

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
September 2, 2022**

IM 5467

TO: Human Service Zones
Economic Assistance Policy Division

FROM: Michele Gee, Director, Economic Assistance

SUBJECT: SNAP – Telephonic Signature

PROGRAMS: Supplemental Nutrition Assistance Program (SNAP)

EFFECTIVE: October 1, 2022

**SECTIONS
AFFECTED:** 430-05-20-10 Filing an Application
430-05-35-05 Application for Review

USDA-Food and Nutrition Services requires that every state administer a SNAP Outreach Program. The North Dakota Department of Human Services contracts with the Great Plains Food Bank to administer SNAP Outreach. As part of the outreach work provided, the Great Plains Food Bank assists individuals across the state with completing SNAP applications. This includes completing the application and reviews via the on-line self-service portal.

Federal regulations require that the application or review is signed by either the applicant or an authorized representative. Great Plains Food Bank cannot act as an authorized representative and therefore, cannot sign an application or review for the individuals they are assisting. This has created a barrier for individuals to successfully submit on-line applications or reviews.

To remove this barrier, on October 1, 2022, the Department of Human Services, in coordination with the Great Plains Food Bank, will be piloting a telephonic signature for all on-line SNAP applications and reviews that the Great Plains Food Bank assists with completion.

The Great Plains Food Bank will be required to record and read a specific script to the applicant that will include the following:

Rights and Responsibilities

Now I am going to read a list of 8 statements. Please listen carefully to each statement, if you do not understand a statement, please let me know so I can provide additional information.

- 1. We will send you a copy of your application. You are required to review it and notify your county DHS office within 3 days if you see anything that is not correct. If you do not contact them, they will assume that you agree with everything recorded on the application.*
- 2. With the copy of your application, we will include a full description of your Rights and Responsibilities. You agree to review the information and contact DHS with any questions.*
- 3. You may need to provide proof or verification of your answers to the application questions. By verbally signing this application, DHS is authorized to contact any person or organization to obtain needed information in-order to determine if you can receive benefits.*
- 4. There are penalties for giving false information or breaking the rules. Information about this is provided in the Rights and Responsibilities.*
- 5. DHS cannot discriminate based on race, color, national origin, sex, age, disability, religious or political beliefs, or other protected identities. Your Civil Rights will be upheld.*
- 6. Your private information will be treated with confidentiality.*
- 7. If you have a disability, you may request information about your benefits in a different format.*
- 8. You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.*

Summary of Your Requests

You are applying for SNAP, the Supplemental Nutrition Assistance Program. Next, I will review a summary of your household details which will be used in completing your application for SNAP. (Briefly go through those details.)

Telephonic Signature

**Do you certify, under penalty of law and perjury, that you understand the statements I just read to you, and that the summary of your household details that I just reviewed with you are correct and*

complete to the best of your knowledge? If so, please say yes or I agree.

Note: The applicant must confirm (state yes or I agree) in-order for the signature to be accepted and the application to be complete.

Your recorded verbal agreement regarding this application for benefits will be treated by the Department of Human Services just like a written signature.

**Do you agree to provide a verbal signature and agreement to Great Plains Food Bank that they may submit an application for SNAP on your behalf? If so, please say yes or I agree.*

Note: The applicant must confirm (state yes or I agree) in-order for the signature to be accepted and the application to be complete.

Please state your full legal name- (Applicant Answers)

Please state your date of birth - (Applicant Answers)

Please state today's date and the current time. - (Applicant Answers)

The applicant will be required to provide a verbal response of "yes", "no", "I agree" or "I disagree". The Great Plains Food Bank will securely store these recordings until such time as the Department of Human Services is able to securely transfer the recordings and load the recording into Filenet. The Great Plains Food Bank will note on the application signature line that the application is signed via telephone signature with the Great Plains Food Bank.

Should the Human Service Zone question the validity of the telephonic signature, a request can be made to the state SNAP office to obtain the recording from the Great Plains Food Bank. These requests should be sent to SNAP Policy email at -Info-DHS FSPolicy.

The telephonic signature is being added to SNAP policy however, this is **not** available to Human Service Zones to utilize at this time. Upon evaluation of the Great Plains Food Bank's successful use of the telephonic signature, SNAP Policy will determine next steps to make this option available to human service zones.

Filing an Application 430-05-20-10

Human Service Zones must encourage a household to file an application for the program if the household expresses concern 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 human service zone either in person, through an authorized representative, or by mail. A household may also file an application electronically using the on-line self-service application system. A household has the right to file an application on the same day contact is made at the human service zone 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 must be signed using one of the following acceptable techniques:

- Electronic Signature
- Handwritten Signature
- Telephonic Signature

NOTE: Telephonic Signature is ONLY available to the Great Plains Food Bank to record and utilize in assisting applicants with on-line application submission. Applications will be noted on the signature line that a telephonic signature was utilized.

Example:

Individual contacts the Great Plains Food Bank via telephone for assistance to complete a SNAP application. The Great Plains Food Bank assists the individual with an on-line application via the Self-Service Portal. Upon the completion of the application, the Great Plains Food Bank records and reads the required telephonic signature script and the applicant verbally agrees to the information on the application. The Great Plains Food Bank notes on the signature line the following information: "Application

telephonically signed by “client’s name” through the Great Plains Food Bank. The application is submitted through the self-service portal. This is an acceptable signature on the application.

Applications signed using electronic **the acceptable** signature techniques and ~~applications containing handwritten signatures~~ which are then transmitted to the human service zone 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.

Applications may be received, filed and maintained at any human service zone office within the state, based on what is most convenient for the applicant or recipient.

Reviews 430-05-35

Application for Review 430-05-35-05

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~~ a Review **Form**. 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 a review online at a county social service human service zone office, the county human service zone office 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 Form 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 review form and may file an incomplete application review form. The incomplete application review must be registered, the pending notice sent and the interview scheduled, if required.

The remainder of the SFN 407 review form with signature on the last page, an interview, if required, and all mandatory verifications are required to complete the application review process.

The date of an application for review is the date the county human service zone office receives a signed form, provided the application review form was submitted during the county's human service zone's normal business hours. When an application a review is submitted after normal business hours, on a weekend, or on a North Dakota Department of Human Service holiday, the application review is considered received the next business day. The county human service zone must document the date an application for the review is filed by recording the date it was received on the application review form. The processing timeframe begins the day following the date of application review. 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 completed review. The county human service zone must file the review and note on the form that it is not considered an application for a complete 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 a review form is not filed in the last month of the review period, the case will automatically go to close in TECS.

If a review is submitted prior to the last month of the review period, the worker may register it effective on the first day of the last month of the review period.

Example: A review form is submitted on July 31st for a review that was due August 31st. The worker will register the review in the eligibility system using August 1st.

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.