size that results in a decrease in SNAP benefits.

F816 – Overissuance Notice Client Error

This notice is used for client errors. It is a combination overissuance/demand for payment notice.

F818 – IPV – Overissuance

This notice is used in cases where a household has been found guilty of IPV. It is a combination overissuance/demand for payment notice.

F819 – Overissuance Notice Agency Error

This notice is used for agency errors. It is a combination overissuance/demand for payment notice.

Check List for SNAP Claim Completion 430-05-80-100

(Revised 06/01/15 ML3440)

View Archives

- Claim based on 10-10-10.
- Eligibility items determined to be in error for each month must be corrected using circumstances that should have been used at:
  - application; or
  - review; or
  - when a change was reported/discovered; or
  - Should have been reported.

  If income conversion applies, the corrected converted amount must be used. This information is used for each month of the claim, taking into consideration any other changes reported during that time and the PV code used when appropriate.
- Claim authorized on OVCA.
- Program/Person alerts automatically set on PRAP.
- Demand for Payment notice sent.
- Referred for IPV, if appropriate.
- Form SFN 1940 – Notice of Suspected IPV completed.
- Form SFN 1087 – List of Legal Organizations given.
- All necessary information forwarded to Appeals Supervisor.
- Signed/dated Findings and Order received.
- F818 – IPV - Overissuance sent.
- Alert set to change recoupment plan (FR/20%) within 10 days.

Supplements 430-05-85-05

(Revised 06/01/15 ML3440)

View Archives

A supplement is issued when a household reports and verifies either of the following changes:

- An ongoing decrease of $50 or more in the household's gross monthly income, or
- The addition of a new household member who is not a member of another certified SNAP household

Worker failure to increase benefits will result in an underpayment.

A supplement is not issued:

- For or in the month a change is reported.
- If verification is not provided within 10 days of the mail date of the appropriate notice.

If a household reports either of these changes and does not provide verification, the worker must send the F419 - Request for Information. If verification is provided within 10 days of the mail date of the notice, the worker must act on the change no later than 10 days after the change was reported. If the benefit has already been issued or the worker takes 10-days to act and the 10-days fall into the next benefit month, a supplement must be issued. The worker must notify the household that supplemental benefits were issued using the TECS notice F703 - Supplemental Benefits notice. When adding a new household member, the F741 - HH Over GIL and Eligible –Reporting Requirement – Ongoing Case or the F742 – Household over GIL Reporting Requirement – Ongoing case must be sent to the household to inform the household of their new mandatory reporting requirements.

When the 10th day falls on a weekend or North Dakota Department of Human Services holiday and the verification is provided by the household on the first working day after the weekend or North Dakota Department of Human Service Holiday, the supplement is issued.

Examples:

1. A household reported and verified a decrease in gross monthly income of $50 or more that occurred in May on July 25. No supplement is issued for the month of July. The worker must process the reported change and issue a supplement for the benefit month of August by August 4, if the worker hasn't processed this change by regular issuance deadline.

2. A household reports on January 27 that a new household member entered their home on November 15 and does not provide the verification needed to add the individual. The worker sends F419 requesting verifications necessary to add the individual on January 28 with a mail date of January 29. The household provides the verification on February 10. No supplement is issued for the current month (February). When processing March benefits the new household member must be added to the case.

   In this example, if the household provided the verifications within 10 days of the mail date of the F419 (February 7), a supplement must be issued for the benefit month of February.

Replacement Issuance 430-05-85-10

(Revised 06/01/15 ML3440)

View Archives

A replacement issuance must be provided when a household reports that food purchased with SNAP benefits was destroyed in a household disaster or misfortune, such as but not limited to:

- A fire
- A flood
- A tornado
- Loss of electricity due to a power outage of more than 4 hours
- Food stolen from a client's home
- Malfunction of an appliance
- If a household reports their EBT card was stolen and benefits were used AFTER this was reported

> **NOTE:** If a household reports their EBT card was stolen and benefits were used PRIOR to this being reported, a replacement cannot be authorized.

The household need not be currently participating. The worker must verify the loss through a collateral contact such as, but not limited to, the fire department, Red Cross, a police report, landlord or a home visit.

The worker must document in the household's case file each request for replacement, the date, the reason, and whether or not a replacement was provided.

Replacement issuances are provided **only**:

- If a household timely reports the loss within 10 days of the loss.

- If a signed SFN 270 - Request for Replacement or signed statement from the client is received within 10 days of the date of the report.

The signed SFN 270 - Request for Replacement or signed statement from the client must be faxed to the State Office along with verification of the loss. The State Office completes all replacements. The worker must retain a copy in the case file.

If the worker does not receive the signed SFN 270 - Request for Replacement or signed statement from the client within 10 days of the date of the report, **no replacement is made**. If the 10th day falls on a weekend or North Dakota Department of Human Services holiday, and the request or statement is received the day after the weekend or North Dakota Department of Human Services holiday, the worker must consider it timely.

There is no limit to the number of replacements.

The maximum replacement cannot be for more than one month and cannot be more than the Thrifty Food Plan if that had been the original amount issued, unless the issuance includes underpayments which must be replaced.

Underpayments 430-05-90

(Revised 03/01/06 ML3017)

View Archives

Benefits are issued to households whenever a loss was caused by worker error, when an IPV disqualification is later reversed, or when specifically required by federal regulations.

If the worker discovers an underpayment has occurred, action must be taken to issue the underpayment. No action by the household is necessary.

Underpayments **are not** issued to households for unreported changes.

An underpayment must be issued even if the household is not currently participating. The amount issued is in addition to any current benefit the household is entitled to receive.

The worker must notify the household using TECS notice F709 – Additional SNAP Benefits Notice.

Time Limits for Issuing Underpayments 430-05-90-05

(Revised 01/01/04 ML2893)

View Archives

Underpayments must be issued for up to 12 benefit months from whichever of the following occurred first:

1. The date the worker receives an oral or written request from a household.

2. The date the worker is notified or discovers an underpayment has occurred.

3. When any judicial action established benefits were wrongfully withheld. Underpayments are completed for up to 12 benefit months from the date the court action was initiated.

   When the judicial action is a review of a county action, underpayments must be completed for up to 12 benefit months from whichever of the following occurred first:

   a. The date the worker receives the request for the underpayment.

   b. If no request is received, the date the fair hearing action was initiated, but never more than one year from when the worker is notified of or discovers the loss.

Underpayments Used to Offset Claims 430-05-90-10

(Revised 06/01/15 ML3440)

View Archives

All underpayments must be used to offset outstanding claims.

Exceptions:

1. **Benefits for an initial month cannot be used to offset an outstanding claim, even if the benefit for the initial month is paid retroactively. TECS will not allow offset to occur when the benefit is for an initial month.**

   Example:

   A household is entitled to an underpayment of $100 and has an outstanding claim of $40. The $40 claim must be offset and the household then receives the remaining $60.

2. **Underpayments for the current month cannot be used to offset a claim.**

When benefit months are reworked resulting in both underpayments and overpayments, the overpayments must be authorized first. Underpayments are then authorized and will offset the claim.

Disputed Underpayments 430-05-90-15

(Revised 01/01/04 ML2893)

View Archives

If a household believes it is entitled to an underpayment greater than the amount calculated by the worker, the household has 90 days to request a .

The underpayment originally calculated by the worker is issued, pending the fair hearing decision. If the fair hearing decision is in favor of the household, the worker must follow that decision.

Calculating Underpayments 430-05-90-20

(Revised 06/01/15 ML3440)

View Archives

If a household was eligible but received an incorrect benefit, an underpayment is calculated only for those months the household participated. After correcting the loss for future months the worker must calculate the underpayment as follows:

1. If a household's application was denied in error, the month the underpayment initially occurred is the month of application.
2. If a household filed a timely application for review and it was denied in error, the month of underpayment is the month following the expiration of the household's review period.
3. If an eligible household's application was delayed by the worker, the month of underpayment is the month of application.
4. If a household's benefits were terminated in error, the month of underpayment is the first month benefits were not received.

An underpayment is calculated for each month beginning with the first month incorrect benefits were issued to:

- The first month the error has been corrected.
- The first month the household is found ineligible.

In cases where there is insufficient information to determine eligibility, the worker must advise the household of what information is needed to determine eligibility. The F813 - Request for Information on a Closed Case must be sent requesting circumstances for each benefit month there is insufficient information to determine eligibility. For each month the household cannot provide the necessary information to determine eligibility, the household is ineligible.

Exception:

If expenses are not provided the expense is not allowed in determining the underpayment.

For the months the household was eligible, the worker must calculate the benefit the household should have received. If the household received a smaller benefit than it was eligible to receive, the difference between the actual and correct benefits equals the underpayment.

If the case has been closed since the incorrect denial or closure, the case must be reverted to open. If the case has been reopened since the incorrect denial or closure, benefits must be manually calculated using circumstances that should have been used prior to the incorrect denial or closure and an underpayment must be added and authorized for each month the household is eligible for a benefit.

When a household is entitled to underpayments for a period of time in which the review would have expired, an application for review must be completed. The application for review is registered as an application for review the month the original review period expired.

When completing corrective action on a case, corrective action must be established based on the reporting requirement the household was subject to when the error occurred or should have been subject to if the incorrect reporting requirement was applied.

When completing an underpayment, circumstances that should have been used at initial certification, review, or when a change was reported/discovered or should have been reported that required action must be used for the eligibility item(s) determined to be in error, taking into consideration any other changes reported during that time. If income conversion applies, the corrected converted amount from the initial month or review (not corrected converted income from each month in error) must be used to determine the underpayment, taking into consideration any other changes reported during that time.

Changes in Household Composition 430-05-90-25

(Revised 01/01/04 ML2893)

View Archives

When a household's composition has changed, underpayments are issued to the new household containing a majority of the members of the old household. If the worker cannot locate or determine the household that contained a majority of the original household members, underpayments are issued to the new household containing the primary individual at the time the underpayment occurred.

Reversal of IPV Finding 430-05-90-30

(Revised 01/01/04 ML2893)

View Archives

If a finding of IPV is reversed, the individual is entitled to an underpayment during the months they were disqualified, not to exceed 12 months before the date of county notification.

For each month the individual was disqualified, not to exceed the 12 month limit, the underpayment must be determined by comparing the benefit the household received with the benefit the household would have received had the disqualified member been eligible to participate.

Household participation in an administrative disqualification hearing in which the household contests the county's assertion of IPV must be considered notification of the household’s request for an underpayment.

An individual who has been found guilty of IPV is not entitled to underpayments unless the individual successfully challenges the disqualification imposed by the administrative hearing decision in a separate court action.

Federally Mandated Reduction, Suspension, or Cancellation of Benefits 430-05-95

(Revised 06/01/09 ML3182)

View Archives

The Food and Nutrition Act of 2008 sets limits on the amount of money that can be appropriated each year for SNAP and prohibits spending money greater than appropriated by Congress.

Reduction

If a benefit reduction of **less than 90%** is ordered, a revised Thrifty Food Plan will be issued and counties must recompute benefits using the reduced Thrifty Food Plan amount.

Unless the ordered reduction amount is **90% or greater**, a suspension or cancellation of benefits is ordered, a minimum issuance of $16 must be made for all eligible 1- and 2-person households. The minimum $16 issuance does not apply to households with 3 or more members.

Households that receive expedited service in months in which reductions are in effect and that are determined eligible must be issued benefits in accordance with the revised Thrifty Food Plan.

Suspension and Cancellation

If FNS orders a suspension or cancellation, eligible households must have benefit levels calculated according to routine procedures including expedited services, however, the benefits are not issued.

Expedited applications and application must be **processed** within the 7-day time frame, however benefits must **not** be issued.

Lifting of Suspension

Upon being notified by the State Office that a suspension of benefits is over, counties must act immediately to resume issuing benefits to certified households.

Affected Benefits

Benefits representing underpayments or retroactive benefits for a prior month(s) when benefit reduction, suspension or cancellation has not been ordered, are not reduced, suspended or canceled, even though they are issued during an affected month.

Notification of Eligible Households

Reduction, suspension or cancellation of benefits are mass changes, and a 10-day advance notice is not required, however, an adequate notice is required.

Underpayments

Households whose benefits are reduced or cancelled as the result of a FNS order are not entitled to underpayments at a future date.

Exception:

If there is a surplus of funds as a result of the reduction or cancellation, FNS may direct that affected households be promptly provided with underpayments. Underpayments are tracked and completed through the TECS system.

Review Periods

Reduction, suspension or cancellation of benefits in a given month have no effect on review periods assigned. Households whose review periods expire during a reduction, a suspension or cancellation month must be reviewed.

Fair Hearings

Any household that has benefits reduced, suspended or cancelled as a result of an order issued by FNS may request a fair hearing subject to the following conditions:

1. A household believes the benefit level was computed incorrectly.
2. A household believes the provisions were misinterpreted.

Since the reduction, suspension or cancellation would be necessary to avoid an expenditure of funds beyond those appropriated by Congress, a household does not have a right to continuation of benefits pending a fair hearing.

A fair hearing will be denied to those households who are merely disputing the fact that a reduction, suspension or cancellation was ordered.

A household may receive underpayments if it is determined that benefits were reduced by more than the amount ordered in the FNS reduction.

Issuance Services

Counties must have issuance services available to serve households receiving underpayments for a prior unaffected month.

Non-Compliance Penalties

Noncompliance with an FNS ordered reduction, suspension, or cancellation of benefits by the State Office or any county may result in statewide cancellation of 100% of federal administrative reimbursement for the affected periods and billing for the total amount of SNAP benefits overissued during the period.

SFN 362 - SNAP Computation Sheet 430-05-100-05

(Revised 10/01/10 ML3233)

View Archives

The use of this form is optional and the purpose is to provide the worker with a budget to compute SNAP benefits. The form should be retained in the household case file.

** Enter SNAP household size in upper right hand corner.

1. Enter total monthly gross earned income from all sources.
2. Multiply Line 1 by 80% and enter here.
3. Enter total monthly unearned income for all sources.
4. Add Line 2 and Line 3.
5. Expenses:
    a. Enter farm loss offset, if appropriate.
    b. Enter the standard deduction.
    c. Complete the medical deduction computation before making any entry on this. Enter medical costs for elderly/disabled households: Total medical $_____ minus $35.00 = _____.
    d. Enter actual out-of-pocket child care costs not to exceed the maximum allowable.
    e. Enter child support paid to a non-household member.

Total lines 5a through 5e and enter on Line 5.

6. Subtract Line 5 from Line 4.
7. Excess shelter costs:
    a. Enter rent or mortgage payment.

b. Plus property taxes and home owner's insurance.

c. Plus actual utilities or the standard utility allowance (SUA) or the telephone standard (TL)

d. Add Line 7a though 7c and enter total here.

e. Enter 50% or ½ of Line 6.

Subtract Line 7e from Line 7d (up to allowance maximum).

8. Subtract Line 7 from Line 6 to arrive at the net adjusted SNAP income.
9. Enter the Thrifty Food Plan amount for the household size.
10. Multiply Line 8 times 30%.
11. Subtract Line 10 from Line 9 and round down by dropping cents.

    Example:

    $40.49 would round down to $40.00.

12. Enter the proration multiplier from the proration chart to determine the amount of benefits during the initial month.
13. Enter the net benefit after proration (for initial application only) and round down by dropping cents.

    Example:

    $20.56 would be rounded to $20.00.

NOTES/DOCUMENTATION:

Enter verifications, calculations, and other documentation in this section.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (50 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 405 - Application for Assistance 430-05-100-10

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically.

- Application for Assistance (SFN 405) (570kb pdf)
- Application for Assistance Guidebook (6.2 mb pdf) - contains IMPORTANT information about economic assistance programs and client rights.

This form is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader Icon below.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 407 - Application for Review 430-05-100-20

(Revised 10/01/10 ML3233)

View Archives

This mandatory form is used in the review process.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 187 - Medical Expense Worksheet 430-05-100-25

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (208 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 385 - Affidavit for SNAP Work Requirements 430-05-100-35

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (47 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 353 - Affidavit for SNAP BEST Registrants 430-05-100-40

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (47 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 679 - Employment Communication Orientation Referral 430-05-100-45

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (52 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1940 - TANF/SNAP Notice of Suspected IPV 430-05-100-55

(Revised 10/01/10 ML3233)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (80 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

DN 1087 - Legal Service Organizations 430-05-100-60

(Revised 06/01/09 ML3182)

View Archives

Copies of this form are available on the county intranet.

SFN 162 - Request for Hearing 430-05-100-65

(Revised 01/01/04 ML2893)

View Archives

This form is completed by households that are requesting a hearing to dispute benefit reduction, suspension or termination.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (54 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1032 - Request from Law Enforcement 430-05-100-70

(Revised 01/01/04 ML2893)

View Archives

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (40 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1076 - Grower's Statement for Migrant Households 430-05-100-75

(Revised 10/01/10 ML3233)

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A written statement from the grower indicating employment information for migrant households.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (57 kb pdf)

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SFN 450 - County Social Service Office On-Site Review Report 430-05-100-80

(Revised 10/01/10 ML3233)

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SFN 700 -- Case Transfer Log 430-05-100-85

(Revised 10/01/10 ML3233)

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SFN 788 - Group Living Arrangement and Drug/Alcohol Treatment Center Report 430-05-100-90

(Revised 10/01/10 ML3233)

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SFN 701 - Case Review Form 430-05-100-95

(Revised 10/01/10 ML3233)

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SFN 488 - Supplemental Nutrition Assistance Program Case Review 430-05-100-100

(Revised 10/01/10 ML3233)

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SFN 293 - Supplemental Nutrition Assistance Program Negative Case Review 430-05-100-105

(Revised 10/01/10 ML3233)

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SFN 337 - Supplemental Nutrition Assistance Program Claim Review 430-05-100-110

(Revised 10/01/10 ML3233)

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SFN 376 - Drug Related Felony Review 430-05-100-125

(Revised 10/01/10 ML3233)

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DN 696 Simplified Reporting Information Fact Sheet 430-05-100-130

(Revised 10/01/14 ML 3410)

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This form can be made available to individuals as a reminder of what changes a simplified reporting household is required to report.

This form is available through the Department of Human Services and may also be obtained electronically.

DN 696 - SNAP Simplified Reporting Information Fact Sheet (169 kb pdf)

This form is presented in Adobe Acrobat and requires the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 500 - Supplemental Nutrition Assistance Program Targeted Review 430-05-100-135

(Revised 10/01/10 ML3233)

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Request for Replacement 430-05-100-140

(Revised 10/01/10 ML3233)

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