

Title 18: Mississippi Department of Human Services

Part 14: Supplemental Nutrition Assistance Program (SNAP) Policy Manual

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

200 SOUTH LAMAR STREET

JACKSON, MISSISSIPPI 39201

Telephone: (601) 359-4500

Revised: February 1, 2022

Table of Contents

Part 14 Chapter 1: General Information	3
Part 14 Chapter 2: Application	12
Part 14 Chapter 3: Verification and Documentation	20
Part 14 Chapter 4: Expedited Service	28
Part 14 Chapter 5: Household Composition	34
Part 14 Chapter 6: Social Security Numbers	39
Part 14 Chapter 7: Identity	42
Part 14 Chapter 8: Residency	43
Part 14 Chapter 9: Citizenship and Non-Citizen Status	45
Part 14 Chapter 10: Students	50
Part 14 Chapter 11: Interaction between General Work Requirements, ABAWI and SNAP E&T	-
Part 14 Chapter 12: General Work Requirements	56
Part 14 Chapter 13: Able-Bodied Adults without Dependents (ABAWDs)	66
Part 14 Chapter 14: E & T Work Requirements	71
Part 14 Chapter 15: Categorically Eligible Households	81
Part 14 Chapter 16: Resources	83
Part 14 Chapter 17: Income	90
Part 14 Chapter 18: Expenses and Deductions	99
Part 14 Chapter 19: Choctaw Food Distribution Program	103
Part 14 Chapter 20: Self-Employment	105
Part 14 Chapter 21: Child Support Requirements	108
Part 14 Chapter 22: Households with Excluded Members	110
Part 14 Chapter 23: Drug Addict or Alcoholic Treatment and Rehabilitation Pro(DAA Treatment Centers)	O
Part 14 Chapter 24: Blind and Disabled Group Living Arrangements (GLA)	121
Part 14 Chapter 25: Shelters for Battered Persons	126
Part 14 Chapter 26: Homeless SNAP Households	128
Part 14 Chapter 27: Migrant or Seasonal Farmworkers	130
Part 14 Chapter 28: Elderly Simplified Application Project (ESAP)	132
Part 14 Chapter 29: Mississippi Combined Application Project (MSCAP)	134

Part 14 Chapter 30: Determining Household Eligibility and Benefit Levels	137
Part 14 Chapter 31: Benefits	143
Part 14 Chapter 32: Change Processing/Reporting Requirements	151
Part 14 Chapter 33: Recertification	157
Part 14 Chapter 34: Replacement Benefits	162
Part 14 Chapter 35: Disaster SNAP (D-SNAP)	165

Part 14 Chapter 1: General Information

Rule 1.1 Legal Authority and Purpose.

The Food and Nutrition Act of 2008 (as amended) authorizes the Supplemental Nutrition Assistance Program (SNAP). The purpose of the SNAP is to help low-income households increase their food purchasing power in order to obtain a more nutritious diet.

Source: 7 CFR §271.1(a) Revised: February 2022

Rule 1.2 State Agency Responsibilities.

The Food and Nutrition Service (FNS) under the United States Department of Agriculture (USDA) delegates to the Mississippi Department of Human Services (MDHS) the responsibilities of administering the SNAP within the state. These responsibilities include, but not limited to:

- A. Certifying applicant households;
- B. Maintaining the issuance, control, and accountability of SNAP benefits;
- C. Conducting performance reporting reviews, such as Quality Control and Management Evaluation;
- D. Developing and maintaining complaint procedures;
- E. Developing, conducting, and evaluating training;
- F. Processing recipient claims and underpayments;
- G. Submitting accurate and timely financial and program reports; and
- H. Keeping records necessary to determine program compliance with federal regulations.

Source: 7 CFR §271.4 Revised: February 2022

Rule 1.3 Program Informational Activities.

MDHS must provide SNAP applicants and recipients with their rights and responsibilities regarding the program. All program informational materials must be available in other languages and include a statement that the SNAP is available without regard to race, color, sex, age, handicap, religious creed, national origin or political belief.

Source: 7 CFR §272.5 Revised: February 2022

Rule 1.4 Household Rights and Responsibilities.

- A. Federal and state regulations provide certain rights to households applying for or receiving SNAP benefits, including the right to:
 - 1. File an application during working hours on the same day one contacts the office with, at a minimum, a name, address and signature of a responsible adult household member or authorized representative.

- 2. A telephone interview if one is unable to come to the office for the interview with the MDHS caseworker due to age, transportation difficulties, illness, or other hardship as determined by MDHS.
- 3. A certain amount of privacy concerning one's circumstances and need for assistance. For more information, see *Rule 1.11 Confidentiality*.
- 4. Designate in writing an authorized representative.
- 5. Adequate notice of reduction in benefits or closure of a case based on the household's change in circumstances.
- 6. Non-discriminatory treatment.
- 7. A fair hearing on an application, amount of benefits, closure of case, or any action of the agency about which the household wishes to express dissatisfaction.
- 8. Free language assistance for persons with Limited English Proficiency and/or auxiliary aids/services or other reasonable modifications for persons with disabilities.
- B. All households applying for or receiving SNAP benefits are responsible for:
 - 1. Giving correct and complete information about household circumstances as they relate to eligibility, both at the time of application and at each recertification.
 - 2. Providing Social Security numbers (SSN) for each person for whom assistance is requested.
 - 3. Cooperating in the application process by participating in an interview and providing required verification.
 - 4. Informing the county office of changes. Change Reporting households are required to report all changes within ten (10) days of the date the change becomes known to the household.
 - 5. Cooperating with Quality Control personnel, if selected for review in the quality control sample.
 - 6. Using SNAP benefits properly.
 - 7. Complying with Child Support requirements, if applicable.
 - 8. Complying with SNAP work registration requirements, if applicable
 - 9. Completing a timely reapplication to receive, if eligible, uninterrupted benefits.

Source: The Privacy Act of 1974 (5 U.S.C. §552a); 7 CFR §272.1(c); 7 CFR §272.4(b); 7 CFR

§273.2 (c-d); MS Code §43-1-19

Revised: February 2022

Rule 1.5 Bilingual Requirements.

MDHS must provide services (staff or interpreters) for non-English speaking households regarding program information and certification materials based on the estimated total number of low-income households that speak the same non-English language in the state.

Source: 7 CFR §272.4(b) Revised: February 2022

Rule 1.6 State Plan of Operation.

MDHS is required to provide an annual state plan of operation detailing the implementation of its SNAP to FNS.

Source: 7 CFR §272.2 Revised: February 2022

Rule 1.7 Personnel Standards.

Only authorized merit personnel will be allowed to conduct certification interviews or certify applicants except for SSI households and USDA declared disaster victims or as otherwise allowed by FNS instruction. Volunteers may be utilized for outreach, prescreening, assisting applicants in the application and certification process and in securing needed verification.

Source: 7 CFR §272.4(a) Revised: February 2022

Rule 1.8 Case Record.

The case record provides eligibility data on households applying for or receiving SNAP benefits, validates agency action in the determination of the household's eligibility and benefit level, and provides verification that justifies expending public funds on behalf of needy people. Case record documentation must support eligibility and benefit level determination. All case record information is confidential.

Source: 7 CFR §272.1(e); 7 CFR §273.2(f)(6) Revised: February 2022

Rule 1.9 Record Retention.

- A. MDHS must retain all SNAP records for review and audit purposes for three (3) years from the month of origin of each record.
- B. These records include applications, income determination for eligibility, verification techniques utilized, correspondence between households and MDHS, and actions regarding the fair hearing process.
- C. Fiscal records and accountable documents must be retained by MDHS for 3 years from the date of fiscal or administrative closure. These records include claims and documentation of lost benefits.
- D. Case records, including notices, regarding intentional program violation disqualification must be retained indefinitely or until FNS determines that all records may be removed permanently.
- E. Disqualification records submitted to the disqualified recipient database must be purged by MDHS when the supporting documents are no longer accurate, relevant or complete.

Source: 7 CFR §272.1(f) Revised: February 2022

Rule 1.10 Electronic Notices.

- A. Mississippi has taken the state option to send electronic notices to households once an account has been activated by such household.
- B. Once the household makes the selection of receiving electronic notices, the household will be responsible for viewing all notices.
- C. Households will be given the opportunity to opt-out and return to paper notice at any time.
- D. Note: Claim overpayment tax offset notices will continue to be sent via regular mail.

Source: 7 CFR §273.2(c)(5), (e)(3), (f)(9)(iii), (f)(10)(iv) and (g)(3); 7 CFR §273.7(c)(1)(ii); 7 CFR §273.10(g); 7 CFR §273.13; 7 CFR §273.14(b)(1); 31 CFR §285.2(d)(2)

Revised: February 2022

Rule 1.11 Confidentiality.

SNAP case information is confidential under Federal and State law. Information must be protected in order to prevent unauthorized disclosure.

- A. Administrative Disclosure: Case information may only be disclosed for purposes directly related to the administration of the following programs:
 - 1. Persons directly connected with the administration or enforcement of the provisions or regulations of the Food and Nutrition Act of 2008;
 - 2. Child Support;
 - 3. Food Distribution programs;
 - 4. Medicaid;
 - 5. The National School Lunch Program for the purpose of approving eligibility of children for free meals based on their receipt of SNAP;
 - 6. Comptroller General's Office for audit examination;
 - 7. Law enforcement upon their written request. The written request must include the identity of the individual requesting the information and his/her authority for doing so, the violation being investigated and the person's identity the information is being requested.
 - a) If the purpose is investigating an alleged Food and Nutrition Act of 2008 or regulation violation, any information shall be provided;
 - b) Information, such as address, social security number and photo if available, must be restricted to household members being sought. If the purpose is investigating fleeing felons, a felony warrant must be provided. If the purpose is investigating probation or parole violators, law enforcement must be actively pursuing the individual.
 - c) Information will also be disclosed regarding a household member when such member has information necessary for the apprehension or investigation of another member who is fleeing to avoid prosecution or custody for a felony, or has violation a condition of his/her probation or parole.
 - 8. Supplemental Security Income (SSI);

- 9. State programs administered under a plan approved under the Social Security Act, which is required to participate in the Income and Eligibility Verification System (IEVS) to the extent that SNAP information is useful in establishing or verifying eligibility or benefit amounts under those programs;
- 10. Temporary Assistance for Needy Families (TANF);
- 11. Any other federally aided means-tested programs; or
- 12. Verification of immigration status of non-citizens applying for SNAP through the Systematic Alien Verification for Entitlements (SAVE) Program.
- B. **Information Considered Confidential**: Agency employees must not disclose confidential information concerning any applicant or recipient of agency services, except in the administration of the programs listed above. Such information includes:
 - 1. Names and addresses or lists of applicants and recipients;
 - 2. Amount of benefits;
 - 3. Case record documents:
 - 4. Information provided by another agency without that agency's permission, such as State Data Exchange (SDX), Unemployment, IEVS, etc.;
 - 5. Social Security Administration (SSA) information;
 - 6. National Directory of New Hires (NDNH) data; and
 - 7. Internal Revenue Service (IRS) Federal Tax Information (FTI).
- C. Other Disclosure of Household Information: Besides the above referenced administrative disclosures, specific information must only be disclosed to other agencies and/or persons upon the written authorization of the head of household, household spouse, other adult household member or an authorized representative.
- D. **Household Access**: Upon written request, a responsible member of the SNAP household, a currently authorized representative, or any person given permission in writing to act on the household's behalf may review materials contained in the case file during normal business hours. Confidential third party provided information may not be available to the household.
- E. Penalties for Unlawful Disclosure-SSA Information:
 - 1. MDHS must restrict access to SSA-provided data to authorized users who need it to perform their official duties.
 - 2. MDHS must process SSA-provided information under the immediate supervision and control of authorized personnel.
 - 3. SSA-provided data is confidential and must be safeguarded at all times. Such data must not be printed for any reason.
 - 4. MDHS must inform all employees and contractors of the Incident Reporting and User Sanctions pertaining to SSA-provided data.
 - 5. SSA-provided data and "Personally Identifiable Information (PII)" must be safeguarded and kept confidential by all MDHS employees. PII covered under several Federal laws and statutes, refers to specific information about an individual used to trace that individual's identity. Information such as his/her name, Social Security Number (SSN), date and place of birth, mother's maiden name or biometric records, alone, or when combined with other personal or identifying information is linkable or lined to a specific individual's medical, educational, financial and employment information.

- 6. MDHS personnel who access, use, duplicate or disclose SSA-provided data obtained pursuant to the SSA "Information Exchange Agreement", between SSA and MDHS, in a manner or for purposes not authorized by this agreement may be subject to civil and criminal sanctions under applicable Federal statutes.
- 7. Any agency employee that publishes, discloses, or makes known in any manner confidential SSA information is subject to a civil money penalty of \$10,000 for each such unauthorized publication or disclosure, or a criminal penalty of a fine of not more than \$10,000 or imprisonment of not more than 1 year, or both, for each such unauthorized publication or disclosure.
- 8. If MDHS staff or contractors experience or suspect a breach or loss of PII or a security incident, which includes SSA provided information, supervisory staff must immediately notify the SSA Regional Office Contact or the SSA Systems Security Contact identified in the agreement. If, for any reason, the responsible State official or delegate is unable to notify the SSA Regional Office or the SSA Systems Security Contact within one hour, the responsible State Agency official or delegate must report the incident by contacting SSA's National Network Service Center (NNSC) toll free at 877-697-4889 (select "Security and PII Reporting" from the options list).

F. Federal Tax Information Security and Penalties

- 1. IRS guidelines restrict the use and access of FTI to agency employees with a need-to-know.
- 2. It is the responsibility of every SNAP employee and contractor to ensure the confidentiality of our client's FTI.
- 3. All agency employees must receive training upon employment with the agency prior to receiving access to FTI and annually thereafter. The training must include
 - a) a review of the importance of safeguarding FTI;
 - b) the fact that FTI must be safeguarded after employment with the agency has ended;
 - c) instructions for reporting improper inspections and/or disclosure;
 - d) the penalties associated with failing to safeguard FTI; and
 - e) a signed statement of completion containing information required by Publication 1075 that must be maintained for 5 years.
- 4. Agency employees with a need-to-know must maintain the confidentiality of, or safeguard, FTI to ensure that improper inspection and/or disclosure of FTI does not occur.
- 5. Any such improper inspections and/or disclosure of FTI must be reported to the appropriate Treasury Inspector General Tax Administration (TIGTA) office and the Office of Safeguards within 24 hours of discovery.
- G. **National Directory of New Hires**: Any use of NDNH data except in the administration of SNAP and/or any unauthorized disclosure of such data must be reported immediately to the Director of State Operations, who will in turn notify Management Information Systems (MIS) within one hour of discovery.
- H. Restrictions of Staff in Handling Certain Cases: Any staff member and relatives and/or personal interest cases of staff members may apply for and receive assistance. However, there are special procedures for taking and processing applications for employees and

individuals related to, or of personal interest to, a staff member in order to avoid a conflict of interest.

Source: The Privacy Act of 1974 (5 U.S.C. §552a); 42 U.S.C. §1306; 26 U.S.C. §6103; 26 USC §7431, 7213 and 7213A; CFR §272.1(c); 7 CFR §272.16; 42 U.S. Code § 1396w–2; 42 U.S.C.

653(1); MS Code §43-1-19 *Revised*: February 2022

Rule 1.12 Complaints.

- A. Program complaints may be made by a member of a household, an authorized representative, or any other person. This does not include complaints alleging discrimination or those that can be pursued through a fair hearing. MDHS provides SNAP applicants and/or recipients an opportunity to appeal adverse administrative decisions and provide supporting documentation challenging the adverse or noncompliant action. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.
- B. Case information must not be released to anyone other than the household or the authorized representative, unless the household or authorized representative has provided approval in writing.
- C. All complaints are promptly reviewed to determine if the county's actions were correct.
- D. Such complaints may involve program policy, procedures and customer service.
- E. MDHS must inform participants, potential participants and other interested parties of the complaint process.
 - 1. **Complaint Review**: MDHS must maintain a record of said complaints, their disposition and will review those records at least annually to ascertain whether there is a pattern of issues that may need to be resolved through further training. The results of this review must be provided to the Performance Reporting System Coordinator and, if appropriate, be included in the State Corrective Action Plan. FNS shall monitor state compliance with these requirements through the Performance Reporting System.
 - 2. Complaints to Public Officials: When a SNAP applicant, recipient, or authorized representative makes a complaint about the agency in writing to a public official, the public official in turn will usually provide the letter to the agency. By providing facts about its complaint to the public official, the SNAP household is implying that it has provided consent to the agency to include that information when replying to the public official. When preparing a response, the agency should only include information that is necessary to explain the agency's position or action. The household/authorized representative may request a fair hearing if they are not satisfied with the results of the complaint review and outcome. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.
 - 3. **Regional Office Responsibility**: Individuals may file a complaint with the appropriate FNS Regional Office. For the state of Mississippi, complaints should be directed to the Southeast Regional Office, U.S. Department of Agriculture, Food and Nutrition Services, 77 Forsyth Street SW, Suite 112, Atlanta, GA 30303-3427.

Source: 7 CFR §271.6 Revised: February 2022

Rule 1.13 Nondiscrimination Compliance.

A. No applicant or participant shall be discriminated against in any aspect of the SNAP administration including, but not limited to, certification of households, issuance of benefits, fair hearing procedures, and any other service for reasons of age, race, color, sex, disability, religious creed, national origin or political beliefs.

- B. **Right to File a Complaint**: Individuals should be advised of the right to file a complaint through FNS or the MDHS Office of Civil Rights, or both. FNS directed discrimination complaints may forwarded to Administrator, FNS, Washington, DC 20250. FNS complaint requirements can be found within the citied regulation below.
- C. **Public Notice**: The USDA Nondiscrimination Statement must be posted in all MDHS offices and publicized so the public may have access to the nondiscrimination statutes and procedures for filing a complaint.
- D. **Reports**: FNS requires that MDHS report the racial and ethnic data on participating households.

Source: 7 CFR §272.6 Revised: February 2022

Rule 1.14 Quality Control Reviews.

- A. Federal regulations require as part of the Performance Reporting System Quality Control (QC) Staff to review a sample of households in two categories:
 - 1. Households which are participating in SNAP (called active cases) and
 - 2. Households in which participation was denied, suspended or terminated (called negative cases).
- B. **Scope**: Reviews are conducted on active cases to determine eligibility and the correct basis of issuance and reviews are conducted on negative cases to determine the validity of denials and closures.
- C. **Purpose**: The objectives of quality control reviews are to provide:
 - 1. Procedures for measuring the validity of the SNAP caseload;
 - 2. A method for determining error rates;
 - 3. A consistent flow of information on which to base corrective action at all levels of administration;
 - 4. A basis for setting MDHS' liability for errors that exceed the national performance measure.

Source: 7 CFR §275.10 Revised: February 2022

Rule 1.15 The National Voter Registration Act (NVRA) of 1993.

- A. This Act designates all State agencies providing public assistance as voter registration agencies.
- B. Voter Registration Services: MDHS must provide all applicants and recipients the opportunity to register to vote or update a voter registration record. Provide a voter

registration application and declination form at each application/reapplication, recertification/reevaluation, or when the household reports a change of address.

- C. **Required Duties**: The following services must be provided by MDHS as a voter registration agency:
 - 1. Distribution of voter registration application forms and declination forms to applicants/recipients of agency assistance;
 - 2. Assistance in completing voter registration application forms unless the applicant/recipient refuses such assistance; and
 - 3. Acceptance of completed voter application forms for transmittal to the county Circuit Clerk for processing within five (5) days of receipt by the agency.
- D. **Prohibited Actions**: As a voter registration service agency, MDHS is prohibited from:
 - 1. Seeking to influence an applicant's political preference or party registration;
 - 2. Promoting any political preference or party allegiance;
 - 3. Discouraging registration;
 - 4. Indicating that availability of agency services or eligibility for benefits is in any way related to voter registration; or
 - 5. Disclosing an applicant's voter registration information (except as needed for NVRA administration) or identifying the agency's name on the application form.
- E. **Voter Registration Requirements**: To register to vote, a person must be:
 - 1. A U.S. citizen, and
 - 2. Age 18 or older. Persons who are 17 years old who will turn 18 on or before the general election date in November may also register.

Source: National Voter Registration Act of 1993 (52 U.S.C. Chapter 205); Miss Code Ann. §23-15-11

Revised: February 2022

Part 14 Chapter 2: Application

Rule 2.1 Application Process.

There are three steps in the application process:

- A. Completing and filing an application form;
- B. Being interviewed; and
- C. Having certain information verified.

Source: 7 CFR §273.2(a)(2) Revised: February 2022

Rule 2.2 Application Form.

Applications can be made either in paper form, an online document or a recorded conversation.

Source: 7 CFR §273.2(b)(1) Revised: February 2022

Rule 2.3 Required Application Notifications.

Each application form must include the following:

- A. Notice of a household's right to file with an applicant's name, address and signature of a responsible household member or the household's authorized representative.
- B. Notice that, if eligible, benefits will be provided from the date of application.
- C. A description of expedited services on the first page of the application.
- D. A statement to be signed under penalty of perjury as to the truthfulness of the information contained in the application by an adult household member.
- E. A prominent description of the civil and criminal penalties for violating the Food and Nutrition Act of 2008.
- F. Notice that information available through the income and eligibility system (IEVS) will be requested, used, and may affect eligibility and benefit levels.
- G. Notice that non-citizen status of applicant household members may be subject to verification by United States Citizenship and Immigration Services (USCIS) through the use of the Systematic Alien and Verification and Entitlements (SAVE) system that may affect eligibility and benefit levels.
- H. The USDA non-discrimination statement and the Privacy Act statement.

Source: 7 CFR §273.2(b) Revised: February 2022

Rule 2.4 Application Availability.

- A. The application must be readily available to potentially eligible households as the household has a right to same day filing.
- B. Households who contact the agency for SNAP, but do not wish to come to the office, must be advised:

- 1. An application will be mailed to them the same day, or
- 2. They can complete or obtain an application online.

Source: 7 CFR § 273.2(c)(1)(iii); 7 CFR §273.2(c)(3)

Revised: February 2022

Rule 2.5 Who May File the Application.

Applications for SNAP may be made by any of the following people:

- A. Head of household:
- B. Spouse of the head of household;
- C. Other responsible household member; or
- D. A designated authorized representative.

Source: 7 CFR §273.2(b)(1)(v) Revised: February 2022

Rule 2.6 Filing the Application.

Households or an authorized representative may file an application:

- A. By going online,
- B. In person,
- C. By fax,
- D. By email, or
- E. By mail

Source: 7 CFR §273.2(c)(1)(i) Revised: February 2022

Rule 2.7 Valid Application.

- A. A valid application for SNAP benefits requires the following:
 - 1. Name,
 - 2. Address, and
 - 3. Signature of the responsible adult household member or authorized representative.
- B. Once an application is received in the SNAP office and these three minimum requirements have been met, the application is considered filed and the application process begins.

Source: 7 CFR §273.2(b)(1)(v); 7 CFR §273.2(c)(1)(iii) Revised: February 2022

Rule 2.8 Valid Signatures.

- A. Handwritten signatures are accepted.
- B. Applications signed with a "mark" must also have the signature of a witness.
- C. Electronic signatures through fax or other electronic transmissions are acceptable.
- D. Recorded telephonic verbal assent (consisting of an audio recording of the household's verbal assent and a summary of the information to which the household assents) is a valid signature; however, MDHS currently only accepts telephonic signatures through our SNAP Outreach Partner.

Source: 7 CFR §273.2(c)(7)(vi-viii)

Revised: February 2022

Rule 2.9 Application Assistance.

When requested, MDHS must provide assistance to help applicants and recipients with:

- A. Completing the application;
- B. Obtaining verifications if needed; and
- C. Registering to vote

Source: National Voter Registration Act of 1993 (52 U.S.C. Chapter 205); 7 CFR §273.2(c)(5)

Revised: February 2022

Rule 2.10 Authorized Representatives.

A. Applicants may authorize representatives to act on a household's behalf either:

- 1. During the application process;
- 2. Obtaining benefits; or
- 3. Utilizing SNAP benefits.
- B. A non-household member may be designated if assistance is needed with the application process provided such person is an adult, is familiar with the current circumstances of the household and such designation has been made in writing by the head of household/primary individual, the spouse or another responsible household member.
- C. An authorized representative may conduct some household duties during the certification period, such as change reporting.
- D. Residents of drug or alcohol treatment centers must apply and be certified through an authorized representative.
- E. Drug or alcohol treatment centers and group living arrangements, which act as authorized representatives, must use the EBT card for food prepared and served to those residents participating in SNAP.
- F. Residents of group living arrangements have the option to appoint an authorized representative.
- G. Authorizing a benefit representative to obtain benefits should be encouraged in case of illness or other unforeseen circumstances.
- H. The authorized benefit representative for obtaining benefits may be different from the authorized representative in the application process.
- I. A household may agree for any household member or non-member to use its electronic benefit transfer (EBT) card to purchase food or meals.
- J. **Restrictions**: Agency employees involved in the certification of benefits and retailers who accept SNAP benefits may not act as authorized representatives without specific written approval by a designated state official.
- K. A person disqualified for an intentional program violation cannot act as an authorized representative during the disqualification period unless MDHS approves.
- L. If MDHS has determined that an authorized representative has provided false information or used the EBT card improperly, it may disqualify that person from being an authorized representative for up to one (1) year.

- M. To prevent abuse, MDHS may set a limit on the number of households an authorized representative may represent.
- N. Homeless meal providers may not act as authorized representatives for homeless SNAP recipients.
- O. Households must be informed that it will be liable for any overpayments that result from erroneous information provided by the authorized representative.
- P. **Exception**: Drug and alcohol treatment centers or other groups living arrangements that act as the authorized representatives will be liable.

Source: 7 CFR §273.2(n) Revised: February 2022

Rule 2.11 Application Date.

- A. The application date is the date the application is received by MDHS during normal business hours.
- B. For online applications, the date of application is the date the application is submitted during normal business hours.
- C. If the application is received outside of business hours, during recognized holidays and/or weekends, the application date will be considered the next business day.
- D. For telephonic applications, the date of application is the date on which the household member provides verbal assent.

Source: 7 CFR §273.2(c)(1)(iv)

Revised: February 2022

Rule 2.12 Application Copies.

- A. A copy of the completed application must be offered to the household member.
- B. The household has the option to receive a paper copy or a copy in electronic format.

Rule 2.13 Joint Applications for Agency Programs.

- A. Households may use the same application to apply for SNAP and Temporary Assistance for Needy Families (TANF) or submit separate applications for each program.
- B. Another application for SNAP is not necessary if the household is denied benefits for TANF.
- C. If a joint application is filed, all SNAP applications will be filed considering SNAP procedural, timeliness, notice and fair hearing requirements.
- D. A single interview must be completed for households jointly applying.

Source: 7 CFR §273.2(b)(3) Revised: February 2022

Rule 2.14 Application through Social Security Administration (SSA).

- A. Households in which all members are applying for and/or receiving Supplemental Security Income (SSI) benefits may apply for SNAP through SSA.
- B. Households that prefer to submit their SNAP applications through MDHS may do so.
- C. A SSI household has the right to file a SNAP application in the Social Security office provided:
 - 1. The household is not participating in the SNAP; and
 - 2. The household has not applied for SNAP benefits in the 30 preceding days; and
 - 3. The household does not have a pending application for SNAP benefits.
- D. SSA will forward all SNAP applications from SSI households to the designated SNAP office.
- E. The application date for applications through SSA is the date the signed application is received by the SSA.

Source: 7 CFR §273.2(k)(1)

Revised: February 2022

Rule 2.15 Pre-release Institution Resident Applying for SSI and SNAP.

- A. The application date for residents of an institution jointly filing for SSI and SNAP prior to leaving the institution is the date the resident is released from the institution.
- B. Processing and benefit timeframes are based on the resident's release date.
- C. Eligible households receive initial month benefits from the date of release to the end of the month.

Source: 7 CFR §273.2(c)(1)(vi) and (g)(1), 7 CFR §273.10(a); 7 CFR §273.11(i)

Revised: February 2022

Rule 2.16 Withdrawing an Application.

- A. A household may voluntarily withdraw its application at any time prior to the determination of eligibility.
- B. The household must be advised of its right to reapply.

Source: 7 CFR §273.2(c)(6) Revised: February 2022

Rule 2.17 When to Complete the Interview.

- A. Households must have a face-to-face or telephone interview with an eligibility worker at initial certification and at least once every twelve (12) months thereafter unless the household is certified for longer than 12 months.
- B. An interview must be promptly scheduled for all applicant households who are not interviewed on the date in which their application was submitted.

Rule 2.18 Who to Interview.

One of the following persons may be interviewed:

- A. Head of household;
- B. Spouse of the primary person;
- C. Other responsible household member; or
- D. Authorized Representative who is aware of the household's circumstances.

Source: 7 CFR §273.2(e)(1)

Revised: February 2022

Rule 2.19 Where to Complete the Interview.

- A. Households are allowed a face-to-face interview either:
 - 1. At an appropriate MDHS county office;
 - 2. The household's residence if a hardship criteria is met and the household requests a home-based interview.
- B. Telephone interviews will routinely be used in lieu of a face-to-face interview for most households, such as at initial applications or recertification to provide enhanced program access, or if a household hardship situation exists.
- C. Applicants have the choice of a face-to-face interview even if MDHS routinely provides telephone interviews.

Source: 7 CFR §273.2(e)(2)

Revised: February 2022

Rule 2.20 Interview Requirements.

- A. The interviewer must advise the household of their rights and responsibilities, including the appropriate application processing standards and the household's responsibility to report changes.
- B. The interviewer must explore and resolve any unclear or incomplete information from the application form.
- C. The interviewee may bring anyone he or she chooses to the interview.
- D. The applicant must have a right to privacy during the interview.
- E. Limited English Proficient (LEP) households must be provided with bilingual personnel during the interview.

Source: 7 CFR §273.2(e)(1); 7 CFR §273.2(e)(2)(iv) Revised: February 2022

Rule 2.21 Missed Interview.

- A. Households must be notified of their missed appointment and the household's responsibility that it must schedule a second interview.
- B. If the household contacts MDHS within the thirty (30) day application processing period, MDHS must schedule a second interview.

Source: 7 CFR §273.2(e)(3) Revised: February 2022

Rule 2.22 Household Cooperation.

- A. An application will be denied at the time of refusal if the household refuses to cooperate with the application process.
- B. The household must be able to cooperate, but purposely refusing to do so.

Source: 7 CFR §273.2(d)(1)

Revised: February 2022

Rule 2.23 Normal Processing Timeliness Standards for Initial Applications.

Households that complete all of the requirements of the application process will receive an eligibility determination no later than thirty (30) calendar days from the application file date.

Source: 7 CFR §273.2(g)(1) Revised: February 2022

Rule 2.24 Determining Cause of Delay.

A review to determine the cause of the delay must be completed if a determination of eligibility is not made by the 30th day from the application file date.

Source: 7 CFR §273.2(h)(1)

Revised: February 2022

Rule 2.25 Household Delays.

- A. MDHS must have offered or attempted to offer assistance in completing the application form for the household to be at fault if it failed to complete the application form.
- B. If one or more household members failed to register for work, MDHS must have informed the household of the need to register, determined if any members were exempt and given at least ten (10) days of notice for the household to register to work for the household to be the cause of delay.
- C. In cases where verification is incomplete, MDHS must have given notice of the required verification, offered to assist in obtaining it and given at least ten (10) days of notice from the date of initial request to provide it for the household to be determined as the cause of delay.
- D. For households that failed to appear for an interview, MDHS must have notified the household of the missed appointment and advised the household of its responsibility to reschedule the interview. If the household fails to schedule a second interview by the 30th day or the second interview is postponed by the household or rescheduled after the 20th day, but before the 30th day following the application filing date, the household must appear for the interview, provide verification and register any members for work by the 30th day. Otherwise, the delay will be the fault of the household.
- E. The household is not entitled to benefits for the month of application when the delay was the fault of the household. Thus, during days 31-60, benefits will be issued from the date the required action was completed by the household.

Source: 7 CFR §273.2(h)(2)

Revised: February 2022

Rule 2.26 MDHS Delays.

A. If a worker does not take timely action on a case, the delay will be the result of MDHS.

- B. If the delay in the initial 30-day period is the fault of MDHS, it must make the eligibility determination as soon as possible.
- C. A case must not be denied if the delay is caused by MDHS.
- D. If the household is found to be eligible during the second 30-day period, the household is entitled to benefits retroactive to the date of application.

Source: 7 CFR §273.2(h)(3)

Revised: February 2022

Part 14 Chapter 3: Verification and Documentation

Rule 3.1 General.

Verification is documentation and the use of third party contacts to confirm the accuracy of statements or information.

Source: 7 CFR §273.2(f) Revised: February 2022

Rule 3.2 Request for Verification.

- A. MDHS must notify households in writing of any verification documents required to verify the information written on the application (initial or recertification) or discussed during the interview.
- B. MDHS must allow the household ten (10) days to provide the required verification.

Source: 7 CFR §273.2(c)(5); 7 CFR §273.2(f) Revised: February 2022

Rule 3.3 Mandatory Verification at Initial Application.

The following information must be verified prior to certification for households at the initial application:

- A. Gross nonexempt income Gross nonexempt income, both earned and unearned, must be verified for all household members prior to certification.
- B. Citizenship and/or Non-citizen eligibility The immigration status of all non-citizens applying for SNAP benefits must be verified using the Systematic Alien Verification for Entitlements (SAVE) system.
- C. Utility expenses The worker must verify a household's utility expenses if the household wishes to claim expenses in excess of MDHS' utility standard and the expense would actually count as a deduction. If the household's actual utility expenses cannot be verified before the thirty (30) days allowed to process the application expire, MDHS must use the standard utility allowance, provided the household is entitled to use the standard. If the household wishes to claim expenses for an unoccupied home, MDHS must verify the household's actual utility expenses for the unoccupied home and not use the standard utility allowance.
- D. Medical expenses The amount of any medical expense must be verified prior to initial certification and at recertification provided the expense would actually result in a deduction. If a portion of the expense is reimbursable, the amount to be reimbursed must be verified before the non-reimbursable portion can be allowed. Verification of other factors, such as whether services provided are allowable or the eligibility of the person incurring the cost, must be required if questionable.
- E. Social Security Numbers (SSN) Households are required to provide the social security number of each household member or apply for a number prior to certification, but the worker must not delay the certification for or issuance of benefits to an otherwise eligible

- household solely to verify the SSN of a household member. If an individual is unable to provide a SSN or does not have a SSN, the worker must require the individual to apply for a number. Once verified, MDHS must make a permanent notation in their system so as to prevent any further unnecessary reverification of the SSN.
- F. Residency Residency in the county must be verified, except in unusual cases (such as homeless households, some migrant farm worker households, or households newly arrived in a county) where verification of residency cannot reasonably be accomplished.
- G. Identity The identity of the person making application must be verified. When an authorized representative applies on behalf of a household, the identity of both the authorized representative and the head of household must be verified.
- H. Disability Verification of disability is required to identify individuals or households who may qualify for the uncapped shelter expense allowance, for excess medical deduction, the higher resource limit, exclusion from the gross test, and as a condition of eligibility for residents of blind and disabled group living arrangements.
- I. Household composition The worker must verify factors affecting the composition of a household, such as student, boarder or separate household status, if questionable. Individuals are responsible for proving they are a separate households to the satisfaction of MDHS.
- J. Students If a person claims to be physically or mentally unfit for purposes of the student exemption, verification may be required.
- K. Legal obligation and actual child support payments The legal obligation and actual child support payments made to or for a non-household member must be verified, if allowing the expense could potentially result in a deduction.
- L. Able-bodied Adult without a Dependent (ABAWD) The number of hours worked and any countable months in another state must be verified. Any questionable information must also be verified.
- M. Household members Terminated for Non-Cooperation with State Quality Control (QC) Reviewer All factors of eligibility must be verified after reapplying after ninety-five (95) days from the end of the annual review period. If it was non-cooperation with a Federal QC reviewer, then all factors of eligibility must be verified after reapplying after seven (7) months from the end of the annual review period.
- N. Liquid Resources and Loans The worker will verify liquid resources and whether monies received by households are loans.
- O. Dependent Care Costs All dependent care costs must be verified by the household, regardless of the amount.

Source: 7 CFR §273.2(f)(1)

Revised: February 2022

Rule 3.4 Mandatory Verification at Recertification

The required verifications at recertification are located in *Rule 33.10 Recertification Verification*.

Source: 7 CFR §273.14(b)(4); 7 CFR §273.2(f)(8)(i) Revised: February 2022

Rule 3.5 Verification of Questionable Information.

- A. MDHS must verify all other factors of eligibility it deems questionable and affect the household's eligibility and benefit level prior to certification of the household.
- B. To be considered questionable, the information on the application must be inconsistent with statements made by the applicant, inconsistent with other information on the application or previous application, or inconsistent with information received by the county.

Rule 3.6 State Option.

- A. States may elect to mandate verification for factors besides those in <u>Rule 3.3 Mandatory</u> <u>Verification at Initial Application</u> that affect household eligibility and benefit levels. Statute has set Mississippi's option.
- B. MDHS also requires verification of household size, resources and loans, other shelter costs, dependent care costs, and any other expenses.

Source: 7 CFR §273.2(f)(3); Miss Code Ann. §43-12-29 Revised: February 2022

Rule 3.7 Verification Sources-Written Evidence.

- A. The worker shall use documentary evidence as the primary source of verification of the household's circumstances besides residency and household size.
- B. Although documentary evidence shall be the primary source of verification," the household cannot be limited to a specific type of document.
- C. Documentary evidence may be provided in person, through the mail, by fax or other electronic means or through an authorized representative.

Source: 7 CFR §273.2(f)(4)(i); 7 CFR §273.2(f)(5)

Revised: February 2022

Rule 3.8 Verification Sources-Collateral Contacts.

- A. Collateral contact is an acceptable form of verification if written evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level.
- B. A collateral contact is a verbal confirmation of the household's circumstances by a person outside of the household, and may be made over the phone or in person.
- C. The household must specify a collateral contact who can verify their statement.
- D. MDHS may select a collateral contact if the household fails to designate one or designates one that is unacceptable to the agency due to it not being expected to provide an accurate third-party verification.
- E. When talking with collateral contacts, MDHS staff must only disclose information that is absolutely necessary to get the needed information.

Source: 7 CFR §273(f)(4)(ii); 7 CFR §273.2(f)(5)(ii) Revised: February 2022

Rule 3.9 Verification Sources-Home Visits.

- A. Home visits are also an acceptable form of verification if written evidence is insufficient to make an eligibility determination.
- B. Home visits must always be scheduled in advance with the household.

Source: 7 CFR §273.2(f)(4)(iii); 7 CFR §273.2(f)(5)(ii) Revised: February 2022

Rule 3.10 Responsibility.

- A. Households have the primary responsibility to provide documentary evidence to support statements on the application and to resolve any questionable information.
- B. MDHS is responsible for acquiring verification from acceptable collateral contact or substituting a home visit whenever documentary evidence cannot be obtained or is insufficient to make an eligibility determination.
- C. Workers must offer to assist when the household reports difficulty in getting verification or requests help provided it is cooperating with MDHS.
- D. MDHS must be responsible for verifying fleeing felon and parole or probation violator status.

Source: 7 CFR §273.2(f)(5)

Revised: February 2022

Rule 3.11 Automated Resources-Mandatory Use of Income Eligibility and Verification System (IEVS).

- A. IEVS uses the SSN of an applicant or a recipient to collect and exchange income and resource data from other federal and state agencies to be used in verifying eligibility for benefits for eligible households.
- B. This must be done in accordance with the disclosure safeguards and date exchange agreement.
- C. IEVS data must be requested for all household members, including excluded household members if the SSN is known.
- D. Applicants must be notified that information available from IEVS will be requested, used, and may be verified through collateral contact when discrepancies are found and that such information may affect household eligibility and benefit levels.
- E. IEVS data matches must be reviewed at every initial application and every time a new household member is added.
- F. Verified Upon Receipt: Information regarding social security, SSI benefit information, TANF benefit information and UB information are all considered verified upon receipt. Proper notices to households must be sent to households to terminate, deny or reduce benefits based on this information.
- G. Unverified Upon Receipt: Information regarding unearned income from IRS, wage information from SSA and SWICAs (State Wage Information Collection Agency) and any

questionable IEVS information must be independently verified by MDHS before any action is taken to terminate, deny or reduce benefits. Independent verification entails contacting the household in writing and/or the appropriate income, resource or benefit source. Except with respect to unearned income from IRS, if MDHS has information which indicates that independent verification is not needed, then such verification is not required.

H. Documentation: MDHS must record when IEVS information results in an adverse action and when it does not.

Source: Section 7 CFR §272.8, 7 CFR §273.2(f)(6) and (9)(iii)(iv) Revised: February 2022

Rule 3.12 Mandatory Use of Systematic Alien Verification for Entitlements (SAVE).

- A. SAVE is a program that verifies immigration status.
- B. U.S. Citizenship and Immigration Services (USCIS) maintains the SAVE system to conduct this verification.
- C. Each household member that is a non-citizen must be submitted to SAVE.
- D. Non-citizen Applicants are given at least ten (10) days from the date requested to submit acceptable documentation prior to the 30th day following the date of application.
- E. After the USCIS document is received, use the SAVE system to verify the document is accurate.
- F. Written consent from the non-citizen is not required as a condition to contact USCIS for documentation validation.
- G. If the above requirements are met, but the non-citizen applicant fails to submit acceptable documentation, then the non-citizen will not be certified for benefits until acceptable documentation has been provided.
- H. However, if the ten (10) days does not lapse prior to the end of the 30th day following the date of application, then MDHS must provide benefits to the household no later than 30 days following the date of application provided that the household is otherwise eligible.

Source: 7 CFR §272.11; 7 CFR §273.2(f)(10) Revised: February 2022

Rule 3.13 Automated Resources-State Data Exchange and Beneficiary Data Exchange

- A. SSI benefits may be verified through the State Data Exchange (SDX) and Social Security benefits information through the Beneficiary Data Exchange (BENDEX), or through verification provided by the household.
- B. SDX and BENDEX data may be used to verify other SNAP eligibility criteria.
- C. The household will be given an opportunity to verify information from another source if the SDX and BENDEX data contradicts information provided by the household or is unavailable.
- D. Eligibility determination and benefit levels must not be delayed past the normal application processing standards if SDX and BENDEX data is unavailable.
- E. Access to SDX and BENDEX data may be acquired without release statements from households provided there is a necessary data exchange agreement in place with the SSA.

Source: 7 CFR §273.2(f)(7)

Revised: February 2022

Rule 3.14 Automated Resources-Deceased Person Match.

- A. This system is used to ensure benefits are not issued to individuals who are deceased.
- B. The deceased person match is completed through an automated match using the State Verification and Exchange System (SVES), SSA Beneficiary and Earnings Data Exchange (BENDEX), and State Data Exchange (SDX).
- C. Households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 7 CFR §272.14; 7 CFR §273.2(f)(7) Revised: February 2022

Rule 3.15 Automated Resources-Electronic Disqualified Recipient System (EDRS).

- A. EDRS is a nationwide database of persons disqualified for an Intentional Program Violation (IPV), which must be searched each time an initial application or recertification application is registered to prevent participation of individuals found guilty of an IPV by another state.
- B. MDHS must not take any adverse action to terminate, deny, suspend or reduce benefits to an applicant or recipient based on these match results unless the match information has been independently verified.

Source: 7 CFR §273.2(f)(11) Revised: February 2022

Rule 3.16 Automated Resources-National Directory of New Hires (NDNH).

- A. MDHS routinely enters into a computer matching agreement with the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement (OCSE) to participate in the federal matching program.
- B. OCSE provides MDHS with new hire data from the National Directory of New Hires (NDNH), which is part of the Federal Parent Locator Service.
- C. A monthly match on members 18 years of age or older from a national directory that verifies wage and unemployment data.
- D. MDHS must independently verify NDNH information and households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 42 U.S.C. §653(i)(1) and 7 CFR §272.16 Revised: February 2022

Rule 3.17 Automated Resources-Quarterly Wage Match Data (QWMD).

- A. Wage information is reported to the NDNH by state and federal agencies.
- B. OCSE provides MDHS with quarterly wage match data (QWMD) from NDNH.

C. MDHS must independently verify QWMD and households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 42 U.S.C. §653(i)(1); 7 CFR §272.16 Revised: February 2022

Rule 3.18 Automated Resources-Unemployment Insurance Information.

- A. This is information pertaining to benefits paid under state unemployment compensation programs and reported to the NDNH.
- B. OCSE provides MDHS with unemployment insurance data from NDNH.
- C. MDHS must independently verify unemployment insurance information and households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 42 U.S.C. §653(i)(1); 7 CFR §272.16 Revised: February 2022

Rule 3.19 Automated Resources-Prisoner Verification System (PVS).

- A. A match to identify individuals who have been or are currently incarcerated.
- B. This is used to monitor and prevent individuals being detained for more than 30 days from being included in a SNAP household.
- C. Households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 7 CFR §272.13 Revised: February 2022

Rule 3.20 Automated Resources-Public Assistance Reporting Information System (PARIS) and PARIS VA.

- A. Public Assistance Reporting Information System (PARIS) is a quarterly data match to identify individuals receiving both federal compensation or pension benefits and public assistance benefits under federal programs administered by states.
- B. The matching program will compare Department of Defense military and civilian pay records, military retired pay records and survivor pay records.
- C. The PARIS VA match shows Veteran Administration (VA) benefits received by individuals receiving public assistance benefits under federal programs administered by states.
- D. PARIS and PARIS VA can help detect dual participation.
- E. MDHS must independently verify PARIS data and households must be provided with an opportunity to respond to the match prior to an adverse action to deny, reduce or terminate benefits.

Source: 7 CFR §272.12; 42 U.S.C. §1320b-7; 42 U.S.C. §1396b(r)(3)

Revised: February 2022

Rule 3.21 Discrepancies.

- A. The household must be given ten (10) days to provide information when unverified information from the household or another source contradicts statements made by the household.
- B. The worker may verify the information directly and contact the household only if such direct verification efforts are unsuccessful.

Source: 7 CFR §273.2(f)(4)(iv)

Revised: February 2022

Rule 3.22 Case Documentation.

The case must contain documentation to support eligibility, ineligibility, and benefit level determinations.

Source: 7 CFR §273.2(f)(6) Revised: February 2022

Part 14 Chapter 4: Expedited Service

Rule 4.1 General.

- A. Expedited services are allowed for those in immediate need.
- B. Households must be screened at the time of application to determine eligibility for expedited services whether requested by the applicant or not.
- C. Expedited services allow households to quickly receive an initial benefit with fewer required verifications.
- D. All SNAP requirements must be completed before providing future months' benefits.
- E. Expedited service applies for the month of application only.
- F. Households are not eligible for expedited service at renewal (recertification) when they reapply before the end of the current benefit period.
- G. Households are not eligible for expedited service if they received benefits in another household or another state in the current month. However, eligibility for expedited service for the month following the month of application may be explored.
- H. **Exception**: Households in shelters for battered persons can receive benefits in the same month.
- I. Households requesting, but not entitled to, expedited service will have their applications processed under normal standards.

Source: 7 CFR §273.2(a)(2); 7 CFR §273.2(i); 7 CFR §273.3(a); 7 CFR §273.2(i)(4)(E)(v) Revised: February 2022

Rule 4.2 Screening Requirements.

The following households are entitled to expedited service:

- A. Households with less than \$150 in monthly gross income and liquid resources of \$100 or less;
- B. Migrant or seasonal farmworker households who are destitute and have liquid resources of \$100 or less; or
- C. Households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage payment and utility expenses (including entitlement to a standard utility allowance (SUA) if the SUA is higher than actual bills).

Source: 7 CFR §273.2(i)(1) Revised: February 2022

Rule 4.3 SSA Screening of Joint SSI and SNAP Applications.

- A. Social Security Administration (SSA) will pre-screen all applications on the day it is received at SSA for expedited services.
- B. SSA will advise the household of the option to:
 - 1. Take the application to the appropriate county office for screening and an interview, or
 - 2. The application and any available verifications will be forwarded to the appropriate county office within one day and an interview will be scheduled.

C. The expedited processing standards begin on the date MDHS receives an application at the appropriate SNAP office.

Source: 7 CFR §273.2(k) Revised: February 2022

Rule 4.4 Expedited Service Minimum Actions.

- A. Households must complete the following minimum actions for expedited service:
 - 1. Complete the application (this may be done during the interview),
 - 2. Complete the interview, and
 - 3. Prove identity.
- B. See <u>Rule 4.8 Postponed Verification</u> or actions the household must complete in order to continue benefits beyond the first month. **Note**: Migrant/seasonal farmworker households must provide postponed verifications to continue benefits beyond the second month.
- C. See <u>Rule 4.18 Reapplication After Expedited Service</u> if the household's last approval was expedited.

Source: 7 CFR §273.2(i) Revised: February 2022

Rule 4.5 Interview.

- A. Households must complete an interview before benefits are issued.
- B. **Exception**: A second interview is not required if SSA completed the interview and provided a complete application and verification of identity (if required), unless information is incomplete or questionable.
- C. The interview must be completed within the expedited service processing timeframes. See *Rule 4.13 Processing Timeframes*.
- D. The interview will be either:
 - 1. In-office face-to-face interview;
 - 2. Telephone interview; or
 - 3. Home visit

Source: 7 CFR §273.2(e)(1)

Revised: February 2022

Rule 4.6 Required Verification of Identity.

- A. Households qualifying for expedited service must prove the identity of the person applying.
- B. Where an authorized representative applies on behalf of the household, the identity of both the authorized representative and the head of household must be verified.

Source: 7 CFR §273.2(i)(4)(i)(A) Revised: February 2022

Rule 4.7 Verification of Other Eligibility Factors.

A. Reasonable efforts should be made to verify residency, expenses, income and resources within the expedited service timeframes.

B. However, do not delay benefits once the expedited service minimum actions are completed.

Source: 7 CFR §273.2(i)(4)(i)(B)

Revised: February 2022

Rule 4.8 Postponed Verification.

All required SNAP verification requirements not completed during expedited service processing must be submitted and completed before the second month's benefits are issued.

Source: 7 CFR §273.2(i)(4)(A)

Revised: February 2022

Rule 4.9 Social Security Numbers.

- A. Eligible expedited households must furnish a social security number for each applicant or apply for one for those applicants before the second (2nd) full month of participation.
- B. **Exception**: Households with newborns have up to 6 months following the month of the child's birth to provide a SSN or proof of application for a SSN for the newborn.
- C. Household members unable to provide the required SSN or who do have one prior to the 2nd full month of participation will only be allowed continued participation if one of the good cause exemptions has been met.

Source: 7 CFR §273.2(i)(4)(i)(B) *Revised*: February 2022

Rule 4.10 Work Registration.

- A. At a minimum, an applicant for expedited service must register for work unless exempt.
- B. **Exception**: Work registration does not need to be completed at the interview for:
 - 1. Household members who are exempt or claiming an exemption, or
 - 2. When an authorized representative applies for the household.

Source: 7 CFR §273.2(i)(4)(i)(B)

Revised: February 2022

Rule 4.11 eDRS.

The Electronic Disqualified Recipient System (eDRS) must be used to screen each adult household member to ensure they are not disqualified for an intentional program violation (IPV).

Source: 7 CFR §273.2(f)(11) Revised: February 2022

Rule 4.12 Household Fails to Complete Postponed Verification.

A. Case closure is required if the household fails to complete the postponed verification within thirty (30) days of the application date.

B. Notice is not required as long as the household had received a prior notice advising it that benefits would end if all postponed actions were not completed, what actions were still needed and the due date to complete such actions.

Source: 7 CFR §273.13(b)(8) Revised: February 2022

Rule 4.13 Processing Timeframes.

- A. The seven (7) day timeframe begins the day after the application date.
- B. Do not delay issuing expedited benefits if the household has applied for other programs still pending.
- C. For households entitled to expedited service, benefits must be made available to the recipient no later than the 7th calendar day after the application is filed. **Note**: To ensure timely issuance of the EBT card, the card, if needed, must be requested on the day of application or the day of the interview so the participant has access to benefits by the 7th day.
- D. If there is a late determination for expedited services, the processing timeframes will be calculated from the date MDHS discovers the household is entitled to expedited service.
- E. **Note**: Do not include mailing time as part of the processing timeframe when the application is returned to the household for a signature following a phone interview. Mailing time only includes the days the application:
 - 1. Is in the mail to and from the household, and
 - 2. With the household pending their signature and mailing.
- F. Households not eligible for benefits the first month of application, but eligible the second month qualifying for expedited service, must have benefits issued:
 - 1. Within seven (7) days of the application date, or
 - 2. The first day of the second month, whichever is later.

Source: 7 CFR §273.2(i)(3) Revised: February 2022

Rule 4.14 Minimum Actions Not Completed.

- A. Households lose their entitlement to expedited service if they fail to complete the minimum actions within the seven (7) day timeframe. See <u>Rule 4.4 Expedited Service Minimum Actions</u>.
- B. Process the application under normal thirty (30) day timeframes.

Source: 7 CFR §273.2(i)(4) Revised: February 2022

Rule 4.15 Other Application Dates.

A. Application Date for Joint SSI and SNAP Applications Completed at SSA: The application date for expedited service SNAP applications received at SSA is the date the application is received in the correct MDHS county office. SSA will forward SNAP applications within one day of receipt.

- B. Application Date for Pre-release Institution Residents: The date the resident is released from the institution for joint SSI and SNAP applications, if submitted by a resident of an institution prior to their release. SSA will provide notification of the resident's date of release.
- C. Application Date for Late Determination of Expedited Service Eligibility: Provide expedited service within 7-calendar days of the date of discovery when the application:
 - 1. Was screened as not meeting expedited service requirements, and
 - 2. Later found eligible for expedited service.

Source: 7 CFR §273.2(i)(3); 7 CFR §273.2(k) Revised: February 2022

Rule 4.16 Benefit Periods.

- A. The longest benefit period possible based on the household's situation should be provided.
- B. Households that are certified on an expedited basis and have provided all necessary verifications prior to certification shall be assigned normal certification periods.
- C. Households assigned a benefit period longer than one (1) month with postponed verification must not receive the second month's benefits until the postponed verifications are completed.

Source: 7 CFR §273.2(i); 7 CFR §273.2(4)(iii) Revised: February 2022

Rule 4.17 Benefit Issuance: Initial Benefit.

- A. Eligible households receive benefits for the initial month of eligibility.
- B. Benefits are not issued for future months until all postponed verifications are completed.
- C. **Exception**: Do not issue migrant or seasonal farmworker households:
 - 1. Second month's benefits until any postponed verifications from an in-state source are provided;
 - 2. Third month of benefits until any remaining postponed verifications from an outof-state source are provided.
- D. Households that provide postponed verifications by the 30th day must have their second month's benefits available either:
 - 1. Within seven (7) working days of receipt of the verifications or
 - 2. The first day of the second month, whichever is later.

Source: 7 CFR §273.2(i)(4); 7 CFR §274.2(1)

Revised: February 2022

Rule 4.18 Reapplication After Expedited Service.

- A. When a household that failed to complete a postponed verification reapplies for benefits, the 30-day application processing timeframe applies.
- B. **Exception**: Provide expedited service if the household completes the postponed verification, and qualifies for expedited service again.
- C. Approve households for expedited service without limits as long as the household:
 - 1. Completes the postponed verifications from the last expedited approval or

2. Was approved under normal 30-day timeframes since the last expedited service approval.

Source: 7 CFR §273.2(i); 7 CFR §273.14(f) Revised: February 2022

Part 14 Chapter 5: Household Composition

Rule 5.1 General.

A household is comprised of one of the following:

- A. An individual living alone;
- B. A group of individuals living together who routinely purchase and prepare food together; or
- C. An individual (or group of individuals) living with others who purchase and prepare food separately.

Source: 7 CFR §273.1(a) Revised: February 2022

Rule 5.2 Required Household Combinations.

Individuals identified below must be included in the same SNAP household with the other people they live with, even if they purchase and prepare food separately:

- A. *Spouses*: Individuals must be legally married.
- B. *Parents and Children*: An individual under 22 years of age living with his/her natural, adoptive or step-parent(s).
- C. *Minors Under Parental Control*: A child (other than a foster child) under 18 years of age who is financially or otherwise dependent on a household member who is not his or her parent.

Source: 7 CFR §273.1(b)(1) Revised: February 2022

Rule 5.3 Head of Household.

- A. The household may select an adult parent of children (of any age) living in the household or an adult who has parental control over children under 18 years of age as the head of household provided that all adult members of said household are in agreement.
- B. Each household will be permitted to select its own head of household at each certification action or wherever there is a change in the composition of the household.
- C. If all adult members of the household do not agree to the selection or decline to designate an adult parent as the head of household, then MDHS will designate the head of household.
- D. The head of household will be the principal wage earner regarding failure to comply with the work requirements unless the household has selected an adult parent of children, see *Rule 12.9 Household Ineligibility*.

Source: 7 CFR §273.1(d) Revised: February 2022

Rule 5.4 Temporary Absences.

A. If, because of a loss of income, or loss or damage to a home as the result of a disaster, a household is forced to temporarily move in with other individual(s) or groups, the

- household may continue to participate as a separate household. However, if the household temporarily moves in with parents, the household may not be granted separate household status unless the child(ren) is 22 years of age or older.
- B. Household members away from home because of vacation or illness will maintain their status as household members if they are in the home during any part of the calendar month.

Source: 7 CFR §273.1(c) Revised: February 2022

Rule 5.5 Elderly and Disabled Persons.

An individual and spouse living together may be a separate household even if they purchase and prepare meals with others if all of the following are true:

- A. One of them is sixty (60) years or older;
- B. That person cannot purchase and prepare meals because of:
 - 1. A disability considered permanent by SSA, or
 - 2. Another permanent physical or mental non-disease related disability; and
- C. The gross monthly income for the number of others in the household does not exceed 165% of the federal poverty level.

Source: 7 CFR §273.1(b)(2) Revised: February 2022

Rule 5.6 Excluded Individuals.

The following, in addition to other individuals within this chapter, are not eligible to participate as separate households or as a member of any household:

- A. Disqualified Members: These are individuals who would be household members, but are not allowed to be:
 - 1. Individuals who were found guilty of an intentional program violation.
 - 2. Individuals who failed to provide or apply for a social security number.
 - 3. Individuals who failed to meet work registration requirements (see Head of Household).
 - 4. Individuals who failed to cooperate with TANF Work Program requirements, but who meet a SNAP work registration exemption.
 - 5. Individuals who failed to comply with the child support cooperation requirements.
- B. Ineligible Members: Ineligible members are individuals who would be household members, but do not meet one of the non-financial eligibility requirements in the sections noted below:
 - 1. Individuals who have been convicted of aggravated sexual abuse, murder, sexual exploitation and abuse of children, sexual assault, or similar state laws after February 7, 2014 and who are in noncompliance with the terms of the sentence.
 - 2. Individuals who are fleeing felons (as defined in *Rule 22.2 Test for Fleeing Felons*) and are probation/parole violators.
 - 3. Individuals who failed to meet eligibility rules of citizenship and non-citizen status.
 - 4. Time Limited Able-Bodied Adults Without Dependents (ABAWDs) who are not meeting the work requirement and who have exhausted their 3 months of eligibility within the 36-month period.

5. Ineligible students, who do not meet the eligibility criteria outlined in Chapter 10, Students, are non-household members.

Source: 7 CFR §273.1(b)(7) Revised: February 2022

Rule 5.7 Boarders.

- A. Residents of Commercial Boarding Houses: Individuals or groups who reside in a commercial boarding house, regardless of the number of residents, are not eligible for SNAP. Commercial boarding houses are businesses that are licensed to offer meals and lodging for payment with the intent of making a profit.
- B. All other individuals or groups paying a reasonable compensation for lodging and meals in a noncommercial situation are considered boarders.
- C. Reasonable Compensation: This exists when the total paid by the boarders is equal to:
 - 1. When boarder pays for more than two meals a day: the maximum benefit for the appropriate boarder household size.
 - 2. When boarder pays for two meals or less per day: 2/3 of the maximum benefit for the appropriate boarder household size.
- D. The household that provides the boarder services may choose to include or exclude a boarder as a member of the household. If excluded, the boarder is not eligible to participate in SNAP.

Source: 7 CFR §273.1(b)(3) Revised: February 2022

Rule 5.8 Foster Children and Adults.

- A. Individuals placed in the homes of relatives or other individuals by a governmental foster care program are considered boarders.
- B. Therefore, households providing foster care services may choose to include or exclude a foster child or foster adult who lives with them.
- C. If excluded, the foster child or adult is not eligible as a separate household.

Source: 7 CFR §273.1(b)(4) Revised: February 2022

Rule 5.9 Roomers.

- A. Roomers are individuals who pay the household a flat-fee for lodging, but not meals.
- B. They do not purchase and prepare food with the household from whom they rent.
- C. Roomers may be eligible for SNAP as a separate household.
- D. Individuals in required households who do not have an SSN (see <u>Rule 6.2 Individuals</u> <u>Without an SSN</u>) are not treated as roomers even if they pay each other for lodging.

Source: 7 CFR §273.1(b)(5) Revised: February 2022

Rule 5.10 Live-In Attendants.

- A. Live-in attendants live with the household to provide medical, housekeeping, dependent care or other similar personal services.
- B. Live-in attendants may be eligible for SNAP as a separate household.
- C. Individuals in required households who do not have an SSN (see <u>Rule 6.2 Individuals</u> <u>Without an SSN</u>) are not treated as live-in attendants even if they are providing these types of services.

Source: 7 CFR §273.1(b)(6) Revised: February 2022

Rule 5.11 Residents of Institutions.

- A. Individuals who receive over 50% of three (3) meals daily from an institution where they live are residents of institutions.
- B. Residents of institutions are not eligible for SNAP.
- C. **Note**: There are five exceptions to this rule listed in <u>Rule 5.12 Residents of Institutions</u> <u>Exceptions</u>.

Rule 5.12 Residents of Institutions Exceptions.

Individuals who receive more than 50% of their meals while living in the following institutions may be eligible for SNAP if they meet program requirements:

- A. Addiction Treatment Centers: Individuals participating in a public or private nonprofit residential treatment facility for drug addicts or alcoholics must meet program requirements to become eligible. The children of a resident (but not the spouse) who lives with them in the center are included in the resident's household.
- B. Group Living for the Blind or Disabled: A public or private nonprofit residential setting that provides housing for no more than 16 residents. The resident must be blind or disabled to be eligible for SNAP.
- C. Homeless Shelters: A public or private nonprofit facility that provides temporary housing for homeless people. The household is defined as a single person or an individual and spouse and children.
- D. Shelters for Battered Persons: A public or private nonprofit residential facility that provides temporary housing for battered persons. The household is the battered person and their children.
- E. Subsidized Housing for Seniors: Federally subsidized housing for seniors built under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act. The household is the senior and spouse. Eligibility is determined the same as any other household.

Source: 7 CFR §271.2; 7 CFR §273.1(b)(7)(vi)(A)-(E) Revised: February 2022

Rule 5.13 Strikers.

A. A striker includes anyone involved in a strike or the planned stoppage of work by employees and any other concerted interruption of operations by employees.

- B. Households with a striking member are not eligible to participate in SNAP unless the household was eligible for benefits the day before the strike and is otherwise eligible at the time of application.
- C. Government employees who go on strike are considered to have voluntary quit their job without good cause (273.7j3ii)
- D. Strikers do not include the following:
 - 1. Any employee affected by a lockout;
 - 2. An individual who goes on strike, but is exempt from work registration the day before the strike began (exception: does not include the exemption for being employed 30 hours or more);
 - 3. Employees who are not part of the bargaining unit on strike who do not want to cross the picket line due to fear of injury or death; or
 - 4. Individuals who are unable to work due to striking employees.

Source: 7 CFR §273.1(e) Revised: February 2022

Part 14 Chapter 6: Social Security Numbers

Rule 6.1 Requirements for Participation.

- A. All household members initially applying for or participating in SNAP must provide their Social Security number (SSN) or apply for one before certification.
- B. Household members with more than one SSN must provide all of the numbers.
- C. Household members refusing or failing without good cause to provide or apply for an SSN will be disqualified and be ineligible to participate in SNAP.

Source: 7 CFR §273.6(a) and (c)

Revised: February 2022

Rule 6.2 Individuals Without an SSN.

- A. The household members who do not have an SSN, who do not know if they have an SSN, or are unable to find their SSN must apply at the Social Security Administration (SSA).
- B. The Social Security Administration will then inform MDHS of the SSN.

Source: 7 CFR §273.6(b)(2)(ii) Revised: February 2022

Rule 6.3 SSN for a Newborn.

The household must provide the SSN or proof of the application for an SSN of a newborn child within six (6) months following the month of the child's birth, or at the next recertification, whichever is later.

Source: 7 CFR §273.6(b)(4) Revised: February 2022

Rule 6.4 Proof of Application.

MDHS must receive proof of an SSA application, which may be a SSA approved form or a MDHS approved form.

Source: 7 CFR §273.6(b)(2)(ii) Revised: February 2022

Rule 6.5 Failure to Comply.

If MDHS determines that a household member has refused or failed without good cause to provide or apply for an SSN, only the member without an SSN is ineligible, not the entire household.

Source: 7 CFR §273.6(c) Revised: February 2022

Rule 6.6 Determining Good Cause.

- A. Good cause must be determined if the household is unable to provide an SSN or proof of application at its next recertification or 6 months following the child's birth.
- B. Good cause is determined using documentary evidence or collateral contacts showing the household applied for or made every effort to supply the necessary information to complete an application for an SSN.
- C. This information may come from any of the following:
 - 1. The household member;
 - 2. Social Security Administration; or
 - 3. A collateral contact.
- D. Because SSA allows mail-in SSN applications in lieu of applying in person, good cause does not include delays caused by:
 - 1. Illness;
 - 2. Lack of transportation or
 - 3. Temporary absences from the home.

Source: 7 CFR §273.6(d) Revised: February 2022

Rule 6.7 Continued Participation.

- A. A household member who can show good cause for failing to complete a timely SSN application may participate for the month of application and one additional month.
- B. Once an application is completed, the household member will be allowed continued participation pending notification of the SSN.
- C. The household must show good cause monthly in order to continue further participation.

Source: 7 CFR §273.6(d) Revised: February 2022

Rule 6.8 Regaining Eligibility.

A disqualified household member may become eligible by providing their SSN.

Source: 7 CFR §273.6(e)

Revised: February 2022

Rule 6.9 Use of the SSN.

When determining eligibility for SNAP, a SSN may be used to:

- A. Determine the amount of benefits and the accuracy of information given by households;
- B. Prevent duplicate participation;
- C. Enable mass changes in federal benefits; and
- D. Request and exchange income and resource information through computer matches.

Source: 7 CFR §273.6(f) Revised: February 2022

Rule 6.10 Permanent Entry.

MDHS must make a permanent notation in their automated database to prevent any unnecessary reverification of the SSN.

Source: 7 CFR §273.6(g) Revised: February 2022

Part 14 Chapter 7: Identity

Rule 7.1 General.

Applicants must provide proof of their identity.

Source: 7 CFR §273.2(f)(1)(vii)

Revised: February 2022

Rule 7.2 Authorized Representatives.

If an authorized representative applies on behalf of the household, their identity as well as the head of household must be verified.

Source: 7 CFR §273.2(f)(1)(vii)

Revised: February 2022

Rule 7.3 Expedited Services.

Identity is the only mandatory verification when providing expedited service.

Source: 7 CFR §273.2(f)(1)(vii)

Revised: February 2022

Rule 7.4 Verification.

Specific documents cannot be required to verify identity.

Source: 7 CFR §273.2(f)(1)(vii)

Revised: February 2022

Part 14 Chapter 8: Residency

Rule 8.1 General.

The household must live in Mississippi when applying for SNAP benefits.

Source: 7 CFR §273.3(a) Revised: February 2022

Rule 8.2 Length of Time.

- A. Individuals living in Mississippi meet the residency requirement regardless of the length of time they have been residing or plan to remain.
- B. Individuals vacationing in Mississippi shall not be considered residents and do not meet the residency requirement.

Source: 7 CFR §273.2(f)(1)(vi); 7 CFR §273.3(a) Revised: February 2022

Rule 8.3 Permanent Dwelling.

The household is not required to have a conventional permanent dwelling or mailing address.

Source: 7 CFR §273.3(a) Revised: February 2022

Rule 8.4 Duplicate Participation.

- A. No one can participate as an eligible member of two or more households, in more than one county, or state in any month.
- B. **Exception**: A resident of a shelter for battered women and children can be a member of the same household as the person who abused him or her as well as participate as a member in a separate household.

Source: 7 CFR §273.3(a) Revised: February 2022

Rule 8.5 Moving Within the State.

When a household moves within the State and reports a change of address to another county, MDHS will transfer that household's casefile to the new county of residence and continue the household's certification without reapplication.

Source: 7 CFR §273.3(b) Revised: February 2022

Rule 8.6 Verification.

- A. Residency must be verified except in unusual circumstances.
- B. No requirement for a specific type of verification may be imposed.

Source: 7 CFR §273.2(f)(1)(vi)

Revised: February 2022

Part 14 Chapter 9: Citizenship and Non-Citizen Status

Rule 9.1 General.

- A. Non-citizens must meet eligible non-citizen criteria to receive SNAP benefits.
- B. Qualified non-citizen are also required to meet other non-citizen criteria for eligibility. See <u>Rule 9.3 Qualified Non-Citizens Not Subject to the Five-Year Waiting Period</u> and <u>Rule 9.4 Qualified Non-Citizens Subject to the Five-Year Waiting Period or 40 Qualifying Quarters of Work.</u>
- C. Yet there are certain types of non-citizens who are not qualified non-citizens that may still be eligible to receive SNAP benefits. Such individuals are not required to meet any other non-citizen requirements as qualified non-citizen.

Source: 7 CFR §273.4 Revised: February 2022

Rule 9.2 Eligibility Criteria.

The following household members meeting citizenship or non-citizen status requirements are eligible to participate in SNAP:

- A. *U.S. Citizens*: U.S. citizens are considered those born in one of the fifty (50) states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianna Islands.
- B. *Non-Citizen Nationals*: Non-citizen Nationals are persons born in American Samoa or Swain's Island. These persons may be eligible for SNAP benefits on the same basis as U.S. citizens and are not assigned any additional classifications by U.S. Citizenship and Immigration Services (USCIS).
- C. *Certain American Indians*: Those born in Canada living in the U.S. under section 289 of the Immigration and Nationality Act (INA) or a member of a federally-recognized Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)).
- D. *Certain Hmong or Highland Laotian Tribal Members*: A non-citizen lawfully residing in the U.S. who was a member of a Hmong or Highland Laotian tribe that helped U.S. personnel in Vietnam (during the period of August 5, 1964 through May 7, 1975). The person's eligibility continues even if the USCIS status changes at a future date. The eligibility also extends to:
 - 1. Spouse or surviving spouse of the tribal member;
 - 2. Unmarried dependent children under the age of 18 (or under age 22 if a full-time student);
 - 3. Unmarried children under the age of 18 (or under 22 if a full-time student) who were dependent on the tribal member at the time of the member's death; and
 - 4. Unmarried disabled children of any age who were disabled before age 18 and dependent on the tribal member prior to the child's 18th birthday.
- E. *Trafficking Victims*: A non-citizen approved by the U.S. Department of Health and Human Services (HHS), Office of Refugee Resettlement (ORR) as a victim of a severe form of trafficking to the same extent as an a non-citizen who is admitted to the U.S. as a refugee under Section 207 of the Immigration and Nationality Act (INA) in accordance with the

Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386, as amended). Eligibility also extends to:

- 1. A non-citizen who has been subjected to a severe form of trafficking and who is under the age of 18 to the same extent as a non-citizen who is admitted to the U.S. as a refugee under Section 207 of the Immigration and Nationality Act (INA); and
- 2. A spouse, child, parent or unmarried minor sibling of a victim for those individuals under 21 years of age and who has received a derivative T visa to the same extent as a non-citizen who is admitted to the U.S. as a refugee under Section 207 of the INA.
- 3. A spouse or child of a victim of a severe form of trafficking in persons 21 years of age or older and who has received a derivative T visa to the same extent as a non-citizen who is admitted to the U.S. as a refugee under Section 207 of the INA.

F. *Qualified Non-Citizens*: These are the categories of qualified non-citizens:

- 1. A non-citizen who was lawfully admitted for permanent residence (LPR) under the INA, including Iraqi and Afghan Special Immigrants (SIV).
- 2. Asylee: An asylee who entered under Section 208 of the INA.
- 3. Refugee: A non-citizen admitted as a refugee under Section 207 of the INA.
- 4. Parolee: A non-citizen paroled into the U.S. under Section 212(d)(5) of the INA for at least one (1) year.
- 5. Deportation or Removal Withheld: A non-citizen whose deportation is withheld under Section 243(h) of the INA as in effect prior to 4-1-97 or whose removal was withheld under Section 241(b)(3) of the INA.
- 6. Conditional Entrant: A non-citizen lawfully present under Section 203(a)(7) of the INA as in effect prior to 4-1-80.
- 7. Battered Non-Citizen: A non-citizen who was subject to battery or extreme cruelty in the United States by a family member (i.e., spouse, parent or member of the spouse's or parent's family) the person previously lived with. This status is granted to a:
 - a) Person if their child was abused, or
 - b) Child whose parent was abused.
- 8. Cuban or Haitian Entrant: A non-citizen from Cuba or Haiti who entered under section 501(e) of the Refugee Education Assistance Act of 1980.
- 9. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) also considers trafficking victims (as defined above) as qualified non-citizens.

Source: 7 CFR §273.4(a); P.L. 111-118 §8120; 8 U.S.C. §1641 Revised: February 2022

Rule 9.3 Qualified Non-Citizens Not Subject to the Five-Year Waiting Period.

A qualified non-citizen is eligible to receive SNAP and is not subject to the requirements to be in qualified status for five (5) years (and thus eligible regardless of their date of entry) if one of the following criteria apply:

A. 18 or older (LPRs) under the INA who has 40 qualifying quarters as determined by Title II of the Social Security Act.

- 1. A qualifying quarter of earned income is defined as the amount of earnings received by the individual or credit from his or her spouse (as long as the couple is still married or the spouse is deceased) or credit from parents (before the non-citizen became 18 including before the child was born or adopted);
- 2. If eligibility is determined based on the quarters of coverage by a spouse and then the couple divorces, the non-citizen's eligibility continues until the next recertification.
- 3. If any Federal means-tested public benefits (including SNAP benefits) were received in any quarter after 12-31-96, then that quarter is not creditable towards the 40-quarter total.
- B. Refugee;
- C. Asylee;
- D. Deportation Withheld;
- E. Cuban/Haitian;
- F. Amerasian: An Amerasian who entered under Section 584 of Foreign Operations, Export Financing and Related Program Appropriations Act, Public Law 100-202, as amended by Public Law 100-461;
- G. Military Non-Citizens
 - 1. A veteran who was honorably discharged for reason other than non-citizen status;
 - 2. On active duty (other than for training); or
 - 3. Spouse and unmarried dependent children (under 18, a full-time student under 22, unmarried disabled child 18 or older if child was disabled and dependent prior to the child's 18th birthday(of a person described above);
- H. Blind or Disabled;
- I. Person who was lawfully living in the U.S. on August 22, 1996 and who was born on or before August 22, 1931;
- J. Qualified non-citizen children under 18 years of age;
- K. Certain American Indians;
- L. Certain Hmong or Highland Laotian Tribal Members;
- M. Victims of severe trafficking; or
- N. Iraqi and Afghan Special Immigrants (SIV)

Source: 7 CFR §273.4(a)(6)(ii); P. L. 111-118 §8120 Revised: February 2022

Rule 9.4 Qualified Non-Citizens Subject to the Five-Year Waiting Period or 40 Qualifying Quarters of Work.

- A. The following qualified non-citizens must be in qualified status for five (5) years or have 40 qualifying quarters of work to be eligible to receive SNAP:
 - 1. 18 or older lawfully admitted for permanent residence (LPRs) under the INA;
 - 2. Parolee:
 - 3. Battered Non-Citizen; or
 - 4. Conditional Entrant.
- B. The five years in qualified status may be consecutive or non-consecutive.
- C. Temporary absences of less than 6 months from the U.S. with no intention of abandoning U.S. residency does not terminate a person's period of U.S. residency.

D. If the person was absent for more than 6 months, then MDHS can assume that U.S. residency has been interrupted unless the non-citizen presents proof to the contrary.

Source: 7 CFR §273.4(a)(6)(iii) Revised: February 2022

Rule 9.5 Reporting Illegal Non-Citizens.

- A. MDHS must notify the local USCIS office whenever staff determine that any member of a household is ineligible due to the member being in the U.S. in violation of the INA.
- B. If it is indicated that the head of household or a household member is unable or unwilling to provide proof of non-citizen status, then MDHS will consider that person to be an ineligible non-citizen.

Source: 7 CFR §273.4(b) Revised: February 2022

Rule 9.6 Deeming of Sponsor's Income and Resources.

- A. An non-citizen can be sponsored if a person executes an affidavit of support on behalf of a the non-citizen pursuant to section 213A of the INA.
- B. If a person has executed an affidavit of support, then the income and resources of the sponsor and the sponsor's spouse will be deemed as the unearned income and resources of the sponsored non-citizen.
- C. MDHS must deem the sponsor's income and resources until one of the following occurs:
 - 1. The non-citizen gains U.S. citizenship;
 - 2. The non-citizen has worked or can receive credit for 40 qualifying quarters of work.
 - 3. The sponsor dies.

Source: 7 CFR §273.4(c)(1)-(2); 7 CFR §273.8(c)(3) Revised: February 2022

Rule 9.7 Exempt from Deeming Sponsor's Income and Resources.

Some non-citizens are exempt from sponsor deeming even if an Affidavit of Support was signed on their behalf. Non-citizens exempt from sponsor deeming are:

- A. Non-citizen residing in the same house as the sponsor and included in the same SNAP household;
- B. Asylee;
- C. Parent of a battered child, spouse of a battered non-citizen, or child of a battered non-citizen for 12 months. At the end of 12 months, the exemption continues if a court or USCIS determines the battering is substantially connected to the need for benefits. The non-citizen cannot live with the batterer during the exemption period;
- D. Citizen child under age 18 of a sponsored non-citizen;
- E. Sponsored non-citizen children under 18;
- F. Cuban or Haitian entrant;
- G. Indigent non-citizens. An indigent non-citizen may choose to opt out of the indigence determination and follow regular sponsor deeming rules;
- H. Non-citizens sponsored by organizations or groups;

I. Parolee;

J. Refugee; or

K. Trafficking victims

Rule 9.8 Eligible Sponsored Non-Citizen's Responsibilities.

- A. The sponsored non-citizen is responsible for providing the documentation necessary to calculate the deemed income and resources at the time of application and recertification.
- B. The sponsored non-citizen must have the sponsor's cooperation in order to provide the names of other non-citizens for whom the non-citizen's sponsor has signed an affidavit of support.
- C. If the sponsor changes, dies, or there is a change in the income of the sponsor or the sponsor's spouse, the eligible sponsored non-citizen must report such to MDHS.

Rule 9.9 Awaiting Verification.

- A. Until the non-citizen provides verification of the sponsor's income and resources, the sponsored non-citizen is ineligible; however, MDHS must determine the eligibility of the remaining household members.
- B. MDHS must consider the income and resources of the ineligible non-citizen (excluding the deemed income and resources of the non-citizen's sponsor and his or her spouse) in determining the eligibility and benefit level of the remaining household members.
- C. If the sponsored non-citizen refuses to cooperate in providing information or verification, other adult members of the non-citizen's household are responsible for providing the required information or verification.
- D. If a sponsor is responsible for the same household, the entire household will be considered ineligible until the household provides the needed sponsor information or verification.

Source: 7 CFR §273.4(c)(5) Revised: February 2022

Part 14 Chapter 10: Students

Rule 10.1 General.

- A. An individual enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP unless the individual meets one of the student exemptions in *Rule 10.4 Eligible Student Exemptions*.
- B. The school defines the number of credit hours to qualify a student as at least half-time.

Source: 7 CFR §273.5(a) Revised: February 2022

Rule 10.2 Institution of Post-Secondary Education.

An Institution of Post-Secondary Education is any public or private educational institution (including distance learning or on-line institutions) which includes:

- A. A business, technical, trade or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or
- B. A college or university that offers degree programs regardless of whether a high school diploma is required.

Source: 7 CFR §273.5(a) Revised: February 2022

Rule 10.3 Enrollment Status.

A student is considered enrolled on the first day of the school term and such status continues through normal scheduled class periods, vacation, and recess unless he/she:

- A. Graduates:
- B. Becomes suspended or expelled;
- C. Drops out; or
- D. Does not intend to register for the next school term (excluding summer school).

Source: 7 CFR §273.5(c)

Revised: February 2022

Rule 10.4 Eligible Student Exemptions.

A student must meet at least one of the following student exemptions to be eligible for SNAP:

- A. Age (age 17 or younger or age 50 or older);
- B. Caring for a Dependent Child
 - 1. Responsible for the care of a dependent household member under the age of 6;
 - 2. Responsible for the care of a dependent household member at least age 6, but under age 12 if the student does not have adequate child care to attend class and comply with work requirements; or
 - 3. Full-time student who is a single parent responsible for the care of a dependent child under the age of 12.

- a) This applies only where one natural, adoptive or stepparent is living with the child in the same SNAP household.
- b) It could also apply where a full-time student with parental control over the child is living in the same SNAP household as long as the adult is not residing with a spouse.

C. Employment

- 1. The student must be paid for working at least an average of 20 hours a week over the course of a month;
- 2. If self-employed, be employed at least 20 hours a week and earning at least equal to the Federal minimum wage multiplied by 20 hours a week; or
- 3. Hours accrued during academic breaks less than or equal to one month will be excluded from the calculation.
- D. Physically or Mentally Unfit (students must meet the work registration definition of physically or mentally unfit)
- E. *TANF Recipient* (student receives TANF benefits)
- F. Training: The student is assigned or placed in school through or complying with:
 - 1. Workforce Innovation and Opportunity Act (WIOA);
 - 2. A program under Section 236 of the Trade Act of 1974, which includes Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA);
 - 3. A program under the Job Training Partnership Act of 1974 (29 U.S.C. 1501, et seq.)
 - 4. A SNAP employment and training program under 7 CFR § 273.7;
 - 5. Participates in the TANF Work Program (TWP); or
 - 6. An on-the job-training program where the employer pays wages to the student for the training.
- G. Work Study: Participating in a state or federally funded work study program.
 - 1. The student must:
 - a) Be approved for work study at the time of application;
 - b) Be approved for work study for the school term; and
 - c) Anticipate actually working during that time.
 - 2. Exemption Period:
 - a) The exemption will start the month the school term begins or the month the work study is approved, whichever is later.
 - b) Once allowed, the exemption continues until the end of the month in which the school term ends or it is reported the student refuses a work study assignment; or
 - c) The exemption will not continue when there is a break between terms of a full month or longer unless the student participates in work study during the break.

Source: 7 CFR §273.5(b) Revised: February 2022

Rule 10.5 Income and Resources of an Ineligible Student.

A. A student who does not meet one of the required exemptions is determined ineligible for SNAP and is considered a non-household member.

- B. As such, the income and resources of the ineligible student is not considered available to the household with whom the person resides.
- C. Cash payments by ineligible students to the household are considered income.
- D. If the household shares deductible expenses with the non-household member, only the actual amount paid or contributed by the household will be deducted as a household expense.
- E. If the payments cannot be differentiated, then the expenses will be prorated among those actually paying to the expense and only the household's prorated share will be deducted.
- F. When the earned income of a household member is combined with the earned income of an ineligible student into one wage, the income of the household members will determined by the share due to the household if such share can be identified.
- G. If the household's share cannot be identified, then the earned income among those whom it was intended to cover will be prorated to the household.
- H. Such non-household members will not be included in determining the size of the household when assigning benefit levels; comparing the household's monthly income with eligibility standards; or comparing the household's resources with eligibility limits.

Source: 7 CFR §273.5(d); 7 CFR §273.11(d) Revised: February 2022

Part 14 Chapter 11: Interaction between General Work Requirements, ABAWD Policy and SNAP E&T

Rule 11.1 General.

- A. The general work requirements and the ABAWD work requirements have their own set of exemptions.
- B. The general work requirements apply to non-exempt individuals ages 16 through 59.
- C. The ABAWD time limit and work requirements apply to non-exempt individuals ages 18 through 49.
- D. Thus, ABAWDs would be a special subset of individuals who must meet the general work requirements.
- E. In addition, ABAWDs are subject to special time limits and must work and/or participate in a work program at least 80 hours per month or average 20 hours a week, or participate in and comply with workfare in order to receive SNAP for more than 3 months in a 36-month period unless he or she becomes exempt.
- F. Participation in SNAP E&T (a funded education and skills training program) is one way an individual can meet the 80 hour per month or average 20 hours a week ABAWD work requirement.
- G. MDHS has the option to provide qualifying work programs outside of SNAP E&T to ABAWDs.

Source: 7 CFR §273.7; 7 CFR §273.24 Revised: February 2022

Rule 11.2 MDHS Responsibilities.

- A. MDHS must register all non-exempt household members for work.
 - 1. Applicants must be allowed to complete a work registration form for each household member required to register for employment.
 - 2. MDHS may also document in the case record that all applicable household members have registered for employment.
- B. During the certification process, MDHS must provide a written notice and an oral explanation of the applicable work requirements for all household members and identify which requirements apply to the respective/appropriate household members.
- C. Such notice and explanation must also be provided when an exempt household member or a new household member becomes subject to the work requirements, and at recertification.
- D. The notice must include the following:
 - 1. An explanation of each work requirement;
 - 2. A list of the individuals who are subject to which work requirements;
 - 3. The exemptions to the work requirements;
 - 4. The steps to request an exemption;
 - 5. The rights and responsibilities of each work requirement;
 - 6. The requirements to maintain eligibility under the applicable work requirements;
 - 7. What actions are needed to remain in compliance;
 - 8. The consequences for failing to comply; and
 - 9. The steps to initiate a good cause request.

- E. If a person is subject to a mandatory E&T program, the notice must explain the right to receive reimbursements for allowable expenses related to E&T participation up to the state cap.
- F. If a person is subject to a mandatory E&T program, MDHS must exempt such participation when an individual's allowable expenses exceed what MDHS will reimburse.
- G. MDHS is responsible for screening every work registrant to determine whether the individual should be referred to an E&T program.
- H. E&T participants must receive both case management services and at least one E&T component while participating in E&T.
- I. MDHS must determine the order in which a participant will receive the elements of an E&T program.
- J. MDHS must explain to participants the next steps for accessing the E&T program. If there is not an appropriate and available opening in an E&T program, MDHS must determine the participant has good cause for failure to comply with the mandatory E&T requirement
- K. MDHS may, with approval by FNS, use intake and sanction systems that are compatible with the TANF Work Program. It must be proposed and explained in the State E&T Plan.
- L. A notice of adverse action must be issued within 10 days after learning of the individual's noncompliance was without good cause. See *Rule 12.6 Ineligibility for Failure to Comply*.
 - 1. If an individual complies prior to the end of the advance notice period, MDHS must cancel the adverse action.
 - 2. If MDHS must issue the notice of adverse action when non-compliance with the E&T program is identified.
- M. MDHS must design and operate an E&T program that consists of case management services and at least one or more, or a combination of, employment and/or training components.
- N. MDHS must design its E&T program in consultation with the State workforce development board. Moreover, each component of the E&T program must be delivered through its statewide workforce development system, unless the component is not available locally through that system.
- O. MDHS must ensure as much as possible that E&T programs are provided for Indians living on reservations.
- P. If a benefit overissuance is discovered for a month(s) that a mandatory E&T participant has already fulfilled a work component requirement, MDHS must apply the claim recovery procedures as listed below:
 - 1. If an individual is still subject to a work obligation, MDHS must determine how many extra hours were worked because of the improper benefit and give the participant credit for those extra hours toward future work obligations.
 - 2. If the workfare or work component requirement does not continue, then MDHS must determine whether the overissuance occurred due to an intentional program violation, an inadvertent household error or an agency error.
- Q. MDHS must conduct an effective and efficient E&T program or face possible injunctive relief and/or suspension of administrative funds.
- R. MDHS must ensure that E&T providers understand their duty to determine if an individual is ill suited for a particular E&T component. See <u>Rule 14.14 E&T Provider Determinations</u>.

- S. MDHS must annually submit an E&T Plan to its appropriate FNS Regional Office no later than 45 days before the start of the Federal fiscal year.
- T. MDHS must submit required reports regarding work requirements to FNS.

Source: 7 CFR §272.2(d)-(e); 7 CFR §273.7(c) and (m)(6)(v); 7 CFR §276.1

Revised: February 2022

Part 14 Chapter 12: General Work Requirements

Rule 12.1 General Rule.

- A. As a condition of eligibility, each non-exempt household member must comply with the following SNAP work requirements:
 - 1. Register for work at the time of application and every 12 months after initial registration;
 - 2. Participate in a workfare program if assigned by MDHS;
 - 3. Participate in a SNAP Employment & Training (E&T) program if assigned by MDHS:
 - 4. Provide MDHS or its designee with sufficient information regarding employment status or availability of work;
 - 5. Report to an employer that was referred by MDHS or its designee if the potential employment meets the suitability requirements;
 - 6. Accept suitable employment for a wage that is equal to or higher than the Federal or State minimum wage;
 - 7. Do not voluntarily quit a job of 30 or more hours or reduce hours to less than 30 hours per week without good cause.
- B. MDHS will determine whether an individual is complying with SNAP work requirements. Determining compliance must be comparable to determining compliance with the TANF Work Program (TWP).

Source: 7 CFR §273.7(a) Revised: February 2022

Rule 12.2 Strikers.

Eligible strikers are subject to SNAP work requirements unless he or she is exempt.

Source: 7 CFR §273.7(a)(4) Revised: February 2022

Rule 12.3 SSI Households.

Household members applying for SSI will have the SNAP work requirements waived until he or she is determined eligible for SSI and becomes exempt from SNAP work requirements, or until they are determined ineligible for SSI, at which time their exemptions from SNAP work requirements will be reevaluated.

Source: 7 CFR §273.7(a)(6) Revised: February 2022

Rule 12.4 Exemptions to General Work Requirements.

Only the following individuals are exempt from the general work requirements:

- A. An individual younger than 16 years of age or an individual 60 years of age or older.
 - 1. A person 16 to 17 will also be exempt if he or she is:

- a) Not the head of household;
- b) Attending school; or
- c) Enrolled in a SNAP E&T program on at least a half-time basis.
- 2. If an individual's 16th birthday falls within a certification period, then that individual must fulfill the work registration requirement as part of the next scheduled recertification process unless the individual qualifies for another exemption.
- B. An individual mentally or physically unfit for employment.
 - 1. MDHS will determine such physical and mental fitness.
 - 2. Such determination must be comparable with the TWP.
- C. An individual subject to and complying with any work requirements under Title IV of the Social Security Act, including the TWP.
- D. A parent or other household member who is responsible for the care of a dependent child under 6 years old or an incapacitated person. If the child has his or her 6th birthday within a certification period, then the parent or other household member responsible for the care of such child must fulfill the work registration requirement as part of the next scheduled recertification process unless the individual qualifies for another exemption.
- E. A regular participant in a drug or alcoholic treatment and rehabilitation center.
- F. A person receiving unemployment compensation.
 - 1. A person who has applied for, but not received, unemployment compensation is also exempt if such person is complying with the work requirements that are part of the Federal-State unemployment compensation application process.
 - 2. If the exemption is questionable, MDHS will be responsible for verifying the exemption.
- G. A person who is employed or self-employed and working a minimum of 30 hours weekly or receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30 hours. This includes migrant and seasonal farm workers who are under a contract to begin work within 30 days.
- H. A student enrolled at least half-time in any recognized school, training program or institution of higher education.
 - 1. The exemption will remain as long as the student is enrolled as defined in *Rule 10.3 Enrollment Status*.
 - 2. The student will remain exempt during normal class attendance and during vacations and recesses.
 - 3. If the student graduates, enrolls less than half-time, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer), MDHS must register the individual for work requirements unless the individual qualifies for another exemption.

Source: 7 CFR §273.7(b) Revised: February 2022

Rule 12.5 Losing Exemption Status Due to Change in Circumstances.

A. A person losing exemption status because of any change in circumstances that becomes known to MDHS during the certification period must register for employment when the change becomes known to the agency.

B. A person losing exemption status due to changes which do not have to be reported during the certification period must fulfill the work registration requirement as part of the next scheduled recertification (unless otherwise exempt).

Source: 7 CFR §273.7(b)(2) Revised: February 2022

Rule 12.6 Ineligibility for Failure to Comply.

- A. A nonexempt individual who refuses or fails without good cause (as defined in <u>Rule 12.12</u> <u>Good Cause</u>) to comply with general SNAP work requirements is ineligible to participate in SNAP and will be considered an ineligible household member.
- B. MDHS must determine if good cause exists once it learns of the individual's noncompliance.
- C. MDHS must provide an individual a notice of adverse action within 10 days of establishing that noncompliance was without good cause.
 - 1. The notice of adverse action must contain the particular noncompliance act and the proposed disqualification period.
 - 2. The notice must specify what actions can be taken to avoid disqualification prior to the beginning of the disqualification period.
 - 3. The notice must also state the individual may reapply, if appropriate, at the end of the disqualification period.

Source: 7 CFR §273.7(f)(1)

Revised: February 2022

Rule 12.7 Failure to Comply with TWP or Unemployment Compensation Work Program.

- A. An individual exempt from SNAP work requirements because he or she is subject to TWP or unemployment compensation work program who fails to comply with such programs are treated as if he or she failed to comply with SNAP work requirements.
- B. If the SNAP household reports a loss or denial of TANF or unemployment compensation benefits, MDHS must determine whether the loss or denial resulted from TWP or unemployment compensation work requirements.
- C. If MDHS determines that the loss or denial or TANF or unemployment compensation benefits is due to failure to comply without good cause, the individual (or household if applicable-see *Rule 12.9 Household Ineligibility*) will be disqualified in accordance with *Rule 12.8 Disqualification Periods*.
- D. However, if the individual meets one of the other general work requirement exemptions, then the individual (or household if applicable) will not be disqualified.

Source: 7 CFR §273.7(f)(7)

Revised: February 2022

Rule 12.8 Disqualification Periods.

A. MDHS must submit a disqualification plan detailing its disqualification policy as part of the annual State Plan of Operations.

- B. The disqualification will begin on the first month following the expiration of the 10-day adverse notice period, unless a fair hearing is requested. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.
- C. An E&T disqualification may be imposed after the end of a certification period.
- D. The following disqualification periods will be imposed for the noncompliant individual:
 - 1. First violation: three months and compliance;
 - 2. Second violation: six months and compliance; and
 - 3. Third violation: the individual is permanently disqualified. However, the remaining household member will be subject to a six-month disqualification period.

Source: 7 CFR §273.7(f)(1)-(4); 7 CFR §272.2(d)(1)(xiv); Miss. Code Ann. §43-12-37

Revised: February 2022

Rule 12.9 Household Ineligibility.

- A. If the individual who becomes ineligible due to disqualification is the head of household, MDHS will disqualify the entire household from SNAP participation.
- B. Regarding failure to comply with the work requirements, the head of household will be the principal wage earner unless the household has selected an adult parent of children.
 - 1. The principal wage earner is the household member who is the greatest source of earned income in the two months prior to the month of the violation.
 - 2. This applies only if the employment is 20 hours or more per week or provides weekly earnings at least equivalent to the Federal minimum wage multiplied by 20 hours.
 - 3. If no principal source of earned income in the household, then the member whom is documented as such in the case record will be considered the head of household for the period of ineligibility.
- C. MDHS will disqualify the household for a period that does not exceed the lesser of:
 - 1. The duration of the ineligibility of the noncompliant individual; or
 - 2. 180 days.
- D. If the head of household joins another household as the head of household, then that household will be disqualified for the remaining period of ineligibility.
- E. A disqualified household may reestablish eligibility if:
 - 1. The head of household leaves the household;
 - 2. A new and eligible individual joins the household as the head of household; or
 - 3. The head of household becomes exempt from work requirements during the disqualification period.

Source: 7 CFR §273.7(f)(5); Miss. Code Ann. §43-12-37 Revised: February 2022

Rule 12.10 Fair Hearings.

A. MDHS provides SNAP applicants and/or recipients an opportunity to appeal adverse administrative decisions and provide supporting documentation challenging the adverse or

noncompliant action. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.

- B. Each individual or household has the right to request a fair hearing to appeal:
 - 1. A denial, reduction or termination of benefits due to a determination of nonexempt status; or
 - 2. A MDHS determination of failure to comply with SNAP work requirements.
- C. MDHS or its designee operating the relevant component or service of the E&T program, must be given sufficient advance notice to allow the attendance of a representative or ensure a representative of the appropriate agency be available via phone during the hearing.
- D. A household must be permitted to examine its E&T program casefile, excluding information that MDHS deems confidential, at a reasonable time prior to the fair hearing.
- E. Confidential information not released to a household may not be used by either party at the fair hearing.
- F. The results of a fair hearing are binding on MDHS.

Source: 7 CFR §273.7(f)(6)

Revised: February 2022

Rule 12.11 Suitable Employment.

- A. Employment will be considered suitable unless:
 - 1. The wage offered is 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 the State minimum wage is applicable.
 - 2. The employment is offered on a piece-rate basis (the worker is paid a fixed piece rate for each item produced regardless of the time involved) and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages as specified above.
 - 3. The household member, as a condition of employment or continuing employment, must join, resign from or refrain from joining any legitimate labor organization.
 - 4. The work offered is 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 unless an injunction has been issued under section 10 of the Railway Labor Act.
- B. All other employment will be considered suitable unless the household member involved can demonstrate that:
 - 1. The risk to health and safety is unreasonable;
 - 2. The member is physically or mentally unfit to perform the employment as documented by medical evidence or reliable information from other sources;
 - 3. The employment offered within the first 30 days of registration is not in the member's major field of experience;
 - 4. The distance from the member's home to the place of employment is unreasonable considering the expected wage and time and cost of commuting; or
 - a) If daily commuting time exceeds 2 hours per day, not including transporting a child to and from a childcare facility, then it will be considered unsuitable.
 - b) If the distance to the place of employment prevents walking and there is no public or private transportation available to transport the individual to the jobsite, then it will also be considered unsuitable.

5. The working hours or nature of employment interferes with the member's religious observance, convictions or beliefs.

Source: 7 CFR §273.7(h) Revised: February 2022

Rule 12.12 Good Cause.

- A. MDHS is responsible for determining good cause when a SNAP recipient fails or refuses to comply with a SNAP work requirement.
- B. MDHS must consider the individual member's facts and circumstances as well as information from the employer when making a good cause determination.
- C. Good cause includes circumstances beyond the individual's control such as, but not limited to.:
 - 1. Illness;
 - 2. Illness of another household member requiring the member's presence;
 - 3. A household emergency;
 - 4. Transportation is unavailable; or
 - 5. The lack of adequate childcare for children age six, but under age 12.
- D. Good cause for leaving employment includes:
 - 1. Resigning from unsuitable employment as described in <u>Rule 12.11 Suitable</u> <u>Employment</u>;
 - 2. Employer discrimination based on age, race, sex, color, handicap, religious beliefs, national origin or political beliefs;
 - 3. Working without getting paid on schedule;
 - 4. Acceptance of employment or enrollment by the individual in any recognized school, training program or institution of higher education on at least a half time basis that requires the individual to leave employment;
 - 5. Resignation by individuals under the age of 60 recognized by the employer as retirement;
 - 6. Enrollment by the individual of at least half-time in any recognized school, training program or institution of higher education in another county that requires the household to move and therefore requires the individual to leave employment;
 - 7. Leaving one job to take another job involving at least 30 hours a week or weekly earnings equivalent to 30 hours a week at federal minimum wage; or
 - 8. Leaving a job based on patterns of work, meaning workers frequently move from one employer to another, such as migrant farm labor or construction work.
- E. If there is not an appropriate and available opening in an E&T program, MDHS must determine that the participant has good cause for failure to comply with the mandatory E&T requirement.
- F. Good cause for circumstances where there is not an appropriate or available opening within the E&T program only applies to the requirement to participate in E&T and does not provide good cause to ABAWDs who fail to fulfill the ABAWD work requirement.
- G. MDHS must request verification of household statements regarding good cause that are questionable. The household is primarily responsible for providing such verification.

Source: 7 CFR §273.7(c)(2); 7 CFR §273.7(i) Revised: February 2022

Rule 12.13 Voluntary Quit and Reduction of Work Effort.

- A. An individual is ineligible to participate in SNAP if the individual within 60 days prior to the date of application either:
 - 1. Voluntarily and without good cause quits a job of 30 hours a week or more; or
 - 2. Reduces his or her work effort voluntarily and without good cause and, after the reduction, is working less than 30 hours per week.
- B. MDHS must determine whether a voluntary quit or reduction in hours occurred without good cause when a household files an application or when a household reports a loss of a source of income or a reduction in household earnings.
- C. Changes in employment status that result from involuntarily reducing hours of employment while working for the same employer, terminating a self-employment enterprise or resigning from a job at the demand of an employer will not be considered a voluntary quit.
- D. An employee of the Federal, State or local government who is dismissed from that job because of engaging in a strike against the government will be considered to have voluntarily quit his or her job without good cause.
- E. If an individual quits a job, secures new employment at comparable wages or hours and then is laid off or, through no fault of his or her own, loses the new job, the earlier quit will not be considered as a basis for disqualification.
- F. If the individual reduces his or her work hours to less than 30 a week, but continues to earn weekly wages that exceed the Federal minimum wage multiplied by 30 hours, then that individual will remain exempt from SNAP work requirements.
- G. If the voluntarily quit or reduction in work effort is without good cause, the individual will be disqualified.
- H. MDHS must provide the disqualified individual with a notice of adverse action within 10 days of the voluntary quit or reduction in work effort determination. See <u>Rule 12.6 Ineligibility for Failure to Comply</u> and <u>Rule 11.2 MDHS Responsibilities</u>.
- I. The notice of adverse action must contain the particular act of noncompliance committed, the proposed period of ineligibility, and the actions that must be taken to avoid the disqualification. It must also specify that the disqualified individual, if otherwise eligible, may resume participation at the end of the disqualification period if MDHS determines the individual to be in compliance with SNAP work requirements.
- J. If the disqualified individual is the head of household, MDHS will also disqualify the entire household and provide the household with a notice of denial.
- K. Each individual has a right to a fair hearing to appeal a denial or termination of benefits due to a determination that the individual voluntarily quit his or her job or reduced his or her work effort without good cause. MDHS provides SNAP applicants and/or recipients an opportunity to appeal adverse administrative decisions and provide supporting documentation challenging the adverse or noncompliant action. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.

Source: 7 CFR §273.7(j) Revised: February 2022

Rule 12.14 Ending Disqualification.

- A. Except in cases of permanent disqualification, participation may resume if the disqualified individual applies after the end of the disqualification period and is determined to be in compliance with the work requirements.
- B. A disqualified individual may resume participation during the disqualification period, if otherwise eligible, by becoming exempt from the work requirements.

Source: 7 CFR §273.7(g) Revised: February 2022

Rule 12.15 Optional Workfare Program.

- A. In workfare, nonexempt SNAP recipients may be required to perform work in a public service capacity as a condition of eligibility to receive normal benefit allotments.
- B. The goal of workfare is to improve employability and move individuals into regular employment.
- C. A SNAP workfare program may be operated as an E&T component or it may be operated independently.
- D. If the workfare program is part of an E&T program, it must be included in the E&T State Plan. If it is not part of an E&T program, then MDHS must submit an Optional Workfare Plan.
- E. MDHS may implement a workfare program statewide or in only some areas of the state as detailed in its E&T plan.
- F. Workfare plans must be approved by FNS and any changes to the plan must be submitted to FNS through amendments.
- G. MDHS is responsible for monitoring the agency's compliance with its workfare plan.
- H. The operating agency as detailed in the workfare plan is responsible for:
 - 1. Establishing and monitoring job sites;
 - 2. Interviewing and assessing eligible recipients;
 - 3. Assigning eligible recipients to the job sites;
 - 4. Monitoring participant compliance; and
 - 5. Making initial determinations of good cause for household noncompliance.
- I. SNAP recipients must only be subject to one SNAP workfare program.
- J. Workfare job sites may only be located in public or private nonprofit agencies.
- K. The operating agency must notify MDHS of noncompliance without good cause by an individual with a workfare obligation within 5 days of the determination so MDHS can make the final determination.
- L. MDHS must notify operating agencies of workfare eligible households. The notice must include the following:
 - 1. Case name;
 - 2. Case number:
 - 3. Names of workfare eligible household members;
 - 4. Address of the household;
 - 5. Certification period; and
 - 6. Indication of any part-time work.

- 7. The hours of obligation if MDHS is calculating those hours or if the operating agency is calculating the hours to be worked, include the monthly allotment amount.
- M. Recipients exempt from SNAP work requirements due to complying with the TWP are subject to workfare if he or she is currently involved less than 20 hours a week in TANF work activities.
- N. Recipients exempt from SNAP work requirements due to receiving or applying for unemployment compensation are subject to workfare.
 - 1. If such workfare recipient is unable to report for job scheduling, appear for scheduled workfare employment or complete the entire workfare obligation due to compliance with unemployment compensation, that inability will not be considered as refusal to accept workfare employment.
 - 2. If the workfare participant informs the agency of a time conflict, then the operating agency must reschedule the missed activity if possible. However, if it cannot be completed before the end of the month, that must not be considered as a reason for disqualification.
- O. The maximum total of monthly hours of work required of a household is determined by dividing the household's benefit allotment by the Federal or State minimum wage, whichever is higher.
- P. A participant may be required to work a maximum of 30 hours per week.
- Q. Workfare participants similarly employed with non-workfare employees must experience the same working conditions.
- R. Workfare jobs must not be related to any political activities.
- S. The operating agency can establish a job search period up to 30 days following certification prior to making a workfare assignment where potential participants are expected to look for a job.
- T. The operating agency must reimburse participants for transportation and other costs that are reasonably necessary and related to participation in the program.

Source: 7 CFR §273.7(m) Revised: February 2022

Rule 12.16 Comparable Workfare Programs.

- A. MDHS can establish comparable workfare programs to provide ABAWDs a way to fulfill the work requirements.
- B. The following conditions must be met in order to establish a comparable workfare program:
 - 1. The maximum number of hours worked weekly in a comparable workfare activity, combined with any other hours worked during the week for compensation (in cash or in kind) must not exceed 30;
 - 2. Participants must not receive a fourth month of SNAP benefits without having secured a workfare position or without having met their workfare obligation.
 - 3. MDHS must maintain records to support issuing benefits beyond the third month of eligibility; and
 - 4. MDHS must provide a description of the program to the appropriate FNS Regional office.

Source: 7 CFR §273.7(m)(9)

Revised: February 2022

Rule 12.17 Workforce Partnerships.

- A. Workforce partnerships are programs operated by either:
 - 1. A private employer;
 - 2. An organization representing private employers;
 - 3. A nonprofit organization providing services relating to workforce development; or
 - 4. An entity identified as an eligible provider of training services under section 122(d) of WIOA.
- B. Workforce partnerships could include multi-State programs.
- C. MDHS may use a workforce partnership to supplement, not supplant, its E&T program.
- D. MDHS cannot require any SNAP household member to participate in a workforce partnership.

Source: 7 CFR §273.7(n) Revised: February 2022

Part 14 Chapter 13: Able-Bodied Adults without Dependents (ABAWDs)

Rule 13.1 General Rule.

- A. An able-bodied adult without dependents (ABAWD) is an individual age 18 but under 50 years old without minor dependents.
- B. SNAP eligibility for ABAWDs is limited to (three) 3 countable months during any 3 year (36 months) period.
- C. However, an ABAWD meeting the work requirements or an exemption is not subject to the time limits.
- D. Individuals may be eligible for up to (three) 3 additional months.
- E. MDHS must inform all ABAWDs of the ABAWD work requirements and time limits orally and in writing.

Source: 7 CFR §273.24(b)-(c)

Revised: February 2022

Rule 13.2 ABAWD Work Requirements.

An ABAWD will comply with the work requirement by either:

- A. Working 20 hours per week or averaged monthly to 80 hours a month;
 - 1. Work in exchange for money;
 - 2. Work in exchange for goods or services, known as "in kind" work;
 - 3. Unpaid work as verified by MDHS; or
 - 4. Any combination of the above.
- B. Participating and complying with the requirements of a work program 20 hours per week as determined by MDHS;
- C. Combining working and participating in a work program for a total of 20 hours per week as determined by MDHS; or
- D. Participating and complying with a workfare program.

Source: 7 CFR §273.24(a)(1) -(2) Revised: February 2022

Rule 13.3 Qualifying ABAWD Work Programs.

An ABAWD qualifying work program can include either:

- A. A program under title 1 of the Workforce Innovation and Opportunity Act (WIOA);
 - 1. The Adult program;
 - 2. The Dislocated Worker program; and
 - 3. The Youth program.
- B. A program under section 236 of the Trade Act of 1974;
- C. An employment and training program operated or supervised by MDHS;
 - 1. This includes a SNAP E&T program excluding any job search, supervised job search or job search training program.
 - 2. Yet a program can contain job search, supervised job search or a job search training program as subsidiary activities if such activity is less than half the requirement.

- 3. If such activity is less than half the requirement, participation in job search, supervised job search or job search training will fulfill the ABAWD work requirement.
- D. Any program of employment and training for veterans that is operated by the Department of Labor or the Department of Veterans Affairs; or
- E. A workforce partnership.

Rule 13.4 Countable Months.

Countable months are considered months during which an individual receives SNAP benefits for the full benefit month. A countable month will NOT be:

- A. When an individual is exempt for meeting the work requirements;
- B. When an individual is protected by a waiver;
- C. When an individual is fulfilling the work requirements;
- D. When an individual is receiving prorated benefits; or
- E. In the month an individual is notified of a provider determination.

Source: 7 CFR §273.24(b)(1) Revised: February 2022

Rule 13.5 Measuring the Three-Year Period.

- A. MDHS measures the three-year period using a fixed clock that begins on the individual's date of initial application.
- B. The three initial months are not required to be consecutive.

Source: 7 CFR §273.24(b)(3) Revised: February 2022

Rule 13.6 Exemptions to the ABAWD Work Requirements.

An individuals is not subject to the ABAWD time limits if he or she is:

- A. Under 18 or age 50 or older;
- B. Determined by MDHS to be mentally or physically unfit for employment;
- C. Is a parent (natural, adoptive, or step) of a household member under age 18, regardless of that member's eligibility status;
- D. Is residing in a household where a household member is under age 18, regardless of that member's eligibility status;
- E. Pregnant; or
- F. Otherwise exempt from the general SNAP work requirements.

Source: 7 CFR §273.24(c) Revised: February 2022

Rule 13.7 Medical Certification of Unfitness for Employment.

MDHS will consider an individual to be medically certified as physically or mentally unfit for employment if he or she:

- A. Receives temporary or permanent disability benefits issued by the government or private sources:
- B. Is obviously mentally or physically unfit for employment as determined by MDHS;
- C. If the unfitness is not obvious, a statement from a physician, physician's assistant, nurse, nurse practitioner, licensed or certified psychologist, social worker or other medical professional must be provided to MDHS that indicates that the individual is physically or mentally unfit for employment.

Rule 13.8 Good Cause.

- A. MDHS will determine whether an individual has fulfilled the work requirement.
- B. The individual will be considered as fulfilling the work requirement even though he or she missed some hours for good cause if the absence from work, the work program or the workfare program is temporary.
- C. Good cause will be circumstances beyond the individual's control such as, but not limited to.:
 - 1. Illness:
 - 2. Illness of another household member requiring the member's presence;
 - 3. A household emergency; or
 - 4. Transportation is unavailable.
- D. Good cause to ABAWDs for failure or refusal to participate in a mandatory SNAP E&T program does not provide good cause to ABAWDs who fail to fulfill the ABAWD work requirement.

Source: 7 CFR §273.24(b)(2) Revised: February 2022

Rule 13.9 Reporting Changes.

ABAWD households must report a change in work hours below 20 hours per week, averaged monthly.

Source: 7 CFR §273.24(b)(7) Revised: February 2022

Rule 13.10 Regaining Eligibility.

- A. Individuals denied eligibility under <u>Rule 12.1 General Rule</u> will regain eligibility during any 30 consecutive days if he or she:
 - 1. Worked 80 or more hours;
 - 2. Participated in and complied with the work program requirements for 80 or more hours;

- 3. A combination of work and participation in a work program for a total of 80 hours;
- 4. Participated in and complied with a workfare program;
- 5. Provides verification that he or she will meet the ABAWD work requirements within 30 consecutive days from the date of application as determined by MDHS; or
- 6. Becomes exempt.
- B. Benefits for individuals regaining eligibility will be calculated as follows:
 - 1. For individuals working, participating in a work program or a combination of work and participation in a work program, MDHS will prorate benefits from the day the 80 hours are completed or the date of application; or
 - 2. For individuals participating in a workfare program and the workfare obligation is based on an estimated monthly benefit prorated back to the date of application, will have their benefits prorated back to the date of application.
- C. There is no limit on the number of times an individual may regain eligibility and subsequently maintaining eligibility by meeting the work requirement.

Source: 7 CFR §273.24(d) Revised: February 2022

Rule 13.11 Additional Three-Month Eligibility (Bonus Months).

- A. ABAWDs who regain eligibility by meeting an ABAWD work requirement and who are no longer fulling the work requirement may be entitled to three additional countable months.
- B. The additional months must be used in consecutive order.
- C. The consecutive months will begin when the individual notifies MDHS that he or she is no longer meeting the ABAWD work requirements.
- D. An individual is not permitted to receive benefits under this provision more than once in any three-year period.

Source: 7 CFR §273.24(e) Revised: February 2022

Rule 13.12 Waivers.

MDHS may seek a waiver of the ABAWD time limits with the Governor's approval only during a formal state or federal declaration of a natural disaster.

Source: 7 CFR §273.24(f) and Miss Code Ann. §43-12-19 Revised: February 2022

Rule 13.13 Discretionary Exemptions (12%).

- A. MDHS is allotted a number of exemptions equal to 12 percent of the state's caseload that is ineligible for SNAP due to the ABAWD time limit.
- B. FNS will calculate and issue a new allotment each federal fiscal year.
- C. Each discretionary exemption extends eligibility to one ABAWD for one month.
- D. MDHS has discretion as how to use the exemptions.

- E. When the county has no available workfare sites or meaningful E&T activities and the participant is unable to self-initiate either a workfare site or an activity that will meet the monthly work requirements, a 12% exemption may be implemented.
- F. MDHS must track the number of exemptions used monthly and report such number to FNS.

Source: 7 CFR §273.24(g) Revised: February 2022

Rule 13.14 Adjustments.

- A. FNS will adjust the number of exemptions for MDHS if the number of SNAP recipients varies from MDHS' caseload by more than 10 percent.
- B. If MDHS does not use all of its exemptions by the end of the fiscal year, then FNS will increase the number of exemptions allocated for use in the subsequent year.
- C. If MDHS uses more than its exemptions by the end of the fiscal year, then FNS will decrease the number of exemptions allocated for use in the subsequent year.

Source: 7 CFR §273.24(h) Revised: February 2022

Part 14 Chapter 14: E & T Work Requirements

Rule 14.1 E & T Work Requirement.

A. Work Requirements

- 1. As a condition of eligibility for SNAP benefits, each household member who is not exempt must comply with the following SNAP work requirements:
 - a) Register for work or be registered at the time of application and every 12 months after initial registration.
 - b) Participate in a SNAP Employment and Training (E&T) program if required by the agency;
 - c) Participate in a workfare program if required by the agency;
 - d) Provide the agency with sufficient information regarding employment status or availability for work;
 - e) Report to an employer to whom referred by the agency if the potential employment meets the suitability requirements;
 - f) Accept a bona fide offer of suitable employment, at a wage equal to the higher of the Federal or State minimum wage.
 - g) Do not voluntarily and without good cause quit a job of 30 or more hours a week or reduce work effort to less than 30 hours a week.
- B. Strikers determined eligible are subject to work registration requirements unless otherwise exempt.
- C. Household members who have applied for SSI and for SNAP benefits will have SNAP work requirements waived until they are determined eligible for SSI and become exempt from SNAP work requirements, or until they are determined ineligible for SSI, at which time their exemption from SNAP work requirements will be reevaluated.

Source: 7 CFR §273.7(a)(1) Revised: February 2022

Rule 14.2 Exemptions from E & T Work Requirements.

The following persons are exempt from SNAP work requirements:

- A. A person younger than 16 years of age or a person 60 years of age or older. A person age 16 or 17 who is not the head of a household or who is attending school, or is enrolled in an employment training program, on at least a half-time basis, is also exempt. If the person turns 16 (or 18 under the preceding sentence) during a certification period, the agency must register the person as part of the next scheduled recertification process, unless the person qualifies for another exemption.
- B. A person physically or mentally unfit for employment. If a mental or physical unfitness is claimed and the unfitness is not evident, verification will be required. Receipt of disability benefits generally is sufficient evidence of the disability; however, if the payment is issued for a partial or marginal disability, as is sometimes the case with VA benefits, for example, it may mean that the participant would not be suitable for certain types of jobs.

- C. A person subject to and complying with any work requirement under title IV of the Social Security Act. If the exemption claimed is questionable, the agency is responsible for verifying the exemption.
- D. A parent or other household member responsible for the care of a dependent child under 6 or an incapacitated person. If the child has his or her 6th birthday during a certification period, the agency must work register the individual responsible for the care of the child as part of the next scheduled recertification process, unless the individual qualifies for another exemption.
- E. A person receiving unemployment compensation. A person who has applied for, but is not yet receiving, unemployment compensation is also exempt if that person is complying with work requirements that are part of the Federal-State unemployment compensation application process. If the exemption claimed is questionable, the agency is responsible for verifying the exemption with the appropriate Employment Security agency.
- F. A regular participant in a drug addiction or alcoholic treatment and rehabilitation program.
- G. An employed or self-employed person working a minimum of 30 hours weekly or earning weekly wages at least equal to the Federal minimum wage multiplied by 30 hours. This includes migrant and seasonal farm workers under contract or similar agreement with an employer or crew chief to begin employment within 30 days, whereby working 30 hours per week or which produces earnings equivalent to the Federal minimum wage multiplied by 30 hours. There may be instances when an individual's hours fluctuate so that, although that individual does work an average of 30 hours per week, he/she may not work 30 hours each and every week. The agency may obtain an average of hours worked over a period of time not to exceed either the length of the certification period or the 12-month work registration period, in order to determine if a household member qualifies for this exemption. An employed or self-employed person who voluntarily and without good cause reduces his or her work effort and, after the reduction, is working less than 30 hours per week, is ineligible to participate in SNAP.
- H. A student enrolled at least half-time in any recognized school, training program, or institution of higher education. Students enrolled at least half-time in an institution of higher education must meet the student eligibility requirements. A student will remain exempt during normal periods of class attendance, vacation, and recess. If the student graduates, enrolls less than half-time, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer), the agency must work register the individual, unless the individual qualifies for another exemption.

Source: 7 CFR §273.7(b)(1) Revised: February 2022

Rule 14.3 Agency Responsibility.

The agency must register for work each household member not exempted. Household members are considered to have registered when the SNAP application is submitted to the agency.

A. During the certification process, the agency must provide a written notice and oral explanation to the household of all applicable work requirements for all members of the household and identify which household member is subject to work requirements. These work requirements include the general work requirement, mandatory E&T, and the ABAWD work requirement. This written notice and oral explanation must be provided to

- the household when a previously exempt household member or new household member becomes subject to the work requirements, and at recertification.
- B. The consolidated written notice must include all pertinent information related to each of the applicable work requirements, including:
 - 1. An explanation of the work requirement;
 - 2. Exemptions from the work requirement;
 - 3. Identify which individuals are subject to which work requirement;
 - 4. An explanation of the process to request an exemption (including contact information to request an exemption);
 - 5. The rights and responsibilities of each applicable work requirement;
 - 6. What is required to maintain eligibility under the work requirement;
 - 7. Pertinent dates by which an individual must take any actions to remain in compliance with the work requirement;
 - 8. The consequences for failure to comply with the work requirement;
 - 9. An explanation of the process for requesting good cause (including examples of good cause circumstances and contact information to initiate a good cause request); and
 - 10. Any other information the agency believes would assist the household members with compliance.
- C. If an individual is subject to mandatory E&T, the written notice must also explain the individual's right to receive:
 - 1. Participant reimbursements for allowable expenses related to participation in E&T, and
 - 2. The responsibility of the agency to exempt the individual from the requirement to participate in E&T if the individual's allowable expenses exceed what the agency will reimburse.
- D. The agency is responsible for screening each work registrant to determine whether or not it is appropriate, to refer the individual to an E&T program. The agency must refer participants to E&T, but in all cases E&T participants must receive both:
 - 1. Case management services, and
 - 2. At least one E&T component while participating in E&T.
- E. After learning of an individual's non-compliance with SNAP work requirements, the agency must issue a notice of adverse action to the individual, or to the household if appropriate, within 10 days of establishing that the noncompliance was without good cause.
- F. Mandatory E&T participants who have received a provider determination (see paragraph 273.7 (c)(18)(i)) shall not be subject to disqualification for refusal without good cause to participate in a mandatory E&T program until after the agency has taken one of the four actions listed later in this chapter under Provider Determination (see paragraph 273.7 (c)(18)(i)), and the individual subsequently refuses to participate without good cause.

Source: 7 CFR §273.7(c)(1)

Revised: February 2022

Rule 14.4 Employment and Training Programs.

- A. Work registrants not otherwise exempted are subject to the E&T program participation requirements. Such individuals are referred to as E&T mandatory participants or mandatory E&T participants. Individuals are considered to be meeting the ABAWD work requirement if he or she is working 80 hours per month or an average of 20 hours per week. Individuals working less than the required hours must be referred to E&T and have their work hours coupled with another qualifying activity in order to meet the work requirement. Failure to comply without good cause with the requirements will result in disqualification. Mandatory E&T participants who receive an E&T provider determination shall **not** be subject to disqualification for refusal without good cause to participate in mandatory E&T.
- B. An assessment must be completed to capture an individual's educational background, current/past employment history, employment skills, level of work readiness and intermediate goals needed to achieve long-term employment. The assessment may uncover circumstances that would make an individual exempt from a work requirement or provide good cause for non-compliance.
- C. Case Management.
 - 1. The E&T program must provide case management services such as:
 - a) Comprehensive intake assessments,
 - b) Individualized service plans,
 - c) Progress monitoring, and/or
 - d) Coordination with service providers which are provided to all E&T participants.
 - 2. The purpose of case management services shall be to:
 - a) Guide the participant towards appropriate E&T components and activities based on the participant's needs and interests,
 - b) Support the participant in the E&T program, and
 - c) To provide activities and resources that help the participant achieve program goals.
 - 3. Case management services and activities must directly support an individual's participation in the E&T program.
 - 4. The frequency and most efficient delivery of case management services is determined by the need of the participant.
 - 5. Case management may include referrals to activities and supports outside of the E&T program, but the agency can only use E&T funds for allowable components, activities, and participant reimbursements.
 - 6. The provision of case management services must not be an impediment to the participant's successful participation in E&T.
 - 7. In addition, the agency may determine a mandatory E&T participant may meet an exemption from the requirement to participate in an E&T program, may have good cause for non-compliance with a work requirement, or both.
 - 8. If the agency is unable to identify an appropriate and available opening in an E&T component for a mandatory E&T participant, the agency must enter an exemption.
- D. Components.

Allowable Employment and Training Activities in which an individual referred to E&T will be required to participate in are:

- 1. Workfare
- 2. Comparable Workfare
- 3. Education
- 4. Work
- 5. Job Retention

Source: 7 CFR §273.7(e) Revised: February 2022

Rule 14.5 Time Spent in an Employment and Training Program.

A. The time spent by the members of a household collectively each month in an E&T work program combined with any hours worked that month in a workfare program must not exceed the number of hours equal to the household's allotment for that month divided by the higher of the applicable Federal or State minimum wage. The total hours of participation in an E&T program for any household member individually in any month, together with any hours worked in a workfare program and any hours worked for compensation (in cash or in kind), must not exceed 120.

Source: 7 CFR § 273.7(e)(4)(ii) Revised: February 2022

Rule 14.6 Voluntary Participation.

- A. Individuals exempt from work requirements may elect to participate in an E&T program to access E&T services.
- B. A volunteer participant must not be disqualified in an E&T program for failure to comply with E&T requirements.

Source: 7 CFR §273.7(e)(5) Revised: February 2022

Rule 14.7 Failure to Comply.

- A. A nonexempt individual who refuses or fails without good cause to comply with SNAP work requirements or E&T requirements is ineligible to participate in SNAP and will be considered an ineligible household member.
 - 1. The agency must determine whether good cause for the noncompliance exists.
 - 2. The notice of adverse action must contain the particular act of noncompliance committed and the proposed period of disqualification. The notice must also specify that the individual may, if appropriate, reapply at the end of the disqualification period. Information must be included on or with the notice describing the action that can be taken to avoid the disqualification before the disqualification period begins.
 - 3. An E&T disqualification may be imposed after the end of a certification period.

Rule 14.8 Disqualification Periods.

- A. Disqualification periods will be imposed for failure to comply without good cause with the work registration/E&T requirements.
- B. The following disqualification periods will be imposed:
 - 1. For the first occurrence of noncompliance, the individual will be disqualified for:
 - a) Three months and compliance
 - 2. For the second occurrence:
 - a) Six months and compliance
 - 3. For the third occurrence:
 - a) Permanently

Source: 7 CFR §273.7(f)(2)

Revised: February 2022

Rule 14.9 Household Ineligibility.

- A. If the individual who becomes ineligible to participate is the head of a household, the agency will disqualify the head of household permanently and disqualify entire household from SNAP participation for six months.
- B. The agency will disqualify the household for a period that does not exceed the lesser of:
 - 1. The duration of the ineligibility of the noncompliant individual; or
 - 2. 180 days.
- C. A household disqualified may reestablish eligibility if:
 - 1. The head of the household leaves the household;
 - 2. A new and eligible person joins the household as the head of the household; or
 - 3. The head of the household becomes exempt from work requirements during the disqualification period.
- D. If the head of the household joins another household as its head, that household will be disqualified from participating in SNAP for the remaining period of ineligibility.

Rule 14.10 Fair Hearings.

- A. Each individual or household has the right to request a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination of nonexempt status, or an agency determination of failure to comply with SNAP work requirements.
- B. The agency operating the relevant component or service of the E&T program must receive sufficient advance notice to either permit the attendance of a representative or ensure that a representative will be available for questioning over the phone during the hearing. A representative of the appropriate agency must be available through one of these means.
- C. A household must be allowed to examine its E&T program casefile at a reasonable time before the date of the fair hearing, except for confidential information (that may include test results) that the agency determines should be protected from release. Confidential information not released to a household may not be used by either party at the hearing.
- D. The results of the fair hearing are binding on the agency.

- E. If the participating individual's benefits are continued pending a fair hearing, the disqualification period must begin the first of the month after the hearing decision is rendered.
- F. If the household elects not to receive benefits during pendency of the appeal and subsequently wins the hearing, the agency will restore any benefits the household would have been eligible to receive during the appeal period.

Source: 7 CFR §273.7(f) Revised: February 2022

Rule 14.11 Failure to Comply with a Work Requirement Under Title IV of the Social Security Act, or an Unemployment Compensation Work Requirement.

- A. An individual exempt from SNAP work requirements who fails to comply with the title IV-A or unemployment compensation work requirement will be treated as though he or she failed to comply with SNAP work requirements.
 - 1. If the agency determination of noncompliance with a title IV-A or unemployment compensation work requirement leads to a denial or termination of the individual's or household's SNAP benefits, the individual or household has a right to appeal the decision.
 - 2. In cases where the individual is disqualified from the title IV-A program for refusal or failure to comply with a title IV-A work requirement, but the individual meets one of the work registration exemptions, the agency may apply the identical title IV-A disqualification on the individual under SNAP. The agency must impose such optional disqualifications in accordance with the provisions of § 273.11(1).
 - 3. If the agency determination of noncompliance with a title IV-A or unemployment compensation work requirement leads to a denial or termination of the individual's or household's SNAP benefits, the individual or household has a right to appeal the decision
 - 4. In cases where the individual is disqualified from the title IV-A program for refusal or failure to comply with a title IV-A work requirement, but the individual meets one of the work registration exemptions, the agency may apply the identical title IV-A disqualification on the individual under SNAP.

Rule 14.12 Ending Disqualification.

- A. Except in cases of permanent disqualification, at the end of the applicable mandatory disqualification period for noncompliance with SNAP work requirements, participation may resume if the disqualified individual applies again and is determined by the agency to be in compliance with work requirements. A disqualified individual may be permitted to resume participation during the disqualification period (if otherwise eligible) by becoming exempt from work requirements.
- B. ABAWDs disqualified as a result of failure to comply with E&T requirements must serve the minimum disqualification period and comply with E&T before being considered

compliant with work registration requirements unless a work registration exemption is met during the minimum disqualification period.

Source: 7 CFR § 273.7(g) Revised: February 2022

Rule 14.13 Good Cause.

A. The agency is responsible for determining good cause when a SNAP recipient fails or refuses to comply with SNAP work requirements. The agency must consider the facts and circumstances, including information submitted by the employer, by the household member involved and by the provider in determining whether good cause exists. Good cause includes circumstances beyond the member's control, such as, but not limited to,:

- 1. Illness
- 2. Illness of another household member requiring the presence of the member,
- 3. A household emergency,
- 4. The unavailability of transportation, or
- 5. The lack of adequate childcare for children who have reached age six but are under age 12.
- B. Good cause for leaving employment also includes:
 - 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, such as working without being paid on schedule;
 - 3. Acceptance of employment by the individual, or enrollment by the individual in any recognized school, training program or institution of higher education on at least a half time basis, which requires the individual to leave employment;
 - 4. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program or institution of higher education in another county or similar political subdivision that requires the household to move and thereby requires the individual to leave employment;
 - 5. Resignations by persons under the age of 60 which are recognized by the employer as retirement:
 - 6. Employment that becomes unsuitable after the acceptance of such employment. Employment will be considered suitable unless:
 - a) The wage offered is less than the highest of the applicable Federal or State minimum wage;
 - b) The employment offered is on a piece-rate basis and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages;
 - c) The household member, as a condition of employment or continuing employment, is required to join, resign from or refrain from joining any legitimate labor organization;
 - d) The work offered is at a site subject to a strike or lockout at the time of the offer unless the strike has been enjoined under section 208 of the Labor-Management Relations Act (Taft-Hartley Act), or unless an injunction has been issued under section 10 of the Railway Labor Act; or

- e) It fails to meet additional suitable criteria established by the agency.
- 7. Acceptance of a bona fide offer of employment of more than 30 hours a week or in which the weekly earnings are equivalent to the Federal minimum wage multiplied by 30 hours that, because of circumstances beyond the individual's control, subsequently either does not materialize or results in employment of less than 30 hours a week or weekly earnings of less than the Federal minimum wage multiplied by 30 hours; and
- 8. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for SNAP benefits between jobs particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment must be considered as with good cause if it is part of the pattern of that type of employment.
- C. Good cause includes circumstances where the agency determines that there is not an appropriate and available opening within the E&T program to accommodate the mandatory participant. Good cause for circumstances where there is not an appropriate or available opening within the E&T program shall extend until the agency identifies an appropriate and available E&T opening, and the agency informs the SNAP participant. In addition, good cause for circumstances where there is not an appropriate and available opening within the E&T program shall only apply to the requirement to participate in E&T and shall not provide good cause to ABAWDs who fail to fulfill the ABAWD work requirement.
- D. To the extent that the information given by the household is questionable, the agency must request verification of the household's statements. The primary responsibility for providing verification rests with the household.

Source: 7 CFR §273.7(i) Revised: February 2022

Rule 14.14 Provider Determination.

- **A.** The agency must ensure E&T providers are informed of their authority and responsibility to determine if an individual is not a good fit for a particular E&T component. Such determinations shall be referred to as provider determinations. An E&T provider is the provider of an E&T component.
- B. The E&T provider may also provide input on the most appropriate next step for the individual with a provider determination. If an E&T provider finds an individual is not a good fit for one component, but determines the individual may be suitable for another component offered by the E&T provider, the E&T provider may switch the individual to the other component and inform the agency by updating the appropriate form of the new component without the need for the agency to act further on the provider determination. The E&T provider has the authority to determine if an individual is not a good fit for the E&T component from the time an individual is referred to an E&T component until completion of the component. In the case of either a mandatory or voluntary E&T participant with a provider determination, the agency shall notify the individual that they are not being sanctioned as a result of the provider determination.

1. From the time an E&T provider determines an individual is not a good fit for an E&T component the individual shall not be found to have refused without good cause to participate in mandatory E&T. In the case of an ABAWD who has received a provider determination, the ABAWD will accrue countable months toward their three-month participation time limit the next full benefit month after the month during which the agency notifies the ABAWD of the provider determination, unless the ABAWD fulfills the work requirements, or the ABAWD has good cause, or is otherwise exempt.

Source: 7 CFR §273.7(c)(18)(i) Revised: February 2022

Rule 14.15 Participant Reimbursements.

- A. The agency must provide transportation stipends to mandatory participants in its E&T program, for expenses that are reasonably necessary and directly related to participation in the E&T program. These payments are made in advance as payment for anticipated expenses in the coming month.
 - 1. A monthly stipend will be posted to the individual's SNAP card for transportation assistance;
 - 2. Stipends are considered supportive services and are not counted as unearned income in the SNAP budget;
 - 3. Individuals engaged in Comparable Workfare are not eligible for the stipend;
 - 4. Overpayments will not be processed for E&T transportation stipends.

Source: 7 CFR §273.7(d)(4)

Revised: February 2022

Rule 14.16 State Exemption.

- A. The agency must inform all mandatory E&T participants that they may be exempted from E&T participation if their monthly expenses that are reasonably necessary and directly related to participation in the E&T program exceed the allowable reimbursement amount. Persons for whom allowable monthly expenses in an E&T component exceed the allowable amount are not required to participate in that component. These individuals will be placed, if possible, in another suitable component in which the individual's monthly E&T expenses would not exceed the allowable reimbursable amount paid. If a suitable component is not available, these individuals will be exempt from E&T participation until a suitable component is available or the individual's circumstances change, and his/her monthly expenses do not exceed the allowable reimbursable amount paid.
- B. The use of a state exemption does not stop the increment of the three (3) months in a 36-month period (3/36) counter.
- C. The exemption will allow the client to avoid the disqualifications associated with the E&T requirement as mandated by the agency; however, the client must meet the ABAWD work requirement unless otherwise determined exempt from the general work registration requirement.

Source: 7 CFR §273.7(d)(4)(v) Revised: February 2022

Part 14 Chapter 15: Categorically Eligible Households

Rule 15.1 General.

- A. Households are automatically eligible for SNAP based on receiving benefits from another low-income assistance program.
- B. The following households are categorically eligible for SNAP:
 - 1. Households where all members receive or are eligible to receive TANF.
 - 2. Households where all members receive or are eligible to receive SSI benefits.
 - 3. Households where all members receive or are eligible to receive TANF and/or SSI benefits.
- C. An individual may be considered a recipient of TANF or SSI if any of the following conditions exist:
 - 1. Is receiving TANF or SSI benefits;
 - 2. Is eligible for TANF or SSI benefits, but has yet to begin receiving such;
 - 3. Is eligible for TANF or SSI benefits, but has had benefits suspended or recouped; or
 - 4. Is eligible for TANF or SSI benefits, but is not paid because the amount is less than the minimum amount.
- D. Any household is not considered categorical eligible if:
 - 1. The entire household is institutionalized;
 - 2. Any member is disqualified for an IPV;
 - 3. The head of household is disqualified for failing to comply with work requirements or voluntarily quitting or reducing hours; or
- E. A household member is a fleeing felon or parole or probation violator. An ineligible household member as defined in *Rule 5.6 Excluded Individuals* may not be included in a case that is otherwise categorically eligible.

Source: 7 CFR §273.2(j)(2)

Revised: February 2022

Rule 15.2 Income and Resource Exceptions.

- A. Categorically eligible households are not subject to:
 - 1. Monthly gross income maximums;
 - 2. Monthly net income maximums;
 - 3. Resource maximums.
- B. Households may exceed the SNAP resource or income limits and still be eligible due to their categorical eligibility status.

Source: 7 CFR §273.2(j)(2)(v) Revised: February 2022

Rule 15.3 Verification Exceptions.

Categorically eligible households are exempt from the following verifications since these factors were considered in their needs based entitlement to TANF and/or SSI:

A. Residency;

- B. Resources;
- C. Social Security number information other than providing it;
- D. Sponsored non-citizen information; and
- E. Gross and net income limits (although income will have to be verified for benefit determination).

Source: 7 CFR §273.2(j)(2)(v) Revised: February 2022

Rule 15.4 Residents of Institution.

- A. Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release will not be considered categorically eligible.
- B. MDHS will only determine such residents as categorically eligible when SSA makes a final SSI eligibility determination and after the individual has been released from the institution.

Source: 7 CFR §273.2(j)(2)(D) Revised: February 2022

Rule 15.5 Benefit Determination.

- A. MDHS will base the benefit levels of all households solely using SNAP criteria.
- B. Benefits will be paid from the time TANF or SSI benefits are paid or the original SNAP application date, whichever is later.

Source: 7 CFR §273.2(j); 7 CFR §273.2(j)(1)(iv) Revised: February 2022

Part 14 Chapter 16: Resources

Rule 16.1 General.

- A. MDHS will apply uniform national resource standards of eligibility that are published every October 1st by USDA to all applicants.
- B. **Exception**: Households defined as categorically eligible are not subject to resource limits.
- C. Households with at least one member 60 years of age or older or disabled have a higher maximum resource limit than all other households.
- D. Resources are either included or excluded in determining SNAP eligibility.
- E. MDHS exempts most vehicles to align with MS TANF policy.
- F. MDHS will determine the value of nonexempt resources, except for licensed vehicles, at equity value, which is the fair market value less encumbrances.
- G. Resources of all household members will be counted, including ineligible non-citizens and household members disqualified due to failure to comply with a work requirement, failure to provide a SSN or because of an intentional program violation.
- H. **Exception**: Resources of non-household members such as students or boarders will not be counted as well as those who receive SSI.

Source: 7 CFR §273.8(a)-(b); 7 CFR §273.11(c)-(d) Revised: February 2022

Rule 16.2 Included Resources.

The following resources must be included and verified:

- A. Liquid resources such as:
 - 1. Cash on hand (including gross lottery or gambling winnings);
 - 2. Money in checking and savings accounts;
 - 3. Saving certificates;
 - 4. Stocks or bonds;
 - 5. Vacation pay;
 - 6. Loans;
 - 7. Accumulated earnings of a student under 18;
 - 8. Retirement plans not listed in Rule 16.4 Excluded Resources; and
 - 9. Nonrecurring lump sum payments.
- B. Non-liquid resources such as:
 - 1. Personal property (not including jewelry or furniture);
 - 2. Recreational vehicles;
 - 3. Industrial vehicles (unless income-producing exceptions are met);
 - 4. Buildings (not specifically excluded in *Rule 16.4 Excluded Resources*);
 - 5. Property (not specifically excluded in *Rule 16.4 Excluded Resources*);
 - 6. Recreational property;
 - 7. Resources belonging to excluded household members; and
 - 8. Timber (not located on the same property as the home).
- C. Resources of the sponsor and sponsor's spouse must be deemed for a household that contains a sponsored non-citizen.

Source: 7 CFR §273.8(c) Revised: February 2022

Rule 16.3 Jointly Owned Resources.

A. Resources that are jointly owned by separate households will be considered available in their entirety to each household, unless it can be shown by the applicant household that such resources are inaccessible.

- B. If the household can provide proof that it can only access a portion of such resource, the value of that portion will be counted toward the household's resource level.
- C. The resource will be considered totally inaccessible to the household if the resource cannot be subdivided on practical terms and the household's access to the value of the resource is dependent on an agreement of a joint owner who refuses to comply.
- D. For purposes of this rule, ineligible non-citizens and disqualified members residing with the household will be considered household members.
- E. Resources are considered inaccessible for residents of shelters for battered persons if:
 - 1. Resources are jointly owned by such residents and by members of their former household; and
 - 2. Such resident's access to the value of the resource is dependent on an agreement with a joint owner who still resides in the former household.

Source: 7 CFR §273.8(d); Miss Code Ann. §81-14-359 Revised: February 2022

Rule 16.4 Excluded Resources.

Exclude the following list of resources when determining eligibility for SNAP:

- A. Home and surrounding property (including barns, garages, sheds, workshops and other outbuildings) that is not separated by intervening property owned by others;
 - 1. Public rights of ways will not affect the exemption status of the property.
 - 2. Exemption status will remain when the home and surrounding property is temporarily unoccupied for reasons of employment, training for future employment, illness or uninhabitable due to a natural disaster or other casualty, if the household intends to return.
 - 3. Property owners or those purchasing a lot to build or who are building a permanent home will receive an exemption for the value of the lot and, if it is partially completed, for the home.
- B. Household goods and personal effects;
- C. One burial plot per household member;
- D. Value of one pre-paid funeral agreement per household member;
- E. Cash value of life insurance policies;
- F. Cash value of pension plans or funds;
- G. The following retirement accounts:
 - 1. Authorized under section 401 including 401(k) plans, 401(a), 403(a) and (b), 408 including traditional IRAs, 408A including Roth IRAs, 457(b) including eligible deferred compensation plans, 501(c)(18), 529A and 7701(j) of the Internal Revenue Code of 1986;

2. Any other retirement plan designated as tax-exempt under a provision of the Internal Revenue Code of 1986.

H. Most vehicles;

- 1. Licensed or unlicensed vehicles used for regular, on-road transportation such as:
 - a) Cars;
 - b) Trucks;
 - c) Vans; or
 - d) Motorcycles.
- 2. Any vehicles used as the household's home;
- 3. **Exception**: Recreational vehicles (unless used as the family home), all-terrain vehicles (ATVs) and other off-road and industrial vehicles which are not income producing are included in the resource determination.
- I. Property which annually produces income consistent with its fair market value even if only used on a seasonal basis. Such property includes rental and vacation homes;
- J. Property used which is essential to employment and self-employment of a household member. Farm property used by a self-employed household member engaged in farming, but is no longer being used due to termination from self-employment, will continue to be excluded as a resource for one (1) year from the date such household member terminated his or her self-employment farming;
- K. Installment contracts for the sale of land or buildings if the contract is producing income consistent with its fair market value;
- L. Any governmental payments which are designated for the restoration of a home damaged in a disaster provided the household is subject to a legal sanction if the funds are not used as intended;
- M. Resources having a cash value which is not accessible to the household such as irrevocable trust funds, security deposits on rental property or utilities, property in probate, and real property that the household is making an effort to sell at a reasonable price but has not been sold;
- N. Resources which have been prorated as income for self-employed persons or students;
- O. Indian lands jointly held with the Tribe or land that can only be sold with the approval of the Bureau of Indian Affairs;
- P. Resources which are excluded for SNAP purposes by express provision of Federal statute;
 - 1. The value of assistance to children under the Richard B. Russell National School Lunch Act according to P.L. 79-396, §12(e) and the Child Nutrition Act of 1966 according to P.L. 89-642, §11(b);
 - 2. Federal major disaster and emergency assistance payments and comparable disaster assistance provided by Mississippi such as Disaster Unemployment Assistance payments under the Robert T. Stafford Disaster Relief and Emergency Assistance Act according to P.L. 93-288, §312(d);
 - 3. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, §216);
 - 4. National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968 (P.L. 90-448, §1324);
 - 5. Payments to volunteers under the Domestic Volunteer Service Act of 1973, according to P.L. 93-113, §404(f). Payments under that Act include VISTA, University Year for Action, Urban Crime Prevention Program, Retired Senior

- Volunteer Program (RSVP), Foster Grandparents Program and Senior Companion Program;
- 6. The amount of any home energy assistance payments or allowance provided to, or indirectly on behalf of a household under the Low-Income Home Energy Assistance Act;
- 7. Payments received from the Youth Incentive Entitlement Pilot Projects, the Youth Community Conservation and Improvement Projects, and the Youth Employment and Training Programs under Title IV of the Comprehensive Employment and Training Act of 1978 (P.L. 95-524);
- 8. Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203);
- 9. Funds distributed per capita to the Sac and Fox Indians according to P.L. 94-189;
- 10. Per capita payments under the Indian Tribal Judgment Funds Use or Distribution Act of \$2000 or less pursuant to P.L. 93-134 and P.L. 98-64. This exemption applies to each payment made to each individual;
- 11. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540);
- 12. Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (P.L. 94-114; §6);
- 13. Payments of relocation assistance to members of the Navajo and Hopi Tribes under P. L. 93-531;
- 14. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (P.L. 95-433);
- 15. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420, §5);
- 16. Funds paid under Indian Claims: Distribution of Funds to Seminole Indians (P.L. 101-277, §8(b)) are excluded except for per capita payments in excess of \$2000;
- 17. Funds paid to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2000 according to P.L. 98-500, §8;
- 18. Payments to the Seneca Nation according to P.L. 101-503;
- 19. Payments to Confederated Tribes of Colville Reservations per P.L. 103-436;
- 20. Payments to the Turtle Mountain Band of Chippewas, Arizona, pursuant to P.L. 97-403;
- 21. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago tribes (Arizona) as designated under P.L. 97-408;
- 22. Per capita and interest payments made to the Red Lake Band of Chippewas pursuant to P.L. 98-123;
- 23. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124;
- 24. Payments to the Saginaw Chippewa Indian Tribe of Michigan according to P.L. 99-346, §6(b) and per capita funds according to P.L. 99-146 §6(b);
- 25. Funds to the Puyallup Tribe of Indians Settlement Act per P.L. 101-41;
- 26. Per capita payments to the Chippewas of the Mississippi pursuant to P.L. 99-377;

- 27. Income received by individuals age 55 and older under the Title V of the Older Americans Act according to P.L. 100-175, §509;
- 28. Grants paid under the Civil Liberties Act of 1988 (P.L. 100-383) to certain U.S. citizens of Japanese ancestry and permanent resident Japanese non-citizens or their survivors:
- 29. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204);
- 30. All payments received under the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239, §10405);
- 31. Payments made under the Radiation Exposure Compensation Act (P.L. 101-426);
- 32. Payments made to individuals because of their status as victims of Nazi persecution (P.L. 103-286);
- 33. Compensation paid to crime victims under the Crime Act of 1984 (amended by P.L. 103-322);
- 34. Exclude an Achieving a Better Life Experience (ABLE) account under P.L. 113-295, §103. **Note**: ABLE account funds exceeding \$100,000 are considered a resource.
- Q. Earned income tax credits as follows:
 - 1. A federal earned income tax credit received either as a lump sum or as payments under section 3507 of the Internal Revenue Code for the month of receipt and the following month for the individual and his/her spouse.
 - 2. Any federal, state or local earned income tax credit received by any household member will be excluded for 12 months provided the household was participating in SNAP at the time of receipt and the household participated continuously during that 12-month period. **Note:** Breaks in participation of one month or less due to administrative reasons, such as delayed recertification or late monthly reports will not be considered as non-participation in determining the 12-month exclusion.
- R. Energy assistance payments or allowances excluded as income;
- S. Non-liquid asset(s) against which a lien has been placed as a result of a business loan and the household is prohibited from selling the asset(s) per the agreement;
- T. Real or personal property that is used in the maintenance or use of an excluded vehicle;
- U. Resources that cannot be sold for a significant return;
- V. Resources of a household member who receives SSI or TANF;
- W. Education savings plans such as:
 - 1. Qualified tuition programs defined by section 529 of the Internal Revenue Code of 1986.
 - 2. Coverdell education saving accounts defined by section 530 of the Internal Revenue Code of 1986.
 - 3. Other education savings accounts deemed appropriate for exclusion by FNS.

Source: 7 CFR §273.8(e) Revised: February 2022

Rule 16.5 Value of Non-excluded Recreational Vehicles.

- A. Fair market value is the current value of the recreational vehicle.
- B. Equity value is the fair market value minus encumbrances.
- C. A recreational vehicle may be:
 - 1. Counted according to its excess fair market value over \$4,650;
 - 2. Counted according to its excess fair market value over \$4,650 or its equity value, which is higher.
- D. A household will be allowed to acquire verification of the true value of a vehicle from a reliable source if it does not agree with MDHS' determination of the value of the vehicle.

Source: 7 CFR §273.8(f) Revised: February 2022

Rule 16.6 Commingling Excluded Resources.

- A. Excluded resources kept in separate accounts will have a resource exclusion for an unlimited period of time.
- B. The excluded resources of students and self-employment households that are commingled with non-excluded resources will keep their exclusion status for the time which they were prorated as income.
- C. All other excluded resources commingled with non-excluded resources will retain their exemption for six months from the date of commingling. After six months, then all funds in the commingled account will be counted as a resource.

Source: 7 CFR §273.8(g) Revised: February 2022

Rule 16.7 Transfer of Resources.

- A. Households will be asked to provide information regarding whether any resources have been transferred within a 3-month period immediately prior to the date of application.
- B. Households that knowingly transfer resources for the purpose of qualifying or attempting to qualify for SNAP benefits will be disqualified from participation for up to one (1) year from the date of the discovery of the transfer.
- C. This disqualification period will be applicable if the resources are transferred knowingly in the 3-month period prior to the application or if they were knowingly transferred after the household has been determined eligible for SNAP benefits.
- D. *Allowable Transfers*: The following are allowable transfer of resources which will not affect SNAP eligibility:
 - 1. Resources of excluded personal property such or furniture or money that is less than the allowable resource limit;
 - 2. Resources sold or traded at or near fair market value;
 - 3. Resources which are transferred between members of the same household; and
 - 4. Resources that are transferred for reasons other than qualifying or attempt to qualify for SNAP benefits such as placing funds into an educational trust fund.
- E. *Notice of Denial*: If MDHS determines that a household knowingly transferred resources for the purposes of qualifying or attempting to qualify for SNAP, the household will be

- sent a denial notice that explains the reason and length of the disqualification. A notice of adverse action will be sent if the household is participating in SNAP at the time of discovery.
- F. *Effective Date of Disqualification*: The disqualification period will begin in the month of the application. However, for those participating, the disqualification period will be effective with the first issued allotment after the notice of adverse action time period has expired unless the household has requested a fair hearing with continued benefits. MDHS provides SNAP applicants and/or recipients an opportunity to appeal adverse administrative decisions and provide supporting documentation challenging the adverse or noncompliant action. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.
- G. *Disqualification Period:* The length of the disqualification is based on the amount that the nonexempt transferred resources, when added with other countable resources, exceeds the allowed resource limit. The following penalties apply:
 - 1. One month of disqualification for \$0 to \$249.99 in excess of the resource limit;
 - 2. Three months of disqualification for \$250 to \$999.00 in excess of the resource limit;
 - 3. Six months of disqualification for \$1,000 to \$2999.99 in excess of the resource limit;
 - 4. Nine months of disqualification for \$3000 to \$4,999.99.00 in excess of the resource limit and
 - 5. Twelve months of disqualification for \$5,000 or more in excess of the resource limit.

Source: 7 CFR §273.8(h) Revised: February 2022

Part 14 Chapter 17: Income

Rule 17.1 General.

Participation in SNAP shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting individuals to obtain a more nutritious diet.

- A. Households with an elderly or disabled member must meet the net income eligibility standards.
- B. Households without an elderly or disabled member must meet both the gross and net income eligibility standards.
- C. Categorically eligible households do not need to meet either income standards.

Source: 7 CFR §273.9(a) Revised: February 2022

Rule 17.2 Eligibility Standards.

- A. The gross income eligibility standard is 130 percent of the annual Federal income poverty level.
- B. The net income eligibility standard is 100 percent of the annual Federal income poverty level
- C. The income eligibility limits are adjusted each October 1st to reflect the current Federal income poverty level and are posted on the FNS web site.

Source: 7 CFR §273.9(a)(1)-(4) Revised: February 2022

Rule 17.3 Income Defined.

Income means all income from whatever source excluding only those items listed in <u>Rule 17.8</u> <u>Excluded Income</u>.

Source: 7 CFR §273.9(b) Revised: February 2022

Rule 17.4 Earned Income.

Earned income includes the following:

- A. All salaries and wages from an employee;
- B. Gross income from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business;
 - 1. **Exception**: The costs of doing business are excluded.
 - 2. Ownership of rental property is considered a self-employment enterprise. Income from a rental property is only considered earned income if a household member is actively engaged in the management of such property for an average of at least 20 hours per week.

- 3. Payments from a roomer or boarder (except foster care boarders) are considered a self-employment enterprise regardless of the number of hours spent weekly in providing the service.
- C. Training allowances from vocational and rehabilitative programs recognized by Federal, state, and local governments, such as the work incentive program, to the extent they are not a reimbursement;
- D. Payments under Title I (VISTA, University Year for Action, etc.) of the Domestic Volunteer Service Act of 1973;
 - 1. **Exception**: Payments made to volunteers will be excluded for those persons receiving public assistance or SNAP at the time he or she joined the Title I program.
 - 2. New applicants who were not receiving public assistance or SNAP at the time he or she joined VISTA will have these volunteer payments included as earned income
- E. Earnings to persons participating in on-the-job training programs paid under Title I of the Workforce Innovation and Opportunity Act (WIOA) of 2014 and monies paid by the employer. **Exception**: This does not apply to household members under 19 years of age who are under the parental control of another adult member, regardless of school attendance and/or enrollment;
- F. Educational assistance that has a work requirement in excess of the amount excluded in *Rule 17.8 Excluded Income*. **Exception**: Earned income from work study programs funded under section 20 U.S.C. 1087uu of the Higher Education Act is excluded;
- G. Jury duty income unless the jury pay does not exceed \$30.00 in a quarter and cannot be reasonably anticipated as described in *Rule 17.8 Excluded Income*;
- H. Income received from the selling of blood or blood plasma;
- I. Military pay and allowances;
 - 1. Basic pay, with the exception of combat pay as described in *Rule 17.8 Excluded Income*.
 - 2. Basic Allowances for Quarters (BAQ) and Basic Allowance for Subsistence (BAS).
 - 3. **Note**: The mandatary salary reduction amount for military service personnel, which is used to fund the G.I. Bill, will not count as income pursuant to Section 303(a)(1) of the Omnibus Veterans Benefits and Health Care Authorization Act of 1986, as it is not considered to be received by or under the control of the individual.

Source: 7 CFR §273.9(b)(1) Revised: February 2022

Rule 17.5 Unearned Income.

Unearned income includes the following, but not limited to,:

- A. Federal or federally aided public assistance program payments such as SSI or TANF;
- B. Social security benefits;
- C. Payments received through the Mississippi Band of Choctaw Indians (MBCI) Distribution Plan;
- D. Severance pay;
- E. Annuities:
- F. Pensions;
- G. Retirement:

- H. Strike benefits:
- I. Veteran's benefits;
- J. Disability benefits;
- K. Worker's compensation;
- L. Unemployment compensation;
- M. Monies deposited into a joint bank account. **Exception**: When one of the joint account owners is the protective payee of the funds deposited into the account and the funds are used for the needs of the protective payee, then such funds would be excluded as income to others:
- N. Foster care payments for children or adults who are considered members of the household;
- O. Gross income less the cost of doing business from rental property where the household member is not actively engaged in the management of the property at least 20 hours a week;
- P. Support or alimony payments made directly to the household by non-household members;
- Q. Scholarships, educational grants, deferred payment loans for education (other than educational assistance with a work requirement) in excess of amounts excluded in <u>Rule</u> 17.8 Excluded Income;
- R. Payments from government sponsored programs, dividends, interest, royalties, and all other direct money payments construed to be a gain or benefit;
- S. Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense (such as vendor payments described in *Rule 17.8 Excluded Income*).
- T. Income deemed to sponsored non-citizen as detailed in <u>Rule 9.6 Deeming of Sponsor's Income and Resources</u>;
- U. Monies which are withdrawn or dividends which are or could be received by a household from trust funds are considered to be excludable resources;
 - 1. Such trust withdrawals will be considered income in the month received unless otherwise exempt.
 - 2. Dividends which the household can select to receive as income or reinvest in the trust will be considered income in the month they become available to the household unless otherwise exempt.

Source: 7 CFR §273.9(b)(2) Revised: February 2022

Rule 17.6 Income from Non-Household Members.

- A. The earned and unearned income from a non-household member disqualified for either an IPV or failing to comply with work requirements is attributed to the remaining household members.
- B. The earned and unearned income from a non-household member disqualified for failing to provide an SSN or being an ineligible non-citizen is counted as income, less a pro rata share for the individual.
- C. For households containing a sponsored non-citizen, the income of the sponsor and the sponsor's spouse must be deemed.

Source: 7 CFR §273.9(b)(3)-(4) Revised: February 2022

Rule 17.7 Child Support Payments received by TANF recipients.

- A. Child support payments received by TANF recipients that must be transferred to the Division of Child Support Enforcement to maintain TANF eligibility are not counted as income.
- B. **Exception**: Any current payment including the entire child support pass-through payment that is disbursed to the household must be counted as unearned income when calculating SNAP benefits.

Source: 7 CFR §273.9(b)(5)(ii) Revised: February 2022

Rule 17.8 Excluded Income.

Types of excluded income include:

- A. Any gain or benefit that is not in the form of money payable directly to the household;
 - 1. In-kind benefits: includes meals, clothes, housing or produce from a garden.
 - 2. Vendor payments: money payment made on behalf of a household by an individual or organization outside of the household either directly to the household's creditors or to an individual or organization providing a service to the household.
 - a) Public Assistance vendor payments are counted as income unless they are made for:
 - i. Medical assistance;
 - ii. Child care assistance;
 - iii. Energy assistance;
 - iv. Emergency assistance for migrant or seasonal farmer households while in the job stream;
 - v. Housing assistance payments made through a State or local housing authority;
 - vi. Emergency or special assistance (the assistance must be over and above the normal grant).
 - b) Department of Housing and Urban Development (HUD) vendor payments. Rent or mortgage payments made to landlords or mortgagees by HUD are excluded as income.
 - c) Vendor payments that are reimbursements are excluded.
 - d) Other third-party payments will be treated as follows:
 - i. Money legally owed and payable to the household that is diverted by the provider of the payment to a third party for a household expense will be counted as income.
 - ii. If an individual or organization makes a payment to a third party on behalf of a household using funds that are not owed to the household, the payment will be excluded.
- B. Educational assistance such as grants, scholarships, fellowships, work study or educational loans where payment is deferred and the following exists:
 - 1. The educational assistance must be received under section 20 U.S.C. 1087uu of the Higher Education Act;

- 2. The educational assistance must be awarded to a household member enrolled at either:
 - a) Recognized institution of post-secondary education;
 - b) School for the handicapped;
 - c) Vocational education program;
 - d) Vocational or technical school;
 - e) Program that provides for obtaining a secondary school diploma or the equivalent.
- 3. The educational assistance must be used for the following allowed expenses:
 - a) Tuition;
 - b) Books;
 - c) Supplies;
 - d) Mandatory school fees;
 - e) Transportation;
 - f) Miscellaneous personal expenses (other than normal living expenses);
 - g) Dependent care;
 - h) Origination fees and insurance premiums on educational loans
- 4. Exclusions must be incurred or anticipated for the time the educational income is intended to cover regardless of when the educational income is actually received.
- 5. If a student uses other income sources to pay for the allowable educational expense in the months before the educational income is received, the exclusion to cover the expenses will be allowed when the educational income is actually received.
- C. Income received in the certification period too infrequently to be reasonably anticipated, but not greater than \$30 in a quarter;
- D. All loans (including loans from private individuals and commercial institutions) other than educational loans on which repayment is deferred;
 - 1. Loans in which repayment must start within 60 days after receipt of the loan will not be considered a deferred repayment loan.
- E. Reimbursements for past and future expenses as long as they do not exceed actual expenses and do not represent a gain or benefit to the household;
 - 1. **Note**: Reimbursements for normal living expenses (rent/mortgage, clothes or food eaten at home) are not excluded because they represent a gain or benefit to the household.
 - 2. To be excluded, the payments must be made for a particular expense and used for the intended purpose.
 - 3. Reimbursements may cover multiple expenses.
 - 4. Reimbursements will only be considered to exceed the actual expenses if the provider or the household determines the amount is excessive.
 - 5. Excludable reimbursements include:
 - a) Medical or dependent care reimbursements;
 - b) Reimbursements received by households to pay for services provided by Title XX of the Social Security Act;
 - c) Reimbursements for job or training related expenses such as travel, per diem, uniforms or transportation to and from the training site;
 - d) Reimbursements for out-of-pocket expenses of volunteers incurred in the course of his or her work;

- e) Reimbursements made to the household for necessary expenses to participate in an education component under the E&T program.
- f) Any allowance a State agency provides no more frequently than annually for children's clothes when the children enter or return to school or daycare, provided the State agency does not reduce the monthly TANF payment for the month in which the school clothes allowance is provided.
- F. The cost of producing self-employment income;
- G. Money received and used for the care and maintenance of a third-party beneficiary who is not a household member;
- H. The earned income of a student that is under age 18 and who lives with a biological, adopted or stepparent or under the parental control of a household member other than a parent;
 - 1. The exclusion will apply during temporary interruptions from attendance due to semester or vacation breaks as long as the child's enrollment will resume after the break
 - 2. If the child's earnings or amount of work cannot be separated from other household members, the total earnings will be equally prorated among the working household members and the child's share will be excluded.
- I. Money received in the form of nonrecurring lump-sum payments, including income tax refunds, rebates, or credits, retroactive lump-sum social security, SSI, public assistance or refunds of security deposits on rental property or utilities;
- J. Any income that is specifically excluded by other Federal statute for the purposes of determining SNAP eligibility including the following:
 - 1. The value of assistance to children under the Richard B. Russell National School Lunch Act according to P.L. 79-396, §12(e) and the Child Nutrition Act of 1966 according to P.L. 89-642, §11(b);
 - 2. Federal major disaster and emergency assistance payments and comparable disaster assistance provided by Mississippi such as Disaster Unemployment Assistance payments under the Robert T. Stafford Disaster Relief and Emergency Assistance Act according to P.L. 93-288, §312(d);
 - 3. Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, §216);
 - 4. National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968 (P.L. 90-448, §1324);
 - 5. Any payment to volunteers under Title II (RSVP, Foster Grandparents and others) of the Domestic Volunteer Services Act of 1973 as amended (P.L. 93-113). Payments to volunteers under Title I (VISTA, University Year for Action and Urban Crime Prevention Program) are excluded only for individuals receiving SNAP at the time he or she joined the Title I program. The exclusion will continue even with temporary interruptions in SNAP participation;
 - 6. Allowances, earnings or payments (including reimbursements) to individuals participating in programs under WIOA, such as Summer Youth Payments and AmeriCorps;
 - 7. The value of any child care payments made under Title IV-A of the Social Security Act, including transitional child care payments (P.L. 100-485);
 - 8. Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203);

- 9. Per capita payments under the Indian Tribal Judgment Funds Use or Distribution Act of \$2000 or less pursuant to P.L. 93-134 and P.L. 98-64. This exemption applies to each payment made to each individual;
- 10. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540);
- 11. Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (P.L. 94-114; §6);
- 12. Payments of relocation assistance to members of the Navajo and Hopi Tribes under P. L. 93-531;
- 13. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (P.L. 95-433);
- 14. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420, §5);
- 15. Funds distributed per capita to the Sac and Fox Indians according to P.L. 94-189;
- 16. Funds paid under Indian Claims: Distribution of Funds to Seminole Indians (P.L. 101-277, §8(b)) are excluded except for per capita payments in excess of \$2000;
- 17. Payments to the Seneca Nation according to P.L. 101-503;
- 18. Payments to Confederated Tribes of Colville Reservations per P.L. 103-436;
- 19. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago tribes (Arizona) as designated under P.L. 97-408;
- 20. Per capita and interest payments made to the Red Lake Band of Chippewas pursuant to P.L. 98-123;
- 21. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124:
- 22. Payments to the Turtle Mountain Band of Chippewas, Arizona, pursuant to P.L. 97-403;
- 23. Funds paid to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2000 according to P.L. 98-500, §8;
- 24. Payments to the Saginaw Chippewa Indian Tribe of Michigan according to P.L. 99-346, §6(b) and per capita funds according to P.L. 99-146 §6(b);
- 25. Funds to the Puyallup Tribe of Indians Settlement Act per P.L. 101-41;
- 26. Per capita payments to the Chippewas of the Mississippi pursuant to P.L. 99-377;
- 27. Income received by individuals age 55 and older under the Title V of the Older Americans Act according to P.L. 100-175, §509;
- 28. Grants paid under the Civil Liberties Act of 1988 (P.L. 100-383) to certain U.S. citizens of Japanese ancestry and permanent resident Japanese non-citizens or their survivors;
- 29. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204);
- 30. All payments received under the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239, §10405). **Note**: The Agent Orange Act

- of 1991 (P.L. 102-4) authorized Veteran's Administration (VA) benefit to some veterans with service connected disabilities resulting from exposure to Agent Orange. These VA monthly payment are not excluded and will be counted as unearned income;
- 31. Payments made under the Radiation Exposure Compensation Act (P.L. 101-426);
- 32. Payments made to individuals because of their status as victims of Nazi persecution (P.L. 103-286);
- 33. Compensation paid to crime victims under the Crime Act of 1984 (amended by P.L. 103-322);
- 34. Income earned in an Achieving a Better Life Experience (ABLE) account is not taxed if spent on qualified disability-related expenses. ABLE accounts allow for significant amounts of money to be put into a tax-advantaged savings and investment account without affecting eligibility for means tested programs such as SSI and Medicaid (P.L. 113-295, §103).

K. Energy Assistance such as:

- 1. Payments or allowances for providing energy assistance under any Federal law besides part A of Title IV of the Social Security Act. This includes utility reimbursements made by the Department of Housing and Urban Development and the Rural Housing Service.
- 2. A one-time payment or allowance for an as-needed basis and made under a Federal or State law for weatherization costs or emergency repair or replacement of an unsafe furnace or other heating or cooling device.
- L. Cash donations based on need received on or after February 1, 1988 from one or more private nonprofit charities. These payments must not exceed \$300 in a Federal fiscal year quarter;
- M. Earned income tax credit payments received either as a lump sum or payments under section 3507 of the Internal Revenue Code of 1986;
- N. Any payments made to an E&T participant for costs that are reasonably necessary and directly related to the E&T program. Such costs may include:
 - 1. Dependent care costs;
 - 2. Transportation;
 - 3. Other expenses related to work, training or education such as uniform or necessary books or training manuals.
 - 4. The costs may not include meals away from home.
 - 5. The value of any dependent care service provided for or arranged under E&T will be excluded.
- O. Governmental foster care payments received by households with foster care individuals who are considered boarders;
- P. Income of an SSI recipient which fulfills a plan for achieving self-support (PASS) which has been approved under section 1612(b)(4)(A)(iii) or 1612(b)(4)(B)(iv) of the Social Security Act;
- Q. Income received by a member of the U.S. Armed Forces under Chapter 5 of Title 37 of the U.S. Code that is:
 - 1. In addition to the service member's basic pay;
 - 2. As a result of the service member's deployment in an area designated a combat zone; and

3. Not received by the service member prior to the service member's deployment to an area designated as a combat zone.

Source: 7 CFR §273.9(c) Revised: February 2022

Part 14 Chapter 18: Expenses and Deductions

Rule 18.1 General.

Deductions will only be allowed for the following household expenses:

- A. Standard deduction;
- B. Earned income deduction;
- C. Excess medical deduction;
- D. Dependent care;
- E. Optional child support deduction; and
- F. Shelter costs.

Source: 7 CFR §273.9(d) Revised: February 2022

Rule 18.2 Standard Deduction.

- A. The standard deduction for household sizes one to six is equal to 8.31 percent of the monthly net income eligibility standard rounded up to the nearest whole dollar.
- B. For households greater than six, the standard deduction is equal to the standard deduction for a six-person household.
- C. This is the calculation used to determine the minimum standard deduction for the 48 States and D.C., Alaska, Hawaii, Guam and the U.S. Virgin Islands.
- D. The standard deduction for all household sizes is posted annually on FNS' website.

Source: 7 CFR §273.9(d)(1)(i) Revised: February 2022

Rule 18.3 Earned Income Deduction.

- A. The earned income deduction is twenty (20) percent of gross earned income.
- B. Excluded income is not subject to this deduction.

Source: 7 CFR §273.9(d)(2)

Revised: February 2022

Rule 18.4 Excess Medical Deduction.

- A. A deduction will be allowed for a portion of medical expenses over \$35.00 per month, excluding special diets, incurred by any household member who is elderly or disabled.
- B. Spouses and others who receive benefits as a dependent of the SSI, disabled or blind recipient are not eligible for this deduction.
- C. Allowable medical costs include the following:
 - 1. Medical and dental care, including psychotherapy and rehabilitation services provided by a Mississippi licensed practitioner or other qualified health professional.
 - 2. Hospitalization or outpatient treatment.

- 3. Nursing care and nursing home care, including payments by the household for a person who was a household member immediately prior to entering a hospital or nursing home.
- 4. Prescription drugs (except any Schedule I controlled substance) prescribed by a Mississippi licensed practitioner, other over-the-counter medication (including insulin), medical supplies and equipment when approved by a Mississippi licensed practitioner or other qualified health professional.
- 5. Dentures, hearing aids and prosthetics.
- 6. Reasonable cost of transportation and lodging incurred to obtain medical treatment or services.
- 7. Health and hospitalization insurance policy premiums.
- 8. Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend down expenses incurred by Medicaid recipients.
- 9. Securing and maintaining a service dog, including the cost of food and veterinary bills.
- 10. Eyeglasses prescribed by a skilled physician or by an optometrist.
- 11. Maintaining a homemaker, housekeeper, home health aide, or childcare services that are necessary due to age, infirmity or illness.
 - a) An amount equal to the one-person benefit will be considered a medical expense if the household furnishes the majority of the attendant's meals.
 - b) If a household member incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the costs may be deducted as one or the other, but not both.

Source: 7 CFR §273.9(d)(3)

Revised: February 2022

Rule 18.5 Dependent Care Deduction.

- A. A deduction will be allowed for dependent care when payments are necessary for a member of the household to:
 - 1. Search, accept or continue employment;
 - 2. Comply with Employment and Training (E&T) requirements; or
 - 3. Pursue education or participate in training that is essential in preparing for employment. (except for educational income that has been excluded per *Rule 17.8 Excluded Income*).
- B. Deductible dependent care costs are restricted to care for a child under the age of 18 or an incapacitated person of any age.
- C. Dependent care expenses must not be paid by another source on the household's behalf.
- D. A relative providing care must not be included in the same SNAP household.
- E. If a household incurs attendant care costs that could be considered as both a medical deduction or a dependent care deduction, the costs may be deducted as one or the other, but not both.
- F. Allowable dependent care deductions include the following:
 - 1. Transportation costs to and from a care facility;
 - 2. Cost of care given by an individual care provider or care facility;

3. Other costs that are necessary for the household to participate in the dependent's care.

Source: 7 CFR §273.9(d)(4)

Revised: February 2022

Rule 18.6 Optional Child Support Deduction.

- A. Mississippi has taken the state option to provide a deduction rather than an income exclusion for legally obligated child support payments (including payments towards child support arrearages) paid by a household member to a non-household member.
- B. Alimony payments are not included in the child support deduction.

Source: 7 CFR §273.9(d)(5) Revised: February 2022

Rule 18.7 Homeless Shelter Deduction.

- A. MDHS must offer a standard homeless deduction to households where all members are homeless and not receiving free shelter throughout the month.
- B. **Note**: Homeless households may claim actual costs instead of the standard homeless shelter deduction if they are verified and higher.

Source: 7 CFR §273.9(d)(6)(i) Revised: February 2022

Rule 18.8 Excess Shelter Deduction.

- A. A deduction will be allowed for monthly shelter expenses in excess of 50 percent of the household's income after all other above referenced deductions have been applied.
- B. **Note**: The deduction cannot exceed the maximum shelter deduction provided by FNS unless the household contains a disabled or elderly individual.
- C. Shelter expenses only include the following:
 - 1. Reoccurring charges for the shelter occupied by the household such as rent, mortgage or continuing charges leading to the ownership of the shelter (i.e. loan payments for the purchase of a mobile home);
 - 2. Property taxes and insurance on the dwelling itself;
 - 3. Cost of fuel for heating and cooling;
 - 4. Electricity and fuel used for costs other than heating and cooling;
 - 5. Water and sewage costs (including well or septic tank installation and maintenance);
 - 6. Garbage and trash collection;
 - 7. All services and costs to provide one telephone;
 - 8. Shelter costs for the home if unoccupied due to being temporarily away for employment or training, illness or abandonment caused by a natural disaster;
 - 9. Repair charges for a home that was substantially destroyed by a natural disaster such as a fire or a flood.
 - 10. **Note**: Shelter costs do not include repair charges that will be reimbursed by a public or private relief agency or an insurance company.

Source: 7 CFR §273.9(d)(6)(ii)

Revised: February 2022

Rule 18.9 Standard Utility Allowances.

A. Households will receive the appropriate utility allowances in place of actual costs at initial certification, recertification and when a household moves:

- 1. A standard utility allowance (SUA) that includes heating or cooling;
 - a) This is available to households that incur heating or cooling expenses separately from their rent or mortgage; and
 - b) To households that receive direct or indirect assistance from the Low Income Home Energy Assistance Act Program (LIHEAP).
- 2. A limited or basic utility allowance (BUA) that includes at least two electricity and fuel utilities other than heating or cooling; or
- 3. A standard telephone allowance.
- B. Households whose telephone bill is their only separately billed utility expense must use the standard telephone allowance.
- C. Only households that do not qualify for the SUA, BUA or standard telephone allowance may claim actual utility expenses, which must be verified. MDHS will not prorate a SUA that includes heating or cooling costs provided to a household that lives and shares heating or cooling expenses with others.

Source: 7 CFR §273.9(d)(6) Revised: February 2022

Part 14 Chapter 19: Choctaw Food Distribution Program

Rule 19.1 General.

- A. The Mississippi Band of Choctaw Indians received approval from FNS to operate a Food and Distribution Program (FDP).
- B. The Choctaw FDP will operate concurrently with the MS SNAP.
- C. FNS has the power to determine the amount of any claim and to settle and adjust any claim.

Source: 7 CFR §253.3(b) and 7 CFR §253.4 Revised: February 2022

Rule 19.2 Eligible Households.

- A. The Choctaw FDP will serve all eligible reservation residents, Indian and non-Indian.
- B. **Exception**: Off-reservation commodity assistance is limited to Choctaw Indian households.
- C. A Choctaw Indian household is defined as a household containing at least one (1) person age 18 or over, who is a recognized member of the Choctaw tribe.
- D. An individual must be a legal resident of the United States to participate in the FDP.
- E. Households where all members receive TANF or SSI will, if otherwise eligible, be determined eligible for the FDP regardless of the income of household members.
- F. The income limits for the FDP will be adjusted every October to reflect the changes in the SNAP eligibility limits and standard deductions.

Source: 7 CFR §253.6 and 7 CFR §253.7 Revised: February 2022

Rule 19.3 Program Benefits.

- A. Households choosing the FDP will receive a monthly commodity food package based on their household size.
- B. The food package is an acceptable alternative to the SNAP benefits.
- C. The food package will consist of a variety of food from each of the food groups.

Source: 7 CFR §253.3(d) Revised: February 2022

Rule 19.4 Choice of Programs.

- A. Eligible households living on or near the Mississippi Choctaw reservation can choose to receive SNAP benefits or a commodity food package from the FDP.
- B. Households may switch between receiving SNAP and FDP benefits within a certification period only by terminating their participation and notifying the appropriate office in writing of their intention to switch programs, or at the end of the certification period.
- C. The household must apply for FDP with the Choctaw Agency.
- D. The household must complete an application when switching from receiving FDP benefits to SNAP benefits.

E. SNAP benefits may be issued beginning the month following the month the FDP ended, if the household meets all SNAP eligibility elements.

Source: 7 CFR §253.1; 7 CFR §253.3(b)(2); 7 CFR §253.7(e)(2)

Revised: February 2022

Rule 19.5 Dual Participation.

- A. Households cannot receive SNAP and FDP benefits during the same month.
- B. MDHS and the Choctaw FDP will develop a method to detect dual participation.
- C. At a minimum, lists of currently certified households will be exchanged between the two programs on a monthly basis. The State agency may also employ computer checks, address checks and telephone calls to prevent dual participation.

Source: 7 CFR §253.7(e)(1)

Revised: February 2022

Rule 19.6 Expedited Service.

- A. Expedited service is available to those households in immediate need.
- B. Commodities may be distributed within one (1) calendar day after the application date (excluding weekends and holidays) to eligible households who report no income in the current month and for those households that would likely be eligible and would otherwise suffer a hardship.
- C. The household's identity and address must be verified.
- D. The other required verifications must be completed prior to distribution of commodities the following month.

Source: 7 CFR §253.7(a)(9) Revised: February 2022

Rule 19.7 Disqualification for Intentional Program Violation (IPV).

- A. Disqualified members cannot participate in either program until the disqualification period ends and if determined eligible.
- B. Only the household member that was determined to have committed the IPV can be disqualified.
- C. The disqualification may affect the eligibility of the whole household.
- D. *Penalties*: Household members will be ineligible to participate in FDP for:
 - 1. 12 months for the 1st violation;
 - 2. 24 months for the 2nd violation; and
 - 3. Permanently for the 3rd violation.

Source: 7 CFR §253.7(f); 7 CFR §253.8 Revised: February 2022

Part 14 Chapter 20: Self-Employment

Rule 20.1 General.

- A. Self-employment income is earned directly from a business or profession, rather than a specified salary or wages from an employer.
- B. Ownership of rental property is considered a self-employment business. **Note**: Income derived from the rental property will be considered earned income only if a member of the household is actively engaged in the management of the property at least an average of 20 hours a week.
- C. Payments from a roomer or boarder, except foster care boarders, are considered self-employment income.

Source: 7 CFR §273.9(b)(1)(ii) Revised: February 2022

Rule 20.2 Averaging Self-Employment Income.

- A. Self-employment income must be averaged over the period of time the income is intended to cover.
- B. If the averaged amount does not accurately reflect the household's actual circumstances because the household has experienced an increase or decrease in business, then MDHS must calculate the self-employment income on the basis of anticipated earnings.
- C. If the self-employment enterprise has existed for less than a year, then the income from such enterprise must be averaged over the period of time the business has been operating and the monthly amount projected for the coming year.
- D. Self-employment income from a farming operation that incurs irregular expenses has the option to annualize the allowable costs of producing self-employment income from farming when the self-employment farm income is annualized.
- E. Annualizing Income: An estimate of self-employment income over a 12-month period if the income represents a household's annual support, even if the income is received in a shorter period of time.
- F. Averaging Income: Averaging income over the number of months. The income is intended to cover, if the income is not included for the household's annual support.

Source: 7 CFR §273.11(a)(1) Revised: February 2022

Rule 20.3 Determining Monthly Income from Self-Employment.

- A. The monthly net self-employment income is determined as follows:
 - 1. Add the gross self-employment income (actual or anticipated) and capital gains;
 - 2. Exclude the costs of producing the self-employment income; and
 - 3. Divide the remaining amount of self-employment income by the number of months over which the income will be averaged.

- B. The monthly net self-employment income must be added to any other earned income received by the household to determine total monthly earned income.
- C. Capital Gains: The proceeds from the sale of capital goods or equipment must be calculated in the same manner as a capital gain for Federal tax income purposes. Even if only 50 percent of the proceeds from the sale of capital goods or equipment is taxed for Federal income tax purposes, MDHS must count the full amount of the capital gain as income for SNAP purposes.

Source: 7 CFR §273.11(a)(2); 7 CFR §273.11(a)(3) Revised: February 2022

Rule 20.4 Determining Self-Employment Expenses.

MDHS may either use actual costs for allowable expenses or use the following to determine self-employment expenses:

- A. The current reimbursement amount for the Child and Adult Care Food Program or a standard amount based on an estimated per-meal cost for income from day care;
- B. The maximum SNAP allotment for a household size that is equal to the number of boarders for income from boarders;
- C. The standard amount that MDHS uses for its TANF program; or
- D. An amount approved by FNS.

Rule 20.5 Allowable Costs of Producing Self-Employment Income.

Most costs of producing self-employment income are deductible, with some exceptions. Allowable self-employment expenses include, but are not limited to:

- A. Labor expenses, including employer taxes, insurance premiums, and wages;
- B. Insurance premiums for buildings, business vehicles, machinery, and trade;
- C. Payments (principal and interest) for the purchase prices of income-producing real estate, capital assets, equipment, machinery and payments for maintenance, repairs and storage;
- D. Supplies such as feed, fertilizer, plants, raw materials, seeds, stock; and
- E. Taxes paid on income producing property.

Source: 7 CFR §273.11(b)(1) Revised: February 2022

Rule 20.6 Disallowable Self-Employment Expenses.

The following self-employment expenses are not allowable costs of doing business in determining net self-employment income:

- A. Depreciation;
- B. Income taxes (federal, state or local);
- C. Net losses from previous periods;
- D. Work-related personal expenses including, but not limited to, transportation to and from the work site
- E. Money set aside for retirement purposes; and

F. Any amounts that exceeds the payment a household receives from a boarder for lodging and meals;

Source: 7 CFR §273.11(b)(2) Revised: February 2022

Part 14 Chapter 21: Child Support Requirements

Rule 21.1 General.

- A. MDHS has taken the option to disqualify custodial parents and non-custodial parents for non-cooperation with child support enforcement as well as for child support arrears.
- B. To receive SNAP benefits, the following individuals must cooperate with the Division of Child Support Enforcement (CSE):
 - 1. Custodial parents living with his or her child under 18 years of age. A custodial parent in this context is a natural or adoptive parent or other individual who is living with and exercises parental control over a child under the age of 18.
 - 2. Non-custodial parents. A non-custodial parent in this context is a putative or identified parent who does not live with his or her child who is under the age of 18.
- C. MDHS must notify all individuals of this requirement at the time of application and reapplication for continued benefits.

Source: 7 CFR §273.11(o)-(q); Miss Code Ann. §43-1-7(4) Revised: February 2022

Rule 21.2 Verification of Child Support Payments.

Child support payments must be verified (see Chapter 3, Verification).

Source: 7 CFR §273.2(f)(1)(xii); 7 CFR §273.2(f)(8)(i)(A) Revised: February 2022

Rule 21.3 Cooperation.

- A. Natural and adoptive parents and adults with parental control must cooperate with:
 - 1. Establishing paternity of the child; and
 - 2. Obtaining, modifying or enforcing a support order for the child.
- B. Non-custodial parents must cooperate with:
 - 1. Establishing paternity if the child is born out of wedlock; and
 - 2. Providing support for the child.
- C. CSE will determine whether an individual is cooperating in good faith.

Source: 7 CFR §273.11(o)(1)(iv); 7 CFR §273.11(p)(1)(iv); Miss Code Ann. §43-1-7(4)

Revised: February 2022

Rule 21.4 Good Cause Exemption.

- A. MDHS must notify all individuals at application and reapplication for continuation of benefits of the right to good cause as an exemption to the cooperation requirement and the requirements to make a good cause determination.
- B. An individual's failure to cooperation will be determined as "good cause" if:
 - 1. The individual meets the good cause determination for the TANF program; or

- 2. If cooperating would make it more difficult for the custodial parent to escape domestic violence or unfairly penalize the individuals who is or has been a victim of such violence.
- C. CSE provides and determines if the household has good cause for not cooperating with child support requirements.
- D. Good cause reasons are based on the household's circumstances and the child's best interest.
- E. Corroborative evidence must be provided as proof of the good cause claim.

Source: 7 CFR §273.11(o)(2); 7 CFR §273.11(p)(2) Revised: February 2022

Rule 21.5 Individual Disqualification.

- A. Failure to cooperate with CSE without good cause by a custodial or non-custodial parent will result in disqualification of the individual household member, not the entire household.
- B. The income and resources of the disqualified individual will be handled according to <u>Rule</u> 22.7 SSN Disqualifications, Child Support Disqualifications and Ineligible ABAWDs.

Source: 7 CFR §273.11(o)(3); 7 CFR §273.11(p)(3); 7 CFR § 273.11(q)(3)

Revised: February 2022

Rule 21.6 Termination of Disqualification.

Disqualification will end once it has been determined that the individual is cooperating with CSE.

Source: 7 CFR §273.11(o)(5); 7 CFR §273.11(p)(6) Revised: February 2022

Rule 21.7 Disqualification of Child Support Arrears.

- A. Non-custodial parents shall be ineligible to participate in SNAP as a member of any household during any month that the non-custodial parent is delinquent with any payments due under a court order for the support of a child of the individual.
- B. A disqualification will **not apply** if:
 - 1. A court is allowing the individual to delay payment;
 - 2. The individual is complying with a payment plan approved by the court or CSE;
 - 3. CSE determines that the individual has good cause for the non-support.

Source: 7 CFR §273.11(q) Revised: February 2022

Part 14 Chapter 22: Households with Excluded Members.

Rule 22.1 Intentional Program Violation (IPV), Certain Convicted Felon Disqualifications, Fleeing Felon Disqualifications and Work Requirement Sanctions.

- A. The income and resources of the following ineligible non-household members will count in their entirety for the remaining household members:
 - 1. Non-household members disqualified for an Intentional Program Violation;
 - 2. Non-household members disqualified for failure to comply with workfare or work requirements;
 - 3. Non-household members disqualified for a conviction as an adult for aggravated sexual abuse under section 2241 of title 18, United States Code, since February 7, 2014 and not in compliance with the terms of his or her release;
 - 4. Non-household members disqualified for a conviction as an adult for murder under section 1111 of title 18, United State Code, since February 7, 2014 and not in compliance with the terms of his or her release;
 - 5. Non-household members disqualified for a conviction as an adult for an offense under chapter 110 of title 18, United States Code, since February 7, 2014 and not in compliance with the terms of his or her release;
 - 6. Non-household members disqualified for a conviction as an adult for a Federal or MS offense involving sexual assault, as defined in section 40002(a) of the Violence Against Women Act of 1994, since February 7, 2014 and not in compliance with the terms of his or her release;
 - 7. Non-household members disqualified for a conviction as an adult for an offense under MS law determined by the Attorney General to be substantially similar to an offense described in clauses 4-6 since February 7, 2014 and not in compliance with the terms of his or her release:
 - 8. Non-household members disqualified for being probation and parole violators; and
 - 9. Non-household members disqualified for being a fleeing felon.
- B. The entire household's allowable deductions will continue to apply to the remaining household members for the above referenced ineligible non-household members.
- C. The aforementioned ineligible non-household members must not be included when determining the household's size for the purposes of:
 - 1. Assigning a benefit level to the household;
 - 2. Assigning a standard deduction to the household;
 - 3. Comparing the household's monthly income with the income eligibility standards; or
 - 4. Comparing the household's resources with the resource eligibility standards.

Source: 7 CFR §273.11(c)(1); 7 CFR §273.11(s)

Revised: February 2022

Rule 22.2 Test for Fleeing Felons.

For an individual to be identified as a fleeing felon, MDHS must verify all of the following is true:

A. An outstanding felony warrant by any law enforcement agency exists for the individual;

- B. The individual must be aware of or should reasonably be able to expect that a felony warrant has or would have been issued:
- C. The individual has taken some action to avoid being arrested or jailed; and
- D. Any law enforcement agency is actively seeking the individual.

Source: 7 CFR §273.11(n)(1)(i) Revised: February 2022

Rule 22.3 Probation and Parole Violator.

To be considered a probation or parole violator, an impartial person, as designated by MDHS, must determine that an individual violated a condition of his or her probation or parole imposed under Federal or State law and that any law enforcement official(s) is actively seeking the individual to enforce the conditions of such probation or parole.

Source: 7 CFR §273.11(n)(2) Revised: February 2022

Rule 22.4 Actively Seeking.

Actively seeking means either a Federal, State or local law enforcement agency:

- A. Informs MDHS of its intent to enforce an outstanding felony warrant or arrest the individual for a probation or parole violation within 20 days of submitting a request for information about the individual to MDHS;
- B. Presents a felony arrest warrant; or
- C. States its intent to enforce an outstanding felony warrant or to arrest the individual for a probation or parole violation within 30 days of MDHS submitting a request for information about a specific outstanding felony warrant or probation or parole violation.

Source: 7 CFR §273.11(n)(3) Revised: February 2022

Rule 22.5 Response Time from Law Enforcement.

- A. MDHS must give the law enforcement agency 20 days to respond to a request for information about a felony warrant or a probation or parole violation and whether such agency intends to actively pursue the person.
- B. If the law enforcement agency does not indicate its intent to actively pursue the felony warrant or arrest the individual for the probation or parole violation within 30 days of MDHS' request for information about the warrant, then MDHS will conclude that such individual is not a fleeing felon or a probation or parole violator.
- C. If the law enforcement agency indicates its intent to actively pursue the felony warrant or arrest the individual for the probation or parole violation within 30 days of MDHS's request for information, then MDHS will delay taking action on the case until the 30-day period has expired.
- D. Once the 30-day period has expired, MDHS must verify with the law enforcement agency whether it has attempted to execute the felony warrant or arrest the probation or parole violator. If so, MDHS must deny an applicant or terminate a participant. If the law

enforcement agency has not taken any action within 30 days, then MDHS will conclude that such individual is not a fleeing felon or a probation or parole violator.

Source: 7 CFR §273.11(n)(4)

Revised: February 2022

Rule 22.6 Awaiting Verification of Fleeing Felon, Probation or Parole Violator Status.

- A. MDHS must continue to process the application while awaiting verification of fleeing felon, probation or parole violator status.
- B. The fleeing felon, probation or parole status will not be considered if MDHS must act in order to meet required timeliness application processing standards.

Source: 7 CFR §273.11(n)(5) Revised: February 2022

Rule 22.7 SSN Disqualifications, Child Support Disqualifications and Ineligible ABAWDs.

- A. The resources of these ineligible non-household members will continue to count in their entirety for the remaining household members.
- B. A pro rata share of the income of these ineligible non-household members will be counted as income to the remaining household members. This pro rata share is calculated by first subtracting the allowable exclusions from the ineligible member's income and dividing the income evenly among the household members, including the ineligible members. Everything except the ineligible member's share is counted as income for the remaining household members.
- C. The 20% earned income deduction will apply to the prorated income earned by the above referenced ineligible household members. That portion of the household's allowable child support payment, shelter and dependent care expenses which are either paid by or billed to the ineligible members will be divided evenly among the household members, including the ineligible members. Everything except the ineligible member's share is counted as a deductible child support payment, shelter or dependent care expense for the remaining household members.
- D. The aforementioned ineligible non-household members must not be included when determining the household's size for the purposes of:
 - 1. Assigning a benefit level to the household;
 - 2. Assigning a standard deduction to the household;
 - 3. Comparing the household's monthly income with the income eligibility standards; or
 - 4. Comparing the household's resources with the resource eligibility standards.

Rule 22.8 Ineligible Non-Citizens.

- A. A pro rata share of the income of such ineligible non-citizen will be counted as income to the remaining household members. This pro rata share is calculated by first subtracting the allowable exclusions from the ineligible non-citizen's income and dividing the income evenly among the household members, including the ineligible non-citizen. Everything except the ineligible non-citizen's share is counted as income for the remaining household members.
- B. The resources of the ineligible non-citizen will count in their entirety for the remaining household members.
- C. The 20% earned income deduction will apply to the prorated income earned by the above referenced ineligible non-citizen. That portion of the household's allowable child support payment, shelter and dependent care expenses which are either paid by or billed to the ineligible non-citizen will be divided evenly among the household members, including the ineligible non-citizen. Everything except the ineligible non-citizen's share is counted as a deductible child support payment, shelter or dependent care expense for the remaining household members.
- D. **Exception**: If the household is entitled to the SUA or BUA and is billed or pays all or part of the household's utility expenses, then the household will be entitled to the full amount.
- E. The above statements do not apply to an non-citizen:
 - 1. Who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
 - 2. Who is granted asylum under section 208 of the INA;
 - 3. Who is admitted as a refugee under section 207 of the INA;
 - 4. Who is paroled in accordance with section 212(d)(5) of the INA;
 - 5. Whose deportation or removal has been withheld in accordance with section 243 of the INA;
 - 6. Who is aged, blind, or disabled in accordance with section 1614(a)(1) of the Social Security Act and is admitted for temporary or permanent residence under section 245A(b)(1) of the INA; or
 - 7. Who is a special agricultural worker admitted for temporary residence under section 210(a) of the INA.
- F. For an ineligible non-citizen within a category described above, MDHS will count all of the ineligible non-citizen's resources and all but a pro rata share of the ineligible non-citizen's income and deductible expenses.
- G. Ineligible non-citizen due to inability or unwillingness to provide immigration status: MDHS must count all of the ineligible non-citizen's resources and a pro rata share of the ineligible non-citizen's income and deductible expenses.
- H. The resources and income of the sponsor and sponsor's spouse will not be included in determining the resources and income of an ineligible sponsored non-citizen.

Source: 7 CFR §273.11(c)(3) Revised: February 2022

Rule 22.9 Treatment of Income and Resources of Other Non-Household Members.

- A. For all other non-household members who are not specifically referenced in other rules in this chapter, the income and resources of such individuals will not be considered available to the remaining household members, such as an ineligible student.
- B. Cash payments from such non-household member to the household will be considered income.
- C. If the household shares deductible expenses with such non-household member, only the amount actually paid or contributed by the household will be deducted as a household expense. If the payments or contributions cannot be separated, the expenses will be prorated evenly among individuals actually paying or contributing to the expense and only the household's pro rata share will be deducted.
- D. **Exception**: If the household is entitled to the SUA or BUA and is billed or pays all or part of the household's utility expenses, then the household will be entitled to the full amount.
- E. If earned income of one or more household members is combined into one wage with the earned income of such non-household member, the income of the remaining household members will be determined as follows:
 - 1. If the household's share can be identified, MDHS will count that portion due to the household as earned income.
 - 2. If the household's share cannot be identified, MDHS will prorate the earned income among those whom it was intended to cover and count that prorated portion to the household.
- F. Such aforementioned other ineligible non-household members must not be included when determining the household's size for the purposes of:
 - 1. Assigning a benefit level to the household;
 - 2. Comparing the household's monthly income with the income eligibility standards; or
 - 3. Comparing the household's resources with the resource eligibility standards.

Source: 7 CFR §273.11(d) Revised: February 2022

Rule 22.10 Reduction of Public Assistance Benefits.

- A. If a household's benefits are reduced because of the failure of a SNAP household member performing an action under a Federal, State or local means-tested public assistance program, MDHS will not increase the household allotment as the result of the decrease in income.
- B. The prohibition on increasing SNAP benefits exists for the duration of the reduction in the assistance program.
- C. If the sanction is still in place at the end of one year, MDHS must review the case to determine the appropriateness of a further sanction.
- D. MDHS must lift the prohibition on increasing SNAP benefits if it is determined that the individual has become ineligible for the assistance program for another reason or the individual's assistance case is closed.

E. MDHS must act on changes that are not related to the assistance violation and that would affect the household's benefits.

Source: 7 CFR §273.11(j) Revised: February 2022

Rule 22.11 Comparable Disqualification.

- A. If a disqualification is imposed on a member of a household for failure to perform an action required under a Federal, State or local means-tested public assistance program, MDHS may impose the same disqualification on the SNAP household member.
- B. This provision does not apply to individuals who are disqualified at the time the individual initially applies for assistance benefits.
- C. MDHS must stop the SNAP disqualification when it becomes apparent that the individual has become ineligible for assistance for another reason or the individual's assistance case is closed.
- D. Only the individual who committed the assistance program violation may be disqualified for SNAP purposes even if the entire assistance unit is disqualified for Title IV-A purposes.
- E. MDHS may determine the length of the disqualification provided that the disqualification does not exceed the disqualification in the other program.
- F. If the sanction is still in place at the end of one year, MDHS must review the case to determine the appropriateness of a further sanction.

Source: 7 CFR §273.11(k) Revised: February 2022

Rule 22.12 School Attendance.

- A. MDHS may sanction a family that includes an adult who has received TANF assistance or SNAP benefits if such adult fails to ensure that his or her minor dependent child(ren) attend school as required by the state of Mississippi.
- B. MDHS may sanction a family that includes an adult who is older than 20 and younger than 51 who has received TANF assistance or SNAP benefits if such adult does not have or is not working toward attaining a secondary school diploma or a recognized equivalent.

Source: 7 CFR §273.11(1) Revised: February 2022

Rule 22.13 Disqualification for Substantial Lottery or Gambling Winnings.

- A. Substantial lottery or gambling winnings are cash prizes equal to or greater than the maximum allowable resource limit for elderly or disabled household as set by FNS that were won in a single game before taxes or other withholdings.
- B. Receipt of substantial winnings must be reported to MDHS.
- C. A household certified to receive benefits will lose eligibility immediately and be disqualified upon receipt of substantial lottery or gambling winnings by any individual in the household.
- D. Such households will remain disqualified until they meet the allowable income and resource eligibility standards as set by FNS.

Source: 7 CFR §273.11(r) Revised: February 2022

Rule 22.14 Individuals Convicted of Drug-Related Felonies.

A. Mississippi has opted out of the law that denies assistance and benefits after drug-related convictions.

B. Mississippi statute as of July 1, 2019 provides that individuals convicted of drug-related felonies are eligible to receive SNAP benefits.

Source: 7 CFR §273.11(m); Miss. Code Ann. §43-12-71 Revised: February 2022

Part 14 Chapter 23: Drug Addict or Alcoholic Treatment and Rehabilitation Programs (DAA Treatment Centers)

Rule 23.1 Eligibility Criteria for DAA Treatment Centers.

In order for an addict or alcoholic to be eligible to participate in SNAP, the DAA treatment center must provide proof that it is *either*:

- A. Publicly operated or a private non-profit organization and certified by Mississippi's Title XIX agency (Mississippi Department of Mental Health) as either:
 - 1. Receiving funding under part B of Title XIX of the Public Health Service Act;
 - 2. Eligible to receive funding under part B of Title XIX even if no funds are being received;
 - 3. Operating to further the purposes of part B of Title XIX to provide treatments and rehabilitation of drug addicts and/or alcoholics; or
- B. Authorized as a retailer by the Food and Nutrition Service (FNS).

Source: 7 CFR §271.2; 7 CFR §273.11(e)(1) Revised: February 2022

Rule 23.2 Application.

- A. Residents of DAA treatment centers must voluntarily decide to apply for SNAP benefits but must apply and be certified through an authorized representative who is employed by the center and designated for such purpose.
- B. MDHS requires that the resident also designate the DAA treatment center as their authorized and benefit representative.

Source: 7 CFR §273.2(n)(1)(ii); 7 CFR §273.11(e)(1) Revised: February 2022

Rule 23.3 Expedited Service.

MDHS will make benefits available to residents in DAA treatment centers who are entitled to expedited services no later than seven calendar days following the application filing date.

Source: 7 CFR §273.2(i)(3)(ii) Revised: February 2022

Rule 23.4 Household Concept.

- A. Eligible residents living in DAA treatment centers must be certified as a one-person household from others living in the center.
- B. **Exception**: If their children are living with them, then the children must be included in the household.

Source: 7 CFR §273.1(b)(7)(vi)(B); 7 CFR §273.11(e)(1) Revised: February 2022

Rule 23.5 Use of Benefits.

Eligible residents of a DAA treatment center may use SNAP benefits to purchase food prepared for them during the course of their stay by a private non-profit organization or a publicly operated community mental health center that is a FNS authorized retailer.

Source: 7 CFR §274.7(g)(3)(i); 7 CFR §278.1(e) Revised: February 2022

Rule 23.6 Responsibilities of DAA Treatment Centers During a Resident's Stay.

- A. The staff member who is designated as the authorized representative must be aware of SNAP applicant's circumstances.
- B. Such authorized representative must use the SNAP benefits for food prepared by or served to the resident addict and/or alcoholic.
- C. If the DAA treatment center is an authorized retailer, a point-of-sale (POS) terminal will be installed for residents to pay for the meals provided.
- D. The DAA treatment center must ensure that only up to one-half of the allotment is used before the 16th day of each month.
- E. The DAA treatment center must notify MDHS of all changes in the household's circumstances, including when the residents leaves the center.
- F. On a monthly basis, management of the DAA treatment center must provide a listing the currently participating SNAP residents and attest to its validity. The form must be submitted to MDHS within five business days after the end of the month for which it is prepared.
- G. The DAA treatment center is responsible for:
 - 1. Any misrepresentations of fact or intentional SNAP program violations which it knowingly commits;
 - 2. And will be strictly liable for all losses or misuse of benefits and/or EBT cards held on behalf of resident households; and
 - 3. All overissuances that occur while households are residents of the center.

Source: 7 CFR §273.2(n)(4)(C); 7 CFR §273.11(e); 7 CFR §273.12(a)

Revised: February 2022

Rule 23.7 Responsibilities of DAA Treatment Centers When a Resident Departs.

- A. Notify the county MDHS office.
- B. Upon a scheduled departure, the DAA treatment center must provide the household with a change reporting form and advise the resident to complete and return the form to MDHS within 10 days.
- C. The center must provide the household its EBT card along with their personal identification number (PIN) upon departure.
- D. DAA treatment centers must return any EBT cards to MDHS by the end of each month that are not returned to the departing residents.

- E. The center is no longer authorized to act as the household's authorized representative for application purposes or as a benefit representative upon a resident's departure.
- F. If benefits are not used, then the full monthly value of the benefits must be on the EBT card or refunded to the resident when the household leaves the center.
- G. If benefits are debited and any portion used, then one of the following must occur:
 - 1. If the household leaves before the 16th of the month, the center must ensure the household has one-half of its monthly benefit allotment on the EBT card; or
 - 2. If the household leaves on or after the 16th day of the month, the resident must have control over any of the remaining monthly allotment.

Source: 7 CFR §273.11(e)(6) Revised: February 2022

Rule 23.8 Responsibilities of Residents of DAA Treatment Centers Upon Departure.

Upon departure, the individual must complete and return the change reporting form provided by the DAA Treatment Center and return it to MDHS within 10 days to notify the agency of the individual's new address. The change reporting form is also available and can be uploaded on the MDHS website.

Source: 7 CFR §273.11(e)(6)(i); 7 CFR §273.12(a) Revised: February 2022

Rule 23.9 MDHS Responsibilities.

- A. MDHS must clearly communicate the protocol DAA treatment centers must meet when making application on behalf of its residents.
- B. MDHS must also verify that the DAA treatment center meets the SNAP standards for certification prior to determining if any residents are eligible for SNAP benefits.
- C. MDHS must conduct random periodic on-site visits to the DAA treatment centers to ensure the accuracy of the monthly list and consistency with MDHS records.
- D. MDHS must ensure that the DAA treatment centers do not obtain more than one-half of the household's allotment prior to the 16th of the month or permit the return of benefits to the household's EBT account through a refund, transfer or other means.
- E. MDHS must effect the return of benefits if a resident departs and the center is unable to return the benefits as required in *Rule 23.7 Responsibilities of DAA Treatment Centers*When a Resident Departs.
- F. MDHS must promptly notify FNS when it suspects that a DAA treatment center is misusing benefits or EBT cards in its possession.

Source: 7 CFR §273.11(e) Revised: February 2022

Rule 23.10 DAA Treatment Centers Disqualified by FNS as an Authorized Retailer.

MDHS will suspend a DAA treatment center's status as an authorized representative for the same period as FNS' disqualification period.

Source: 7 CFR §273.11(e)(8) Revised: February 2022

Rule 23.11 Notice of Adverse Action.

Residents of DAA treatment centers will not receive an individual notice of adverse action when MDHS has terminated the eligibility of one of the residents of the DAA treatment center due to the facility losing either:

- A. Its certification from the appropriate agency of the state of Mississippi (Mississippi Department of Mental Health); or
- B. Its status as an authorized representative due to FNS disqualifications.

Source: 7 CFR §273.13(b)(11) Revised: February 2022

Rule 23.12 Certification Periods.

Residents of DAA treatment centers may be certified for one or two months due to the likelihood of substantial changes in income or household status.

Source: 7 CFR §273.10(f) Revised: February 2022

Rule 23.13 Work Requirements.

Individuals regularly participating in a DAA treatment center are exempt from work requirements.

Source: 7 CFR §273.7(b)(1)(vi)

Revised: February 2022

Part 14 Chapter 24: Blind and Disabled Group Living Arrangements (GLA)

Rule 24.1 Eligibility Criteria for GLAs.

In order for a resident of a GLA to be eligible to participate in SNAP, the GLA must provide proof that it is *either*:

- A. 1. A public or private non-profit residential setting;
 - 2. That serves no more than 16 residents; and
 - 3. Is certified by the appropriate state agency under the regulations issued under Section 1616(e) of the Social Security Act; or
- B. Authorized as a retailer by the Food and Nutrition Service (FNS).

Source: 7 CFR §271.2 Revised: February 2022

Rule 24.2 Resident Eligibility Criteria for GLAs.

A resident of a group living arrangement must either:

- A. Receive supplemental security income (SSI) benefits under Title XVI of the Social Security Act;
- B. Receive disability or blindness payments under Title I, II, X, XIV or XVI of the Social Security Act;
- C. Receive federal or state administered supplemental benefits under Section 1616(a) of the Social Security Act provided the eligibility was based on disability or blindness;
- D. Receive federal or state administered supplemental benefits under Section 212(a) of P.L. 93-66;
- E. Receive disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221(i) of the Social Security Act;
- F. Be a veteran with a service connected or non-service connected disability rated by the Veteran's Administration (VA) as total or paid as total by the VA under Title 38 of the US Code;
- G. Be a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under Title 38 of the US Code;
- H. Be a surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under Title 38 of the US Code;
- I. Be a surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the US Code and has a disability considered permanent under Section 221(i) of the Social Security Act.
- J. Receive an annuity payment under Section 2(a)(1) of the Railroad Retirement Act of 1974 and is determined to be disabled based on criteria under Title XVI of the Social Security Act.
- K. Be a recipient of interim assistance benefits pending the receipt of Supplemented Security Income, a recipient of disability related medical assistance under title XIX of the Social Security Act, or a recipient 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 agency which are at least stringent as those used under title XVI of the Social Security Act.

Source: 7 CFR §271.2 Revised: February 2022

Rule 24.3 Application.

- A. Residents of GLAs may either apply:
 - 1. On their own behalf:
 - 2. Through an authorized representative who is employed by the GLA and designated for such purpose; or
 - 3. Through an authorized representative of their choice.
- B. The GLA decides whether an individual may apply on his or her own behalf based on his or her physical and mental ability to handle his or her own affairs.

Source: 7 CFR §273.2(n)(1)(ii); 7 CFR §273.2(n)(3); 7 CFR §273.11(f)(1) and (8)

Revised: February 2022

Rule 24.4 Expedited Service.

MDHS will make benefits available no later than seven calendar days after the date of application to residents in GLAs who are entitled to expedited service.

Source: 7 CFR §273.2(i)(3)(ii) Revised: February 2022

Rule 24.5 Household Concept.

- A. If residents apply through the use of the GLA authorized representative, then their eligibility must be determined as a one-person household from others living in the center.
- B. **Exception**: If their children are living with them, then the children must be included in the household.

Source: 7 CFR §273.1(b)(7)(vi)(B); 7 CFR §273.11(f)(1)(ii) Revised: February 2022

Rule 24.6 Use of Benefits.

- A. If the residents are certified on their own behalf, food may be purchased either:
 - 1. By the facility through a benefit representative card for meals served either communally or individually to eligible residents; or
 - 2. By eligible residents through use of their own EBT cards for preparation and their own consumption.
- B. The GLA may purchase and prepare food to be consumed by eligible residents on a group basis if residents normally obtain their meals at a central location as part of the GLA's normal services or if meals are prepared at a central location for delivery to the individual residents.

C. If personalized meals are prepared and paid with SNAP benefits, the GLA must ensure that the resident's SNAP benefits are used for meals intended for that particular resident.

Source: 7 CFR §273.11(f)(8); 7 CFR §274.7(g)(3)(ii) Revised: February 2022

Rule 24.7 Responsibilities of GLAs During a Resident's Stay.

- A. The staff member who is designated as the authorized representative must be aware of SNAP applicant's circumstances.
- B. The GLA must notify MDHS of all changes in the household's circumstances, including when the residents leaves the group living arrangement if it is acting as the authorized representative.
- C. If the resident applies on his or her own behalf, then he or she is responsible for reporting changes in the household's income and circumstances.
- D. On a periodic basis, management of the GLA must complete a form provided by MDHS listing the currently participating SNAP residents and attest to its validity. The form must be submitted to MDHS within five business days after the end of the month for which it is prepared.
- E. When acting as an authorized representative, the GLA is responsible for:
 - 1. Any misrepresentations of fact or intentional SNAP program violations which it knowingly commits;
 - 2. And will be strictly liable for all losses or misuse of benefits and/or EBT cards held on behalf of resident households; and
 - 3. All overissuances that occur while households are residents of the center.

Source: 7 CFR §273.2(n)(4)(C); 7 CFR §273.11(f); 7 CFR §273.12(a)

Revised: February 2022

Rule 24.8 Responsibilities of GLA When a Resident Departs.

- A. The GLA must return any EBT cards in their possession and provide the personal identification number to the household so that the household may have access to any remaining funds on the card.
- B. Any EBT cards not provided to the household upon departure must be returned to MDHS by the end of each month.
- C. Upon a scheduled departure, the GLA must provide the household with a change reporting form and advise the household to complete and return the form to MDHS within 10 days.
- D. The GLA is no longer authorized to act as the household's authorized representative for application purposes or as a benefit representative upon a resident's departure.
- E. If benefits are not used, then the full monthly value of the benefits must be on the EBT card or refunded to the resident.
- F. If benefits are debited by the GLA and any portion used, then one of the following must
 - 1. If the household leaves before the 16th of the month, the GLA must ensure the household has one-half of its monthly benefit allotment on the EBT card; or

- 2. If the household leaves on or after the 16th day of the month, the individual or household does not receive any benefits.
- G. When a group of residents has been certified as one household and a member of such household leaves the GLA before the 16th of the month, then the following must occur:
 - 1. The GLA must return a pro rata share of one-half of the household's benefit to the EBT account and advise MDHS that such individual is entitled to that pro rata share: and
 - 2. MDHS must create a new EBT account for such individual, issue a new card and transfer the pro rata share from the original household's EBT account to the departing household's EBT account.

Source: 7 CFR §273.11(f) Revised: February 2022

Rule 24.9 Responsibilities of Residents of GLAs upon Departure.

Upon departure, the individual must complete and return the change reporting form provided by the GLA (if it acted as the authorized representative) and return it to MDHS within 10 days to notify the agency of the individual's new address. If the resident of the GLA acted on his or her own behalf, he or she may obtain the change reporting form and return the completed form by uploading it on the MDHS website.

Source: 7 CFR §273.11(f); 7 CFR §273.12(a) Revised: February 2022

Rule 24.10 MDHS Responsibilities.

- A. MDHS must verify that the GLAs meet the SNAP standards for certification prior to determining if any residents are eligible for SNAP benefits.
- B. MDHS must conduct random periodic on-site visits to the GLAs to ensure the accuracy of the monthly list and consistency with MDHS records.
- C. MDHS must ensure that the GLAs return unused benefits to the household through a refund, transfer or other means.
- D. MDHS must effect the return or transfer of benefits if a resident departs and the GLA is unable to return the benefits as required in <u>Rule 24.8 Responsibilities of GLA When a Resident Departs</u>.
- E. MDHS must promptly notify FNS when it suspects that a GLA is misusing benefits or EBT cards in its possession.

Source: 7 CFR §273.11(f) Revised: February 2022

Rule 24.11 GLA Disqualified by FNS as an Authorized Retailer.

- A. MDHS will suspend a GLA's status as an authorized representative for the same period as FNS' disqualification period.
- B. Residents applying on their own behalf will still be able to participate in SNAP if otherwise eligible.

Source: 7 CFR §273.11(f)(1)(i); 7 CFR §278.1(f) Revised: February 2022

Rule 24.12 Notice of Adverse Action.

Residents of GLAs will not receive an individual notice of adverse action when MDHS has terminated the eligibility of one of the residents due to the facility losing either:

- A. Its certification from the appropriate agency of the state of Mississippi; or
- B. Its status as an authorized representative due to FNS disqualification.

Source: 7 CFR §273.13(b)(11) Revised: February 2022

Part 14 Chapter 25: Shelters for Battered Persons

Rule 25.1 Eligibility Criteria for Shelters for Battered Persons.

For residents of shelters for battered persons to be eligible to participate in SNAP, the shelter must *either* be:

- A. A public or private non-profit residential facility that serves battered persons; or
- B. Authorized as a retailer by the Food and Nutrition Service (FNS).
- C. If the facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered persons to qualify.

Source: 7 CFR §271.2 Revised: February 2022

Rule 25.2 Dual Benefits.

- A. A resident of a shelter for battered persons may be entitled, if otherwise eligible, to an allotment in the same month the individual moves into the shelter provided that the abuser was included in the previous household.
- B. Such additional allotments can only occur once a month.

Source: 7 CFR §273.3(a); 7 CFR §273.11(g)(2) Revised: February 2022

Rule 25.3 Expedited Service.

MDHS will make benefits available to residents in shelters for battered persons who are entitled to expedited service no later than seven calendar days following the application filing date.

Source: 7 CFR §273.2(i)(3)(v); 7 CFR §273.11(g)(4) Revised: February 2022

Rule 25.4 MDHS Responsibilities.

Prior to certifying any residents, MDHS must verify that the shelter meets the definition of a shelter for battered persons.

Source: 7 CFR §273.11(g)(1)

Revised: February 2022

Rule 25.5 Use of Benefits.

SNAP benefits may be used by shelter residents in any of the following ways:

- A. The residents may use the benefits to purchase meals prepared especially for them at the shelter, which is authorized by FNS to redeem benefits.
- B. The residents may designate the shelter as a benefit representative so that the shelter can purchase food for meals served to the residents.
- C. The residents may use the benefits to purchase food for their own consumption.

Source: 7 CFR §274.7(g)(3)(iii); 7 CFR §278.1(g); Revised: February 2022

Rule 25.6 Income, Resources and Expenses.

- A. Shelter residents who apply as a separate household shall be certified only on the basis of their income, resources and expenses for which they are responsible, and their former household's income, resources and expenses shall be disregarded.
- B. Jointly owned resources with a former household member will be considered inaccessible and therefore not counted.

Source: 7 CFR §273.8(d); 7 CFR §273.11(g)(3) Revised: February 2022

Part 14 Chapter 26: Homeless SNAP Households.

Rule 26.1 Homeless Individual.

An individual who lacks a fixed and regular nighttime residence or whose primary nighttime residence is one of the following:

- A. A supervised shelter designed to provide temporary accommodations;
- B. A halfway house or similar location that provides a temporary residence for individuals intended to be institutionalized;
- C. A place which is not ordinarily used for regular sleeping accommodations for human beings; or
- D. A temporary setting for not more than 90 days in the residence of another individual.

Source: 7 CFR §271.2 Revised: February 2022

Rule 26.2 Homeless Meal Provider.

A homeless meal provider is either:

- A. A public or private nonprofit establishment that feeds homeless people; or
- B. A restaurant that contracts with an appropriate state agency to provide meals at low or reduced prices to homeless people.

Source: 7 CFR §271.2 Revised: February 2022

Rule 26.3 Authorized Representatives.

Homeless meal providers may not act as authorized representatives for homeless SNAP recipients.

Source: 7 CFR §273.2(n)(4)(i)(D) Revised: February 2022

Rule 26.4 Use of Benefits.

In addition to purchasing unprepared foods from retailers, homeless SNAP households will be permitted to use their SNAP benefits to:

- A. Purchase prepared meals from homeless meal providers authorized by FNS; or
- B. Purchase meals from restaurants authorized by FNS for such purpose.

Source: 7 CFR §273.11(h); 7 CFR §274.7(g)(4); 7 CFR §278.1(h)

Revised: February 2022

Rule 26.5 Homeless Shelter Deduction.

A. MDHS must offer a standard homeless deduction to households where all members are homeless and not receiving free shelter throughout the month.

B. Homeless households may claim actual costs instead of the standard homeless shelter deduction if the actual costs are higher and verified.

Source: 7 CFR §273.9(d)(6)(i) Revised: February 2022

Rule 26.6 Certification Periods.

Homeless households may be certified for one or two months due to the unpredictable changes in income or household status.

Source: 7 CFR §273.10(f) Revised: February 2022

Part 14 Chapter 27: Migrant or Seasonal Farmworkers.

Rule 27.1 General.

Migrant or seasonal farmworker households may be classified as destitute and in need of expedited services even though they may receive more income during the month of application.

Rule 27.2 Destitute Households.

- A. Destitute status only applies to households consisting of migrant or seasonal farm workers.
- B. Households whose only income for the month of application was received prior to the date of application and was from a terminated source will be considered destitute and provided expedited service.
- C. Households whose only income for the month of application is received from a new source will be considered destitute and provided expedited service if income of more than \$25 from the new source will not be received by the 10th calendar day after the date of application.
- D. Households may receive income from a terminated source prior to the date of application, and income from a new source after the date of application and still be considered destitute if they receive no other income in the month of application and income of more than \$25 from the new source will not be received by the 10th day after the date of application.

Source: 7 CFR §273.10(e)(3) Revised: February 2022

Rule 27.3 Eligibility and Benefit Levels.

- A. Destitute households will have their eligibility and benefit levels calculated for the month of application by considering only income that is received between the first of the month and the date of application.
- B. Any income from a new source that is anticipated after the day of application will be disregarded.
- C. Migrant and seasonal farmworkers benefits are prorated only after a break of more than 30 days.
- D. This only applies at initial certification, but only for the first month of each certification period.

Source: 7 CFR §273.10(a)(1); 7 CFR §273.10(e)(3)(iv) Revised: February 2022

Rule 27.4 Travel Advances.

- A. Receipt of travel advances will not determine when a household is destitute.
- B. The travel advance will be considered income if:

- 1. The travel advance is by written contract an advance of wages, rather than a reimbursement, and
- 2. The advance of wages will be subtracted from wages later earned by the household.

C. Reimbursements for travel expenses by migrant workers are excluded income.

Source: 7 CFR §273.10(e)(3)(v) Revised: February 2022

Rule 27.5 Same Source.

- A. A household member who changes jobs, but continues to work for the same employer will be considered as receiving income from the same source.
- B. A migrant farmworker's source of income will be considered the grower for whom the migrant is working for at a particular point in time and not the crew chief.
- C. A migrant who travels with the same crew chief but moves from one grower to another will be considered to have moved from a terminated income source to a new source.

Source: 7 CFR §273.10(e)(3)(vi) Revised: February 2022

Rule 27.6 Authorized Representatives.

If employers of migrant or seasonal farmworkers are designated as authorized representatives or a single authorized representative has access to a large number of EBT accounts, MDHS must ensure that:

- A. Each household has freely requested the assistance of the authorized representative;
- B. The household's circumstances are correctly represented;
- C. The household is receiving the correct amount of benefits and
- D. The authorized representative is properly using the benefits.

Source: 7 CFR §273.2(n)(4)(iii)

Revised: February 2022

Part 14 Chapter 28: Elderly Simplified Application Project (ESAP)

Rule 28.1 General.

MDHS has received federal approval to implement ESAP, a demonstration project, which is designed to simplify the SNAP application process for households whose members are entirely sixty years of age or older. The goal of the project is to promote SNAP enrollment among eligible elderly citizens by providing a simpler method of applying for and maintaining eligibility for SNAP benefits.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.2 Eligibility.

- A. To be determined eligible for ESAP, an individual must meet **all** of the following criteria:
 - 1. All household members are age 60 or over;
 - 2. No household members receive earned income,
 - 3. The household is not mandatory to receive SNAP benefits through Mississippi Combined Application Project (MSCAP).
- B. All households meeting ESAP eligibility are mandatory for ESAP and are ineligible for the regular SNAP.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.3 Interviews.

- A. Interviews at initial certification are required; however, a face-to-face interview is not required.
- B. Recertification interviews are not required unless the case is being denied or the household specifically requests an interview.
- C. No case will be denied without an attempt to schedule an interview.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.4 Verification.

- A. Households will self-declare information used to determine eligibility, such as identity and residence.
- B. Computer matches will be used to the greatest extent possible to verify income and social security numbers.
- C. ESAP clients are required to verify non-citizen status, liquid resources, non-liquid resources and transfers, medical expenses in excess of \$35.00 monthly, shelter costs, and utility expenses.
- D. MDHS must verify all other factors of eligibility it deems questionable and affect the household's eligibility and benefit level.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.5 Certification Periods.

There will be a thirty-six (36) month certification period for ESAP households.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.6 Reporting Changes.

- A. An interim contact form is mailed to every ESAP household on an annual basis. **Note**: The household will be under no obligation to respond if there have been no changes in circumstances and the household wishes to continue to receive SNAP benefits.
- B. The Interim Contact Form is used to report changes to MDHS.
- C. ESAP households are required to report changes in their circumstances by the 10th of the month following the month in which the change occurred.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 28.7 Fair Hearings.

- A. MDHS provides SNAP applicants and/or recipients an opportunity to appeal adverse administrative decisions and provide supporting documentation challenging the adverse or noncompliant action. Please refer to Title 18 of the Administrative Code, Part 23, Programmatic Administrative Agency Appeal Hearing Policy, Chapter 3.
- B. Fair hearings will be conducted by telephone with no limit placed on the number of representatives in attendance.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Part 14 Chapter 29: Mississippi Combined Application Project (MSCAP)

Rule 29.1 General.

MSCAP is a demonstration project and a cooperative effort between MDHS, FNS and the Social Security Administration (SSA) to streamline the application procedures for individuals who are receiving Supplemental Security Income (SSI) benefits and choose to apply for SNAP benefits.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.2 Eligibility Criteria.

- A. To be determined MSCAP eligible, an individual must meet **all** of the following requirements:
 - 1. Must be SSI eligible and receiving the maximum SSI benefit or SSI and any other combined form of unearned income (such as SSA benefits, Veteran's benefits, interest income, cash gifts, etc.) which meets the maximum Federal SSI benefit level.
 - 2. Must not have any earned income at the time of application for MSCAP. If an ongoing MSCAP participant becomes employed, the individual is allowed up to three (3) consecutive months of earnings before the individual loses MSCAP eligibility and is referred to the regular SNAP. There is no limit to the number of times this exclusion may be applied to any MSCAP participant.
 - 3. Must live alone or purchase and prepare meals separately if living with others.
- B. The MSCAP Unit will only handle single program (SNAP only) cases. If another open program is associated with the household for any reason, it will not be considered a MSCAP case.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.3 Application.

- A. An individual will apply for MSCAP through the SSA office or the local county MDHS office.
- B. The MSCAP Unit in State Office will handle processing of MSCAP cases that are identified as MSCAP mandatory, or if an individual is eligible to opt out but chooses to participate in MSCAP.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.4 SSA Procedures.

SSA will screen an applicant for SSI for MSCAP eligibility during the intake process.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.5 Verification.

A. MSCAP verification requirements will be fulfilled through the use of the SDX data received under SSI regulations.

B. Any household that meets the verification criteria for the SSI program will be considered to have met the verification criteria for MSCAP eligibility.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.6 Eligibility to Opt Out of MSCAP.

- A. Individuals who meet the eligibility requirements for MSCAP may participate in the regular SNAP instead of MSCAP if they can verify one or more of the following:
 - 1. Out-of-pocket medical expenses exceed a monthly average of \$35.00;
 - 2. Shelter and utility expenses exceed a monthly average over the MSCAP high shelter standard; or
 - 3. Eligibility for a legally obligated child support deduction.
- B. All other households meeting MSCAP eligibility are mandatory for MSCAP and are ineligible for regular SNAP.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.7 Standard Benefit Amount.

- A. The MSCAP participant will receive a standard SNAP benefit amount based on the monthly representative income consistent with the SSI or SSI/SSA federal benefit rate and the appropriate standard shelter deduction.
- B. MSCAP eligibility and benefit levels are automatically determined based on household information transferred from the SDX or from information reported by the client on the MSCAP application.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.8 Certification Period.

All MSCAP households are assigned a forty-eight (48) month certification period at the time of approval.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.9 Initial Benefits.

- A. SSI recipients will begin receiving SNAP benefits the month following notification of approval for SSI.
- B. When the individual is already an SSI recipient, SNAP benefits begin the month following the date of the application.
- C. There are no expedited SNAP services for MSCAP.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.10 Outreach.

The MSCAP Unit will receive information from SSA regarding persons in the state who meet MSCAP criteria and are not currently receiving SNAP benefits.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Rule 29.11 Reporting Changes.

- A. MSCAP recipients are required to report changes through the proper SSI change reporting mechanism.
- B. No contact is required with the local county MDHS office. However, there will be times when changes are reported directly to the MDHS state or local office, such as changes in household size, address, phone number, or shelter/utility expense. When this occurs, the change must be accepted, but MSCAP recipients will also be referred to SSA so the change can be properly documented in the SSA computer system.

Source: 7 U.S.C. 2026; MS Waiver Revised: February 2022

Part 14 Chapter 30: Determining Household Eligibility and Benefit Levels

Rule 30.1 General.

- A. A household's eligibility will be determined for the entire month of the application date and that month's circumstances will be considered.
- B. Eligibility for recertification will be determined based on circumstances anticipated for the certification period starting the month following the expiration of the current certification period.
- C. **Exception**: Residents of institutions who apply prior to their release will have eligibility determined the month of their release date.
- D. A household's benefit level will depend on the date of application and be effective from the date of application.
- E. The level of benefits for recertification cases will be based on the same anticipated circumstances.
- F. **Exception**: Residents of institutions who apply prior to their release will receive benefits on the date of the month of their release.
- G. Benefits will be prorated using a standard 30-day calendar/fiscal month. Here a household applying on the 31st of a month will be treated as though it applied on the 30th of the month.

Source: 7 CFR §273.10(a) Revised: February 2022

Rule 30.2 Anticipated Changes.

- A. A household may be eligible for the month of application, but not eligible for the subsequent month due to anticipated changes in circumstances.
- B. A household's benefit amount may vary month to month based on changes anticipated at the time of certification.

Source: 7 CFR §273.10(a) Revised: February 2022

Rule 30.3 Determining Resources.

- A. Available resources at the time of the household's interview will be used to determine the household's eligibility.
- B. Nonrecurring lump sum payments will be counted as a resource starting in the month received and will not be counted as income.

Source: 7 CFR §273.10(b) and (c)(2)

Revised: February 2022

Rule 30.4 Anticipating Income.

A. MDHS will count the income already received by the household and income that is reasonably anticipated to be received during the remainder of the certification period.

- B. Anticipated income will only be counted if there is reasonable certainty regarding the month in which the payment will be received and in what amount.
- C. If the receipt of income is reasonably certain, but the monthly amount may vary, the household may elect to income average.
- D. Income received during the past 30 days will be used to indicate income that will be available to the household during the certification period unless income fluctuates.
- E. If income fluctuates to the degree that a 30 day time period alone will not provide an accurate representation of anticipated income, then the household may use a longer period of time to provide a more accurate indication of anticipated fluctuations in future income.
- F. If the income fluctuates seasonally, then it could be appropriate to use the most recent season comparable to the certification period rather than the last 30 days.

Source: 7 CFR §273.10(c)(1) Revised: February 2022

Rule 30.5 Income Only in Month Received.

- A. Income anticipated during the certification period will only be counted in the month that it is expected to be received unless the income is averaged.
- B. Advances on wages will count as income in the month received only if reasonably anticipated.

Source: 7 CFR §273.10(c)(2) Revised: February 2022

Rule 30.6 Income Averaging.

- A. The household's anticipation of income fluctuations during the certification period will be used when averaging income.
- B. An average must be recalculated at recertification and in response to changes in circumstances related to income.
- C. By contract or self-employment households which derive their annual income in a period of time shorter than one year will have that income averaged over a 12-month period provided the income form the contract is not received on an hourly or piecework basis.
- D. Earned and unearned educational income (after allowable exclusions) will be averaged over a period that it is intended to cover.

Source: 7 CFR §273.10(c)(3) Revised: February 2022

Rule 30.7 Disallowed Expenses.

- A. Any expense covered by educational income (in whole or part) which has been excluded is not deductible.
- B. A dependent care expense that is reimbursed or paid by the Job Opportunities and Basic Skills Training (JOBS) program under title IV-F of the Social Security Act or the Transitional Child Care (TCC) program is not deductible.

C. A utility expense that is reimbursed or paid by an excluded payment, including HUD or FHA utility reimbursements, is not deductible.

Source: 7 CFR §273.10(d)(1) Revised: February 2022

Rule 30.8 Billed Expenses.

A deduction will only be allowed in the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay the expense.

Source: 7 CFR §273.10(d)(2) Revised: February 2022

Rule 30.9 Averaging Expenses.

- A. Households may elect to have expenses averaged.
- B. Households may elect to have expenses that are billed less often than monthly averaged over the timeline between scheduled billings.
- C. Households may elect to have one-time only expenses averaged over the entire certification period in which billed.
- D. Households reporting one-time only medical expenses during their certification period may elect to have a one-time deduction or to have the expense averaged over the remaining months of the certification period.

Source: 7 CFR §273.10(d)(3)

Revised: February 2022

Rule 30.10 Anticipating Expenses.

- A. A household's expenses will be calculated based on the expenses the household expects to be billed for during the certification period.
- B. Anticipation of the expenses will be based on the most recent month's bills unless the household is reasonably certain a change will occur.
- C. MDHS will not average past expenses such as utility bills for the last several months as a method of anticipating utility costs for the certification period.

Source: 7 CFR §273.10(d)(4)

Revised: February 2022

Rule 30.11 Conversion of Deductions.

The income conversion procedures also apply to expenses billed on a weekly or biweekly basis.

Source: 7 CFR §273.10(d)(5)

Revised: February 2022

Rule 30.12 Energy Assistance Payments.

Except for payments made under the Low Income Energy Assistance Act of 1981, MDHS will prorate energy assistance payments over the entire heating or cooling season the payment is intended to cover.

Source: 7 CFR §273.10(d)(6) Revised: February 2022

Rule 30.13 Calculating Net Income and Benefit Levels.

A. In determining net income, MDHS will:

- 1. Add the gross monthly earned and unearned income of all household members minus the income exclusions to determine the household's total gross income.
- 2. Multiply the total gross earned income by 20 percent and subtract that amount to determine the net monthly earned income
- 3. Add to net monthly earned income the total average monthly unearned income of all household members, minus exclusions.
- 4. Subtract the standard deduction.
- 5. If the household is entitled to a medical deduction, subtract the portion that exceeds \$35.
- 6. Subtract allowable monthly dependent care expenses, if any.
- 7. Subtract allowable monthly child support payments.
- 8. Subtract the homeless shelter deduction, if any.
- 9. Total the allowable shelter expenses to determine shelter costs unless a deduction has been subtracted. Subtract from total shelter costs 50 percent of the household's monthly income after all the deductions previously mentioned have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, then the net monthly income has been determined.
- 10. If there is excess shelter cost, subtract the excess shelter deduction.
- B. In determining a household's monthly benefit amount, multiply the net monthly income by 30% and round up to the nearest higher dollar amount.

Source: 7 CFR §273.10(e) Revised: February 2022

Rule 30.14 Certification Periods.

- A. Households must certify each eligible household for a set period of time for the longest possible period of time based on the predicted household circumstances.
- B. Households with all adult members elderly or disabled will be certified for up to 24 months. (contact must be made with each household every 12 months)
- C. Households residing on a reservation will be certified for up to 24 months.
- D. Certification Period Length: Households should be assigned a certification period of at least 6 months unless the household contains an Able Bodied Adult without Dependents (ABAWD) or whose circumstances are unstable. Households with zero net income or with an ABAWD member will have a certification period no less than 3 months. Households will be assigned a 1 or 2 month certification period when it appears that the household will become ineligible in the near future.

- E. Shortening Certification Periods: MDHS may not end a certification period earlier than expected unless MDHS receives information that the household has become ineligible, has failed to comply with the required change reporting or due to receiving substantial lottery or gambling winnings. Loss of public assistance or a change in employment status is not sufficient in and of itself to shorten a certification period.
- F. Lengthening Certification Periods: Once established, certification periods may be lengthened so long as the total months of certification do not exceed 24 months for all elderly or disabled households or 12 months for other households. Households must be advised in writing if MDHS extends a household's certification period.

Source: 7 CFR §273.10(f) Revised: February 2022

Rule 30.15 Certification Notices.

- A. No later than 30 days after the date of the initial application, applicants must receive either:
 - 1. Notice of eligibility;
 - 2. Notice of denial; or
 - 3. Notice of pending status.
- B. Notice of eligibility: If an application is approved, MDHS will notify the household in writing of the amount of the allotment and the beginning and ending dates of the certification period. The household must also be advised of any variations in benefit levels based on anticipated changes. If the initial allotment includes more than 1 month's benefits, the notice should indicate the monthly amount for the remainder of the certification period. The notice must also contain:
 - 1. Fair hearing rights;
 - 2. Toll-free number of the SNAP office and, if possible, the name of a person to contact for additional information;
 - 3. An individual or organization that provides free legal representation;
 - 4. A reminder of the household's duty to report changes may also be included and the
 - 5. Responsibility for applying for continued participation.
 - 6. If approved for expedited services, the notice must explain that the household must provide the postponed verification and the consequences of failing to do so.
- C. Notice of denial: If an application is denied, the household must receive a notice that contains:
 - 1. An explanation of the basis for the denial;
 - 2. Fair hearing rights;
 - 3. Toll-free number of the SNAP office and, if possible, the name of a person to contact for additional information;
 - 4. An individual or organization that provides free legal representation;
 - 5. Instructions to potentially categorically eligible households to contact MDHS if approved to receive public assistance and/or SSI benefits.
- D. Notice of Pending Status: MDHS pends all cases on the 30th day regardless of the reason for the delay. The notice will explain what action the household must still take and that the application will be denied if the household fails to take the required action within 60 days of the application filing date.

E. Applications for Recertification: Households that have filed an application by the 15th of the last month of their certification period must be provided with either a notice of eligibility or a notice of denial if the household has complied with all of the recertification requirements.

Source: 7 CFR §273.10(g) Revised: February 2022

Rule 30.16 Reduction or Termination of Benefits Within the Certification Period.

- A. Whenever an individual is determined to be ineligible within the certification period, MDHS must determine the eligibility or ineligibility of the remaining household members based on as much as possible the information in the case record.
- B. Excluded for an IPV: If a household's benefits are reduced or terminated within the certification period because of one of the members being excluded due to disqualification for an intentional program violation, MDHS must notify the remaining household members of their eligibility and benefit levels at the same time the excluded member is notified of their disqualification. The household is not entitled to a notice of adverse action, but may request a fair hearing unless a disqualification hearing has already been conducted on the claim.
- C. Disqualified other than for an IPV: If a household's benefits are reduced or terminated within the certification period because of anything other than being disqualified for an IPV, MDHS must send a notice of adverse action which informs the household of the following:
 - 1. The person(s) ineligibility;
 - 2. The reason for the ineligibility;
 - 3. The eligibility and benefit levels for the remaining household members; and
 - 4. The action the household must take to end their ineligibility.

Source: 7 CFR §273.11(c)(4) Revised: February 2022

Part 14 Chapter 31: Benefits

Rule 31.1 General.

- A. MDHS is responsible for timely and accurate issuance of benefits to certified eligible households.
- B. SNAP benefits are issued only to certified eligible households via reusable plastic cards through an electronic benefit transfer (EBT) system.

Source: 7 CFR §274.1(a)-(b); 7 CFR §274.2(a) Revised: February 2022

Rule 31.2 Electronic Benefit Transfer (EBT).

- A. EBT cards will be issued by first class mail.
- B. Households access SNAP benefits using reusable plastic EBT cards to purchase eligible foods at an authorized point-of-sale (POS) such as any retailer or wholesaler authorized to accept SNAP benefits.
- C. Authorized retailers include, but are not limited to, :
 - 1. Farmer's markets
 - 2. Group living arrangements
 - 3. Homeless shelters
 - 4. DAA treatment centers
 - 5. Shelters for battered persons
 - 6. Retail food stores
- D. The POS is connected to the EBT system to confirm the personal identification number (PIN) and the account balance.
- E. The EBT system communicates with the POS system and subtracts the amount of the sale from the household's account balance.
- F. The store will obtain reimbursement within two business days.
- G. There is no minimum purchase or transaction fees.
- H. Benefits can accumulate in the client's EBT account.
- I. The oldest SNAP benefits are used first.
- J. The EBT account is closed when all household members are deceased or when the SNAP case is closed.

Source: 7 CFR §274.2(f); 7 CFR §274.3; 7 CFR §274.7 Revised: February 2022

Rule 31.3 PINs.

- A. MDHS must allow SNAP households to select their PIN.
- B. A PIN should be at least four digits in length.
- C. PINs should only be known by the appropriate individual(s) and kept secure.
- D. Authorized retailers must accept EBT cards from all states as long as the user has a valid PIN.
- E. Software controls should be in place to limit the number of unsuccessful PIN attempts prior to a card being deactivated.

F. Replacement cards keep the same PIN unless the person believes their PIN is no longer private.

Source: 7 CFR §274.2(f); 7 CFR §274.6(b); 7 CFR §274.8 Revised: February 2022

Rule 31.4 Availability of Benefits.

- A. Newly certified households, except for those given expedited service, must be given an opportunity to participate no later than 30 calendar days following the date of application.
- B. Households entitled to expedited service must have benefits available no later than the 7th calendar day following the date of application.
- C. An opportunity to participate means that households must be provided with an active EBT card and PIN with benefits posted to the EBT account and available for spending.

Source: 7 CFR §274.2(b) Revised: February 2022

Rule 31.5 Benefit Issuance Schedule.

- A. SNAP benefits are issued once a month.
- B. Households should receive their benefits on the same date each month.
- C. Each state determines their monthly benefit issuance schedule.
- D. Households must be informed of the benefit issuance schedule.

Source: 7 CFR §274.2(d) Revised: February 2022

Rule 31.6 Initial Month.

- A. An initial month is the first month the household receives benefits for the first time or following any time the household was not approved.
- B. **Exceptions**: Initial month for:
 - 1. Migrant or seasonal farmworkers is the 1st month the household is approved following a period of more than 30 days since the last approval.
 - 2. Joint Supplemental Security Income and SNAP applications filed before the person's release from an institution is the month the person is released.
- C. Households applying on the 1st of the month and found eligible receive a full initial month's benefits.
- D. Households applying after the 1st of the month and found eligible receive prorated benefits.

Source: 7 CFR §273.10(a); 7 CFR §274.2(b) Revised: February 2022

Rule 31.7 Combined Benefits.

Combined benefits are issued when the:

- A. Date of application is after the 15th of the month;
- B. The household is not processed for expedited service; and
- C. The household is eligible to receive benefits the initial month and the following month.

Source: 7 CFR §273.2(g)(2); 7 CFR §273.10(a); 7 CFR §274.2(c)

Revised: February 2022

Rule 31.8 Prorated Benefits at Initial Application.

Prorated benefits for initial month are issued when the household:

- A. Applies after the 1st day of the month. Benefits are issued from the date of application through the last day of the month.
- B. Is at fault for a delay in the application process preventing the case from being processed within the first 30 days. When eligibility is determined during the second 30-day period, benefits are issued from the date the household takes the required action to the end of the month. Therefore, the household is not entitled to benefits for the month of application.

Source: 7 CFR §273.10(a)(1)(ii); 7 CFR §273.2(h)(2) Revised: February 2022

Rule 31.9 Prorated Benefits at Recertification.

Prorated benefits at recertification are issued when the household causes a delay beyond the end of the expiring certification period. See *Rule 33.14 Delayed Processing Due to Household Delay*.

Source: 7 CFR §273.14(e) Revised: February 2022

Rule 31.10 Minimum Benefits.

- A. Except during an initial month, all eligible one-person and two-person households will receive the minimum monthly benefit.
- B. The minimum benefit is 8% of the maximum allotment for a household of one, rounded to the nearest whole dollar.

Source: 7 CFR §273.10(e)(2) Revised: February 2022

Rule 31.11 Zero Benefits.

- A. It is possible for a participating household to have met the eligibility requirements, but receive zero benefits.
- B. This can occur in categorically eligible households.

Source: 7 CFR §273.2(j)(2)(vi); 7 CFR §274.4(2)(iv) Revised: February 2022

Rule 31.12 Eligible Food.

Households can use SNAP EBT cards to buy eligible foods such as:

- A. Fruits
- B. Vegetables
- C. Meat

- D. Poultry
- E. Fish
- F. Dairy Products
- G. Breads
- H. Cereals
- I. Snack foods
- J. Seeds and plants which produce food to eat
- K. Authorized prepared meals (communal dining facilities for elderly or disabled/SSI; DAA treatment centers; GLAs; shelters for battered women and children; authorized meal delivery services; authorized providers of meals for the homeless)

Source: 7 CFR §271.2; 7 CFR §274.3 Revised: February 2022

Rule 31.13 Ineligible Items.

Households cannot use their SNAP EBT cards to purchase non-food items such as:

- A. Beer
- B. Wine
- C. Liquor
- D. Cigarettes
- E. Tobacco
- F. Vitamins
- G. Medicines
- H. Supplements
- I. Energy drinks classified by the FDA as supplements (have a supplement facts label rather than a nutrition facts label)
- J. Foods that are hot at the point of sale
- K. Pet food
- L. Paper products
- M. Cleaning supplies
- N. Other household supplies
- O. Hygiene items
- P. Cosmetics
- Q. Container deposit fees
- R. Live animals (except shellfish or fish removed from water)

Source: 7 CFR §271.2; 7 CFR §274.3 Revised: February 2022

Rule 31.14 Dormant EBT Benefits.

- A. Dormant benefits are SNAP benefits not used by the household in 90 days.
- B. If a household has not initiated activity, such as a purchase or a return, that affects the balance of the EBT account, the EBT account will be considered inactive or dormant.
- C. Households can access dormant benefits until the benefits are expunged.

Source: 7 CFR §274.2(h) Revised: February 2022

Rule 31.15 Expunged EBT Benefits.

- A. MDHS must expunge unused benefits after 12 months.
- B. Expunged benefits are returned to the federal SNAP program.
- C. Households cannot access or have expunged benefits returned to their account.
- D. **Exception**: paying a claim.

Source: 7 CFR §274.2(h); 7 CFR §273.18(g)(2)(ii) Revised: February 2022

Rule 31.16 Paying a Claim.

- A. Households can pay a SNAP claim using benefits from their SNAP EBT account.
- B. Active, dormant, or expunged benefits may be used to pay a SNAP claim.
- C. The household must provide written or verbal permission to repay a claim using their active SNAP benefits.
- D. The household has 10 days to dispute using their dormant benefits.

Rule 31.17 Entitlement to Restoration of Lost Benefits.

- A. MDHS must restore household benefits that were lost when:
 - 1. The loss was caused by an error caused by MDHS:
 - 2. By an administrative disqualification for intentional program violation which was subsequently reversed; or
 - 3. A statement elsewhere in the regulations specifically stating that the household is entitled to restoration of lost benefits.
- B. Benefits will be restored for not more than 12 months prior to whichever occurs first:
 - 1. The date MDHS receives a request for restoration of benefits from a household; or
 - 2. The date MDHS is notified or otherwise discovers that a loss to a household has occurred.
- C. MDHS will restore household benefits that were found by any judicial action to have been wrongfully withheld.
- D. When the judicial action is a review of a MDHS action, the benefits will be restored for a period of not more than 12 months from the first of the following dates:
 - 1. The date MDHS receives a request for restoration;
 - 2. If no request for restoration is received, the date the fair hearing action was initiated; but
 - 3. Never more than 1 year from when MDHS is notified of or discovers the loss.
- E. Benefits will be restored even if the household is currently ineligible.
- F. If MDHS determines that a loss of benefits has occurred and that the household is entitled to restoration of such benefits, then MDHS will automatically take action to restore the benefits.
- G. MDHS must notify the household of:
 - 1. Its entitlement;

- 2. The amount of benefits to be restored;
- 3. Any offsetting that was done;
- 4. The method of restoration; and
- 5. The right to appeal through the fair hearing process.

Source: 7 CFR §273.17(a)-(b)

Revised: February 2022

Rule 31.18 Disputed Benefits.

- A. When MDHS determines that a household is entitled to a restoration of lost benefits, but the household does not agree with the amount to be restored as determined by MDHS, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits.
- B. If the household believes that it is entitled to restoration of lost benefits, but MDHS does not agree, the household may request a fair hearing within 90 days of the date the household is notified of the MDHS decision.
- C. MDHS will only restore lost benefits if the fair hearing decision is favorable to the household.

Source: 7 CFR §273.17(c) Revised: February 2022

Rule 31.19 Computing Amount of Restored Benefits.

After correcting the loss for future months and excluding those months that benefits may have been lost prior to the 12-month time limit, MDHS will calculate the amount to be restored as follows:

- A. If the household was eligible but received an incorrect benefit, the loss of benefits will only be calculated for those months in which the household participated. If the loss occurred due to an incorrect delay, denial or termination of benefits, the months affected by the loss will be calculated as follows:
 - 1. If an eligible household's application was incorrectly denied, the month the loss initially occurred will be the month of application or for an eligible household filing a timely reapplication, the month following the expiration of its certification period.
 - 2. If an eligible household's application was delayed, the months in which benefits may be lost will be calculated according to *Rule 2.26 MDHS Delays*.
 - 3. If a household's benefits were incorrectly terminated, the month the loss initially occurred will be the first month benefits were not received as a result of the erroneous action.
 - 4. After computing the date the loss initially occurred, the loss will be calculated for each month subsequent to that date until either the first month the error is corrected or the first month the household is found ineligible.
- B. For each month affected by the loss, MDHS will determine if the household was actually eligible. In situations where there is no information in the case record to document that the household was actually eligible, MDHS will advise the household of what information must be provided to determine eligibility for those months. For the months in which the

- household cannot provide the necessary information to prove its eligibility, the household will be considered ineligible.
- C. For the months the household was eligible, MDHS will calculate the benefit the household should have received. If the household received a smaller benefit than it was entitled to receive, the difference between the actual and correct benefits equals the amount to be restored.
- D. If a claim against a household is unpaid or held in suspense, the amount to be restored will be offset against the amount due on the claim before the balance, if any, is restored to the household. When the household is certified and receives an initial benefit, the initial benefit will not be reduced to offset claims, even if the initial benefit is paid retroactively.

Source: 7 CFR §273.17(d) Revised: February 2022

Rule 31.20 Lost Benefits to Individuals Disqualified for Intentional Program Violation.

- A. Individuals disqualified for intentional program violation are entitled to restoration of lost benefits during the months they were disqualified (not to exceed 12 months prior to the date of the MDHS notification) only if the disqualification decision is subsequently reversed.
- B. If entitled, the amount to be restored will be determined by comparing the benefit received with the benefit the household would have received had the disqualified member been allowed to participate.
- C. If the household received a smaller benefit than it should have received, the difference equals the amount to be restored.
- D. Participation in an administrative disqualification hearing that the household contests MDHS' assertion of an intentional program violation will be considered notification that the household is requesting restored benefits.

Source: 7 CFR §273.17(e) Revised: February 2022

Rule 31.21 Method of Restoration.

- A. Regardless of current eligibility status, MDHS must restore lost benefits to a household by issuing a benefit equal to the amount of benefits that were lost.
- B. The amount of benefits will be issued in addition to the benefit currently eligible households are entitled to receive.
- C. MDHS may honor requests by households to restore lost benefits in monthly installments.

Source: 7 CFR §273.17(f) Revised: February 2022

Rule 31.22 Changes in Household Composition.

A. Whenever a household is entitled to restoration of lost benefits and the household's membership has changed, MDHS must restore the lost benefits to the household containing a majority of the individuals who were household members at the time of the loss.

B. If MDHS cannot locate or determine the household that contains a majority of the household members, MDHS will restore the lost benefits to the household containing the head of the household at the time the loss occurred.

Source: 7 CFR §273.17(g) Revised: February 2022

Rule 31.23 Accounting Procedures.

- A. MDHS will be responsible for maintaining an accounting system for documenting a household's entitlement to restoration of lost benefits and for recording the balance of lost benefits that must be restored to the household.
- B. MDHS must, at a minimum, document how the amount to be restored was calculated and the reason that the lost benefits must be restored.
- C. The accounting system must be designed to identify situations where a claim against a household can be used to offset the amount to be restored.

Source: 7 CFR §273.17(h) Revised: February 2022

Part 14 Chapter 32: Change Processing/Reporting Requirements.

Rule 32.1 Household Responsibility to Report.

Certified change reporting households are required to report the following changes in circumstances:

- A. A change of more than \$125 in the amount of unearned income, except changes related to public assistance.
- B. A change of more than \$125 in earned income from the amount used to calculate the household's benefit amount as long as the household is certified for no longer than 6 months.
- C. A change in the source of income, including starting or stopping a job or changing jobs, if the change in employment is accompanied by a change in income.
- D. A change in residence and the resulting change in shelter costs.
- E. A change in household composition, such as an addition or loss of a household member.
- F. A change in liquid resources that reaches or exceeds the limit for elderly and disabled households and all other households, unless excludable.
- G. A change in the legal obligation to pay child support. MDHS may remove this reporting requirement if it uses information from the CSE agency.
- H. For ABAWDs subject to the time limits, changes in work hours that cause an individual to be below 20 hours per week, averaged monthly.
- I. If a household member wins substantial lottery or gambling winnings.

Source: 7 CFR §273.12(a)(1) Revised: February 2022

Rule 32.2 When to Report.

- A. Certified households must report within 10 days of the date the change becomes known to the household.
- B. For reportable changes in income, the household must report the change within 10 days of the date the household receives the first changed payment.
- C. An applying household must report any changes at the certification interview.
- D. Any reportable change that occurs after the interview but before the date of the notice of eligibility must be reported within 10 days from the date of the notice of eligibility.

Source: 7 CFR §273.12(a)(2)-(3) Revised: February 2022

Rule 32.3 Reporting Forms.

- A. MDHS must provide a form for reporting the requiring changes.
- B. MDHS must pay the postage for the return of such form.
- C. A change reporting form must include the following minimum information:
 - 1. A clear statement indicating that changes in circumstances must be reported and clear descriptions of the types of changes that must be reported.
 - 2. The civil and criminal penalties of violating the Food and Nutrition Act of 2008 in boldface print.

- 3. A space for households to report whether the change will continue past the reported month.
- 4. The telephone number to the SNAP office and a toll-free number or a number where collect calls may be received.
- D. Changes reported over the phone or in person must be acted upon in the same manner as those reported on the change reporting form.
- E. Change reporting forms must be provided:
 - 1. To newly certified households at the time of certification;
 - 2. To households at recertification, if needed; and
 - 3. To a household that returns a change reporting form.
- F. Households may also access the change reporting form on the MDHS website.

Source: 7 CFR §273.12(b) Revised: February 2022

Rule 32.4 MDHS Action on Changes.

- A. MDHS must take prompt action on all changes to determine if the change affects eligibility or benefit levels.
- B. MDHS will only act on changes in medical expenses that are verified upon receipt from a source other than the household and contact with the household is not needed.
- C. MDHS must document when a change is reported.
- D. MDHS must advise the household of additional verification requirements, if any, and state that failure to provide verification shall result in increased benefits reverting to the original allotment. Benefits will be restored when MDHS fails to act on a change that will increase benefits within the required time limitations.

Source: 7 CFR §273.12(c) Revised: February 2022

Rule 32.5 Changes Resulting in an Increase in Benefits.

- A. When benefits are increased due to an additional household member or due to a decrease of \$50 or more in the monthly gross income, the change must be effective no later than the month following the month the change is reported to MDHS.
- B. For changes not described above, MDHS must make the change effective no later than the first benefit issued 10 days after the reported change was known to MDHS. If the change is not reported until the 20th of a month and MDHS does not have time to adjust next month's benefit, then the supplemental benefit must be provided to the household by the 10th day of the following month or on the household's normal issuance during that month, whichever is later.
- C. MDHS has elected the option to verify changes that result in an increase in the benefit level.
- D. Therefore, MDHS must give the household 10 days to provide verification from the date the change was reported.
- E. If the household fails to verify the change within 10 days, but provides verification later, then the timeframes to make the change will be effective from the date of verification.

F. If MDHS discovers that a benefit amount should have decreased after receiving subsequent verification, then it will issue a claim for the over-issuance.

Source: 7 CFR §273.12(c)(1) Revised: February 2022

Rule 32.6 Changes Resulting in a Decrease in Benefits.

- A. If a household's benefits decrease or it becomes ineligible as a result of the change, MDHS must issue a notice of adverse action within 10 days from the date the change was reported unless an exemption to the notice of adverse action applies.
- B. When a notice of adverse action is issued, the decrease in benefits is effective no later than the month following the month in which the notice of adverse action period has expired, as long as a fair hearing and continuation of benefits has not been requested.
- C. When a notice of adverse action is not issued due to an exemption, the decrease in benefits is effective no later than the month following the change.
- D. Verification must be obtained prior to recertification.
- E. MDHS may suspend a household's certification prospectively for 1 month if the household becomes temporarily ineligible due to a periodic increase in recurring income or other change not expected to continue in the subsequent month. If the suspended household becomes eligible again, then benefits will resume on its normal issuance date. If the suspended household does not become eligible after 1 month, then MDHS will terminate the household's certification.

Rule 32.7 Unclear Information.

- A. If MDHS receives unclear information regarding a household's circumstances from a third source, MDHS must pursue clarification and verification if applicable.
- B. MDHS must send a notice requesting that the household provide verification to clarify its circumstances within 10 days and the consequences of failing to do so.
- C. If a household fails to respond or refuses to clarify its circumstances, then MDHS will issue a notice of adverse action that terminates the case and explains that a new application will be required for continued participation.
- D. MDHS may receive unclear information from certain data matches. When it does, MDHS must follow up with a notice of match results and explain to the household what information is needed and the consequences of failing to respond to the notice.

Rule 32.8 MDHS Option for Processing Changes in Deductible Expenses.

A. If a household reports a change in residence with required verification, MDHS must take action on potential changes in shelter costs.

- B. If a household fails to provide information regarding shelter costs within 10 days, MDHS will send a notice to the household informing them that their benefits will be recalculated without the deduction.
- C. MDHS must act on all changes that affect the deduction.
- D. MDHS may not disregard new deductions, changes in earned income or changes in shelter costs that arise from a change in residence until the household's next recertification or after the 6th month in a 12-month certification period.

Source: 7 CFR §273.12(c)(4) Revised: February 2022

Rule 32.9 Failure to Report Changes.

- A. If a household fails to report a change as required and receives unentitled benefits, then a claim will be filed against the household.
- B. A notice of adverse action is required if the household's benefits are reduced and the discovery is made during the certification period.

Source: 7 CFR §273.12(d) Revised: February 2022

Rule 32.10 Mass Changes.

- A. There are certain changes that may affect a significant portion of the caseload or the entire caseload that are initiated by either the state or Federal government.
- B. These mass changes include, but are not limited to, the following:
 - 1. Federal adjustments to eligibility standards, maximum allotments, standard deductions and state adjustments to utility standards.
 - a) A notice of adverse action must not be used for these changes.
 - b) These types of mass changes must be publicized through the news media or posters in certification offices or other sites frequented by certified households.
 - c) Households whose certification periods overlap the annual adjustment in the utility standard will be advised at the time of initial certification of when the adjustment will occur and what the difference in the benefit level will be, if known.
 - 2. Mass changes in public assistance.
 - a) When MDHS has at least 30 days advance knowledge of the amount of the public assistance adjustment, MDHS must make the change in benefits effective in the same month as the public assistance change.
 - b) If MDHS does not have sufficient notice, the SNAP change must be effective no later than the month following in which the public assistance change was made.
 - 3. Mass changes in Federal benefits.
 - a) MDHS must make procedures for making mass changes to show cost-ofliving adjustments (COLAs) in benefits and any other mass changes under Retirement, Survivors, and Disability Insurance (RSDI), SSI and other

- programs such as veteran's assistance under title 38 of the United States Code and the Black Lung Program.
- b) These changes will be reflected as soon as possible but no later than the 2nd benefit issued after the month in which the change becomes effective.
- C. Mass changes in public assistance and mass changes in Federal benefits require an individual notice for mass change.
- D. A household is entitled to request a fair hearing if it feels aggrieved by the mass change.
- E. A household which requests a fair hearing will be entitled to continued benefits at its previous benefit level if the household meets the following:
 - 1. The household does not specifically waive its right to continuation of benefits;
 - 2. The household requests a fair hearing in accordance with the notice of adverse action; and
 - 3. The household's fair hearing request is based on improper computation of SNAP eligibility or benefits, or upon a misinterpretation or misapplication of Federal law or regulation.

Source: 7 CFR §273.12(e) Revised: February 2022

Rule 32.11 Public Assistance Households.

- A. Public assistance households have the same requirement to report changes as any other SNAP household.
- B. There can be a joint change reporting form for both SNAP and public assistance purposes.
- C. MDHS cannot terminate SNAP benefits solely because it has terminated the household's public assistance benefits.
- D. If a household change in circumstance results in a reduction or termination of the public assistance payment as well as a reduction or termination of SNAP benefits and MDHS has sufficient information to determine how the change will affect SNAP eligibility and benefit levels, MDHS must:
 - 1. Issue a single notice of adverse action for the SNAP and public assistance actions.
 - 2. Continue benefits on the basis authorized immediately prior to sending the notice if the household requests a fair hearing within the time limits provided in the notice of adverse action.
 - 3. The household must reapply for SNAP if the SNAP certification period ends prior to the completion of the fair hearing process.
- E. If a household change in circumstance results in a reduction or termination of the public assistance payment, but will increase the SNAP benefits and MDHS has sufficient information to determine how the change will affect SNAP eligibility and benefit levels, MDHS must:
 - 1. Issue a TANF notice of adverse action, but not take any action to increase the SNAP benefits until the household decides whether it will appeal the adverse action.
 - 2. If the household decides to appeal and the public assistance benefits are continued, then the SNAP benefits must continue at the previous basis.
 - 3. If the household does not appeal, the change must be acted upon within 10 days from the date the TANF notice of adverse action period expires.

- F. If a household change in circumstance results in a reduction or termination of the public assistance payment, but MDHS does not have sufficient information to determine how the change will affect SNAP eligibility and benefit levels (such as when an absent parent returns to the household), MDHS must:
 - 1. Issue a request for information notice along with the TANF notice of adverse action.
 - 2. Before taking further action, MDHS must wait until the household's TANF notice of adverse action time period expires or until the household requests a fair hearing, whichever occurs first.
 - 3. If the household requests a fair hearing and elects to have its TANF benefits continue pending the appeal, then MDHS must continue the SNAP benefits at the same basis.
 - 4. If the household does not request a fair hearing and continue its TANF benefits, then MDHS must resume action on the changes.
 - 5. If a TANF notice of adverse action is not required, MDHS must issue a request for information and take the appropriate action, if necessary, to close the case or adjust the benefit level.

Source: 7 CFR §273.12(f) Revised: February 2022

Part 14 Chapter 33: Recertification

Rule 33.1 General.

- A. Recertification is a process of determining whether a household has continued eligibility prior to the end of the household's current certification period.
- B. The steps in the recertification process are similar to the application process (see *Rule 2.1 Application Process*).
- C. The recertification process only applies to households that apply prior to the end of their current certification period, and applications received within 30 days after the end of the certification period.

Source: 7 CFR §273.14(a); 7 CFR §273.14(b)(2) Revised: February 2022

Rule 33.2 Recertification Notices.

Households must receive notices advising their benefits are ending and requirements to renew their benefits.

Source: 7 CFR §273.2(c)(5); 7 CFR §273.14(a)-(b) Revised: February 2022

Rule 33.3 Notice of Expiration (NOE).

- A. MDHS must provide a NOE at the time of certification for households certified for one month or certified in the second month of a two-month certification period.
- B. MDHS must provide a NOE in the month before the certification period expires.
- C. Jointly processed public assistance households need not receive a separate SNAP notice if they are recertified for SNAP benefits at the same time as their public assistance redetermination.
- D. The NOE will advise the household of the following:
 - 1. The date the certification period is ending;
 - 2. The date a household must submit an application for recertification in order to receive uninterrupted benefits (see *Rule 33.6 Timely Application for Recertification* for more information);
 - 3. Consequences of failure to apply for recertification in a timely manner (see <u>Rule</u> 33.12 Untimely Application for Recertification for more information);
 - 4. The right to receive an application upon request and for that application to be accepted as long as it contains a legible name, address and signature;
 - 5. Information on alternative submission methods;
 - 6. The address and phone number of the office where filing is taking place;
 - 7. Notice that an all member Supplemental Security Income (SSI) household is entitled to apply for SNAP recertification at a Social Security Administration (SSA) office.
 - 8. Notice that failure to attend an interview may result in delay or denial of benefits;

- 9. Notice of the household's responsibility to reschedule a missed interview and provide required verification information; and
- 10. Fair hearing rights.

Source: 7 CFR §273.14(b)(1) Revised: February 2022

Rule 33.4 Recertification Application.

- A. Households will use the same application form as the initial application form to apply for renewal of benefits.
- B. A new household signature and date is required at the time of recertification application.

Source: 7 CFR §273.14(b)(2) Revised: February 2022

Rule 33.5 SNAP Recertification through SSA.

Households with only SSI recipients can apply for SNAP recertification at the SSA.

Source: 7 CFR §273.2(k)(2); Revised: February 2022

Rule 33.6 Timely Application for Recertification.

- A. Households that are certified for one or two months during the month following application will have 15 days from the date the notice of expiration is received to file a timely application for recertification.
- B. Signed applications from SSI only households or from those that apply for recertification at SSA offices are considered timely when received by the SSA.
- C. Other households must submit an application by the 15th of the last month of their certification period to file timely.

Source: 7 CFR §273.14(c) Revised: February 2022

Rule 33.7 Timely Recertification Processing.

If the household meets all the required steps in the recertification process, the household will be approved or denied prior to the end of the household's current certification period.

Source: 7 CFR §273.14(d) Revised: February 2022

Rule 33.8 Use of Disqualification Data at Recertification.

MDHS will use the Electronic Disqualified Recipient System (eDRS) database to conduct matches on the current recipient caseload at the time of recertification for a period of 1 year after the implementation date of this match.

Source: 7 CFR §273.2(f)(11)(i) Revised: February 2022

Rule 33.9 Interview.

A. An interview must be scheduled with a member of the household or an authorized representative at least once every 12 months for households certified 12 months or less.

- B. Recertification applicants have the choice of a face-to-face interview even if MDHS routinely provides telephone interviews.
- C. Interviews must be scheduled so that the household will be given at least 10 days to provide the necessary verification prior to the end of the certification period.
- D. Households must be notified of their failure to keep scheduled appointments.
- E. A second interview will be scheduled only when requested by the household.

Source: 7 CFR §273.14(b)(3); 7 CFR §273.2(e)(2)(i) Revised: February 2022

Rule 33.10 Recertification Verification.

- A. Households must be given a notice of required verification and a date such verification is due.
- B. Households must be given a minimum of 10 days to provide required verification information.
- C. If the required 10 day verification period extends past the end of the certification period, the household must be given the opportunity to participate within 5 business days after the household provides the information and benefits cannot be prorated.
- D. A change in income will be verified if the source has changed or the amount has changed by more than \$50.
- E. Income will not be verified if the source has not changed or if the amount is unchanged or has changed by \$50 or less, unless the information is incomplete, inaccurate, inconsistent or over 60 days old.
- F. Previously unreported medical expenses, actual utility expenses and total recurring medical expenses which have changed by more than \$25 will also be verified.
- G. Total medical expenses or actual utility expenses claimed by households that are unchanged or have changed by \$25 or less will not be verified unless the information is incomplete, inaccurate, inconsistent or over 60 days old.
- H. Households must verify any changes in the legal obligation to pay child support, the obligated amount, and the amount of legally obligated child support a household member pays to a non-household member.
- I. Newly obtained social security numbers will be verified at recertification.
- J. Individuals' work hours will be verified for those subject to the SNAP time limits who are satisfying the work requirements in a program not operated or supervised by MDHS.
- K. Other information which has changed may be verified at recertification.
- L. Unchanged information will only be verified if the information is incomplete, inaccurate, inconsistent or over 60 days old.

Source: 7 CFR §273.14(b)(4); 7 CFR §273.2(f)(8)(i) Revised: February 2022

Rule 33.11 Available Employment and Training Services Advisement at Recertification.

- A. Households that meet all of the following criteria must be advised of available employment and training services:
 - 1. Contain a household member subject to the work requirements in *Rule 12.1 General Rule*:
 - 2. Contain at least one adult;
 - 3. Contain no elderly or disabled individuals; and
 - 4. Have no earned income.
- B. Households must be provided, at a minimum, with a list of available employment and training services either in electronic format or in printed form.

Source: 7 CFR §273.14(b)(5) Revised: February 2022

Rule 33.12 Untimely Application for Recertification.

Households lose their right to uninterrupted benefits when they fail to timely file an application by:

- A. The 15th day of the last month of the current certification period or
- B. For households approved for 1 or 2 months, within 15 days of the household's receipt of the NOE.

Source: 7 CFR §273.14(c) Revised: February 2022

Rule 33.13 Delayed Processing Due to Agency Delay.

- A. If a household files an application before the end of the certification period, but processing is delayed beyond the end of the certification period due to the fault of MDHS, the household, if eligible, will receive a full month's benefits for the new certification period.
- B. The same is true if the eligible household files an application within 30 days after the end of the certification period and MDHS is at fault for causing the application to be filed after the certification period.

Source: 7 CFR §273.14(e) Revised: February 2022

Rule 33.14 Delayed Processing Due to Household Delay.

- A. If the recertification process is delayed beyond the end of the expiring certification period due to a household delay, benefits will be prorated based on when the recertification application is filed.
- B. When a household files an application prior to the end of the certification period, regardless of whether the application was submitted by the 15th of the last month, and the household completes the last outstanding required action within 30 days after the end of the

- certification period, benefits will be prorated to the date the household took the required action.
- C. When a household files an application within 30 days after the last day of the certification period and completes all required actions within those 30 days, benefits will be prorated from the date of application.

Source: 7 CFR §273.14(e) Revised: February 2022

Rule 33.15 Expedited Service.

- A. Any household that applies **after** the end of the certification period must be screened for expedited services.
- B. Households are not eligible for expedited service if the household files an application for recertification **before** the end of their current certification period.

Source: 7 CFR §273.14(f); 7 CFR §273.2(i)(4)(iv) Revised: February 2022

Part 14 Chapter 34: Replacement Benefits

Rule 34.1 General.

- A. MDHS may provide replacement benefits to a household when the household reports that food purchased with SNAP benefits was destroyed in a household misfortune or disaster.
- B. When a Federal disaster declaration has been issued and the household is eligible for disaster SNAP benefits (D-SNAP), the household cannot receive both D-SNAP and a replacement benefits for a misfortune.

Source: 7 CFR §274.6(a); 7 CFR §280.1 Revised: February 2022

Rule 34.2 Replacement Restrictions.

- A. Households must timely report a loss orally or in writing to MDHS prior to the issuance of replacement benefits.
- B. A report is considered timely if it is made to MDHS within 10 days of the date food purchased with SNAP benefits is destroyed in a household misfortune.
- C. Replacement benefits will be provided in the amount of the loss to the household, up to a maximum of one month's benefit, unless the issuance includes restored benefits which will be replaced up to their full value.
- D. There is no limit on the number of requests for replacement benefits.

Rule 34.3 Household Statement of Loss.

- A. Prior to issuing a replacement, MDHS must obtain from a household member a signed statement attesting to the household's loss.
- B. The statement of loss will attest to the destruction of food purchased with the original issuance and the reason for the replacement.
- C. The statement of loss will also attest to the fact that the household is aware of the penalties for intentional misrepresentation of the facts including a charge of perjury for a false claim.
- D. The household statement of loss may be mailed if the household member is unable to come to the office due to age, handicap or distance and is unable to appoint an authorized representative.
- E. If the signed statement or affidavit is not received by MDHS within 10 days of the date of the report, no replacement will be made.
- F. If the 10th day falls on a holiday or weekend and the statement is received by MDHS the next business day, MDHS will consider the statement timely received.
- G. The household statement of loss must be retained in the case record.

Source: 7 CFR §274.6(a)(4) Revised: February 2022

Rule 34.4 Time Limits for Making Replacement Issuances.

- A. Replacement benefits will be provided to households within (ten) 10 days after report of loss or within (two) 2 working days of receiving the signed household statement of loss, whichever date is later.
- B. MDHS will deny or delay replacement benefits if there is an indication that the household's request appears to be fraudulent.
- C. A household will be informed of its right to a fair hearing to contest the denial or delay of replacement benefits.
- D. Replacement benefits will not be issued while the denial or delay is being appealed.

Source: 7 CFR §274.6(a)(5) Revised: February 2022

Rule 34.5 Verifying Issuance and Household Misfortune.

- A. Upon receiving a request for replacement benefits for food destroyed in a household misfortune, MDHS must determine if the issuance was validly issued.
- B. Prior to replacing the destroyed food that was purchased with SNAP benefits, MDHS must verify that the destruction occurred in a household misfortune or disaster, such as a fire or flood, through a collateral contact, documentation from a community agency including the fire department or the Red Cross, or a home visit.

Source: 7 CFR §274.6(a)(6) Revised: February 2022

Rule 34.6 Documentation and Reconciliation of Replacement Issuances.

- A. MDHS must document in the household's case record the following information:
 - 1. Each request for replacement;
 - 2. The date of the request for replacement;
 - 3. The reason for the replacement; and
 - 4. Whether or not the replacement was provided.
- B. If a request for replacement is made late into the issuance month, the replacement will be issued in the following month in which the original benefit was issued.
- C. All replacements will be posted and reconciled to the month of issuance of the replacement and can be posted to the month of issuance of the original benefit, so that all duplicate transactions can be identified.
- D. MDHS must maintain an identifiable record of the replacements granted to the household, the reason and the month.

Source: 7 CFR §274.6(a)(7) Revised: February 2022

Rule 34.7 Providing Replacement EBT Cards or PINs.

- A. EBT card replacement occurs when a household member reports their card was:
 - 1. Lost:
 - 2. Stolen; or

- 3. Damaged
- B. MDHS, through the EBT Vendor, must place the replacement EBT card in the mail within (two) 2 business day following notice from the household of the loss, thief or damage.
- C. MDHS must ensure that households cannot access more than one account in the EBT system.
- D. MDHS must place an immediate hold on accounts at the time notice is received from a household regarding the need for a card or PIN replacement.
- E. Once a household reports their EBT card has been lost or stolen, MDHS must assume liability for benefits subsequently drawn from the account and replace any lost or stolen benefits to the household.
- F. MDHS or its EBT Vendor must maintain a record showing the date and time of all occurrences of households reporting their card is lost or stolen.

Source: 7 CFR §274.6(b) Revised: February 2022

Rule 34.8 Excessive Card Replacements.

- A. Households requesting (four) 4 or more card replacements in a 12-month period must receive an Excessive Card Replacement Notice.
- B. Excess Card Replacement Notices must:
 - 1. Be written in clear and simple language;
 - 2. Meet bilingual requirements;
 - 3. Specify the number of cards requested and over what period of time;
 - 4. Explain that the next request, or current request if the threshold has been exceeded, requires contact with MDHS before another card is issued;
 - 5. Provide all appropriate information on how contact is to be made in order for the client to comply such as contact name, phone number and address;
 - 6. Include a statement that explains what is considered a misuse or fraudulent use of benefits and the possibility of referral to the fraud investigation unit for suspicious activity.
- C. The notice advises the household that EBT transactions are being monitored for potential suspicious activity.
- D. The notice must also inform the household that if another replacement card is subsequently requested then participation in a face-to-face interview with a fraud investigator and eligibility expert will be required.
- E. Any third-party vendor must inform MDHS after the request for a 4th replacement card in a 12-month period and any subsequent request thereafter.
- F. Upon a recipient's request of a 5th replacement card within any 12-month period, an interview must be scheduled within 30 business days with a MDHS fraud investigator and eligibility expert before a new card will be issued.

Source: 7 CFR §274.6(b)(5)-(6); Miss Code Ann. §43-12-47 Revised: February 2022

Part 14 Chapter 35: Disaster SNAP (D-SNAP).

Rule 35.1 General.

- A. Individuals who reside in a disaster area and suffered damage may be eligible for emergency disaster SNAP assistance (D-SNAP)
- B. D-SNAP uses different standards of eligibility than SNAP.
- C. Currently participating SNAP recipients are not eligible to receive D-SNAP benefits.
- D. However, SNAP households may request replacement and supplemental disaster benefits.
- E. There must be a Presidential Disaster Declaration for Individual Assistance for the disaster area.
- F. State agencies must request FNS approval before operating a D-SNAP.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition Act of 2008 (as amended)

Revised: February 2022

Rule 35.2 Eligibility.

To be eligible for D-SNAP:

- A. A household must live in the identified disaster area;
- B. A household must be affected by the disaster; and
- C. A household must meet certain D-SNAP eligibility criteria such as:
 - 1. The household must not be a current recipient of SNAP;
 - 2. The applicant must not be currently serving a SNAP disqualification or be convicted of a felony and not in compliance; and
 - 3. The household must pass special income and resource tests.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended) *Revised*: February 2022

Rule 35.3 D-SNAP Plan.

Each state agency must annually submit a State Plan of Operation to FNS that includes a required Disaster (D-SNAP) Plan to be approved by FNS.

Source: 7 CFR §272.2(a)(2); 7 CFR §272.2(d)(1)(ii) Revised: February 2022

Rule 35.4 Responsibility.

- A. MDHS has the leading role in planning, requesting and operating a D-SNAP.
- B. FNS must approve MDHS' request to operate a D-SNAP.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended) *Revised*: February 2022

Rule 35.5 Application Period.

Once a D-SNAP operation is authorized, there will be a specific application period, approved by FNS, for MDHS to accept applications from new households and requests for supplements from currently participating SNAP households.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended) *Revised*: February 2022

Rule 35.6 Adverse Effects.

Households must have experienced one of the following adverse effects as a result from the disaster:

- A. Loss of income;
- B. Inaccessible liquid resources; or
- C. Suffered a deductible disaster-related expense.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition Act of 2008 (as amended)

Revised: February 2022

Rule 35.7 Benefit Period.

- A. Once a D-SNAP operation is authorized, there will be a benefit period approved by FNS.
- B. The benefit period generally begins on the date of the disaster or the date of any mandatory evacuations following the disaster.
- C. Disaster-related expenses may be counted during this period.
- D. The benefit period is important in determining household composition, income, expenses, and resources for D-SNAP eligibility.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended)

Revised: February 2022

Rule 35.8 Verification.

- A. Verification rules are relaxed during D-SNAP to ease administrative burden.
- B. However, identity must be verified.
- C. Residency and loss or inaccessibility to liquid resources or income should be verified when possible.
- D. Household composition and food loss can be verified if questionable.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended) *Revised*: February 2022

Rule 35.9 Benefit Amount.

- A. Households that may not normally be eligible to participate in SNAP may be eligible for D-SNAP.
- B. Eligible households will receive a full month's benefits equal to the maximum benefit for the household size.
- C. The benefit amount for D-SNAP is updated annually and is published on the FNS website.

Source: Robert T. Stafford Disaster Relief and Emergency Assistance Act; Food and Nutrition

Act of 2008 (as amended) *Revised*: February 2022

Rule 35.10 Participation in Other FNS Programs.

A household is not eligible to participate in D-SNAP if it is already being served by another disaster household distribution of USDA Foods, such as The Emergency Food Assistance Program (TEFAP).

Source: 7 CFR §250.69(b); 7 CFR §250.70(b); Revised: February 2022

TITLE 18: HUMAN SERVICES

PART 14: DIVISION OF FIELD OPERATIONS
SNAP POLICY MANUAL

Page	Subject
1000	INTRODUCTION
1000	GENERAL
1000	CONTENTS OF VOLUME V
1002	DEFINITION OF PROGRAM INFORMATION ACTIVITIES
1002	REQUIRED ACTIVITIES
1010	VOTER REGISTRATION REQUIREMENTS
1010	VOTER REGISTRATION
1010	Agency Responsibilities
1011	Declination Forms
1012	Agency Coordinator Duties and Responsibilities
1013	Site Coordinator Duties and Responsibilities
1014	NVRA Reporting
1017	Training
1016	Prohibitions
1016	Registration of 17-year-olds
1050	NONDISCRIMINATION COMPLIANCE
1050	FEDERAL LAWS PROHIBITING DISCRIMINATION
1050	HOW TO FILE A DISCRIMINATION COMPLAINT
1051	WHERE TO FILE A DISCRIMINATION COMPLAINT
1051	RESPONSE TO DISCRIMINATION COMPLAINTS
1051	USDA Office
1051	County Office

Page	Subject
1052	State Office
1053	AGE DISCRIMINATION COMPLAINTS
1053	COMPLAINT INVOLVING OTHER AGENCIES
1053	PROGRAM COMPLAINTS
1053	PUBLIC NOTIFICATION
1055	COMPLAIN REVIEW
1055	COMPLAINTS MADE BY OR ON BEHALF OF APPLICANTS OR RECIPIENTS
1055	Complaints Made to the County Department
1055	Complaints Made to the State Office
1055	OTHER COMPLAINTS
1055	Complaints Made About Applicants and Recipients
1056	General Complaints About the SNAP Program
1056	Complaints Regarding Retailers Authorized to Accept SNAP Benefits
1056	COMPLAINT RECORDS
1100	RIGHTS AND RESPONSIBILITIES OF HOUSEHOLDS
1100	HOUSEHOLD RIGHTS
1100	HOUSEHOLD RESPONSIBILITIES
1150	THE CASE RECORD
1150	INTRODUCTION
1150	PURPOSE OF THE CASE RECORD
1150	CONTENT OF CASE RECORD

[TABLE OF CONTENTS FOR CHAPTER 1: GENERAL]

Page	Subject
1151	DOCUMENTATION IN CASE RECORD
1151	CONFIDENTIAL NATURE OF CASE RECORD
1151	PURPOSE OF CASE RECORD FORMS
1152	THE CASE NUMBER
1152	THE INDIVIDUAL NUMBER
1152	MAINTENANCE OF INDIVIDUAL RECORDS
1152	Destruction of Case Records
1153	ARRANGEMENT OF DOCUMENTS IN ELECTRONIC CASE FOLDER
1153	SNAP ONLY CASES
1153	Application Forms
1153	Permanent Documents
1153	Temporary Documents
1154	Personal Data Folder
1154	Case Review Documents
1154	SNAP Hearings
1154	COMBINATION CASES
1154	Application Forms
1154	Permanent Documents
1154	Temporary Documents
1155	Personal Data Folder
1155	Case Review
1155	Fair Hearing

Page	Subject
1155	ADDING TO DOCUMENTS IN INTERWOVEN/WORKSITE
1200	CONFIDENTIALITY
1200	REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION
1200	INFORMATION TO BE SAFEGUARDED
1200	PENALTY
1201	PERSONS AUTHORIZED TO DISCLOSE INFORMATION
1201	INFORMATION TO BE RELEASED
1202	OTHER INFORMATION TO BE DISCLOSED
1202	DISCLOSURE TO GRAND JURIES
1202	DISCLOSURE OF INFORMATION FROM SNAP CASES
1203	DISCLOSURE TO LOCAL, STATE AND FEDERAL LAW ENFORCEMENT
1203	DISCLOSURE TO INTER AGENCY DEPARTMENTS
1203	DISCLOSURE TO SOCIAL SECURITY ADMINISTRATION
1203	DISCLOSURE TO CLIENT OR CLIENT REPRESENTATIVE
1204	HANDLING OF COMPLAINT LETTERS
1204	SUBPOENA OF CASE RECORDS
1205	DISCLOSURE TO LEGISLATIVE OFFICIALS
1250	RESTRICTION OF STAFF IN HANDLING CERTAIN CASES
1250	RELATED AND/OR PERSONAL INTEREST CASES
1250	DEPARTMENT OF HUMAN SERVICES EMPLOYEE CASES
1300	QUALITY CONTROL REVIEWS

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 1: GENERAL]

Page	Subject
1300	INTRODUCTION
1300	QUALITY CONTROL STAFF RESPONSIBILITIES
1301	COUNTY RESPONSIBILITIES
1301	REGIONAL DIRECTOR RESPONSIBILITIES
1302	REFUSAL TO COOPERATE WITH QUALITY CONTROL
1350	USDA OFFICERS-IN-CHARGE
1350	DUTIES OF THE OIC
1351	USDA FNS FIELD OFFICE

GENERAL

The

Program, authorized by the SNAP Act of 1977, is administered by the Food and Nutrition Service (FNS) under the United States Department of Agriculture (USDA). The SNAP Program is designed to help low income households obtain a more nutritious diet by supplementing the funds they have to spend on food.

CONTENTS OF VOLUME V

Volume V contains policies and procedures necessary to administer the SNAP Program.

Volume V is divided into chapters which contain the following material:

- 1. Chapter 1, General Policy in this chapter outlines general information pertaining to the SNAP Program.
- 2. Chapter 2, Definitions This chapter provides the meaning to SNAP terminologies used primarily by the certification worker.
- 3. Chapter 3, Nonfinancial Criteria Policy in this chapter specifies the national uniform standards on nonfinancial eligibility criteria which must be applied to all households in determining eligibility for SNAP.
- 4. Chapter 4, Income Material in this chapter provides instructions for the certification worker to follow in the consideration of income available to all households. This section also specifies allowable exclusions and deductions from income.
- 5. Chapter 5, Resources Material in this chapter provides guidelines for the certification worker's use in establishing the presence of a resource and whether it must be included or excluded for SNAP purposes. This chapter also contains facts about ownership of real property in Mississippi.
- 6. Chapter 6, Determining Eligibility and Benefit Levels This chapter contains methods for determining eligibility and benefit levels based on financial criteria.
- 7. Chapter 7, Special Circumstances This chapter provides instructions for determining eligibility and benefit levels for households with special circumstances. Any exceptions to ongoing policy are covered in this chapter.
- 8. Chapter 8, Certification Process Policy in this chapter outlines procedures and standards to be followed in determining eligibility for both assistance and non-assistance households. Also included in this chapter is policy pertaining to the Choctaw Food Distribution Program.
- 9. Chapter 9, Early Detection/Fraud Prevention Process Material in this chapter provides

purpose and procedural guidelines for the Early Detection/Fraud Prevention (EDFP) process.

- 10. Chapter 10, Hearings This chapter contains policy pertaining to complaints and hearings and outlines procedures to be followed by both the county and state office in handling the complaint and/or hearing. This chapter also outlines the client's rights regarding hearings.
- 11. Chapter 11, Claims Policy in this chapter pertains to procedures to be followed in establishing and handling any overissuance and/or misuse of SNAP benefits.
- 12. Chapter 12, Restoration Policy in this chapter outlines procedures to be followed when restoring lost benefits to a household.
- 13. Chapter 13, Tables This chapter contains tables which outline income eligibility standards and deduction standards and which outline the benefit level of each eligible household.

DEFINITION OF PROGRAM INFORMATIONAL ACTIVITIES

Program informational activities are those activities that convey information about the SNAP Program, including household rights and responsibilities, to applicant and recipient households through means such as publications and face to face contacts.

REQUIRED ACTIVITIES

The following program informational activities are required:

- 1. The following materials shall be displayed in the county offices.
 - (1) Nutrition Information:

Posters and pamphlets containing information regarding foods 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) Nutrition Programs:

Printed materials such as posters, fliers, and pamphlets that explain the Special Supplemental Food Program for Women, Infants and Children (WIC). Such materials may also include information regarding client participation in the Family Nutrition Program (FNP).

(3) Rights and Responsibilities:

Printed materials such as posters, fliers and pamphlets that explain the application processing standards, the right to file an application on the day of initial contact and a nondiscrimination statement to comply with Civil Rights requirements.

The poster "AND JUSTICE FOR ALL" displays the nondiscrimination statement to comply with Civil Rights requirements (posters may be requested from State Operations).

2. Counties shall monitor closely the population of non-English speaking households to determine the need for bilingual services and interpreters. Program materials in the Spanish language (and other languages, when deemed necessary based on census data and information from local agencies knowledgeable about population trends) including applications, informational pamphlets, and notices of client rights and responsibilities must be available for applicants and recipients. These materials shall include a statement that the SNAP Program is available to all persons without regard to race, color, sex, age, disability, religion, national origin or political belief.

VOTER REGISTRATION

The National Voter Registration Act (NVRA) of 1993 contains provisions which made it easier for individuals to register to vote in all elections. Under this Act, all agencies in a state that provide public assistance are designated as a voter registration agency. The following services must be **provided** by a voter registration agency:

- 1. Distribution of voter registration application forms and declination forms to applicants/recipients of agency assistance;
- 2. Assistance in completing voter registration application forms unless the applicant/recipient refuses such assistance; and
- 3. Acceptance of completed voter application forms for transmittal to the county Circuit Clerk for processing within five days of receipt by the agency.

The NVRA prohibits any person providing voter registration services from:

- 1. Seeking to influence an applicant's political preference or party registration;
- 2. Displaying any political preference or party allegiance;
- 3. Discouraging registration;
- 4. Implying in any way that the availability of Agency services or eligibility for benefits is dependent upon voter registration; or
- 5. Disclosing any applicant's voter registration information except as needed for the administration of NVRA or identifying the agency's name on the application form.

Agency Responsibilities

Each voter registration agency must provide each applicant/recipient the opportunity to register to vote or to update a voter registration record by offering the Mississippi Voter Registration Application form and declination form at the time of each:

- Application or reapplication,
- Recertification/reevaluation, and -

Report of change of address.

When providing the applicant/recipient the opportunity to register to vote, the applicant must be verbally asked "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"

Any applicant or recipient who contacts the worker to request an application, either in person or by phone, will be provided a voter registration form and declination form (see discussion of the declination form below). If the household requests that an application form be mailed, a voter registration form and declination form must be mailed along with the application. If the client who initiates an application or recertification by mail or telephone later comes into the office for the face-to-face interview, voter registration services must also be provided at that time.

Assistance in completing the voter registration forms must be offered in the same manner as an application for agency assistance. Clients must clearly be provided the option to either complete the registration form in the office or take the form with them to complete at a later time. Caseworkers, though, should encourage clients who check "yes," or otherwise say they'd like to register to vote, to complete the application on site to ensure timely delivery to the Circuit Clerk. Households that do not complete the forms in the office may either hand deliver or mail completed forms to the county Circuit Clerk's office or return the forms to the MDHS county office. Clients should be informed that completed voter registration forms will be submitted to the county circuit clerk within five (5) business days of completion or from the date received by the county office. During the application process, if the individual completes and signs the voter registration form, the date of signature must be entered on the MAST screen in MAVERICS. See "Declination Forms" below for procedures when the client declines the opportunity to register to vote.

Whenever a client contacts the county office by phone or in person to report a change of address, a voter registration application must also be provided. If the report is made by phone, a voter registration application must be mailed to the household. When the form is used to update voter registration, Section II of the form, along with all other sections of the registration form, must be completed.

Declination Forms

Regardless of whether or not a client wishes to register to vote, a voter Declination form must be completed by the client. This form indicates if a client wishes either to register or not register to vote. Workers should remind clients that this form is for voter registration purposes only and in no way affects their application for benefits. Completion of the declination form should be handled as follows:

The client should check the box next to the appropriate answer to the question of whether
he or she wishes to register to vote.

- 2. The client should sign and date the form. It is also recommended that the client print his or her name beside the signature. If the client receives assistance from agency staff in completing the form, the staff person assisting should sign and date the form as well.
- 3. If the client refuses to sign the declination form, the worker processing the form should print the client's name, and date and initial the form. The form must be scanned to the Temporary Documents folder of the household's case record, with documentation of the action taken entered on the HDO screen and the FOES (Forms/Explanations/Screens Documentation) screen in MAVERICS.

NOTE: In the event that a household's authorized representative is being interviewed, a declination form will not be required. The case should be documented on IIDO that the authorized representative has been informed of the opportunity for household members to register to vote and that voter registration forms can be provided to the household upon request.

Agency Coordinator Duties and Responsibilities

To oversee and coordinate agency and local office compliance with NVRA, the State Operations Director will serve as the agency's NVRA Coordinator. The State Operations Director will be responsible for:

- compiling and analyzing voter registration data provided by county offices
- answering questions submitted by county offices regarding voter registration procedures
- serving as liaison to the Secretary of State's office on issues of voter registration and NVRA compliance
- ensuring that NVRA training materials are incorporated into agency training materials and that semi-annual training in voter registration is conducted
- ensuring that NVRA compliance is incorporated into standard monitoring procedures
- ensuring that agency offices have an adequate supply of voter registration materials at all times
- developing and maintaining an up-to-date list of site NVRA contacts

Site Coordinator Duties and Responsibilities

The County Director or his/her designee will serve as Site Coordinator to ensure that voter registration services are successfully administered. Responsibilities of the Site Coordinator include the following:

- maintain adequate supplies of voter registration applications, declination forms, transmittal forms, training materials, and posters
- train new or reassigned employees on voter registration duties immediately upon hiring or reassignment and ensure re-training twice annually
- monitor and resolve any issues relating to the voter registration process
- ensure the timely and accurate transmittal of completed voter registration applications to the county circuit clerk within 5 business days of completion by the client communicate with local and state election officials to ensure that materials are current
- contact State Operations concerning any issues or problems regarding the voter registration process
- serve as contact person on voter registration matters for state and county election officials on a weekly basis, review completed voter registration applications and declination forms to ensure the forms are completely filled out. Ensure that the county office name is noted in Section I of the voter registration application.
- display NVRA posters in the office's lobby

NOTE: Regional Directors shall monitor county voter registration activities to ensure that NVRA guidelines are being met.

The Site Coordinator is responsible for supervising the daily voter registration activities at the location. The Site Coordinator should monitor agency activities and quickly work with employees to resolve any noted deficiencies.

The Agency Coordinator will review the data compiled by Site Coordinators from the NVRA Data Reports on a monthly basis to determine whether offices are performing their NVRA responsibilities. If a review of the numbers indicates that an office is underperforming in its obligations, as required by the NVRA training manual, the Agency Coordinator shall require the Site Coordinator to take immediate action and submit a report on such follow up measures

within a month of being notified by the Agency Coordinator. The Agency Coordinator shall forward copies of all such communications to the Secretary of State's office. If the Agency does not take appropriate remedial measures, the Secretary of State shall perform an audit of the office's voter registration practices.

NVRA performance should be included in all employees' evaluations.

NVRA Reporting

County offices will be responsible for submitting all voter registration applications to the county-circuit clerk's office within five (5) business days of completion of the application. This includes any applications completed to update an existing registration. **Attachment C, NVRA Transmittal Form**, should be used to submit the applications to the circuit clerk. The timely delivery of voter registration applications is extremely important to ensure that all individuals are properly registered to vote. When submitting voter registration applications to the county circuit clerk's office, please use the following procedure:

- All fields on the NVRA Agency Voter Registration Application Transmittal Form should be completed, with a copy of the form retained in an office administrative file.
- The transmittal, along with all voter registration applications, should be placed in a secure and sealed envelope. Date of birth, social security numbers, telephone numbers and the agency of registration are confidential and should be kept from public view.
- For every Mississippi election, the voter registration deadline falls 30 days prior to the election. County office staff should be aware of these deadlines and transmit applications as soon as possible when a registration deadline is near.

In order to meet NVRA reporting requirements, special coding must be entered on the Marital Status (MAST) screen in MAVERICS to capture voter registration activity. Coding entered on MAST will-indicate the date of voter registration for the household member being interviewed, when the registration took place (either at application, reevaluation, or when the household reports an address change), and whether or not the client checked "yes" or "no" on the declination form (or left the form blank). Using this MAST coding of voter registration activity, Management Information Systems (MIS) will produce the "NVRA Data Report" to be submitted by State Operations via email to the Mississippi Secretary of State's office. This monthly report will indicate the date of actual voter registration, not the MAVERICS system month, in which the registration occurred.

EXAMPLE: At recertification interview on March 5th for the new certification period beginning in April 2011, the 35-year-old PI wishes to register to vote. The PI checks "yes" on the declination form and fills out and signs the voter registration form on the date of interview. On the MAST screen, the worker enters the NVRA date of 03/05/2011, along with the NVRA "type" code of "R" to indicate registration occurred at recertification/reevaluation and the NVRA code of "Y" that the client indicated on the declination form that he/she wished to register to vote. Even though the system month at the time of voter registration is April 2011, the application is considered to have occurred in March 2011 and the form will be included in the applications submitted to the circuit clerk's office during the month of March. The NVRA Data Report will reflect that voter registration associated with this case occurred in March.

EXAMPLE: The PI reports in person on April 27 that the household has moved. Based on this reported change, the PI is offered the chance to update voter information and fills out the voter registration form including the section used to update the household's address. The county worker will access the MAST screen in the current system month of June and enter the NVRA date 04/27/2011, the NVRA "type" code of "C" to indicate an address change and the NVRA code "Y" to indicate the client's desire to be registered at the new address. Though the change of address is documented in the system month of June, the change is considered to have occurred in April and the form will be included in the applications submitted to the circuit clerk's office during the month of April. The NVRA Data Report will reflect that the address change occurred in April.

Upon request, voter registration forms may be provided for other household members who may wish to register. If additional voter materials are provided, the case should be documented and the household member or representative informed that completed forms may either be returned to the county office or submitted to the county circuit clerk's office. When voter registration forms are returned to the county office, the worker must enter the appropriate information on the MAST screen and document HDO.

See Volume X, Chapter 3, for instructions on MAST coding of voter registration activity.

Training

All county offices must train new or reassigned employees on voter registration duties immediately upon hiring or reassignment. All staff must be trained regarding NVRA procedures on a semiannual basis. For training assistance, county offices should contact State Operations who will coordinate training through the Secretary of State's office. Training material will include NVRA policy found in Chapter 1 of Volume III and Chapter 1 of Volume V, along with the NVRA Training Manual located in the "Training Resources" folder in Interwoven/Worksite.

County offices will be required to submit a report of all employees who attended the training via the MDHS-EA-106 to State Operations within one month of the training.

Prohibitions

When providing voter registration services, MDHS employees must not engage in the following:

- seek to influence a client's political preference or party designation (voter registrants are not required to declare party affiliation in Mississippi)
- display any political preference or party allegiance
- make any statement to a client or take any action for the purpose of discouraging the client from registering to vote; or
- make any statement to a client or take any action that would lead a client to believe that a decision to register or not to register has any bearing on the availability of services or benefits the client will receive.

Registration of 17-Year-Olds

Mississippi law allows persons who will be 18 years of age on or before the date of a November general election to vote in a primary election associated with that general election. Therefore, the agency may determine that in some instances a 17-year-old household member is eligible to register to vote. If a 17-year-old will turn 18 on or before the general election date in November, the 17-year-old can register and vote in the primary election held earlier in the same year, and must be provided with a voter registration application and declination form at each application, reapplication, and change of address transaction

FEDERAL LAWS PROHIBITING DISCRIMINATION

No applicant or participant shall be discriminated against in any aspect of the SNAP Program administration including, but not limited to, the certification of households, the issuance of benefits, fair hearing procedure, and any other service for reasons of age, race, color, sex, disability, religion, national origin or political beliefs. The SNAP Act, the Age Discrimination Act of 1975 (Public Law 94-135), the Rehabilitation Act of 1973 (Public Law 93-112, Section 504), and Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibit discrimination in any aspect of program administration. Enforcement may be brought under any applicable Federal Law. Title VI complaints are processed in accord with 7 CFR 15.

HOW TO FILE A DISCRIMINATION COMPLAINT

Individuals who believe that they have been discriminated against because of age, race, color, sex, disability, religion, national origin or political belief may file a written complaint with the Secretary of Agriculture or the Administrator of FNS USDA, Washington, D.C. 20250, or with the State Agency. An explanation of both FNS and the State Agency complaint system shall be given to each individual who expresses an interest in filing a discrimination complaint, and he shall be advised of the right to file a complaint in either or both systems.

- 1. Complaints should contain the following information to facilitate investigations:
 - a. The name, address, and telephone number or other means of contacting the person alleging di1051scrimination.
 - b. The location and name of the organization, individual or office accused of discriminatory practices.
 - c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.
 - d. The reason for the alleged discrimination (race, age, color, sex, disability, religion, national origin or political belief).
 - e. The names, title (if appropriate), and addresses of persons who may have knowledge of the alleged discriminatory acts.
 - f. The date or dates on which the alleged discriminatory actions occurred.
 - g. The provision for the complainant to select whether the complaint will be investigated by USDA, the State Agency, or both.
- 2. If the client makes verbal allegations and is unable or reluctant to put the allegations in writing, the person to whom the allegations are made shall document the complaint in writing. Every effort shall be made to obtain information specified in Item 1 above.

- 3. If the person making the complaint chooses to remain anonymous, the person to whom the complaint is made will document the problem or circumstances as described by the complainant including as much information as possible as listed in Item 1 above. The person recording the complaint will sign and date the documentation.
- 4. When agency staff receive and document complaints as described in Items 2 and 3 above, that person will immediately alert his immediate supervisor or county director for further handling.
- 5. Complaints should normally be filed no later than 180 days from the date of alleged discrimination. USDA must grant extensions of filing time prior to investigation to those complaints received or referred to USDA. Reasons for delay in filing must be included when requesting an extension.

WHERE TO FILE A DISCRIMINATION COMPLAINT

An individual has the right to file a discrimination complaint with USDA, or the State Agency or both. A complaint may also be filed at the local office. The person accepting the complaint must fully explain all options to the person filing the complaint. Complaints may be made directly to the State Agency or USDA or both and the client shall be provided self-addressed envelopes for this purpose. The individual may mail his written complaint to the Secretary of Agriculture, Washington, D.C. 20250.

RESPONSE TO DISCRIMINATION COMPLAINTS

USDA Office

Complaints made to the Federal Agency will be reviewed and investigated by USDA.

County Office

When the discrimination complaint is received in the county office, the initial report will be made to the Regional Director and to Field Operations by phone or in MAVERICS mailbox (registered) on the day received or no later than the next working day. Based upon the nature of the complaint, the county will follow guidance from the Regional Director and Field Operations for any unusual situations.

Complaints received in the county office will be immediately forwarded to the State Office with a copy of the complaint to the Regional Office. The State Office will acknowledge receipt of the complaint to the complainant within five (5) working days. A copy of the acknowledgment will be mailed to the county office and regional office.

The county office will maintain a permanent administrative file to record all discrimination complaints received and contain copies of correspondence related to each complaint.

State Office

Complaints received in the county office will be immediately forwarded to the State Office with a copy of the complaint to the Regional Office. The State Office will acknowledge receipt of the complaint to the complainant within five (5) working days. A copy of the acknowledgment will be mailed to the county office and regional office.

Based on the analysis of the complaint, one of three (3) situations will occur:

- Referral: cases received that required no action; cases in this category will be considered closed at this point.
- b. Age discrimination: cases will be forwarded to the FNS Regional Office of Civil Rights (OCR).
- c. Investigation: cases that contain alleged violations in FNS program, a prohibited basis of discrimination and an adverse action as determined by the complainant.

An onsite investigation must consist of an interview with the complainant. The investigation may be discontinued at this step if the complainant indicates that discrimination did not occur; that he/she understands how the case was handled; does not wish to pursue the complaint; or withdraws the complaint. The person conducting the investigation should obtain a signed statement from the complainant at this point. The signed statement should be included with the investigative report.

If investigation is necessary to substantiate or refute the allegations, the following steps will be taken in addition to the interview with the complainant: (1) review of the complainant's case file; (2) review of other similarly situated case files concluding with not less than ten (10) percent of the applicant pool; (3) interviews with management in the county offices; (4) interviews with relevant witnesses and other applicants/participants; and, (5) interviews with representative of grassroots/advocacy organizations, if warranted.

Field Operations will gather facts that will either support or refute the complainant's allegation(s) ensuring that all relevant sources of information are investigated. The facts will be reviewed and evaluated. A decision letter informing the complainant of closure or follow up action and the right to appeal to the Secretary of Agriculture will be written and submitted to FNS Regional OCR. FNSRO will maintain rights to oversight and concurrence with the agency's decision. Upon FNSRO's approval, the decision letter will be issued to the complainant. Corrective action, when necessary, will be implemented. All complaints, regardless of the originating office, shall be processed and closed within 90 days of receipt.

Field Operations maintains a log of all civil rights complaints processed by MDHS which is available for review by FNS officials.

The final disposition of all discrimination complaints will be forwarded to the FNS Regional Office upon completion.

AGE DISCRIMINATION COMPLAINTS

All age discrimination complaints must be immediately forwarded to the FNS Regional Civil Rights Office for referral to the Federal Mediation and Conciliation Service (FMCS). When an age discrimination complaint is received in the county office, notify Field Operations immediately and confirm the report in writing or forward complainant's written statement no later than the next working day to Field Operations with a copy to the Regional Director.

COMPLAINT INVOLVING OTHER AGENCIES

When a complaint involves another Federal Agency, Field Operations will refer the complaint to that agency and will notify complainant of the referral.

PROGRAM COMPLAINTS

When the complaint is strictly a program issue (not a discrimination issue based on age, race, color, sex, disability, religion, national origin, or political belief), it will be processed through the routine program hearings procedure and not as a discrimination complaint. Discrimination complaints will not be handled in the hearing process.

PUBLIC NOTIFICATION

Applicants and recipients will be informed of nondiscrimination compliance via the following:

- 1. The State Agency shall publicize the procedures for filing state and federal complaints. This includes nondiscrimination statements on the application, pamphlets, etc.
- All certification offices shall display the nondiscrimination poster(s).
- 3. Information regarding the complaint system and an explanation of the procedure must be provided to all persons within ten (10) days from the request.

COMPLAINTS MADE BY OR ON BEHALF OF APPLICANTS OR RECIPIENTS

Complaints require a prompt review of previous action or lack of action, enabling the county to explain to the complainant reasons for the action and/or to make any required adjustments.

Complaints may be made by any interested person, but information concerning an individual household is not to be released unless there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf to review materials contained in its case file. If any doubt exists as to whether a person is acting on behalf of the household, the household should be contacted.

Complaints Made to the County Department

If the complaint is made in person by the head of the household, spouse, or authorized representative, it is customary for him to see the worker first and talk over the matter, or sometimes the worker will request the supervisor or county director to handle the interview if this seems wise; or the complainant may request that he be allowed to talk with someone other than the worker.

When a complaint is received by letter or telephone, the county director or his designee will review the action in question with the worker. A decision must be made as to whether the action or lack of action being protested was in order. If the review shows that an error was made, the necessary adjustments will be made and the claimant will be appropriately notified. If, as a result of the review, it is found that the action was proper, an explanation will be made to the claimant by personal interview, telephone call or letter.

If the complaint cannot be adjusted to the satisfaction of the complainant, he shall have the right to request an agency conference and/or a state hearing.

Complaints Made to the State Office

All complaints concerning SNAP made to the state office are referred to the appropriate administrative level for handling.

OTHER COMPLAINTS

The following discussion includes, but may not be limited to, the additional types of complaints that the county office may receive.

Complaints Made About Applicants and Recipients

If a person in the community makes a complaint about the receipt of SNAP, the amount of SNAP, or the conduct of the recipient, refer to the material on confidentiality in Chapter 1. The worker will, however, make a general explanation of the eligibility requirements and in addition take other steps as may be appropriate to the complaint.

The identity of the complainant shall be kept confidential.

General Complaints About the SNAP Program

Complaints may be made regarding the regulations and/or the administration of the SNAP program. These complaints should be referred to the county director or his designee who will provide general information regarding regulations and administration; and take other steps a may be appropriate to the complaint. It must be remembered that the administration of the SNAP program is funded by the public and that interested citizens have the right to knowledge of the program provided confidentiality is not violated.

If a group of individuals arrive at the county office without prior appointment for the purpose of discussing program matters, the county director has the authority to use discretion in determining whether the day's schedule would allow for such a meeting without disrupting certification interviews or other activities which are necessary in carrying out the responsibilities of administering the SNAP program; however, every effort should be made to meet with the group as soon as possible.

When meeting with a group, local fire code regulations should be observed in considering the number of people allowed to be in the meeting area.

Complaints Regarding Retailers Authorized to Accept SNAP Benefits

Complaints may be made to the county office regarding violations by retailers authorized to accept SNAP benefits. These complaints are confidential and shall be made known only to the county director or his designee who will immediately notify by memorandum the Division Director's Office. A copy of the memorandum should be filed in a confidential folder set up for this purpose.

COMPLAINT RECORDS

It is required that the county keep a record of all SNAP complaints outlined in this material, as well as the disposition of the complaint. Each complaint received will be documented using the MDHS-EA-111, Customer Service Documentation Form, and filed in a folder set up for this purpose. If the complaint is received orally, in person or by telephone, or writing, the complaint and disposition will be documented and filed. If the complaint is in the form of a letter, the letter will be attached to the form.

The county director is responsible for reviewing complaint records quarterly to assess whether patterns of problems are present in the county's operation. The results of the tally of complaints documented on MDHS-EA-111, Customer Service Documentation Form, will be documented on the Customer Service (CUSE) screen in MAVERICS. County, regional and state customer service reports will be generated monthly based on the information entered in MAVERICS.

MISSISSIPPI

[GENERAL: COMPLIANT REVIEW]

Revised 04-01-06

In addition, the complaint records and reports, including the validity of figures, are subject to review by appropriate State, Regional, and USDA Personnel.

The above record keeping procedure does not apply to complaints alleging discrimination which is outlined in NONDISCRIMINATION COMPLIANCE. It also does not apply to complaints that are pursued through an agency conference and/or fair hearing.

In addition, the complaint records are subject to review by ME staff, Regional Staff, and appropriate USDA Personnel.

Revised 12-01-17

HOUSEHOLD RIGHTS

Federal and state regulations provide certain rights to households applying for or receiving Supplemental Nutrition Assistance Program (SNAP) benefits, including:

- 1. The right to apply for SNAP and have eligibility determined.
 - In order to carry out this right to apply, the Agency has:
 - a. Defined application and set out the application procedure.
 - b. Set time limits for the completion of applications.
- 2. The right to receive SNAP benefits for the household upon determination that the household meets the legal and administrative eligibility requirements.
- 3. The right to participate in establishing eligibility by providing facts about household circumstances when these facts affect eligibility; and by obtaining or authorizing the worker to obtain documents or information from others when this procedure is necessary to establish eligibility.
- 4. The right to a confidential relationship with the Agency. This means that no member of the department will give to persons outside the Agency information concerning the household without written permission of a responsible household member, its currently authorized representative, or a person acting on the household's behalf, as specified in the discussion of CONFIDENTIALITY.
- 5. The right to an adequate notice of reduction in benefits or closure of a case based on the household's change in circumstances.
- 6. The right to a fair hearing on an application, amount of benefits, closure of case, or any action of the Agency about which the household wishes to express dissatisfaction. See Chapter 10 for the hearing procedures.

HOUSEHOLD RESPONSIBILITIES

All households applying for or receiving **SNAP** are responsible for:

- 1. Giving correct and complete information about household circumstances as they relate to eligibility, both at the time of application and at each recertification.
- 2. Informing the county office of changes as outlined in Chapter 8.

Volume V	Chapter1

MISSISSIPPI

[GENERAL: RIGHTS AND RESPONSIBILITIES OF HOUSEHOLDS]

Revised 12-01-17

- 3. Reporting changes as required in Chapter 8 in accordance with the following time frames:
 - a. An applicant household has the responsibility of reporting all changes related to its SNAP eligibility and benefits at the certification interview.
 - b. Change Reporting households are required to report all changes within 10 days of the date the change becomes known to the household. See Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, for additional information.
 - c. A certified household which is classified as a Simplified Reporting household is only required to report when the household's total gross monthly income, earned and unearned, meets or exceeds 130% of the poverty level for the household size at the time of their current certification period. This change must be reported by the 10th of the month following the month in which the change occurred. A simplified reporting household is not required to report any other change until the next certification.
- 4. Cooperating with Quality Control personnel, if selected for review in the quality control sample.
- Using SNAP benefits properly as outlined in Chapter 3, USE OF FOOD STAMPS/MEAL SERVICES.
- 6. Complying with child support requirements, if applicable, as outlined in Chapter 3.
- Complying with SNAP work registration requirements as outlined in Chapter 3.

INTRODUCTION

The electronic case record is maintained in the county office through the Interwoven/Worksite system and contains recorded information pertaining to the applicant or recipient. The case record also includes the household/individual data contained in MAVERICS.

PURPOSE OF THE CASE RECORD

The purpose of the case record is directly related to the purpose of the Supplemental Nutrition Assistance Program (SNAP). The case record serves its primary purposes to the Agency when:

- 1. It clearly furnishes eligibility data on households which have applied for or are receiving SNAP benefits.
- 2. It validates the action taken by the Agency, based on data, to grant, deny or authorize a change in the SNAP benefit amount.
- It furnishes verification for the validity of expenditure of public funds on behalf of needy people.

The secondary purposes which do not relate to the standards for basic minimum content, but which the case record may serve are:

- 1. To aid in the supervision of work.
- 2. To assist in the development of the worker's skill.
- 3. To evaluate the performance of the worker.

The case record is a permanent source of information which prevents the need for repetition of certain information by the client, and duplication of work by the worker. It protects the client, the county office, and the community against inaccuracies which might arise from errors of memory. To assure accuracy of statements, recording should be done promptly during an interview or when the information is secured.

The purpose of the case record is centered around the household's needs and is not set up as a record of the worker's activities. It has value only as it results in more adequate, helpful, and efficient administration of food assistance for the household.

CONTENT OF CASE RECORD

The electronic case record must contain historical information, not just the latest information in order to provide an audit trail. The case record must be made available upon request for quality control audits or other reviews. Recent applications and supporting documentation must be retained in the electronic files for accountability purposes.

DOCUMENTATION IN CASE RECORD

The case record must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of each determination. Case record documentation is required in the use of IEVS data, both when an adverse action is and is not initiated. IEVS screens in MAVERICS (not IEVS State Resource Data) may be used and the record clearly notated to identify the resulting case action.

CONFIDENTIAL NATURE OF CASE RECORD

To assure the right of the household to a confidential relationship with the Agency, the worker must know and observe regulations regarding the release of information about households and individual household members from the case records. For a detailed discussion of these regulations, see CONFIDENTIALITY, later in this chapter.

Case record documents may be provided:

- For the Quality Control Unit as required by Federal regulations. Quality Control will have access to the electronic case record.
- To a county or district attorney for purposes directly related to the administration of the SNAP program. Printed copies of documents will be provided.
- When subpoenaed by the court. Refer to Chapter 1, CONFIDENTIALITY, SUBPOENA OF CASE RECORDS, for the procedure to be followed. Printed copies of documents will be provided.

PURPOSE OF CASE RECORD FORMS

The worker is responsible for the completion of case forms, entering data in MAVERICS, and scanning pertinent documents into the case record. Case record forms have been designed for:

- Economy of time, space, material, and uniform organization to facilitate location of specific materials.
- Inclusion of a written explanation when needed to clarify or to explain without repetition.

Case record forms and MAVERICS screens also provide the mechanics necessary for the worker to determine eligibility and provide services. In this capacity, forms and screens provide for:

- Authorization of action, whether approving, denying, increasing, reducing or terminating SNAP benefits.
- A clear and usable record.

3. Maintaining the electronic case record in Interwoven, based on the county of residence.

THE CASE NUMBER

The case number is assigned by MAVERICS to the case head (primary individual). It is not to be assigned to any other person. Once the unique case number is assigned by MAVERICS, the same case number will be used each time that person applies for assistance as the case head (PI).

Therefore, each case head applying for SNAP benefits anywhere in the State has a unique case number. For the procedures for assignment of case numbers, see Volume X.

THE INDIVIDUAL NUMBER

Each adult and child will be assigned an individual number by MAVERICS for identification purposes. Each person will be assigned only one individual number even though he may be receiving SNAP benefits and/or TANF. The person retains his individual number when the case is closed and reopened and when transferring between households. The individual number for the SNAP case head will not be the same as the SNAP case number. See Volume X for Assignment of Individual Numbers.

MAINTENANCE OF INDIVIDUAL RECORDS

Each case head who applies for SNAP benefits shall have a separate electronic case record folder. All forms, correspondence, and other pertinent information will be scanned and electronically filed in accordance with instructions in this chapter.

Destruction of Case Records

To assist in case record disposal, county offices will receive reports each year with instructions for destroying and weeding case records. Special MAVERICS reports will be produced the first weekend in July each year until all county paper case records are destroyed and archived. The reports will identify and provide instructions for cases that meet the retention period (cases closed and claims/restorations paid out or otherwise closed for 3 years, remaining Health Benefits cases closed for 5 years) and certain cases that have not been archived:

- The Annual Destruction/Archive Report will list cases already archived and will identify cases that should be destroyed. Cases noted on this report should be pulled and shredded.
- The Annual MSCAP Destruction/Archive Report will list cases already archived and will identify MSCAP cases by resident county that can be destroyed. Cases noted on this report should be pulled and shredded.

- The Annual Weed/Destroy Report will identify cases that meet the retention period policy and will indicate by program which program material should be destroyed and which program material should be weeded. For combination cases, the report will determine whether each program's material should be destroyed or weeded. The destroy report will also identify claim related cases that meet the destruction criteria.
- The MSCAP Annual Weed/Destroy Report will identify MSCAP cases by resident county that meet retention period policy and will indicate by program which program section should be destroyed and which program section should be weeded.

In situations where cases are transferred from one county to another after the annual MAVERICS reports are provided but before required action has been taken, the receiving county should be notified of the action needed for each case.

ARRANGEMENT OF DOCUMENTS IN ELECTRONIC CASE FOLDER

An electronic case record must be created for each case head who applies for SNAP benefits. Case record material may include a combination of manually completed forms, appropriate verification documents, and other eligibility related materials. Documents must be scanned into electronic file folders based on case action. Individual file folder options will be available, depending on the nature of each document.

All documents used to verify or justify a case action must be scanned into the temporary or permanent folder based upon the program(s) for which the client is making application or receiving benefits. All other folders will continue to be specific to the program for which the client is receiving benefits, e.g. SNAP Fair Hearing.

For example, Jane applies for SNAP and TANF; therefore, all information received for that application must be electronically maintained in Generic folders. Jane is approved for SNAP, but denied for TANF. Any information from that point forward relating to a new case action must be scanned into the SNAP specific folders.

Note: If a client already receives one program and adds a program through CARS, the document will be sent to program specific folders for the application. If the information applies to another program, the IIDO or CADM, as appropriate, and reference the folder resides in.

File folders for SNAP and Combination (Generic) cases will be identified as follows:

SNAP/Generic Application Forms:

MDHS-EA-180 Expedited Screening Form (if system is unavailable)

MDHS-EA-900 Application

MDHS-EA-940 Notice of Appointment

SNAP/Generic Permanent Documents:

MDHS-EA-941 Notice of Child Support Enforcement

SNAP/Generic Temporary Documents:

Shelter Expense Verification

Resource and Income Verification

Child Care Expense Verification

Medical Expense Verification

Child Support Deduction Verification

MDHS-EA-504C Work Registration

MDHS-EA-508 Household Statement of Food Loss Due to Household Disaster

MDHS-EA-510 Communication Form/Choctaw Food Distribution Program-

MDHS-EA-511 Notice of Household Request for Termination

MDHS-EA-918 Representative Authorization

MDHS-EA-946, Change Reporting Form

Personal Data Folder

Identification

Social Security Card

Birth Certificates

Marriage Licenses

Child Support Orders

Divorce Decree

Conviction documents (sexual, murder, parole, fleeing felon, etc.)

Case Review Documents:

Client Inquiry Documents

SNAP Fair Hearings:

Request for the Hearing

Other Supporting Documents Related to the Hearing Request

ADDING TO DOCUMENTS IN INTERWOVEN/WORKSITE

Documents may be added to existing case folders, provided the documents being added are related to the same case action. For example, when a new application is being processed and certain document folders are being established, additional related documents, such as multiple documents to establish shelter deductions (rent receipt, along with utility bills) may be contained in a single Temporary Documents folder until final case disposition. Any **new** case action would require the establishment of new folders related to the case change.

Note: Duplicate Applications received from online sources will result in multiple application folders. Each application must be reviewed during the eligibility determination process to ensure the information provided is consistent. Any inconsistencies must be addressed with the applicant prior to case approval.

Example: A household applies for SNAP in January. The household provides verification of shelter expenses which are scanned to the case's Temporary Documents folder at the time of interview. A household member qualifies for a medical exemption, and at interview the household is provided a request to provide verification of the allowable medical expenses. The household provides the medical expense verification within the ten day notice period and these documents are added to the existing Temporary Documents folder, with the application subsequently approved. Later in April, the household reports and verifies an increase in rent which causes a change in benefits. The document verifying the rent increase is scanned to a new Temporary Documents folder because this represents a new case action separate from that established at the time of application.

REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION

The Assistance Titles of the Social Security Act require that the Department provide safeguards, which restrict the use of or disclosure of information concerning applicants and recipients of TANF, Child Support or Social Services to purposes directly connected with the administration of the programs. These regulations also specify that information can be shared with programs administered under Title IV A, IV B, IV C, IV D, IV E, XIX, XX, XVI and any federal or federally assisted program which provides assistance, in cash or in-kind, or services, directly to individuals on the basis of need. The federal laws and regulations governing the Supplemental Nutrition Assistance Program (SNAP) specify that information from these records shall be disclosed only for purposes directly connected with the administration of the program. The State statutes prescribe that the State Department shall establish rules and regulations restricting the use or disclosure of information, records, papers, files, and communications concerning applicants and recipients to purposes directly connected with the administration of the programs.

The information which may be disclosed and that which must be safeguarded is set out below.

INFORMATION TO BE SAFEGUARDED

Agency employees, state or local, working in any capacity are prohibited from disclosing information concerning any applicant or recipient of assistance, or services, except in the administration of the program described in this material. The information which is considered confidential shall be:

- 1. Names and addresses of applicants and recipients or lists of applicants/recipients,
- 2. Case records with each and every document,
- 3. Information provided by another agency without permission from that agency. Examples are BENDEX, SDX, Unemployment Compensation IEVS, etc.,
- 4. Social Security Administration (SSA) information.
- 5. National Directory of New Hires (NDNH) data.
- 6. Internal Revenue Service (IRS) Federal Tax Information (FTI)

Employees shall not disclose information of a confidential nature even though a record of the information has not been made.

PENALTY

Disciplinary action will be taken against any Agency employee violating the regulations pertaining to the safeguarding of information in accordance with the disciplinary policies and procedures of the State Department of Human Services and/or the State Personnel Board. A willful violation of this regulation will be termed inefficiency in office and the employee may be suspended or removed. In addition, State statutes specify that such acts can be considered as misdemeanors and upon conviction an individual may be fined or imprisoned or both. The specific details of these penalties are located in Sections 43-15-21, 43-17-7 and 43-19-45 of the Mississippi Code of 1972.

If the representative of an agency or organization to whom information has been disclosed violates the regulations, the Executive Director of the Mississippi Department of Human Services, after conducting an investigation, will report the employee or representative to the head of the Agency involved.

The State Department of Human Services will provide all employees of the State and County Offices with a copy of the rules and regulations governing the safeguarding of information, including a statement regarding the penalty for any use of such information in violation of the regulations. The Department will also make available copies for distribution to all agencies and individuals who are interested.

PENALTIES FOR IMPROPER DISCLOSURE —SSA INFORMATION

Federal law restricts the use of SSA information obtained through computer access or other means to purposes directly connected to the administration of the SNAP. Any agency employee that publishes, discloses, or makes known in any manner confidential SSA information is subject to a eivil money penalty of \$10,000 for each such unauthorized publication or disclosure, or a criminal penalty of a fine of not more than \$10,000 or imprisonment of not more than 1 year, or both, for each such unauthorized publication or disclosure.

SAFEGUARDING OF NATIONAL DIRECTORY OF NEW HIRES DATA

Refer to the discussion of the National Directory of New Hires (NDNH) in Chapter 8 under "Verification and Documentation." Any use of NDNH data except in the administration of SNAP and/or any unauthorized disclosure of such data must be reported immediately to the Director of State Operations, who will in turn notify Management Information Systems (MIS) within one hour of discovery.

FEDERAL TAX INFORMATION (FTI) CONFIDENTIALITY, REPORTING **REOUIREMENTS, AND PENALTIES**

The Internal Revenue Service (IRS) guidelines restrict the use and access of Federal Tax Information (FTI) to agency employees with a need to know. Agency employees with a need toknow must maintain the confidentiality of, or safeguard, FTI to ensure that improper inspection and/or disclosure of FTI does not occur. Any such improper inspections and/or disclosure of FTI must be reported to the appropriate Treasury Inspector General Tax Administration (TIGTA) office and the Office of Safeguards within 24 hours of discovery. Penalties for improper inspections and/or disclosure may be found in the Internal Revenue Code (IRC) Sections 7431, 7231, and 7213A.

All agency employees must receive training upon employment with the agency prior to receiving access to FTI and annually thereafter. The training must include a review of the importance of safeguarding FTI, including the fact that FTI must be safeguarded after employment with the agency has ended; instructions for reporting improper inspections and/or disclosure; and the penalties associated with failing to safeguard FTI. All staff must sing the MDHS-FO-106, Awareness/Security Training, at the completion of each training session and the form must be retained for at least 5 years.

Access to FTI should never be given to agency employees that do not have a need-to-know.

PERSONS AUTHORIZED TO DISCLOSE INFORMATION

Disclosure of all information, including records of every kind, shall be governed by these regulations. Observe these regulations as set out below regarding the release of information when a request is made, and the Department does not have an agreement with the agency requesting the information:

- Information from State Office records. Refer the request to Field Operations for information on persons or families applying for or receiving SNAP. The Director of the Department will obtain information about the request and make a decision in accordance with the regulations.
- Information from county department records. Refer the request to the County Director, who will investigate the request and release the information in accordance with these regulations or deny the request if not in accord.
- Court subpoenas. When a state or county staff member receives a subpoena for the record, this must be obeyed. See discussion, SUBPOENA OF CASE RECORDS, later in this chapter.

INFORMATION TO BE RELEASED

The information listed below will be released under the circumstances described:

- Members of the Joint Oversight Committee will have access to the eligibility data of applicants and recipients when needed for discussion at Legislative meetings.
- Information shall be provided to County and District Attorneys in connection with fraudulent receipt of SNAP.
- The client or his authorized representative will have access to certain information in his case record as set out below under the discussion, DISCLOSURE TO CLIENT OR CLIENT REPRESENTATIVE.

OTHER INFORMATION TO BE DISCLOSED

The State department prepares and publishes regularly statistical and financial data about the programs. The county and state staff is authorized to release and to interpret the following information regarding SNAP:

- Number of applications received, number approved, number rejected, type of assistance requested, and similar data, compiled monthly, quarterly, or annually in the several instances.
- Services available from the department and the conditions under which services can be given. Number of persons requesting services and number receiving them, by nature of the request when available.

The department prepares and publishes an annual report on the operation of the programs, in accordance with the State statute. Other reports, usually those required by Federal regulations, are also available and are published.

DISCLOSURE TO GRAND JURIES

When cases involving fraud are presented to the grand jury in active session, the information necessary for their consideration and decision will be made available. Members of such bodies are expected to observe the regular court ethics with regard to use of this information.

DISCLOSURE OF INFORMATION FROM SNAP CASES

SNAP case information can only be released to individuals/agencies as outlined below:

- Persons directly connected with the administration or enforcement of:
 - The Supplemental Nutrition Assistance Program or,
 - Other Federal assistance programs or Federally-assisted State programs, which provide assistance based on need, to low income individuals. These programsinclude but may not be limited to TANF, SSI, Health Benefits, etc.
- Employees of the Comptroller General's Office of the United States for audit examination authorized by provision of law.
- Officials of local, State or Federal law enforcement, upon their written request, for the purpose of investigating an alleged violation of SNAP. The written request must include the identity of the individual requesting the information and his authority to do so, the violation being investigated, and the identity of the person for whom the information is requested.

DISCLOSURE TO LOCAL, STATE AND FEDERAL LAW ENFORCEMENT

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires State agencies to make available, upon written request, to any Federal, State, or local law enforcement officer the address, social security number, and (if available) photograph of a SNAP recipient under certain conditions. The officer must furnish the recipient's name and notify the agency that the individual is fleeing to avoid prosecution, custody, or confinement for a felony, is violating a condition of parole or probation, or the individual has information necessary for the officer to conduct an official duty related to a felony/parole violation.

DISCLOSURE TO INTER AGENCY DEPARTMENTS

Access to SNAP case file information shall, upon request, be made available to persons directly connected with the administration of other Agency administered programs.

DISCLOSURE TO SOCIAL SECURITY ADMINISTRATION

There may be instances when the Social Security Administration conducts audits of the Wire Third Party Query (WTPQ) process. Although the SNAP case should not be turned over to SSA, it is permissible to cooperate with the officials to the extent of validating the WTPQ/SSA requirements.

DISCLOSURE TO CLIENT OR CLIENT REPRESENTATIVE

The County Director will release certain information to a client or his authorized representative as follows:

- In connection with a request for a hearing, state or local. Refer to Volume V, Chapter 10 for information to be included in the hearing folder and the circumstances under which the client has access to the information.
- Information supplied by the client or obtained by the worker that the client needs in order to be able to qualify for a benefit which he has requested, including proof of age, documents relating to real and personal property, and other factual material that will assist a client in obtaining a service or benefit.
- Client's statement of income and resources and other forms which the client has signed which are contained in SNAP case records.
- Budgets worked to determine eligibility for SNAP.

A responsible member of the SNAP household, its currently authorized representative or a person acting in the household's behalf must present a written request to the County Director to examine the case record. The request must specify the material desired, the purpose for which the material will be used and contain an acknowledgment from the household that MDHS is not responsible for the manner in which the information is used once it is in the possession of the household or its representative. Copies of such requests should be filed in the case record and kept in an office file. At the discretion of the County Director, confidential information may be withheld from release, such as medical or medical social information obtained by the agency, the names of individuals who have disclosed information about the household without the household's knowledge or the nature or status of pending criminal prosecutions. The case record may only be examined in the county office during normal business hours and may not be removed from the county office.

HANDLING OF COMPLAINT LETTERS

When a SNAP applicant, recipient, or authorized representative makes a complaint, usually by letter, to a public official about his denial, inadequate receipt, or other action taken about his request, the State or County Department handling the complaint may include that information in the reply which will provide an adequate explanation of the Department's action. That is, when the person or authorized representative sets out facts about the person's circumstances and enters a complaint against the Department, this implies the consent of the client for the Department to reply to the complaint.

Determine first that the client himself knows that the other person is writing the Department about his dissatisfaction with the action or lack of action. When a client or his authorized representative writes to a public official, either State or Congressional, or other public agency, the public official usually sends the letter, so that the County or State Department knows that the inquiry or complaint is from the client. Do not include more information than is necessary to explain the Department's position or action.

SUBPOENA OF CASE RECORDS

When the court issues a subpoena to the County Director or a county staff member to personally appear, or produce a case record, the employee must appear or be held in Contempt of Court.

Follow these procedures:

- 1. The County Director or his representative will notify the State Office by providing via email a copy of any subpoena immediately to the Office of Field Operations, State Department of Human Services, Jackson, Mississippi. Contact Field Operations by phone to advise the Director that the subpoena is being emailed so that handling can be expedited. All activities to release case records in this circumstance must be coordinated through Field Operations and will be forwarded to the Office of the Attorney General for review and advice on any special handling prior to release.
- 2. If the court will permit, do not turn over the entire case but read from it the portions pertinent to the legal action.

Note that with reference to fraudulent activities, the County Director, upon request of the County or District Attorney, may provide copies of any material pertinent to the legal action at the time of the trial, without a subpoena being issued.

MISSISSIPPI [GENERAL: CONFIDENTIALITY]

Revised 02-01-17

DISCLOSURE TO LEGISLATIVE OFFICIALS

The Federal regulations also provide for the disclosure of such information to committee or legislative body (Federal, State or local) when such body certifies that the information is needed in connection with their official duties with regard to the program and that the information will not be used for any other purpose.

CONFIDENTIAL CASES

Any staff member and relatives and/or personal interest cases of staff members may apply for and receive assistance; however, there are special procedures for taking and processing applications for employees and individuals related to, or of personal interest to, a staff member as listed below.

The relatives for whom the special procedures must be used include a staff member's spouse, grandparents (also great, great-great, and great-great-great grandparents), parents (including stepparents), brothers and sisters (including stepbrothers and stepsisters, half-brothers and halfsisters), children (including stepchildren), grandchildren, aunts, uncles, nieces, nephews, first cousins, first cousins once removed, and these relatives of a staff member's spouse who are related to this degree by marriage. These relationships are the same as those for TANF specified relatives. Furthermore, the interests of the agency will be served by not assigning any eligibility determination to an employee who has a particularly close relationship with the applicant.

In order to avoid a conflict of interest which might occur if a county staff member is allowed to take the application of a fellow employee, these cases must be identified as confidential.

Revised 11-01-14

INTRODUCTION

In accordance with federal regulations, Quality Control (QC) Staff review a sample of the caseload to determine eligibility and correct basis of issuance for active cases and the validity of denials and closures for inactive cases.

The QC review may or may not immediately follow the certification approval or negative action taken by county staff. Differences between the county's eligibility/benefit level determination and the findings of the quality control review sometimes occur due to misunderstanding or failure to report on the part of the recipient, error on the part of the county worker or error on the part of the QC Reviewer.

The Quality Control Unit will delay reporting differences to FNS for 10 calendar days from the date on Form MDHS-QA-250, as outlined below. This allows the County and Regional Director time to review and investigate the findings and to agree or disagree with the QC determination.

It is very important that any disagreement with the findings of the quality control review be expressed for the following reasons:

- 1. Reconciliation of the disagreement results in the proper action being taken on the case.
- 2. Because the findings are an important part of formulating plans for corrective action to reduce the error rate, it is necessary that the findings be as accurate as possible. Through the procedure of agreeing or disagreeing, both QC Reviewers and county eligibility staff are made aware of their errors in interpreting and applying policy. This procedure is actually a form of corrective action in itself, in that repetition of the misinterpretation or misapplication of policy can be avoided in handling other cases.
- 3. Thereportto FNS will properly reflecter rorrates. QUALITY

CONTROLSTAFFRESPONSIBILITIES

Upon completion of a review, the Quality Control Unit will scan the review findings for cases reviewed into the Case Review folder in Interwoven/Worksite. The County Director and the Regional Director will be notified via email of cases requiring corrective action. All Quality Control reviews citing ineligibility or eligibility with a benefit amount error greater than \$38 will be retained in the office as follows:

- 1. For 10 calendar days from the date on Form MDHS-QA-250 when no response or other contact regarding the error has been received from the County or Regional Director; or
- Until the disagreement is resolved if the Regional Director has notified the Quality Control
 Unit of a disagreement. The contact and resolution must be achieved within the 10 day
 arbitration period.



Revised 11-01-11

Upon receipt of the completed response form(s), the Quality Control Unit will scan the response form(s) into the Case Review folder in Interwoven/Worksite. A listing of correct and drop cases will be posted monthly to Interwoven/Worksite.

COUNTY RESPONSIBILITIES

The county does not have to respond when QC reports findings of a correct case. The County Director, or his designee, will review and print required forms prior to routing to appropriate staff and set a tickler to ensure that the response is handled no later than 7 calendar days from the date entered at the top of the response form when the findings are that of eligibility but incorrect benefit amount or ineligibility.

Eligibility and supervisory staff must review the case record and Quality Control findings to determine whether to agree or disagree with the review findings. When the county disagrees with the QC findings, the County Director, or his designee, must complete the original MDHSQA-250 and attachments or Invalid Closure/Denial Error Summary and route to the Regional Director.

The eligibility worker will take immediate corrective action when the county agrees with the findings. Required actions include, but are not limited to, reworking the case, preparing a claim for an overissuance, preparing restoration of lost benefits, etc.

If the county disagrees with the Quality Control findings, the worker will delay taking corrective action until disagreements are resolved.

RECIONAL DIRECTOR RESPONSIBILITIES

The Regional Director will review the county's agreement or disagreement as soon as possible upon receiving the response form, consult with county staff if necessary, to obtain additional information, and take steps as outlined below:

- 1. When the county agrees with the Quality Control findings:
 - a. The Regional Director will forward the response to the Quality Control Unit if he/she concurs with the county's agreement.
 - b. If the Regional Director does not agree with the county's decision, then he/she will follow the procedure set out below for resolving differences and advise the county on proper handling.

NOTE: Unless the Quality Control Unit receives notice from the Regional Director within 10 calendar days from the date shown at the top of the response form, the Quality Control findings will be included in the error report.

- When the county disagrees with the Quality Control findings:
 - If the Regional Director believes the county's basis for disagreement is valid, he/she will notify the Quality Control Director prior to the 10 day deadline and provide the response and information or verification to support the disagreement, keeping a copy for his/her records.
 - The QC Director will be responsible for contacting the Regional Director and they will attempt to resolve the difference. If the difference is resolved at this level, the response confirming resolution will be scanned into Interwoven/Worksite and the County and Regional Director notified via email from the Quality Control Unit.
 - If there is a disagreement which cannot be resolved between the QC Director and the Regional Director, the issue will be resolved by the QC Director in conjunction with appropriate staff from the SNAP Policy Unit and State Operations.
 - If the decision is that the first findings were correct, the OC Director will explain the basis of the decision to the Regional Director. The Regional Director will notify the county in writing and advise of appropriate handling.
 - If the decision is different from the original QC findings, the County and Regional Director will be notified with revised MDHS-QA-2081 and MDHS-QA-250, if applicable, from the Quality Control Unit.
 - If the Regional Director does not believe that the county's disagreement is valid, he/she will advise the county in writing of appropriate actions and forward the response to the Quality Control Unit.

REFUSAL TO COOPERATE WITH QUALITY CONTROL

When a household refuses to cooperate with the Quality Control Reviewer and the agency has taken other administrative steps to obtain that cooperation without obtaining it, the household shall be notified by the Quality Control Reviewer of the penalties for refusing to cooperate with respect to termination and reapplication. If a household refuses to cooperate after such notice, the Quality Control Reviewer may attempt to complete the case and shall report the household's refusal to the QC Supervisor for termination of its participation without respect for the outcome of that attempt. The QC Supervisor will enter in MAVERICS a "REFUSED TO COOPERATE WITH QC" alert. The alert will be generated to the case worker and their supervisor notifying them of the refusal. MAVERICS will automatically generate a ten day closure notice.

If a household is terminated for refusal to cooperate with the Quality Control Reviewer, the household may reapply but shall not be determined eligible until it cooperates with the Quality

MISSISSIPPI

[GENERAL: QUALITY CONTROL REVIEWS]

Revised 11-01-11

Control Reviewer. Cooperation with the QC Reviewer will be pended as verification. One exception to this is that, in the instance of an expedited application, the case will be processed according to expedited procedures with cooperation with the QC Reviewer as postponed verification.

If the household which was terminated for refusal to cooperate with a State Quality Control Reviewer reapplies after 95 days from the end of the annual review period (September 30), the household shall not be determined ineligible for its refusal to cooperate with the Quality Control process, but it must provide verification to the county in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION.

Revised 11-01-11

DUTIES OF THE OIC

The Officer-in-Charge or OIC, as it is commonly called, is a representative of the Atlanta Regional Office of Food and Nutrition Service, United States Department of Agriculture, and is under the direct supervision of the District Manager of USDA, FNS, in Mississippi. Each Officer-in-Charge is assigned a specified group of counties/states.

The OIC will call on the County Director, or his designee, before transacting any business at the county office. The OIC is to visit the director to obtain general information on staffing and certification responsibilities and to make arrangements for access to case records and issuance records. The OIC will not pull any material from the files but will make his needs known to the county staff. Generally, the duties and responsibilities of an OIC are as follows:

- 1. Periodically, the OIC may be required to make administrative reviews of the SNAP offices in this region.
- 2. The OIC is required to conduct non-discrimination reviews of the county offices including all certification and issuance sites. These reviews are in addition to administrative reviews and are not contingent on audits scheduled.
- 3. Both the State Department of Human Services and OIC received complaints or inquiries from recipients which require follow-up action. Therefore, it is frequently necessary for the case record to be reviewed by the OIC before the client is contacted. This would necessitate a visit by the OIC to the county office.
- 4. Frequently, the OIC is in need of statistical data for his region. If it is necessary to visit a county office to obtain this type of information, visits of this nature should be coordinated with the Director of Economic Assistance by the District Manager, USDA.
- Occasionally, the OIC is required by the Regional Office of USDA in Atlanta or by the Washington Office to make special reviews in county offices such as participation profiles. These reviews could possibly be scheduled during an audit but every effort is made to avoid this occurrence.
- 6. In addition to the duties outlined above, the OIC is responsible for authorizing retail grocery stores, meal delivery services, communal dining facilities, and drug or alcoholic treatment and rehabilitation centers, and determining continued eligibility of these establishments to accept SNAP benefits. Any inquiries or complaints concerning these establishments should be referred to the OIC.

Revised 11-01-11

NOTE: Inquiries from Mississippi grocers/retailers who wish to participate in the SNAP Program as authorized retailers should be informed of the call-in application procedure by USDA, Food and Nutrition Service. To request an Application for Authorization to Participate in the SNAP Program, the business must call the Atlanta, Georgia Field Office at (404) 562 7060. This telephone number is for new authorization and change of ownership of retailers only. Currently approved retailers should contact the Raleigh, North Carolina Field Office at (919) 790-2927.

County Workers are not to seek clearance of SNAP policy from the OIC but will direct any questions to the appropriate supervisor within the Department of Human Services.

FNS Compliance Management Centers have been established in the following locations: Tallahassee, Florida (phone: 850-942-8315), Montgomery, Alabama (phone: 334-272-0844), and Jackson, Mississippi (phone: 601-965-4562). These centers have responsibility for retailer compliance activities for the southeast region, and will receive reports of suspected retailer fraud and/or abuse. However, when county offices receive such information on suspected retailer fraud, the county should take no action to investigate the charges. Rather, the county office must forward the information in the form of a memorandum to the Director of the Division of Economic Assistance. The memorandum should include all pertinent information obtained from the person making the report.

USDA FNS FIELD OFFICE

All Mississippi counties will be served by one office. Correspondence and phone calls should be addressed as follows:

Don Horne, Officer in Charge USDA - Food and Nutrition Service Federal Building, Suite 1233 100 **West Capitol Street** Jackson, Mississippi 39269

Phone: (601) 965-4562 Fax: (601) 965-4426

[TABLE OF CONTENTS FOR CHAPTER 2: MISSISSIPPI **DEFINITIONS**]

Revised 10-01 21

Page	-Subject
2000	CERTIFICATION TERMINOLOGY
2000	ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD)
2000	ADDICT/ALCOHOLIC REPRESENTATIVE
2000	ADVERSE ACTION
2000	AGENCY CONFERENCE
2000	ADMINISTRATIVE DISQUALIFICATION HEARING
2000	AND JUSTICE FOR ALL POSTER
2001	APPLICATION FORM
2001	ASSISTANCE HOUSEHOLD
2001	AUTHORIZED REPRESENTATIVE
2001	BASIC UTILITY ALLOWANCE
2001	BENEFIT REPRESENTATIVE
2001	BLIND/DISABLED GROUP HOME REPRESENTATIVE
2001	BOARDERS
2002	BOARDING HOUSE
2002	BUA
2002	BROAD-BASED CATEGORICAL ELIGIBILITY (BBCE)
2002	CAPITAL GAINS
2002	CASE HEAD
2002	CATEGORICALLY ELIGIBLE HOUSEHOLD
2002	CERTIFICATION

[TABLE OF CONTENTS FOR CHAPTER 2: MISSISSIPPI **DEFINITIONS**]

Revised 10-01 21

Page	Subject
2003	CERTIFICATION PERIOD
2003	CHILD SUPPORT PASS THROUH
2003	CHOCTAW FOOD DISTRIBUTION
2003	COLLATERAL CONTACT
2003	COMMINGLED FUND
2003	COMMUNAL DINING FACILITY
2004	COMPLAINT REVIEW
2004	DELIVERED MEALS
2004	DESTITUTE
2004	DISABLED PERSON
2006	DOCUMENTARY EVIDENCE
2005	DRUG ADDICTION OR ALCOHOLIC TREATMENT AND REHABILITATION PROGRAM
2006	E&T
2006	EBT
2006	ELDERLY PERSON
2006	ELECTRONIC BENEFIT TRANSFER (EBT)
2006	ELIGIBLE FOODS
2007	EMPLOYMENT AND TRAINING PROGRAM (E&T)
2007	ENCUMBRANCE
2007	EQUITY
2007	EXCLUDED HOUSEHOLD MEMBERS

Page	Subject
2007	EXPEDITED
2007	EXPUNGEMENT
2008	FAIR LABOR STANDARDS ACT (FLSA)
2008	FNS
2008	FOOD AND NUTRITION ACT
2008	GENERAL ASSISTANCE (GA)
2008	GOOD CAUSE FOR EMPLOYMENT AND TRAINING
2009	GROUP LIVING ARRANGEMENT
2009	HEAD OF HOUSEHOLD
2009	HEARING
2009	HEARINGS OFFICER
2009	HEARING REQUEST
2010	HOME
2009	HOMELESS INDIVIDUAL
2010	HOMELESS MEAL PROVIDER
2010	HOUSEHOLD
2010	IDENTIFIABLE APPLICATION
2011	IEVS
2010	INCOME
2011	INCOME MAXIMUM
2011	INELIGIBLE ALIEN

Page	Subject
2011	INITIAL MONTH
2011	INSTITUTION
2011	INSTITUTION OF HIGHER EDUCATION
2012	INSTITUTION OF POST-SECONDARY EDUCATION
2012	INTERACTIVE INTERVIEW
2012	ISSUANCE CYCLE
2012	ISSUANCE MONTH
2012	IVAS
2012	KEOGH PLAN
2012	LIHEAP
2013	LIVE IN ATTENDANT
2012	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
2013	LOW INCOME HOUSEHOLD
2013	MANAGEMENT EVALUATION (ME) REVIEW
2013	ME
2013	MSCAP
2013	MISSISSIPPI COMBINED APPLICATION PROJECT
2013	MISSISSIPPI SMART START CERTIFICATE OF COMPLETION
2014	MISSISSIPPI SMART START CREDENTIAL
2014	MOTOR VOTER ACT

Page	Subject
2014	NATIONAL CAREER READINESS CERTIFICATE
2014	NATIONAL VOTER REGISTRATION ACT OF 1993
2014	NON-HOUSEHOLD MEMBERS
2014	NVRA
2015	OIC
2015	OFFICER-IN-CHARGE
2015	OPPORTUNITY TO PARTICIPATE
2015	OVERISSUANCE
2015	PI-PRIMARY INDIVIDUAL
2015	PRIMARY WAGE EARNER
2016	PROMPT ACTION
2016	PRORATION
2016	PROSPECTIVE BUDGETING
2016	PROSPECTIVE ELIGIBILITY
2016	PROVIDER DETERMINATION
2016	PWE
2016	QUALITY CONTROL
2016	RECERTIFICATION
2017	RESIDENTS OF INSTITUTIONS
2017	RESOURCE MAXIMUM

Page	Subject
2017	RESOURCES
2017	RETAIL FOOD STORE
2018	ROOMER
2018	SHELTER FOR BATTERED WOMEN AND CHILDREN
2018	SMART START PATHWAY MODEL
2018	SPOUSE
2018	SSI
2018	STANDARD TELEPHONE ALLOWANCE
2018	STANDARD UTILITY ALLOWANCE (SUA)
2019	STAPLE FOOD
2019	STATE EXEMPTION
2019	STATE HEARING
2019	STRIKER
2019	STUDENT
2019	SUA
2019	SUPPLEMENTAL SECURITY INCOME (SSI)
2020	UNDERISSUANCE
2019	USCIS
2020	U.S. CITIZENSHIP AND IMMIGRATION SERVICE
2020	VERIFICATION

Page	Subject
2020	VOICE RESPONSE UNIT (VRU
2020	VOLUNTEER
2020	VRU
2020	WORK REGISTRATION

ABLE-BODIED ADULT WITHOUT DEPENDENTS (ABAWD)

An individual who is between the ages of 18 50 without minor dependents. Eligibility for an ABAWD is limited to 3 months within a 36-month period unless that individual is meeting the ABAWD work requirement or is otherwise exempt. See Chapter 3, WORK REQUIREMENTS/ABAWDS.

ADDICT/ALCOHOLIC REPRESENTATIVE

A person who is an employee of and designated by the private nonprofit organization or institution or the publicly operated community mental health center that is administering the treatment and rehabilitation program to act on behalf of the resident addict or alcoholic in applying for, receiving and using SNAP benefit amount for food prepared by and/or served to the addict or alcoholic. See Chapter 8, REPRESENTATIVES.

ADVERSE ACTION

Action taken to reduce or terminate a household's SNAP benefits within the certification period. See Chapter 8, DECISION AND NOTIFICATION.

AGENCY CONFERENCE

A formal review at the local level of a client complaint conducted by the county director or designee. See Chapter 10, GENERAL.

ADMINISTRATIVE DISQUALIFICATION HEARING

A hearing initiated by the department whenever there is documented evidence to substantiate that a member of a SNAP household intentionally committed an act that constitutes a violation of SNAP Regulation or any related state statute. See Chapter 10, GENERAL.

AND JUSTICE FOR ALL POSTER

Displays the nondiscrimination statement to comply with Civil Rights requirements. Posters may be requested from State Operations. See Chapter 1, PROGRAM INFORMATIONAL ACTIVITIES.

APPLICATION FORM

The MDHS-EA-900 form which is used by a household member or authorized representative to make application for participation in SNAP. See Chapter 8, APPLICATION FORM and the GENERIC FORMS MANUAL.

ASSISTANCE HOUSEHOLD

A household in which all members are included in a TANF money payment budget. See Chapter 2, CATEGORICALLY ELIGIBLE HOUSEHOLD, and Chapter 7, CATEGORICALLY ELIGIBLE HOUSEHOLDS.

AUTHORIZED REPRESENTATIVE

An adult non-household member authorized to act on behalf of the household in making application for SNAP. See Chapter 8, REPRESENTATIVES.

BASIC UTILITY ALLOWANCE

The BUA is a standard deduction allowed for households who incur at least two out-of-pocket non-cooling or non-heating expenses and do not receive LIHEAP. See Chapter 6, EXPENSES—UTILITY EXPENSES and Chapter 13, TABLE I.

BENEFIT REPRESENTATIVE

Individuals designated to receive an EBT card and use SNAP benefits for the household. See Chapter 8, REPRESENTATIVES.

BLIND/DISABLED GROUP HOME REPRESENTATIVE

An appointed staff member of a blind/disabled group home may act as the authorized representative for the residents. See Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

BOARDERS

Boarders are individuals or groups of individuals (excluding residents of a commercial boarding house) residing with others and paying reasonable compensation to others for lodging and meals. Boarders are ineligible to participate in the program independent of the household providing the

board. They may participate as members of the household providing the boarder services to them, at such household's request. See Chapter 7, BOARDERS.

BOARDING HOUSE

An establishment which is licensed as a commercial enterprise which offers meals and lodging for compensation. In counties without licensing requirements, a boarding house is a commercial establishment which offers meals and lodging for compensation with the intention of making a profit. See Chapter 7, BOARDERS, NON-COMMERCIAL BOARDING HOUSES.

BUA - See Basic Utility Allowance.

CAPITAL GAINS

Profits made from the sale of a capital asset (such as equipment, property, share of stock, etc.). The full amount of the capital gain is counted as income in the SNAP case. Capital gains are typically taxed at a lower rate than other income. See Chapter 7, SELF EMPLOYMENT INCOME.

CASE HEAD

The person in whose name application is made for participation in the program. This is the person who normally assumes primary responsibility and leadership in making decisions which affect the household. The PI in MAVERICS. See definition of PI. See Chapter 8, FILING AN APPLICATION.

CATEGORICALLY ELIGIBLE HOUSEHOLD

A categorically eligible household is one in which all members are recipients of public assistance and/or Supplemental Security Income (SSI). (See Chapter 3, Ineligible Aliens for exception.) See Chapter 8, CATEGORICALLY ELIGIBLE HOUSEHOLDS and Chapter 6, GENERAL PROVISIONS.

CERTIFICATION

The process necessary to determine a household's eligibility and SNAP benefits. See Chapter 8, THE CERTIFICATION PROCESS.

CERTIFICATION PERIOD

The established period of specific calendar months during which the household is eligible to receive SNAP. See Chapter 8, THE CERTIFICATION PROCESS.

CHILD SUPPORT PASS-THROUGH

The Deficit Reduction Act (DRA) revised section 457(a)(6) of the Social Security Act to incentivize states to pass-through child support to TANF families. Child support collected in any given month on behalf of a TANF assistance unit (AU) that has received or is currently receiving TANF benefits may pass through to the TANF AU and be disregarded in determining eligibility and the amount of the TANF assistance grant money provided to the TANF AU. The amount or portion of child support passed through to the TANF family will be set by MDHS. The entire pass-through child support payments must be counted as unearned income when calculating SNAP benefits.

CHOCTAW FOOD DISTRIBUTION

Under provisions of the Food and Nutrition Act of 2008 the Mississippi Band of Choctaw Indians is authorized to administer a Food Distribution Program. Under this program commodity assistance is available to all eligible Choctaw Indians living on or near the Choctaw Reservation. This commodity package is an acceptable alternative to SNAP. Duplicate participation in both programs is prohibited. See Chapter 8, CHOCTAW FOOD DISTRIBUTION.

COLLATERAL CONTACT

A verbal confirmation of a household's circumstances by a person outside of the household. See Chapter 8, SOURCES OF VERIFICATION

COMMINGLED FUND

A fund that includes assets from several accounts, pooled together, to reduce management and administrative cost, also known as a pooled fund. See Chapter 5, RESOURCES TO BE EXCLUDED

COMMUNAL DINING FACILITY

Any facility such as senior citizen's centers, apartment buildings occupied primarily by elderly persons or SSI households or any public or non-profit private school (tax exempt) which prepares

meals especially for elderly persons during special hours and certain other public or private nonprofit establishments (tax exempt) which prepare and serve meals for elderly or SSI recipients. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

COMPLAINT REVIEW

An informal review at the local level of a client complaint. A complaint review enables the county to explain to the complainant reasons for action and/or to make any required adjustments. See Chapter 1, COMPLAINT REVIEW.

DELIVERED MEALS

Any member of an eligible household, who is 60 years of age or older or incapacitated or otherwise disabled to the extent that he/she is unable to adequately prepare meals, may use all or any part of his/her benefit amount to purchase meals from a non-profit meal delivery service authorized by FNS for such purpose. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

DESTITUTE

Extreme lack of resources or means of subsistence utterly impoverished. See Chapter 7, DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL FARM WORKERS.

DISABLED PERSON

A member of a household who:

- 1. receives or has been certified to receive Supplemental Security Income benefits under title XVI of the Social Security Act or disability or blindness payments under titles I, II, XIV, or XVI of the Social Security Act. An individual is considered disabled if he has been certified for one of these benefits or payments, but the initial payment has not yet been received. Also, persons who remain certified for disability benefits or payments, but whose checks are entirely recouped to recover a prior overpayment are considered disabled;
- 2. is a recipient of state or federally administered Supplemental Security Income (SSI) payments under Section 1616(a) of the Social Security Act (optional State supplementation) provided that eligibility to receive the benefits is based upon the disability or blindness criteria used under title XVI of the Social Security Act or

- payments under Section 212(a) or Pub. L. 93-66 (mandatory minimum State supplementation of SSI benefits);
- 3. is a veteran receiving a pension for non-service connected disability;
- 4. is a veteran with a service connected disability rated or paid as total under title 38 of the United States Code or is considered in need of regular aid and attendance or permanently housebound under such title of the Code:
- 5. is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be permanently incapable of self-support under title 38 of the United States Code;
- 6. is a surviving spouse or child of a veteran and 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 under section 221(i) of the Social Security Act. "Entitled" as used in this definition refers to those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them;
- 7. is a recipient of Federal, State, or local public disability retirement pension who has a disability considered permanent under Section 221(i) of the Social Security Act;
- 8. is a Railroad Retirement disability annuitant who either meets the Social Security disability criteria in order to receive an annuity or who is determined to qualify for Medicare by the Railroad Retirement Board;
- 9. is a recipient of interim assistance benefits pending the receipt of Supplemental Security Income, disability related medical assistance under Title XIX of the Social Security Act (Medicaid), or disability based state general assistance benefits, provided that the eligibility to receive benefits is based upon disability or blindness criteria that are at least as stringent as those used under Title XVI of the Social Security Act;
- is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to employees injured on the job do not satisfy the definition of disability.

DOCUMENTARY EVIDENCE

Written confirmation of a household's circumstances. Examples include, but are not limited to, wage stubs, written statements from employer, rent receipts and utility bills. See Chapter 8, SOURCES OF VERIFICATION.

DRUG ADDICTION OR ALCOHOLIC TREATMENT AND REHABILITATION PROGRAM

Any drug addiction or alcoholic treatment and rehabilitation program conducted by a private nonprofit organization or institution or by a publicly operated community mental health center which is certified by the Department of Mental Health.

See Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS.

E & T - See Employment and Training.

EBT - See Electronic Benefit Transfer.

ELDERLY PERSON

A person 60 years of age or older. Consider an individual elderly if he is fifty nine years old on the date of application but will become sixty before the end of the month of application. See Chapter 3, HOUSEHOLD COMPOSITION.

ELECTRONIC BENEFIT TRANSFER (EBT)

A program using an electronic method to disburse SNAP benefits using plastic debit card technology. Recipients access their benefits at participating retailers using a point of sale (POS) device. See Chapter 8, EBT CARD.

ELIGIBLE FOODS

Any food or food product intended for human consumption, seeds and plants to grow for personal consumption of SNAP eligible households and certain prepared meals for SNAP eligible households as follows: meals delivered by an authorized delivery service; meals served by a communal dining facility for elderly and/or SSI households, meals served by drug and alcohol rehabilitation centers, meals served to an authorized group living arrangement facility to residents who are blind or disabled under Title II or Title XVI of the SS Act, meals served by a shelter for

battered persons and children and meals served by an authorized homeless meal provider. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

EMPLOYMENT AND TRAINING PROGRAM (E&T)

E & T is now defined as a program for SNAP recipients operated by the agency consisting of one or more work, training, or education activities and must include case management. See Chapter 3, NONFINANCIAL CRITERIA: WORK REQUIREMENTS.

ENCUMBRANCE

A financial lien or claim (liability) on real property held by another party, such as a mortgage, which usually impacts the transferability of the property. A burden or hindrance. See Chapter 5, ALL RESOURCES.

EQUITY

The money value of a property beyond any mortgage or liabilities existing on it. The fair market value less encumbrances. Encumbrances are determined by the number of scheduled monthly payments, including interest owed, that remain in a loan agreement (this is not the same as the "payoff" amount, which indicates the amount that could currently be paid to erase the debt). See Chapter 5, ALL RESOURCES

EXCLUDED HOUSEHOLD MEMBERS

Individuals not included as eligible members of a SNAP household when determining the household's size for the purpose of monthly income and benefit level. See Chapter 3, NONFINANCIAL CRITERIA, for definition of excluded household members and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS, for treatment of income and resources.

EXPEDITED

To speed up the process, to perform efficiently and quickly, accelerate. See Chapter 8, EXPEDITED SERVICE.

EXPUNCEMENT

To erase, delete, to obliterate totally. Benefits are expunged from the EBT account after 365 days of inactivity. See Chapter 8, DECISION AND NOTIFICATION.

FAIR LABOR STANDARDS ACTS (FLSA)

Establishes minimum wage standards affecting employees in the private sector and in Federal, State and local governments. In cases where an employee is subject to both state and federal minimum wage laws, the employee is entitled to the higher minimum wage.

FNS

The Food and Nutrition Service of the U.S. Department of Agriculture. See Chapter 1, GENERAL.

FOOD AND NUTRITION ACT

The Food and Nutrition Act of 2008 is an act to strengthen the agricultural economy; to help

achieve a fuller and more effective use of Food abundances; to provide for improved levels of nutrition among low income households through a cooperative Federal-State program of food assistance to be operated through normal channels of trade; and other purposes; including any subsequent amendments thereto. See Chapter 1, INTRODUCTION.

GENERAL ASSISTANCE (GA)

GA is cash and in kind assistance programs financed and administered entirely by the state, county, or locality in which they operate. They are designed to meet short term or ongoing needs of low income individual's ineligible for (or awaiting approval for) federally funded cash assistance such as TANF or SSI. Thirty-five states (24 of which are statewide) and the District of Columbia have general assistance programs. Mississippi does not offer a general assistance program. The Mississippi Band of Choctaw Indians offers a general assistance program for tribal members. See Chapter 4, INCOME TO BE INCLUDED.

GOOD CAUSE for Employment and Training

Good cause is determined by the SNAP E & T caseworker and includes circumstances beyond the participant's control, such as, but not limited to: illness, illness of another household member requiring the presence of the participant, a household emergency, the unavailability of transportation, or the lack of adequate childcare for children who have reached age six but are under age 12. Good cause for failure to participate in E&T also includes circumstances where there is not an appropriate or available component with the E & T program for a mandatory ABAWD.

GROUP LIVING ARRANGEMENT

A public or private non-profit residential setting that serves no more than 16 residents and that is certified by the State Department of Health under regulations issued under Section 1616(e) of the Social Security Act. To be eligible for SNAP benefits, a resident of such a group living arrangement must be blind or disabled and receiving benefits under Title II or Title XVI of the Social Security Act. See Chapter 7, BLIND AND DISABLED GROUP LIVING

ARRANGEMENTS.

HEAD OF HOUSEHOLD

The head of household shall always be the PWE unless the household has the option to select the head of household. Households containing adult parents and their children (of any age) or an adult with parental control of a child (under 18 years of age) living in the home, may be allowed to designate an adult parent as head of household. When head of household designation is allowed

all adults in the household must agree to the selection. The selection/designation of the head of household is important for purposes of failure to comply with work registration/E & T requirements. Head of household is documented in MAVS on the WORE screen. Not to be confused with the PI. See Chapter 3, WORK REGISTRATION.

HEARING

A procedure whereby an appeal may be made by any household aggrieved by any action of the Department of Human Services which affects the household. See Chapter 10, HEARINGS.

HEARINGS OFFICER

An impartial person who conducts hearings and renders hearing decisions. See Chapter 10, HEARINGS.

HEARING REQUEST

Any clear expression, oral or written, by the household or its representative to the effect that it wishes to appeal a decision or that an opportunity to present its case to a higher authority is desired. See Chapter 10, STATE HEARINGS.

HOME

A place where one lives. For SNAP purposes the home includes the house, its outbuildings and surrounding property which is not separated by intervening property owned by others. See Chapter 5, RESOURCES TO BE EXCLUDED.

HOMELESS INDIVIDUAL

An individual who lacks a fixed and regular nighttime residence, or an individual whose primary nighttime residence is:

- 1. A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or congregate shelter);
- 2. A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized;
- 3. A temporary accommodation in the residence of another for no more than 90 days;
- 4. A place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (a hallway, a bus station, a lobby, or similar places).

HOMELESS MEAL PROVIDER

A private or public non-profit establishment, e.g., soup kitchen, temporary shelter, etc., approved by a State or local agency, which feeds homeless persons. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

HOUSEHOLD

A household may be composed of various individuals or groups of individuals, with certain exceptions, an individual who lives alone, individuals who live with others but purchase and prepare meals separately, a group of individuals who live together and purchase and prepare meals together, and an individual who is 60 years old or older who is unable to purchase and prepare meals. See Chapter 3, NONFINANCIAL CRITERIA, HOUSEHOLD CONCEPT.

IDENTIFIABLE APPLICATION

An application form containing the applicant's name and address and signed by a responsible household member or the household's authorized representative. See Chapter 8, APPLICATION.

IEVS

The Income and Eligibility Verification System collects and exchanges income and resource data from other federal and state agencies to be used in verifying eligibility for benefits for eligible households. See Chapter 8, INCOME AND ELIGIBILITY VERIFICATION SYSTEM.

INCOME

Monies received by household members. See Chapter 4, INCOME.

INCOME MAXIMUM

Table of national standards based on household size which shows the highest monthly net and gross (if applicable) income a household may have and be eligible for participation in SNAP. See Chapter 13, TABLE II.

INELIGIBLE ALIEN

An alien who does not meet one of the conditions to be a qualified alien is not eligible for SNAP benefits. See Chapter 3, CITIZENSHIP AND ALIEN STATUS and Chapter 7, EXCLUDED HOUSEHOLD MEMBERS.

INITIAL MONTH

The first month for which a household is certified for participation in SNAP following any period during which the household was not certified. See Chapter 6, GENERAL Provisions.

INSTITUTION

Generally, an institution is an establishment which provides professional services beyond meals and day-to-day living needs. Professional services mean services provided by those whose occupations require advanced education or training, and involve intellectual skills such as medicine, psychology, etc. Generally, the determination of whether professional services are being provided in a particular institution could be based on whether the services provided would be more than could be provided by a non-professional live-in attendant and are not ordinarily provided in a private home. See Chapter 3, HOUSEHOLD CONCEPT.

INSTITUTION OF HIGHER EDUCATION

Any institution which normally requires a high school diploma or equivalency certificate for

enrollment, including but not limited to colleges, universities, and vocational or technical schools at the post high school level. See Chapter 7, STUDENTS.

INSTITUTION OF POST-SECONDARY EDUCATION

Any public or private educational institution which normally requires: 1. a high school diploma or equivalency certificate for enrollment; 2. Admits persons who are beyond the age of compulsory school attendance in the State in which the school is located provided that the institution is legally authorized or recognized by the State to provide an educational program beyond secondary

education in the State; 3. Provides a program of training to prepare students for gainful employment. See Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS.

INTERACTIVE INTERVIEW

An interview technique that requires the worker to complete data entry in real time during the client interview as opposed to entering data at a later time after the interview. See Chapter 8, THE INTERVIEW.

ISSUANCE CYCLE

The method during each month of the certification period in which benefits are issued to an eligible household through the EBT process. See Chapter 8, DECISION AND NOTIFICATION.

ISSUANCE MONTH

The calendar month for which a SNAP benefit amount is issued.

IVAS

IEVS Alert Selection Screen in the MAVERICS system used to process IEVS. See Chapter 8, INCOME AND VERIFICATION SYSTEM-SYSTEM ALERTS, and Volume X, Chapter 11, INCOME AND VERIFICATION SYSTEM SYSTEM ALERTS.

KEOGH PLAN

A tax deferred qualified retirement plan for self employed individuals and unincorporated businesses, also called self-employed pension. See Chapter 5, RESOURCES TO BE INCLUDED. LIHEAP - See Low-Income Home Energy Assistance Program.

LIVE IN ATTENDANT

Individuals who reside with a household to provide medical, housekeeping, childcare, or similar services. See Chapter 3, NON-HOUSEHOLD MEMBERS.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

LIHEAP provides financial assistance for home heating and cooling, energy crisis intervention and low cost weatherization to low income households, including the elderly, people with disabilities, families with young children, the working poor, and those making the difficult transition from welfare to work. Families receiving LIHEAP have incomes below 150 percent of the federal poverty levels. LIHEAP is handled by the Mississippi Division of Community Services. See Chapter 6, EXPENSES.

LOW-INCOME HOUSEHOLD

A household whose annual income does not exceed 125% of the Office of Management and Budget poverty guidelines.

MANAGEMENT EVALUATION (ME) REVIEW

ME Reviews conducted at the county level to determine if the State agency is administering and operating SNAP in accordance with program requirements.

ME - See Management Evaluation Review.

MSCAP - See Mississippi Combined Application Project.

MISSISSIPPI COMBINED APPLICATION PROJECT

MSCAP is a demonstration project and a cooperative effort between MDHS, FNS, and SSA implemented October 1, 2001. MSCAP is designed to simplify the application process for SSI recipients or applicants who choose to also apply for SNAP benefits. The goal of the program is to increase SNAP enrollment and promote program satisfaction. See Chapter 7, MISSISSIPPI COMBINED APPLICATION PROJECT.

MISSISSIPPI SMART START CERTIFICATE OF COMPLETION

The Mississippi Smart Start Certificate of Completion is given by the Mississippi Community

College Board to individuals that do not obtain a bronze level within the Smart Start Pathway.

MISSISSIPPI SMART START CREDENTIAL

The Mississippi Smart Start Credential is given by the Mississippi Community College Board to individuals that obtain a bronze level while completing all the requirements of the Smart Start Pathway.

MOTOR VOTER ACT - See National Voter Registration Act of 1993.

NATIONAL CAREER READINESS CERTIFICATE

The ACT WorkKeys National Career Readiness Certificate is an assessment-based credential issued at four levels; Platinum, Gold, Silver and Bronze. The NCRC measures and certifies the essential work skills needed for success in jobs across industries and occupations.

NATIONAL VOTER REGISTRATION ACT OF 1993

Section 7 of the Act requires states to offer voter registration opportunities at all offices that provide assistance and all offices that provide state funded programs primarily engaged in providing services to persons with disabilities. Each applicant for any of these services, renewal of services, or address changes must be provided with a voter registration form as well as assistance in completing the form and forwarding the completed application to the appropriate state or local election official. Also known as NVRA and the Motor Voter Act. See Chapter 1, VOTER REGISTRATION REQUIREMENTS.

NON-HOUSEHOLD MEMBERS

Individuals not included as eligible members of the household when determining household size for the purpose of income eligibility standard, resources and benefit level. Their income and resources are considered differently according to their categorization. Non-Household members include the following; Ineligible Aliens, Individuals with Questionable Citizenship, Disqualified Individuals (various reasons), Roomers, Live-in-Attendants, Ineligible Students, Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household. See Chapter 3, NON HOUSEHOLD MEMBERS, and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

NVRA - See National Voter Registration Act of 1993.

OIC - See Officer-in-Charge.

OFFICER-IN-CHARGE

The OIC is a representative of the Atlanta Regional Office of FNS and is under the direct supervision of the District Manager of USDA, FNS. The OIC conducts certain reviews, receives complaints, and determines the establishment's eligibility to accept SNAP benefits. See Chapter 1, USDA OFFICER-IN-CHARGE.

OPPORTUNITY TO PARTICIPATE

An applicant household has been provided an opportunity to participate when benefits are available, and the household possesses an EBT card to access benefits within application processing time frames. A recipient household has been provided an opportunity to participate when benefits are accessible to the household within the appropriate processing standard for the case. See Chapter 8, APPLICATION-DELAYS IN PROCESSING.

OVERISSUANCE

The amount by which benefits issued to a household exceeds the amount the household was eligible to receive. See Chapter 11

PI-PRIMARY INDIVIDUAL

The MAVS relationship code for the primary information person in the household in whose name the case is registered. Not to be confused with the head of household which may be the same or different. See Volume X, Chapter 3, REGISTRATION OF CASE MEMBERS and Chapter 12, RELATIONSHIP.

PRIMARY WAGE EARNER

The household member (including excluded household members) who has the greatest source of earned income in the two months prior to the month of the failure to comply with work registration/E & T. Note: This provision only applies if the earned income is for 20 or more hours per week or at least its equivalent multiplied by minimum wage. See Chapter 3, WORK REGISTRATION.

PROMPT ACTION

The time limit in which a worker must take action in determining eligibility and making required changes.

PRORATION

Calculating the benefit amount for the initial month based on the date of application. See Chapter

6, GENERAL PROVISIONS and Chapter 13, TABLE IV.

PROSPECTIVE BUDGETING

The computation of a household's SNAP benefit amount for an issuance month based on an estimate of income and circumstances which will exist in that month. See Chapter 6, PROSPECTIVE BUDGETING.

PROSPECTIVE ELIGIBILITY

Looking ahead to the issuance month and making an eligibility determination based on income and other household circumstances anticipated for that month. See Chapter 6, PROSPECTIVE BUDGETING.

PROVIDER DETERMINATION

The term used when an E&T provider determines a participant is "ill-suited" or not a good fit for a particular E&T component.

PWE - See Primary Wage Earner.

QUALITY CONTROL

An administrative system for documenting the extent of and reasons for errors in eligibility and benefit amounts of participating households. See Chapter 1, QUALITY CONTROL REVIEWS.

RECERTIFICATION

The process by which eligibility for SNAP is re-established. An application taken prior to the end of the certification period or during the month which follows, provided the case has not been officially closed in accordance with agency procedures, is an application for recertification

regardless of whether disposition is made at that time. See Chapter 8, RECERTIFICATION.

RESIDENTS OF INSTITUTIONS

Individuals shall be considered residents of an institution when the institution provides them with the majority of their meals as part of the institution's normal services and the institution has not been authorized to accept SNAP benefits. See Chapter 3, RESIDENCY IN COMMERCIAL BOARDING HOUSES and INSTITUTIONS.

RESOURCE MAXIMUM

Table of national standards showing the maximum value of resources a household may retain and

be eligible for participation in SNAP. See Chapter 13, TABLE II.

RESOURCES

Certain holdings, cash or property, having value. See Chapter 4, RESOURCES.

The following are types of retail food stores:

RETAIL FOOD STORE

- An establishment or recognized department of an establishment, or a house to house trade route, whose eligible food sales volume is more than 50% staple food items for home consumption;
- Public or private communal dining facilities and meal delivery services; public or private non-profit drug addict or alcoholic treatment and rehabilitation programs; certain blind and disabled group living arrangements; public or private nonprofit shelters for battered persons and children;
- 3. Any private nonprofit cooperative food purchasing venture, including those whose members pay for food prior to receipt of the food; and
- 4. A farmer's market.

See Chapter 1, USDA Officer-in-Charge.

ROOMER

Individuals to whom a household furnishes lodging, but not meals, for compensation. (See Chapter 3, HOUSEHOLD CONCEPT)

SHELTER FOR BATTERED PERSONS AND CHILDREN

A public or private nonprofit residential facility that serves battered persons and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered persons and children. See Chapter 7, RESIDENTS OF SHELTER FOR BATTERED PERSONS AND CHILDREN.

SMART START PATHWAY MODEL

The Smart Start Pathway Model is a qualifying E & T activity for participants who have a high school diploma or high school equivalency. The course is designed to develop and measure an individual's basic workplace skills in applied mathematics, reading for information and locating information. The participants will learn and practice good work habits, effective communication, and the job skills necessary to be successful in the workplace.

SPOUSE

Either of two individuals who would be defined as married to each other under applicable State Law; or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople. See Chapter 3, HOUSEHOLD CONCEPT.

SSI See Supplemental Security Income.

STANDARD TELEPHONE ALLOWANCE

The Standard Telephone Allowance is a standard deduction allowed households who incur out of pocket telephone expense and do not qualify for the SUA or BUA. See Chapter 13, TABLE I.

STANDARD UTILITY ALLOWANCE (SUA)

The SUA is a standard deduction allowed households who incur an out-of-pocket cooling or primary heating expense separate and apart from rent, mortgage, or receive LIHEAP for its current residence. See Chapter 6, EXPENSES - UTILITY EXPENSES and Chapter 13, TABLE I.

STAPLE FOOD

Those food items intended for home preparation and consumption, which include meat, poultry, fish, bread and breadstuffs, cereals, vegetables, fruits, fruit and vegetable juices, and dairy products. Accessory food items such as coffee, tea, cocoa, carbonated and uncarbonated drinks, candy, condiments, and spices are not staple foods for the purpose of qualifying a firm to participate in the program as a retail food store or a wholesale food concern even though they may be purchased with SNAP. See Chapter 3, USE OF SNAP/MEAL SERVICES.

STATE EXEMPTION

Mandatory E&T participants may be exempt from E&T participation if the monthly expenses exceed the allowable reimbursement amount or there is not a suitable component. The participant must meet the ABAWD work requirement unless exempt from the general work registration requirement.

STATE HEARING

A formal review of a client complaint conducted by a state hearings officer. See Chapter 10, GENERAL.

STRIKER

Anyone involved in a strike or concerted stoppage of work by employees (including stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees. See Chapter 7, STRIKERS.

STUDENT

An individual enrolled at least half time as defined by the institution, in any recognized school, training program or institution of higher education, or institution of post-secondary education. See Chapter 7, STUDENTS.

SUA - See Standard Utility Allowance.

SUPPLEMENTAL SECURITY INCOME (SSI)

Monthly cash payment made under the authority of Title XVI of the Social Security Act, as amended, to the aged, blind and/or disabled. See Chapter 4, INCOME TO BE INCLUDED.

UNDERISSUANCE

The benefit amount to which the household should have received exceeds the benefit amount the household actually received. See Chapter 12, RESTORATION.

USCIS - See U.S. Citizenship and Immigration Service.

U.S. CITIZENSHIP AND IMMIGRATION SERVICE

USCIS is responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services policies and priorities. Formerly known as Immigration and Naturalization Service—INS. See Chapter 3, CITIZENSHIP AND ALIEN STATUS.

VERIFICATION

The use of third party information or documentation to establish the accuracy of statements on the application.

VOICE RESPONSE UNIT (VRU)

The VRU is the EBT customer service. It may be used for EBT card activation, replacement and deactivation. Replacement and deactivation may also be made through the EBCR screen in the county office.

VOLUNTEER

Certain SNAP recipients who are not mandated to participate in E & T activities but choose to participate in order to take advantage of E & T services.

VRU - See Voice Response Unit.

WORK REGISTRATION

A SNAP eligibility requirement for all household members who do not meet a work registration exemption. See Chapter 3, WORK REQUIREMENTS/ABAWDS.

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	Subject
3000	HOUSEHOLD CONCEPT
3000	HOUSEHOLD COMPOSITION
3000	INSTANCES IN WHICH NON-HOUSEHOLD STATUS OR SEPARATE HOUSEHOLD STATUS IS PROHIBITED
3000	Spouse
3001	Children Under Age 22
3001	Children Under Age 18
3001	HOUSEHOLD COMPOSITION EXCEPTIONS AND CLARIFICATIONS
3001	Residents of Institutions
3001	Commercial Boarding Houses
3002	Boarders
3002	Temporary Residence
3002	When A Household Member Moves
3002	Household Member Temporarily Away from Home
3002	Persons in Two or More Households in the Same Month
3003	Intent to Establish Separate Household
3003	Residents of Shelters for Battered Women and Children
3003	NON-HOUSEHOLD MEMBERS
3003	Excluded Household Members
3005	Other Non-Household Members
3050	RESIDENCY
3050	RESIDENCY REQUIREMENTS

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	Subject
3100	RESIDENCY IN COMMERCIAL BOARDING HOUSES AND
	INSTITUTIONS
3100	RESIDENTS OF COMMERCIAL BOARDING HOUSES
3100	RESIDENTS OF INSTITUTIONS
3101	PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS
3150	CITIZENSHIP AND ALIEN STATUS
3150	GENERAL
3150	CITIZENSHIP AND ALIENS ELIGIBLE AS CITIZENS
3151	DETERMINATION OF QUALIFIED ALIEN STATUS
3152	QUALIFIED ALIENS UNLIMITED ELIGIBILITY PERIOD
3153	QUALIFIED ALIENS LIMITED ELIGIBILITY PERIOD
3154	INELIGIBLE ALIENS
3154	INCOME AND RESOURCES
3154	VERIFICATION OF ALIEN STATUS
3156	SPONSORED ALIENS
3156	EXPEDITED SERVICE
3156	CITIZENSHIP
3156	REPORTING ILLEGAL ALIENS
3200	SOCIAL SECURITY NUMBERS
3200	REQUIREMENTS FOR PARTICIPATION
3200	OBTAINING SSNs FOR HOUSEHOLD MEMBERS

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	Subject
3201	FAILURE TO COMPLY
3201	DETERMINING GOOD CAUSE
3202	ENDING DISQUALIFICATION
3202	VERIFICATION
3202	SSN VALIDATION/MATCH ALERT
3202	USE OF SSNs
3203	EXPEDITED SERVICE
3250	WORK REGISTRATION
3250	PERSONS REQUIRED TO REGISTER
3250	Agency Responsibility
3250	EXEMPTIONS FROM WORK REGISTRATION
3256	SPECIAL SITUATIONS
3255	School Employees Under Contract
3256	SSI/FS Households Applying at Social Security Offices
3256	Strikers
3256	Aliens
3256	Registration of Ineligible Household Members
3257	LOSS OF EXEMPTION WHILE CERTIFIED
3257	Those Who Must Register During the Certification Period
3257	Those Who Must Register at the Next Recertification

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	—— Subject
3258	WORK REGISTRANT REQUIREMENTS
3258	FAILURE TO COMPLY
3259	Head of Household Designation
3260	Requesting Verification of Good Cause Prior to Determining Non-Compliance with Work Registration Requirements
3260	GOOD CAUSE
3262	SUITABLE EMPLOYMENT
3263	DISQUALIFICATION PENALTIES
3264	Individuals Other Than Head of Household
3264	Head of Household
3265	Failure to Comply at Application, Recertification or During the Certification Period
3265	Failure to Comply with Unemployment Compensation Requirements
3266	Failure to Comply with TANF Work Program (TWP)
3267	DISQUALIFICATION PROCEDURES FOR NONCOMPLIANCE WITH WORK REGISTRATION
3267	Disqualification Procedures If the Non-Compliant Individual is Not the Head of Household
3267	Disqualification Procedures If the Non-Compliant Individual is the Head of Household
3267	Disqualification Procedures in Special Circumstances
3248	When County Staff Fails to Take Timely Action to Disqualify

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	—— Subject
3268	FAIR HEARING
3269	BENEFITS CONTINUED PENDING A HEARING DECISION
3269	ENDING WORK REGISTRATION DISQUALIFICATION
3270	RESUMING PARTICIPATION
3271	Reinstatement When Individual is Head of Household
3271	Reinstatement When Individual Other Than Head of Household
3272	Non-compliant Individual is Head of Household
3272	Non-compliant Individual Other Than Head of Household
3272	ENDING WORK REGISTRATION DISQUALIFICATION BY COMPLIANCE WITH EMPLOYMENT & TRAINING
3273	E & T Compliance for Non Referable ABAWDs Who Have Served the Minimum Sanction Period and Have Reapplied
3274	E & T Compliance for Referable ABAWDs
3275	Compliance Defined
3275	EMPLOYMENT AND TRAINING (E & T)
3276	Screening for Exemptions and Fitness for Work
3277	Referable vs Non-Referable ABAWDs
3278	Allowable Employment & Training Activities
3278	Workfare
3279	Comparable Workfare

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

Page	Subject
3280	Education and Training
3280	CASE MANAGEMENT
3281	ASSESSMENT
3282	ACTIVITY ASSIGNMENT
3282	Placement in an Education and/or Training Activity
3283	Placement in a Workfare/Comparable Workfare Activity
3284	Transportation Stipend
3284	Verification of Monthly Attendance
3284	Good Cause Determination/Disqualification for Failure to Comply with E & T
3285	PROVIDER DETERMINATION
3287	STATE EXEMPTION
3300	VOLUNTARY QUIT/REDUCTION IN WORK HOURS
3300	GENERAL
3300	INDIVIDUALS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS
3301	GOOD CAUSE DETERMINATION
3302	HOUSEHOLDS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS PROVISIONS
3302	Applicant Households
3302	Certified Households
3303	CONTINUED BENEFITS PENDING A FAIR HEARING
3303	MEMBER WHO QUIT/REDUCED WORK HOURS BECOMES

[TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**]

	Revised 10-01-21
Page	Subject
	EXEMPT BEFORE SANCTION IMPOSED
3304	IMPOSING THE DISQUALIFICATION PERIOD
3304	Individuals Other Than Head of Household
3305	Head of Household
3305	DISQUALIFICATION OF APPLICANT HOUSEHOLDS
3306	DISQUALIFICATION OF CERTIFIED HOUSEHOLDS
3306	QUIT/REDUCTION IN WORK HOURS DISCOVERED DURING LAST MONTH OF CERTIFICATION PERIOD
3307	ENDING A VOLUNTARY QUIT/REDUCTION IN WORK HOURS DISQUALIFICATION
3307	Head of Household
3307	Individuals Other Than Head of Household
3307	VERIFICATION
3350	WORK REQUIREMENTS/ABAWDS
3350	WORK REQUIREMENTS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)
3350	EXEMPTIONS FROM ABAWD REQUIREMENTS
3351	ABAWD WORK REQUIREMENTS
3351	QUALIFYING WORK ACTIVITIES FOR ABAWD 8
3352	HOURLY REQUIREMENTS FOR QUALIFYING WORK PROGRAMS
3353	Limitations on Hourly Requirements for Training or Work Programs
3354	MEASURING THE 36 MONTH PERIOD
3355	ABAWD COUNTABLE MONTHS

TABLE OF CONTENTS FOR NONFINANCIAL **CRITERIA**

Revised 10-01-21 **Subject** Page 3355 ABAWD 15 12% Exemptions 3356 Non-consecutive countable months 3357 Breaks in participation and countable months 3358 **Good Cause** 3358 COUNTABLE MONTHS AND OUT OF STATE PARTICIPATION 3359 **ABAWD REPORTING REQUIREMENTS** 3359 LOSS OF ELIGIBILITY ONCE THE THREE (3) COUNTABLE MONTHS **HAVE BEEN EXHAUSTED REGAINING ELIGIBILITY** 3359 3360 Regaining Eligibility/Expedited Service 3361 **ADDITIONAL 3-MONTH ELIGIBILITY (BONUS MONTHS) CERTIFICATION PERIODS FOR ABAWD HOUSEHOLDS** 3362 3362 RECERTIFICATION LOOK BACK 3400 **CHILD SUPPORT REQUIREMENTS** 3400 **GENERAL** 3400 REFERRAL TO CHILD SUPPORT ENFORCEMENT 3401 PENALTY FOR FAILURE TO COOPERATE 3402 **ENDING DISQUALIFICATION** 3402 CHILD SUPPORT COURT ORDERS FAILURE TO COMPLY WITH ANOTHER MEANS-TESTED PROGRAM 3450 3450 **GENERAL** 3450 Non-Compliance with TANF Requirements

MISSISSIPPI CRITERIA]

[TABLE OF CONTENTS FOR NONFINANCIAL

Page	Subject
3500	USE OF SNAP BENEFITS/MEAL SERVICES
3500	ELIGIBLE FOODS
3500	CERTIFICATION RESPONSIBILITIES REGARDING BENEFIT USAGE
3500	COMMUNAL DINING FACILITY
3501	DELIVERED MEALS
3501	MEAL SERVICES AUTHORIZATION
3501	BOTTLE DEPOSITS
3550	OTHER FACTORS
3550	BOARDERS
3550	STUDENTS
3550	DRUG ADDICTS AND ALCOHOLICS IN TREATMENT CENTERS
3550	BLIND AND DISABLED GROUP LIVING ARRANGEMENTS
3550	GROCERS/CAFÉ OWNERS AND EMPLOYEES
3550	RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND CHILDREN

HOUSEHOLD COMPOSITION

A household may be composed, with certain exceptions, of any of the following individuals or groups:

- a. An individual who lives alone; or
- b. An individual who lives with others but customarily purchases food and prepares meals for home consumption separate and apart from the others. This includes any person who is too disabled to purchase his or her own food but has arranged to have his or her food purchased and prepared separately from those with whom he or she lives. The person shopping for and preparing the food may or may not reside with the disabled person. or
- c. A group of individuals who live together and customarily purchase food and prepare meals together for home consumption. This means that food is purchased and prepared for the benefit of that group of individuals; or
- d. An individual who is 60 years of age or older living with others (and the spouse of such individual) who is unable to purchase and prepare meals because he suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease related, severe, permanent disability. (See Chapter 8, THE CERTIFICATION PROCESS Verification and Documentation.) However, the income of the others with whom the individual resides (excluding the income of such individual's spouse) cannot exceed 165% of the SNAP Program's net monthly income eligibility standard. (See Chapter 13, Table VIII.)

INSTANCES IN WHICH NON-HOUSEHOLD STATUS/SEPARATE HOUSEHOLD STATUS IS PROHIBITED

In no event shall non-household status or separate household status be granted to the following:

Spouse

A spouse of a household member unless the spouse has established separate residence outside the home. For example, a truck driver, who is away from home for ten days and returns for two days at the end of each trip, has not established a residence separate and apart and, therefore, must be considered a household member. However, if the spouse is in the armed forces, he may be considered

[NONFINANCIAL CRITERIA: HOUSEHOLD CONCEPT]

Revised 07-01-19

a non-household member if he is away on assignment a month or longer.

Children Under Age 22

Natural, adopted, or step-children under 22 years of age who are living with a parent, even if such children are parents and/or married and living with their spouses.

Children Under Age 18

Children under 18 years of age and under the parental control of a household member other than his or her parent. This provision refers to minors who are dependents, financial or otherwise, of the household member.

Adult siblings living together may be separate households if they purchase and prepare meals separately. If the sibling is under 18, parental control must be established.

This provision does not apply to foster care children even if they customarily purchase and prepare food with other household members. Foster care children cannot be required to be considered as household members and must be treated as "boarders"; however, the household, by request, has the option of having the foster care children treated as household members under the boarder policy. See Chapter 7, BOARDERS.

HOUSEHOLD COMPOSITION EXCEPTIONS AND CLARIFICATIONS

Exceptions and clarifications to the household composition policy as outlined above are: Residents of Institutions

Individuals or groups who are residents of an institution are not eligible for SNAP benefits, with certain exceptions as outlined in Chapter 3, RESIDENTS OF COMMERCIAL BOARDING HOUSES AND INSTITUTIONS.

Commercial Boarding Houses

Individuals or groups who are residents of a commercial boarding house are not eligible for SNAP benefits. Individuals or groups who take their meals at a commercial boarding house but do not live there, may be eligible for SNAP benefits provided all other factors of eligibility are met. See Chapter 3. RESIDENTS OF COMMERCIAL BOARDING HOUSES AND INSTITUTIONS.

[NONFINANCIAL CRITERIA: HOUSEHOLD CONCEPT]

Revised 07-01-19

Boarders

Individuals residing with others and paying reasonable compensation to others for lodging and meals in a noncommercial situation are not eligible to participate independently; however, they may participate as household members under the boarder policy if requested by the household. See Chapter 7, BOARDERS.

Temporary Residence

If, because of a loss of income, or loss or damage to a home as the result of a disaster, a household is forced to temporarily move in with other individual(s) or groups, the household may continue to participate as a separate household. However, if the household temporarily moves in with parents, the household may not be granted separate household status unless the child(ren) is 22 years of age or older.

When A Household Member Moves

When a household member moves from a certified household, that individual cannot be included in another SNAP benefits household until he/she is removed from the original household or until he/she would have been removed had the change been properly reported and properly handled. (See Residents of Shelters for Battered Women and Children in this chapter for an exception.)

Household Member Temporarily Away from Home

Household members away from home because of vacation or illness will maintain their status as household members if they are in the home during any part of the calendar month. A change in household composition is not a reportable change, but if the change is reported/known to the agency appropriate action should be taken. For example, children who spend the summer months away from their parents' household cannot maintain their status as SNAP household members. As the children are dropped as household members in the losing household, they may be included as household members in the gaining household.

Persons in Two or More Households in the Same Month

In determining household composition when a person lives with two or more households during a portion of the same month, consideration shall be given to such factors as to where the person eats the majority of meals or, in the case of a minor child, who has legal or financial responsibility, etc. Documentation in the case record should justify the reason for the decision



and show that the procedure does not allow duplication of participation.

Intent to Establish Separate Household

An individual or a group of individuals may intend to function as a household separate and apart from others in the current household but cannot do so until the SNAP application is approved. Even though functioning as a household is contingent upon receipt of SNAP benefits, the individual(s) expressing such intent may be defined as a household for SNAP purposes.

Residents of Shelters for Battered Women and Children

Residents of shelters for battered women and children who leave certified households to enter the shelter may, if otherwise eligible, be certified as separate households beginning the month they enter the shelter if the other household which includes them contains the abuser. See Chapter 7, RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND CHILDREN, for details.

NON-HOUSEHOLD MEMBERS

Non-household members include ineligible individuals, disqualified individuals and other non-household members. The following individuals are considered non-household members:

Excluded Household Members

The individuals listed below shall not be included as eligible members of the household when determining the household's size for the purpose of comparing the household's monthly income with the income eligibility standard or assigning a benefit level by household size. The income and resources of these individuals shall be handled as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS. The following shall not be separate households:

- 1. Ineligible Aliens Individuals who do not meet the citizenship or eligible alien status requirements or the eligible sponsored alien requirements as outlined in Chapter 3, CITIZENSHIP AND ALIEN STATUS. (MAVERICS participation code is DI.)
- Intentional Program Violation Individuals disqualified for Intentional Program Violation (IPV) as outlined in Chapter 11, INTENTIONAL PROGRAM VIOLATION. (MAVERICS participation code is DF.)
- 3. SSN Disqualified Individuals disqualified for failure to provide a social security

- number as outlined in Chapter 3, SOCIAL SECURITY NUMBERS, and Chapter 8, VERIFICATION AND DOCUMENTATION. (MAVERICS participation code is DI.)
- Individuals Whose Citizenship or Alien Status is in Question Individuals whose citizenship is in question until proof of U.S. Citizenship or qualified alien status is obtained as outlined in Chapter 3, CITIZENSHIP and ALIEN STATUS. (MAVERICS participation code is DI.)
- Persons Disqualified For Noncompliance With Work Registration Individuals who are ineligible to participate because of their failure to comply with work requirements as specified in Chapter 3, WORK REGISTRATION. (MAVERICS participation code is DW.)
- 6. Individuals disqualified as a fleeing felon or in violation of parole/probation. (MAVERICS participation code is DF.)
- 7. Individuals disqualified for conviction (in a court of law) of trafficking in SNAP benefits of \$500 or more, in possession of forged or counterfeit coupons or an unauthorized or stolen EBT card, or using SNAP benefits for trading of firearms, ammunition, or explosives. Individual is permanently disqualified with MAVERICS participation code DF and MAST sanction code TB—Trafficking.
- 8. Individuals disqualified through a court, administrative hearing, or by a waiver or consent agreement for fraudulent statements or representation with respect to identity and residence in order to receive multiple benefits simultaneously. Individual is disqualified for 10 years. DF is MAVERICS participation code with MAST sanction code FA—Fraudulent Duplicate Participation.
- 9. Individuals convicted of a felony aggravated sexual abuse, sexual exploitation and other abuse of children, or sexual assault since February 7, 2014 and not in compliance with the terms of the sentence. See Chapter 8, THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION, for information about verification.
- 10. Individuals convicted of murder since February 7, 2014 and not in compliance. See Chapter 8, THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION, for information about verification.
- 11. Individuals disqualified for non-cooperation with the Division of Child Support Enforcement (effective 07 01 97) as outlined in Chapter 3, Child Support Requirements.

Volume V | Chapter 3 3004

(MAVERICS participation code is DC.)

12. Individuals disqualified for non-cooperation with the TANF Work Program but who meet a SNAP work registration exemption. (MAVERICS participation code is DI.)

Other Non-household Members

The individuals listed below shall not be included as members of the household in determining household size, eligibility or benefit level. Except for ineligible students and persons disqualified for noncompliance with work registration, the individuals listed below may be considered separate households if otherwise eligible. See Chapter 7, HOUSEHOLDS WITH OTHER NON-HOUSEHOLD MEMBERS, for the treatment of income and resources.

- 1. Roomers Individuals to whom a household furnishes lodging but not meals, for compensation.
- 2. Live-in-Attendants Individuals who reside with a household to provide medical, housekeeping, child care or similar services.
- 3. Others Other individuals who share living quarters but who do not customarily purchase food and prepare meals with the household. For example, if the applicant household shares living quarters with another family to save on rent, but does not purchase and prepare food together with that family, the members of the other family are not members of the applicant household
- 4. Ineligible Students Students who do not meet the eligibility criteria outlined in Chapter 7, STUDENTS, are non-household members. The policy supersedes the provision which prohibits non-household status for certain household members such as spouse or parents living with their children under 22 years of age. An ineligible student may not be a separate household



RESIDENCY REQUIREMENTS

All households must live in the county in which they make application for SNAP. No household member may participate in more than one county or state or as a member of more than one household in any month. (See exceptions in this chapter under HOUSEHOLD CONCEPT, EXCEPTIONS AND CLARIFICATION, Residents of Shelters for Battered Women and Children.)

When determining residency:

- 1. The county shall not impose any durational residency requirement;
- 2. The county shall not require an otherwise eligible household to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility. For example, campsites for migrants would satisfy the residency requirement;
- 3. The county shall not require an intent to reside permanently in the state or county.
- 4. Persons in the county solely for vacation purposes shall not be considered residents.

When a household moves within the State, and the move is reported or known to the agency, the household's case will be transferred in open status once all pending actions are handled by the transferring county. If the client comes into the office to report a change in address, the client should complete the MDHS FO 116, Change of Address form.



INONFINANCIAL CRITERIA; RESIDENCY IN COMMERCIAL BOARDING HOUSES **AND INSTITUTIONS**

Revised 05-01-06

RESIDENTS OF COMMERCIAL BOARDING HOUSES

Those individuals actually residing in a commercial boarding house are not eligible to participate in the SNAP Program. For program purposes, a commercial boarding house shall be defined as a commercial establishment which offers meals and lodging for compensation, with the intention of making a profit. The number of boarders residing in a boarding house shall not be used to determine if a boarding house is a commercial enterprise.

The household of the proprietor of a boarding house may participate in the SNAP Program separate and apart from the residents of the boarding house if the proprietor's household meets all of the eligibility requirements for participation, including the definition of a household.

RESIDENTS OF INSTITUTIONS

Residents of institutions, with certain exceptions listed below, are not eligible to participate in the SNAP Program. For purposes of this provision, individuals will be considered residents of institutions when the institution provides them with the majority of their meals (over 50% of three meals daily) as a part of its normal services. Actual place of residence is not a factor in determining whether an individual is a resident of an institution. Additionally, students who purchase a majority of their meals at one of the school's facilities through a meal plan are considered residents of an institution regardless of whether obtaining meals at a school facility is mandatory or optional. Institution is defined in Chapter 2.

Individuals who do not receive their meals from the institution but who prepare their own food or are participating in the delivered meals program or a communal dining program will be eligible for SNAP benefits if they meet all other eligibility requirements.

Some institutions may be authorized by the Food and Nutrition Service (FNS) to accept SNAP benefits. Persons living in such facilities who do not receive the majority of their meals from the institution, may, if otherwise eligible, participate in the SNAP program and purchase food from the institution with their SNAP benefits. However, residents who continue to receive the majority of their meals from the institution as part of the facility's normal services are not eligible for SNAP benefits. Therefore, in the same institution, some persons may be eligible for SNAP and others ineligible.

Exemptions from the institution provision are:

- Any narcotics addict or alcoholic and their children who live with them, who resides at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program as defined in Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS.
- Residents of federally subsidized housing for the elderly.



[NONFINANCIAL CRITERIA; RESIDENCY IN COMMERCIAL BOARDING HOUSES AND INSTITUTIONS]

Revised 03-01-14

- 3. Certain blind and disabled individuals who live in authorized small group living arrangements as defined in Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.
- 4. Persons or persons with children temporarily residing in a shelter for battered persons and children as defined in Chapter 7, RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN. Such persons temporarily residing in shelters for battered persons and children shall be considered individual household units for purposes of applying for and participating in the Program.
- 5. Residentof publicor privatenon profits helters for homeless persons.

PRERELEASEAPPLICATIONSFROMRESIDENTSOFINSTITUTIONS

Residents of a public institution who apply for SSI prior to their release from an institution under the Social Security Administration's Prerelease Program for the Institutionalized shall be permitted to apply for SNAP benefits at the same time they apply for SSI. See Chapter 7, PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS.

[NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS]

Revised 05-01-06

GENERAL

Participants in the SNAP Program must be one of the following:

- A person with United States citizenship;
- An alien in a non-citizen category which makes the individual eligible for SNAP benefits on the same basis as a citizen, or
- An individual who is determined to be a "qualified alien" based on the status assigned by the United States Citizenship and Immigration Services (USCIS) and who meets a condition which allows the alien to receive SNAP benefits either indefinitely or for a limited period of time.

Prior to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), enacted August 22, 1996, most legal immigrants were eligible for SNAP benefits on the same basis as citizens. Welfare Reform barred most legal immigrants from receiving SNAP benefits. In 1998 Congress restored SNAP eligibility to elderly/disabled individuals and immigrant children who were in the country prior to August 22, 1996. The Farm Security and Rural Investment Act of 2002, commonly referred to as the Farm Bill, incrementally restored eligibility to several groups of qualified aliens. Effective October 1, 2002, the requirement that a disabled alien had to be lawfully in the country on August 22, 1996, was removed, making those who are disabled by definition eligible for SNAP benefits regardless of date of entry into the U.S. In April 2003, qualified aliens who have lived in the country for five years or longer beginning on date of entry regained eligibility.

Not all legal immigrants have access to the SNAP Program; therefore, citizenship/alien status must be carefully assessed prior to certification. To participate in the SNAP Program, aliens must not only meet the citizenship/alien status requirements, but all other program eligibility factors, such as income and resources. The presence of an alien in the household who does not meet the eligibility criteria does not prevent the remainder of the household from applying for and receiving SNAP benefits. See Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

CITIZENSHIP AND ALIENS ELIGIBLE AS CITIZENS

Individuals in the following classifications are eligible to receive SNAP benefits **for an unlimited period of time** as citizens or on the same basis as citizens, i.e., they are not required to be assigned a status by the USCIS. See VERIFICATION OF ALIEN STATUS later in this material.

1. A United States citizen or a naturalized citizen.



NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS

Revised 05-01-06

- A U. S. non citizen national, as described in the Department of Justice Interim Guidance of 11/17/97
- -American Indians born in Canada living in the United States under section 289 of the
 - INA or non citizen members of a federally recognized Indian tribe as defined in section 4(e) of the Indian Self Determination and Education Assistance Act (25 U.S.C. 450(e)). This provision is intended to cover Native Americans who are entitled to cross the United States border into Canada or Mexico. It includes, among others, the St. Regis Band of the Mohawk in New York, the Micmac in Maine, the Abenake in Vermont and Kickapoo in Texas.
- An alien lawfully residing in the United States who was a member of a Hmong or Highland Laotian tribe that rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (August 5, 1964 through May 7, 1975). The category includes the spouse (or surviving spouse who has not remarried) or unmarried dependent children of these individuals.

DETERMINATION OF QUALIFIED ALIEN STATUS

A determination that an applicant is a qualified alien is only the first step in determining if the individual is SNAP eligible. A qualified alien means an alien is in one of the following statuses or categories determined by the USCIS:

- Lawfully admitted for permanent residence (LPR) in the United States. This category also includes "Amerasian immigrants" as defined under section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988.
- Under certain circumstances, a battered immigrant spouse, battered immigrant child, immigrant parent of a battered child or an immigrant child of a battered parent with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of INA.
- Paroled into the U.S. under section 212(d)(5) of the INA for at least one year.
- Granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80.
- 5. Refugee admitted to the United States under section 207 of the INA.
- Granted asylum under section 208 of the INA.
- Deportation is being withheld under section 243(h) of the INA as in effect before 4/1/97 or removal is withheld under section 241(b)(3) of the INA.

[NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS]

Revised 05-01-06

8. Cuban and Haitian entrant under section 501(e) of the Refugee Assistance Act of 1980.

An alien who is not "qualified" based on one of the USCIS statuses above is ineligible.

When an alien is determined to be "qualified", the next step is that the individual must then meet one of the conditions discussed below. Any qualified alien who does not meet at least one of these conditions is also ineligible.

QUALIFIED ALIENS - UNLIMITED ELIGIBILITY PERIOD

Qualified aliens are eligible to receive SNAP benefits **for an unlimited period of time** provided they meet one of the following conditions:

- 1. Individuals who have lived in the United States as a qualified alien for five years or more from date of entry.
- 2. Blind or disabled individuals receiving payments or assistance for blindness or disability as defined in Chapter 2, DEFINITIONS, DISABLED PERSON.
- 3. Children who are under the age of 18 regardless of date of entry into the United States.
- 4. Elderly individuals who were born on or before August 22, 1931, and who were lawfully residing in the United States on August 22, 1996.
- 5. Aliens lawfully admitted for permanent residence (LPR) who can be credited with 40 qualifying quarters of work under the Social Security system. Credits may be earned individually or in combination with a spouse. Quarters worked by the spouse qualify if they are worked during the marriage and the alien remains married to the spouse or the spouse is deceased. A qualifying quarter also includes one worked by a parent of an alien while the alien was under 18. Credits of quarters before the child is born are allowed. Beginning January 1, 1997, any quarter in which the alien received SNAP benefits or any other Federal means tested benefit such as TANF, Medicaid or CHIP is not counted as a qualifying quarter. However, if the alien earns the 40th quarter of coverage prior to applying for SNAP benefits in that same quarter, that quarter must be included in the 40 qualifying quarter's total. (See VERIFICATION OF ALIEN STATUS later in this chapter.)
- 6. Aliens who are lawfully residing in the United States and are on active duty (other than for training) in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard (but not full-time National Guard) or are honorably discharged veterans whose discharge is not because of alien status. A discharge "Under Honorable Conditions" does not meet this requirement. This category includes the spouse or surviving spouse, who has not



[NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS]

Revised 05-01-06

remarried and the marriage fulfills the requirements of section 1304 of title 38, U.S.C., or unmarried dependent children of these individuals.

NOTE: A veteran must have met the minimum active-duty service requirements of section 5303 A(d) of title 38, United States Code [24 months or the period for which the person was called to active duty].

QUALIFIED ALIENS - LIMITED ELIGIBILITY PERIOD

SNAP eligibility for qualified aliens is **limited to seven years from the date the alien is admitted or granted status** if they meet one of the following conditions:

- 1. A refugee is eligible for seven years from the date of admission to the United States under section 207 of the INA. This includes immigrants who have been certified by the U.S. Department of Health and Human Services to be victims of a severe form of trafficking, including the minor children, spouses and in some cases the parents and siblings of victims of severe trafficking, in accordance with the Trafficking Victims Protection Reauthorization Act of 2003, (P.L. 108-193.)
- 2. An asylee is eligible for seven years from the date asylum was granted under section 208 of the INA.
- 3. A deportee is eligible for seven years from the date deportation or removal was withheld under section 243(h) or section 241(b)(3) of the INA.
- 4. A Cuban and Haitian entrant is eligible for seven years from admittance under section 501(e) of the Refugee Education Assistance Act of 1980.
- 5. An Amerasian immigrant is eligible for seven years from date of admittance under section 584 of the Foreign Operations Act, 1988.

Individuals initially admitted on the basis of Items 1 – 5 above continue to be eligible for SNAP benefits during the first seven years they are admitted or granted the applicable status. This is true regardless of any later adjustment to another status which leaves the alien without a qualifying condition under which to be eligible for SNAP benefits. An example of this is an immigrant initially granted asylum in January 2001 whose status is adjusted by the USCIS to Lawfully Admitted for Permanent Residence (LPR) in January 2003. As LPR this immigrant does not meet a criteria to qualify for SNAP benefits, i.e., is not disabled, does not have 40 qualifying quarters, has not yet resided in the U.S. for five years or more from date of entry, etc.; however, he still remains SNAP eligible as an asylee for seven years or until he meets a qualifying condition which makes him eligible for an unlimited period. Any time a qualified alien meets a condition specified under QUALIFIED ALIENS - UNLIMITED ELIGIBILITY



NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS

Revised 05-01-06

PERIOD, the seven year limit is no longer applicable.

For proper verification and/or documentation of alien status, refer to Chapter 8, VERIFICATION AND DOCUMENTATION, ALIEN STATUS.

INELIGIBLE ALIENS

Any alien who does not meet one of the conditions above to be a "qualified alien" is not eligible for SNAP benefits. Individuals are prohibited from receiving SNAP benefits under any circumstances if they are lawfully residing in the United States in a non-qualified status and are not exempt from immigration restrictions. Such aliens may include visitors, tourists, students or diplomats. In addition, any undocumented alien, such as individuals who entered the country as temporary residents and overstayed their visas or who entered without visas and remain in the United States unlawfully, are not eligible for SNAP benefits.

INCOME AND RESOURCES

The ineligible alien's income will be prorated, and the resources shall be counted in its entirety to the remaining eligible members in the household. See Chapter 7, HOUSEHOLDS WITH EXCLUDEDMEMBERS.

VERIFICATION OF ALIEN STATUS

Most aliens who have entered the United States legally are in possession of documents issued by the USCIS which contain the individual's immigration status and the date that individual entered the country or adjusted to the status shown on the card. It is the responsibility of the applicant/recipient to provide USCIS documents prior to certification. If the alien applicant does not provide documents establishing his alien status on a timely basis or if his alien status is questionable, the eligibility of the remaining household members shall be determined in accordance with Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

When an individual within a household does not disclose citizenship or establish satisfactory immigration status, ineligibility exists only for the individual member and not for the entire household. The remaining household members should be certified, if otherwise eligible. During the application process any individuals within the applicant household who do not wish to comply with citizenship and alien status requirements are "non-applicants" and should not be questioned about citizenship/alien status. However, these individuals must disclose and verify income, resource and all other information needed to establish the eligibility and benefit level for the household. The "non-applicant" is treated as an ineligible alien in accordance with instructions in Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

[NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS]

Revised 05-01-06

Eligibility cannot be established when a "non-applicant" individual fails to disclose income, resources, etc. In this instance, the application should be denied for the entire household.

Households should be advised that (1) only those who disclose their citizenship or establish satisfactory immigration status will receive benefits, if otherwise eligible, and (2) even though "non-applicant" household members (those who do not wish to disclose citizenship or establish satisfactory immigration status) are ineligible, they are still required to answer questions and verify information that affects the eligibility of the other applicant household members. Refer to Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS regarding treatment of the income and resources of the excluded alien.

If adequate documentation of status is subsequently supplied by the alien, the worker shall act on the reported change in accordance with appropriate timeliness standards. Once the applicant has submitted acceptable documentation of his alien status in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION, Alien Status, household benefits cannot be denied, delayed, reduced or terminated on the basis of his immigration status pending verification from the U. S. Citizenship and Immigration Services (USCIS).

The most common documents used to verify alien status include, but are not limited to, the following:

- (a) Form I-551 Resident Alien Card and Conditional Resident Alien Card
- (b) Form I-151 Alien Registration Receipt Card
- (c) Form I-94 Arrival-Departure Record (Annotated with Section 207 or refugee, asylum, or paroled.)
- (d) Form I-688 Temporary Resident Card
- (e) Unexpired foreign passport when it contains an endorsement "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence"

If the USCIS document provided by the applicant does not clearly indicate the alien status or if the document presented is questionable, the worker must send USCIS Form G-845S with a photocopy (front and back) of the alien's document to the appropriate USCIS office to validate the document and alien status.

For applicants claiming eligibility based on 40 quarters of work, the worker will access the Wire Third Party Query function (WTPQ) from the Inquiry Menu (INME) to verify the quarters from Social Security Administration's automated system.

Applicants claiming military service must provide verification of a veteran's honorable discharge or status in the service for active duty member. Active duty may be established through the service member's current Military Identification Card or a copy of the member's military orders. Verification of honorable discharge status can be established through the veteran's discharge certificate showing "Honorable" discharge from active duty in the U.S. military. A discharge "Under Honorable Conditions" does not meet this requirement.



[NONFINCIAL CRITERIA: CITIZENSHIP AND ALIEN STATUS]

Revised 05-01-06

The county may contact the Policy Unit in State Operations to verify the eligibility status of certain Hmong or Highland Laotian refugees and eligible Indian tribes to whom section 289 of INA applies and members as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act.

See Chapter 8, VERIFICATION AND DOCUMENTATION, Mandatory Verification, Alien Status, for requirements and methods of verification.

SPONSORED ALIENS

Qualified aliens who have a sponsor who signed Form I 864, USCIS Affidavit of Support, signed on or after December 19, 1997, will have all income and resources of the sponsor and their spouse considered until the alien has worked 40 qualifying quarters of coverage or becomes a naturalized citizen. See Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS.

EXPEDITED SERVICE

There are instances when the alien may participate prior to providing documentation/verification of alien status due to provisions for postponed verification for households entitled to expedited service. See Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

CITIZENSHIP

A household member whose citizenship is questionable shall be ineligible until proof of citizenship is obtained. See Chapter 8, VERIFICATION AND DOCUMENTATION and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

REPORTING ILLEGAL ALIENS

The worker is cautioned that a determination that a person is an *ineligible* alien is not equivalent to a determination that a person is an *illegal* alien. An individual will be reported to the appropriate USCIS office in the following instances: (1) the applicant, another household member or the authorized representative admits that illegal aliens are present in the household; (2) USCIS documents presented by the household during the application process are determined to be forged; or (3) a formal order of deportation or removal is presented by the household during the application or recertification process.

When a household or person indicates inability or unwillingness to provide documentation of alien status for any household member, that member should be classified as an ineligible alien for SNAP eligibility purposes. In such situations, the caseworker shall not continue efforts to obtain that documentation but should treat that individual as an excluded household member in accordance with Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

INONFINANCIAL CRITERIA: SOCIAL SECURITY NUMBERS1

Revised 05-01-06

REQUIREMENTS FOR PARTICIPATION

The worker shall require a household participating in or applying for participation in the SNAP program to provide the social security number (SSN) of each household member or apply for one prior to certification. Because of the various uses of the SSNs, it is important that the correct number is obtained; therefore, it is preferable that the household provide a Social Security Card or document with the number on it. It is acceptable, however, for the household to give the worker the number verbally. If individuals have more than one number, all numbers shall be required. The worker shall explain to applicants and participants that refusal or failure without good cause to provide a social security number will result in disqualification of the individual for whom a number is not obtained.

OBTAINING SSNs FOR HOUSEHOLD MEMBERS

For those household members who provide SSNs prior to certification, recertification or at any office contact, the worker shall record the SSN and verify it in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION, Social Security Numbers.

For the household members who do not have SSNs, the worker shall:

- -Advise the household that those individuals who do not have a SSN must apply for one at the Social Security Office.
- Prepare and provide to the household Form MDHS EA 949, REFERRAL FOR SOCIAL SECURITY NUMBER APPLICATION. (See Generic Forms Manual for preparation instructions.)
- Review with the household instructions on MDHS-EA-949 for applying for a SSN, emphasizing the documents needed to be taken to the Social Security Office.

The household shall be advised that proof of application from the Social Security Administration (SSA) will be required prior to certification. Proof of application shall consist of:

- Receipt of the completed MDHS-EA-949 from SSA, or
- Form SSA-2853, Enumeration at Birth, which states that a SSN has been requested for the newborn.

NOTE: 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 its next recertification or within 6 months following the month the baby is born, whichever is later. Good cause must be determined if the household is unable to provide a SSN or proof of application at its next recertification or 6 months following the baby's birth.

• Form SSA-5028, Receipt of Application for a Social Security Number, which may be requested by the household member at the Social Security Office. This form is

INONFINANCIAL CRITERIA: SOCIAL SECURITY NUMBERS1

Revised 05-01-06

particularly appropriate if the household member has already applied for a SSN earlier but has not received the SSN at the time of his application for SNAP benefits.

Household members who do not know their SSNs or do not have a document with the number available, may be referred to the local social security office for either a computer print-out or a duplicate Social Security Card. A computer print-out which contains the name and SSN may be provided by the SSA at the time of request whereas a duplicate card is not immediately available.

FAILURE TO COMPLY

If the worker determines that a household member has refused or failed without good cause to provide or apply for a SSN, then that individual shall be ineligible to participate in the SNAP Program and coded DI in MAVERICS. The disqualification applies to the individual for whom the SSN is not provided and not to the entire household. The income and resources of an individual disqualified from the household for failure to comply with this requirement shall be counted as household income and resources in accordance with Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

DETERMINING GOOD CAUSE

In determining if good cause exists for failure to comply with the requirement to apply for or provide a SSN, the worker shall consider information from the household member, SSA, and the county office.

Documentary evidence or collateral information that the household member has applied for a SSN or made every effort to supply SSA with the necessary information to complete an application shall be considered good cause for not complying timely with this requirement.

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

If the household member can show good cause why an application for a SSN has not been completed in a timely manner, that person shall be allowed to participate for one month in addition to the month of application. If the household member applying for a SSN has been unable to obtain the documents required by SSA, the worker shall make every effort to assist the individual in obtaining these documents.

Good cause for failure to apply must be shown monthly in order for such a household member to continue to participate. Once Form SSA 5028 has been filed the member may continue to participate pending notification of the household member's SSN.

[NONFINANCIAL CRITERIA: SOCIAL SECURITY NUMBERS]

Revised 05-01-06

The household shall be requested to provide the SSN when it is received from SSA. If reported prior to recertification it shall be documented in the case record and verified in accordance with Chapter 8. VERIFICATION AND DOCUMENTATION.

At recertification, the worker shall determine if any SSNs that have not been reported have been assigned. If so, the worker shall document in the case record and verify in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION.

If, at recertification, the number has not been received, the worker shall determine the reason for the delay. If good cause exists, the household member may continue to participate. If the delay appears to be caused by SSA, the person must be redirected to the SSA Office to reapply and provide new verification of application.

ENDING DISOUALIFICATION

The household member(s) may become eligible upon providing the county office with a SSN.

VERIFICATION

The requirement that a household provide SSNs is not to be confused with verification requirements. See Chapter 8, VERIFICATION AND DOCUMENTATION, Social Security Numbers. All SSNs obtained for household members must be documented in the case record and shall be entered into the MAVERICS system.

SSN VALIDATION/MATCH ALERT

After the SSN is entered in MAVERICS, an automatic match with the Social Security Administration is completed. If the SSN cannot be validated by SSA, the IEVS SSN ENUMERATION/VALIDATION MATCH DATA alert is created. The worker must take immediate action to clear an unverified SSN. Within 10 days from the date the SSN match alert is received, a REQUEST FOR INFORMATION notice must be sent to the household informing the household of the information received from SSA. If the household fails to respond within 10 days by providing information resolving the discrepancy or fails to verify that the household has contacted SSA to resolve the discrepancy, the worker must send a notice of adverse action to disqualify the individual who's SSN could not be verified.

See Volume X, IEVS SSN ENUM/VAL match data.

USE OF SSNs

The State Agency is authorized to use SSNs in the administration of the SNAP Program in accessing information regarding individual SNAP Program applicants and participants who



[NONFINANCIAL CRITERIA: SOCIAL SECURITY NUMBERS]

Revised 05-01-06

receive benefits under Title XVI of the Social Security Act to determine such a household's eligibility to receive assistance and the amount of assistance or to verify information related to the benefit of these households. SSNs shall be used for the State Data Exchange (SDX). SSNs shall also be used to prevent duplicate participation, to facilitate mass changes and to determine the accuracy and/or reliability of information given by households. In particular, SSNs shall be used by the agency to request and exchange information on individuals through IEVS.

EXPEDITED SERVICE

Households entitled to expedited service shall be asked to furnish a social security number for each person or apply for one for each person before the second full month of participation. Those household members unable to provide the required SSNs or who do not have one prior to the second full month of participation shall be allowed to continue to participate only if they satisfy the good cause requirements.

PERSONS REQUIRED TO REGISTER

Agency Responsibility

The worker shall determine which household members are required to register for employment. Each member of an eligible household who does not meet one of the exemptions as outlined in this chapter shall be registered at the time of application and recertification. Work registration is a prerequisite to certification and one which cannot be waived except as provided later in this chapter.

The worker shall explain to the applicant/recipient:

- 1. The pertinent work requirements
- 2. The rights and responsibilities of work-registered household members
- The penalty for failure to comply

The worker shall also provide Form MDHS EA 507, FACTS ABOUT THE SNAP PROGRAM, which includes information about the Work Program rules and the penalty for failure to comply with those rules, to the household. In addition, the MDHS-EA-507 shall be provided when a previously exempt member or new household member becomes subject to a work requirement, and at recertification. MDHS-EA-565, ABAWD BROCHURE should be provided and discussed with any ABAWD or potential ABAWD household. Documentation should be made on the Interactive Interview Documentation (IIDO) screen and the Forms/Explanations (FOES) screen.

All mandatory work registrants shall be work registered via the MDHS-EA-900 Application. Any household member who is required to register for work or is a mandatory referral to the SNAP Employment & Training (E & T) Program and fails to participate or refuses to register for work, without good cause, will be disqualified from the program.

The Work Registration (WORE) screen in MAVERICS shall be coded appropriately. See Volume X, Work Registration and EXEMPTION CODES, for instructions on proper coding of exemptions and registration of nonexempt household members, and SNAP E&T referral codes. The HELP Screen also provides guidance.

EXEMPTIONS FROM WORK REGISTRATION

Only the following individuals are exempt from work registration:

1. A person younger than 16 years of age or a person 60 years of age or older. If a child's 16th birthday falls within a certification period, the child shall fulfill the work registration requirement as part of the next scheduled recertification process, unless the child qualifies for another exemption.

Exemptions include an individual age 16 or 17 who:

- a. is not a head of household or
- b. is a head of household who is attending school or enrolled in the SNAP E&T Program for at least a half-time basis
- 2. A person mentally or physically unfit for employment.

If a mental or physical unfitness is claimed and the unfitness is not evident, verification will be required. Receipt of disability benefits generally is sufficient evidence of the disability; however, if the payment is issued for a partial or marginal disability, as is sometimes the case with VA benefits, for example, it may mean that the participant would not be suitable for certain types of jobs. It does not necessarily mean the participant is exempt from work registration, as there may be jobs the individual is physically and mentally capable of handling. The registration decision must be made by the worker on an individual case basis and the case record documented accordingly.

3. A household member responsible for the care of an incapacitated person.

Documentation from a healthcare provider must verify an individual's incapacity and the fact that the individual is in need of a caretaker. However, a healthcare provider would be unaware of what individual would be providing that care. The incapacitated person would be able to identify and provide verification of the name of their responsible caretaker. A statement from the incapacitated person should be scanned in the case record.

- 4. A parent or other household member who is responsible for the care of a dependent child under 6.
- 5. A student enrolled at least half-time in any recognized school (including high school or high school equivalency), training program, or institution of higher education or institution of post secondary education (including distance learning classes provided the

student is enrolled at least half time in an institution of higher education) meets the eligibility criteria outlined in Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS.

Enrollment in a mail, self-study, or correspondence course does not qualify a person as a student for work registration purposes.

The student shall remain exempt during normal periods of class attendance, vacation and recess, unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer). (Normal school term is explained in detail in Chapter 7, STUDENTS.) Persons who are not enrolled at least half-time, as defined by the institution, or who experience a break in enrollment status due to graduation, expulsion, or suspension, or who drop out or otherwise do not intend to return to school, shall not be considered students for the purpose of qualifying for this exemption.

NOTE: Refugees enrolled at least half-time in training programs approved, funded, or operated by the Office of Refugee Resettlement (ORR) would qualify for a student exemption.

Special Conditions for Students Enrolled in Employment & Training (E&T) Activities:

An Able-bodied Adult without a Dependent (ABAWD) or any work registrant who is enrolled in a recognized school, training program, or institution of higher education as part of the SNAP E&T Program (including the Skills2Work E&T Program) at the time of application or any time thereafter, will not meet an exemption from work registration requirements as a student who is enrolled at least half-time in a training program. These individuals would be required to meet the ABAWD work requirement and regular SNAP work requirements; unless another work registration, exemption is met. However, the E&T Program participation could count toward fulfilling the ABAWD work requirement.

Example: ABAWDs placed in the Skills2Work E&T Program can use the program as a qualifying activity and the time spent in the activity would be counted towards meeting the ABAWD work requirement.

Note: Students currently enrolled in the Tuition Assistance Program (ending September 30, 2017) will continue to be exempt from the work registration requirements until they complete their current program of study or training, as long as they remain in good

standing with the college and do not dropout, withdraw, or fail to enroll for the following semester.

Example: Susie Smith is enrolled in the Interpreter Training Program at Hinds Community College. A reverse referral is sent to the county MDHS office and Ms. Smith applies for SNAP benefits. Because she self-initiated her E&T program and was not "placed" by the county office, she will retain her student exemption from work registration requirements.

Individuals who apply for SNAP and are already enrolled in a career/technical or workforce skills training program (self-initiated), may volunteer for the SNAP E&T Program as a means to gain SNAP eligibility. Such individuals would be referred to SNAP E&T following approval.

Example: Joe Smith is enrolled in the welding program at Holmes Community College. He applies for SNAP, meets no student exemption, and would be considered an ineligible student. However, because he is enrolled in a program allowed under the State's E&T Plan (defined as career/technical or workforce skills training programs), should he agree to volunteer for SNAP E&T, he would qualify for a student exemption as an E&T participant and would now be considered an eligible student. Upon approval, he would be referred to SNAP E&T.

- 6. A regular participant in a drug addiction or alcoholic treatment and rehabilitation program. The addict/alcoholic must regularly participate in a treatment and rehabilitation program to be exempt. The person does not have to be a resident of the center. However, the treatment center must be certified as a rehabilitation program by the State Department of Mental Health.
- A person who is employed or self-employed and working a minimum of 30 hours
 weekly or receiving weekly earnings at least equal to the Federal minimum wage
 multiplied by 30 hours.

This exemption shall also include migrant and seasonal farmworkers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days, whereby working 30 hours per week or which produces earnings equivalent to the Federal minimum wage multiplied by 30 hours.

There may be instances when an individual's hours fluctuate so that, although that individual does work an average of 30 hours per week, he/she may not work 30 hours each and every week. For example, a job may be dependent upon favorable weather conditions and the individual may work only 15 hours one week due to bad weather, then 60 hours the next week when the weather improves. Therefore, for purposes of this provision, the worker may obtain an average of hours worked over a period of time not to exceed either the length of the certification period or the 12 month work registration period, in order to determine if a household member qualifies for this exemption.

Persons engaged in hobbies, volunteer work or any other activity which cannot, because of the minimal amount of monies received from such activity, be considered as gainful employment, shall not be considered exempt from work registration regardless of the amount of time spent in such activity.

The receipt of income from self employment, whether it constitutes all or only a portion of the income for the household, does not automatically exempt the member(s) from the work registration requirement. The member(s) must be actively engaged in the enterprise and the worker must determine that the self-employment enterprise does require at least 30 hours of work per week during the period of certification or an average of 30 hours per week on an annual basis. If the person is not working 30 hours per week, he/she may still be exempt if he/she is receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30 hours.

Verification of income received from self employment will in many cases be sufficient to establish an exemption from work registration, provided the amount of income appears to be consistent with a conclusion of full-time (30 hours a week) employment.

If the income does not appear to indicate full-time employment, but the individual still claims an exemption on the basis of full-time self-employment, he must cooperate with the worker in establishing that the income received from the self-employment enterprise is at least sufficient to be considered gainful employment and that the volume of work claimed justifies a determination that the self-employment enterprise is a full-time job for purposes of this exemption. The household must cooperate in providing adequate documentation to substantiate the claim.

The worker shall carefully review the circumstances of households engaged in seasonal self employment to determine if the 30 hours minimum requirement is met in the off-season. If the seasonal employment averages 30 hours of work per week or the Federal minimum wage multiplied by 30 hours, on an annual basis, the household member(s) so

engaged would be exempt from registering even during the non-work periods.

However, if the annual average does not qualify such member(s) for an exemption during the non work season, the household member(s) will have to register for work (unless otherwise exempt), although they may be exempt during the work season if they are actively engaged in such enterprise on an average of 30 hours per week over the period of certification.

In instances where the member(s) hire or contract for another person or firm to handle the daily activities of such enterprise, the member(s) will not be considered as selfemployed for the purposes of work registration unless they themselves work in such activity at least 30 hours per week.

8. A household member subject to and complying with any work requirement under Title IV of the Social Security Act, including the TANF Work Program (TWP).

Only those individuals subject to the TWP requirements will be exempt from SNAP work registration requirements, i.e., mandatory TWP participants. Even though a mandatory participant may not be actively involved in a TWP component, the fact remains that individuals are subject to the TWP requirements by virtue of being non-exempt.

NOTE: Even though the TANF member is subject only to the TWP, the worker must document if the individual meets a SNAP work exemption for comparable disqualification reasons. See exemption codes for SNAP work requirements in Volume X for WORE Screen and MAVERICS Help Screen.

9. A person who receives Unemployment Compensation.

A person who has applied for but has not yet begun to receive Unemployment Compensation shall also be exempt if that person was required to register for work with the Department of Employment Security as part of the unemployment compensation application process. If the exemption claimed is questionable, the county office shall request verification of the registration with the appropriate Employment Security office.

SPECIAL SITUATIONS

School Employees Under Contract

If the amount received by contract averages out over the year to the Federal minimum wage multiplied by 30 hours a week for 52 weeks, or the total hours of work exceed or equal 1560 per year, the household member under contract is exempt from work registration during the non-work season.

SSI/SNAP Households Applying at Social Security Offices

Household members residing in households in which all members are applying for SSI and for SNAP benefits at the Social Security Office shall have the requirement for work registration waived until:

- 1. They are determined eligible for SSI and thereby become exempt from work registration; or
- 2. They are determined ineligible for SSI, in which case work registration, if appropriate will be accomplished as part of the next scheduled recertification.

Strikers

Strikers, who are determined eligible as outlined in Chapter 7, are subject to work registration requirements unless exempt in accordance with provisions in this material.

Aliens

Aliens need work permits; however, an otherwise qualified alien who is required to register would be registered under ongoing policy and referred to the nearest USCIS office to obtain a work permit if not in possession of one.

Registration of Ineligible Household Members

Ineligible household members who are disqualified and who meet the criteria for work registration are subject to work registration requirements. However, ineligible household members are not subject to the ABAWD work requirement.

LOSS OF EXEMPTION WHILE CERTIFIED

When a person is exempt from work registration at the time of certification, but loses that exemption during the certification period, registration must be accomplished within the following timeframes unless the registrant is otherwise exempt:

Those Who Must Register During the Certification Period

Persons losing exemption status because of any change in circumstances that becomes known to the agency during the certification period (See Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, Reporting Changes) shall register for employment when the change becomes known. Examples include but may not be limited to:

- 1. The departure from the household of the only dependent child for whom the exempt household member was caring. The household member meets no other exemption, therefore, must register.
- 2. The loss of employment, unless otherwise exempt, the individual must register.
- 3. The loss of SNAP E&T eligibility criteria and the household member meets no other exemption.
- 4. An able bodied adult without a dependent (ABAWD) whose work hours drop below 80 hours monthly or an average of 20 hours per week.

Any change that becomes known to the agency which results in an individual's change in work registration status must be thoroughly documented on the Interactive Interview Documentation (IIDO) screen. For example, an individual caring for a dependent child reports on the MDHS-EA-905, TANF/SNAP INTERIM ELIGIBILITY AND INCOME REPORT that the child has moved from the household. The household member now meets no other work registration exemption and must register for work. Consider the individual to have been informed of his/her responsibility to register for work by the signature on the current MDHS-EA-900, TANF/SNAP APPLICATION, which informs the head of household that certain household members must meet work registration requirements unless a work registration exemption is met by that household member.

Those Who Must Register at the Next Recertification

Those persons who lose exemptions due to changes which do not have to be reported during the

certification period shall, unless otherwise exempt, fulfill the work registration requirement as part of the next scheduled recertification. Examples include but are not limited to:

- 1. A household member is exempt because of the care of a child under 6. The child reaches his 6th birthday during the certification period. The household member loses his exemption, but is not required to register until the next scheduled recertification.
- 2. A household member is exempt from work registration because of a temporary disability He becomes mentally and physically fit during the certification period, losing his exemption. He is not required to register until the next scheduled recertification.

WORK REGISTRANT REQUIREMENTS

Work registrants shall:

- 1. Complete work registration process (signing of MDHS-EA-900).
- Provide to the agency sufficient information regarding employment status or availability for work.
- 3. Accept a bona fide offer of suitable employment, as described later in this chapter and continue suitable employment.
- 4. Participate in an Employment & Training (E & T) Program or workfare program if required. All referable Able Bodied Adults without Dependent (ABAWD) household members will be required to participate in an E & T activity, unless otherwise exempt.
- 5. —Report to an employer if referred and accept a bona fide offer of suitable employment provided the employment meets the suitability requirements as described under SUITABLE EMPLOYMENT.
- 6. Not voluntarily quit, without good cause, a job of 30 or more hours per week or reduce work effort to less than 30 hours per week.

FAILURE TO COMPLY

For purposes of failure to comply with work registration/Employment and Training requirements, the head of household shall be the primary wage earner unless the household has

selected an adult parent of children as outlined below under Head of Household Designation.

The primary wage earner (PWE) is the household member (including excluded household members) who has the greatest source of earned income in the two months prior to the month of the failure to comply. This provision applies only if the earned income involves employment of at least 20 hours or more per week or provides weekly earnings in an amount at least equivalent to the Federal minimum wage multiplied by 20 hours.

Head of Household Designation

Households containing adult parents and their children (of any age) or an adult with parental control of a child (under 18 years of age) living in the home, shall be allowed to designate an adult parent as head of household, provided all adult household members in the home agree to the selection. This designation takes precedence over the PWE rule for work registration requirements. The household may designate its head of household at application/reapplication, recertification or each time there is a change in household composition. Documentation of the head of household designation must be made on the MDHS-EA-900 in order to complete the field in MAVERICS on the Work Registration (WORE) screen.

If the household does not contain adult parents with children or if households containing adult parents with children do not designate an adult parent or if all adult members do not agree with the selection of the head of household, the county may designate the primary wage earner, if applicable. Otherwise, the head of the household will be permitted to make another selection, or the PI will be designated as head of household.

In no event shall the household's failure to select an adult parent of children or an adult who has parental control over children as the head of household delay the certification or result in the denial of benefits of an otherwise eligible household.

No person of any age shall be considered the head of household if that individual:

- 1. Lives with a parent or a person fulfilling the role of a parent; and
- 2. The parent or the person fulfilling the role of a parent is registered for work or exempt from work registration for one of the following reasons:
 - a. Employed or self-employed at least 30 hours per week or receiving weekly earnings equal to the Federal minimum wage multiplied by 30 hours;
 - b. Subject to and participating in the TWP;

c. Receives Unemployment Compensation or has registered for work as part of the unemployment compensation application process; unless the person is an adult parent of children and the household elects to designate the adult parent as its head of household.

If there is no designated adult parent of children or primary wage earner in the household, the household member documented in the case record as the head of household at the time of violation shall be considered the head of household.

NOTE: The designation of head of household through the circumstances of this paragraph shall take precedence over any previous designation of head of household at least until the period of ineligibility is ended.

REQUESTING VERIFICATION OF GOOD CAUSE PRIOR TO DETERMINING NON-COMPLIANCE WITH WORK REGISTRATION REQUIREMENTS

An individual subject to work registration requirements who refuses or fails to comply with work registration or E & T requirements, without good cause, is ineligible to participate in the SNAP Program. Before the disqualification penalty can be imposed, the individual must be given an opportunity to provide good cause for failure to comply. As soon as the caseworker determines that an individual has failed to meet work registration requirements, the F710, Notice of Failure to Comply with Work Registration/Employment & Training Requirements, will be issued to the household. The individual will have ten (10) days from the date of the notice to establish good cause. If the caseworker determines good cause for failure to participate, nodisqualification penalty will be imposed. However, if good cause cannot be determined within the allowed 10-day time frame, the caseworker will issue a notice of adverse action, notifying the household of the disqualification. Refer to DISQUALIFICATION PROCEDURES FOR NONCOMPLIANCE WITH WORK REGISTRATION in this section.

GOOD CAUSE

Caseworkers are responsible for determining good cause when work registrants fail to comply with the work registration requirements. Caseworkers must take into account the facts and circumstances, including information submitted by the employer and by the household members involved. Good cause includes circumstances beyond the member's control, such as, but not limited to:

a. Illness, illness of another household member requiring the presence of the member, a household emergency, the unavailability of transportation, or lack of adequate childcare for children who have reached age 6 but are under age 12.

- b. Problems caused by inability of the work registrant to speak or write English could constitute good cause.
- c. Good cause for leaving employment or resigning from a job that is/becomes unsuitable as specified below:
 - Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs.
 - Work demands or conditions that render employment unreasonable, such as working without being paid on schedule.
- d. Acceptance of employment by the individual, or enrollment by the individual in any recognized school, training program or institution of higher education, at least on a half-time basis that requires the individual to leave employment.
- e. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program or institution of higher education that requires the household to move and thereby requires the individual to leave employment.
- f. Resignations by persons under the age of 60 which are recognized by the employer as retirement.
- g. Acceptance of a bona fide offer of employment of more than 30 hours a week or in which the weekly earnings are equivalent to the Federal minimum wage multiplied by 30 hours that, because of circumstances beyond the individual's control, subsequently either does not materialize or results in employment of less than 30 hours a week or weekly earnings of less than the Federal minimum wage multiplied by 30 hours.
- h. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for SNAP benefits between jobs particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment must be considered as with good cause if it is part of the pattern of that type of employment.

i. Not an appropriate or available opening in the E & T program and is beyond the participant's control. This period would extend until an appropriate opening is identified by the State agency and available or the participant is determined exempt from mandatory E&T.(see STATE EXEMPTIONS later in this chapter)

The fact that the worker determines good cause as outlined above should not be confused with the responsibility of the county office in determining which household members are required to register or determining eligibility for individuals required to participate in an acceptable work activity in order to remain eligible.

SUITABLE EMPLOYMENT

The worker will determine suitability of employment. If a household member refuses to accept or quits a job on the grounds that the job is unsuitable, the worker must make the decision on suitability.

Employment shall be considered unsuitable if:

- 1. The wage offered is less than the highest of:
 - a. The applicable Federal minimum wage or
 - b. The applicable State minimum wage or
 - c. Eighty percent (80%) of the Federal minimum wage, if neither the Federal nor State minimum wage is applicable.
- The employment offered is on a piece-rate basis (worker is paid a fixed piece rate for each item produced regardless of time involved) and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages specified in Item 1 above.
- 3. The household member, as a condition of employment or continuing employment, is required to join, resign from, or refrain from joining any legitimate labor organization.
- 4. The work offered is at a site subject to a strike or lockout at the time of the offer unless the strike has been declared unlawful under Section 208 of the Labor Management Relations Act (29 U.S.C. 78), (commonly known as the Taft-Hartley Act); or unless an injunction has been issued under Section 10 of the Railway Labor Act (45 U.S.C. 160).

All other employment shall be considered suitable unless the household member involved can demonstrate that:

- The degree of risk to health and safety is unreasonable; or
- 2. The member is physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources; or
- The employment offered within the first 30 days of registration is not in the member's major field of experience; or
- 4. The distance from the member's home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting. Employment shall not be considered suitable if daily commuting time exceeds 2 hours per day, not including the transporting of a child to and from a childcare facility. Nor shall employment be considered suitable if the distance to the place of employment prohibits walking, and neither public nor private transportation is available to the job site.
- The working hours or nature of the employment interferes with the member's religious observances, conviction, or beliefs. For example, a Sabbatarian could refuse to work on the Sabbath.

DISQUALIFICATION PENALTIES

A disqualification penalty is imposed when a nonexempt household member refuses or fails, without good cause, to comply with the work registration/Employment and Training requirements. The penalty for failure to comply applies to the individual who commits the violation (rather than the entire household), UNLESS the individual committing the violation is the head of household, as defined under Head of Household Designation.

When a nonexempt household member fails, without good cause to comply with the work registration/Employment and Training requirements, the county will impose the following disqualification penalty:

Individuals Other Than Head of Household

- First violation: three months and compliance.
- Second violation: six months and compliance.

Volume V | Chapter (

3263

• Third violation: the individual is permanently disqualified; six months for the remaining members of the household.

NOTE: A work registration sanction will end during the sanction period if the individual becomes exempt from work registration requirements. Otherwise, the minimum penalty must be served, and compliance met before SNAP eligibility can be regained.

Head of Household

If the noncompliant individual is the head of household, the entire household will be disqualified according to the above listed penalties with the exception that the remaining household member's disqualification cannot exceed six (6) months, even if the head of household remains ineligible or noncompliant. For example, if the head of household is permanently disqualified according to the third violation, the remaining household members may reapply after six (6) months and have their eligibility determined.

Ineligibility, in either instance, will continue until the member who caused the disqualification has served the minimum disqualification period and complied with work registration requirements, leaves the household, or becomes exempt from work registration requirements, whichever occurs first. (See Failure to Comply with TANF Work Program (TWP) and Unemployment Compensation Requirements later in this chapter.)

EXCEPTION:

- 1. A household, having been determined to be ineligible due to failure of the head of household to comply without good cause with the work registration/Employment and Training requirements, may reestablish eligibility if a new and eligible person joins the household as its new head of household, as defined earlier in this chapter; however, the noncompliant individual shall continue to be disqualified until the sanction is served and compliance is met or he/she becomes exempt from work registration requirements.
- Likewise, if a head of household who failed without good cause to comply joins another
 household as its new head of household, that household shall be ineligible for
 participation for the balance of the period of ineligibility.

If the member who failed without good cause to comply joins another household where he/she is not head of household, the individual shall continue to be ineligible until compliance is met and shall be considered as a disqualified member, as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS for the duration of the

Revised 10-01-21

disqualification period unless the individual becomes exempt from work registration requirements.

Failure to Comply at Application, Recertification or During the Certification Period

When a member of the household fails without good cause to comply with work registration requirements, first determine if the individual is the head of household, as defined earlier in this chapter, then impose the appropriate disqualification penalty. (See DISQUALIFICATION PROCEDURES later in this chapter.) If it is determined that the noncompliant individual is the head of household, then the entire household is ineligible to participate and may continue to be ineligible for up to six months. The case will be closed, or application denied, and the household sanctioned. If the noncompliant individual is not the head of household, then the individual shall be disqualified for participation and treated as a disqualified member as provided in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS. In either instance, disqualification shall continue until the noncompliant individual serves the minimum sanction period and complies as specified in ENDING DISQUALIFICATION, later in this chapter, leaves the household, or becomes exempt from work registration.

EXCEPTION: A household, having been determined to be ineligible due to failure of the head of household to comply, without good cause, with the work registration requirements, may reestablish eligibility if a new and eligible person joins the household as its new head of household as defined earlier in this chapter.

Failure to Comply with Unemployment Compensation Requirements

A household containing a member who was exempt from work registration requirements because he/she was registered for work under unemployment compensation, and who fails without good cause to comply with unemployment compensation requirements shall be treated as though the member had failed to comply with the SNAP work requirements.

Within 10 days of learning of such noncompliance, the county shall send notice to disqualify the individual or household as discussed earlier in this chapter. See DISQUALIFICATION PENALTIES. See Notice of Disqualification later in this chapter for notification requirements regarding information to be given to the household.

The household or individual shall not be disqualified from participation if the noncomplying member meets one of the work registration exemptions (other than receiving unemployment compensation) provided earlier in this chapter. (See EXEMPTIONS FROM WORK REGISTRATION)

Failure to Comply with TANF Work Program (TWP)

If a household contains a member who was exempt from SNAP work registration requirements because he/she was registered for work under the TWP and who fails without good cause to comply with the TWP requirements, the worker must also determine if the member meets a SNAP work exemption. If the TANF participant does not comply with the TWP within the 10day adverse action notice period and does not meet a SNAP work exemption, the SNAP case will be sanctioned according to the penalties below:

- 1. The entire household will be sanctioned when the TANF noncompliant member is also the SNAP head of household. (Automatic system closure with a timed work penalty).
- 2. Only the individual will be sanctioned with a timed work penalty (DW participation code when the TANF noncompliant member is not the SNAP head of household).

If the noncompliant member meets a SNAP work exemption (see WORK REGISTRATION EXEMPTIONS and WORE codes), the individual will not be sanctioned for work requirements but will be disqualified because he/she does not comply with a TANF rule. The individual will be disqualified (DI participation code) for the minimum length of timed TANF work sanction. The sanction will continue until the disqualification period is served. After the timed penalty period is served, the individual will be eligible to participate in the SNAP Program and will be added back to the SNAP household.

If the noncompliant household member becomes exempt from the TWP requirements, the household may again be determined eligible to participate in the SNAP Program. The sanctioned household may regain eligibility for SNAP benefits after the minimum time penalty is served (see Disqualification Penalties) and the individual complies with the TWP. After the timed TWP penalty is served, if the household reapplies for SNAP benefits without also reapplying for TANF, the household may regain eligibility by meeting SNAP work requirements.

NOTE: When the TWP sanction exceeds six months for the head of the household who does not meet a SNAP work exemption, the household may reapply after six months for the remaining members. (See DISQUALIFICATION PENALTIES, Head of Household.)

DISQUALIFICATION PROCEDURES FOR NONCOMPLIANCE WITH WORK REGISTRATION

Disqualification Procedures If the Non-Compliant Individual is Not the Head of Household

Allowing for adverse action, F601 SNAP Work Reg/E&T Disqualification, will be issued on the 11th day of the issuance of the **F710**, **Notice of Failure to Comply with Work Registration/Employment & Training Requirements.** The disqualification period for the household member will begin with the month following the expiration of the advance notice period. At the same time the F601 is issued, the worker will provide a notice of adverse action to the household (NOAA).

NOTE: The individual can cure the noncompliance during the NOAA period or prior to the effective date of the sanction. (See Resuming Participation in this chapter)

Disqualification Procedures If the Non-Compliant Individual is the Head of Household

Allowing for adverse action, F406 SNAP Closure- Work Reg/E&T Disqualification will be issued on the 11th day following the issuance of the **F710**, Notice of Failure to Comply with Work Registration/Employment & Training Requirement. This notice will close the case and also give notification to the disqualified head of household. The disqualification period will begin the month following the expiration of the advance notice period.

NOTE: The household can cure the noncompliance during the NOAA period or prior to the effective date of the sanction. (See Resuming Participation in this chapter)

Individuals disqualified due to failure to comply with work registration/E&T requirements have a MAVS participation code of DW on the SSDO screen. The worker will complete the Job Status (JOST) screen, press ENTER, and complete the SNAP Disqualification (FSDQ) screen for disqualification data. See Volume X, Chapter 3, JOB STATUS (JOST).

Disqualification Procedures in Special Circumstances

An E&T disqualification may be imposed after the end of a certification period. Thus, a notice of disqualification must be sent whenever the county becomes aware of an individual's noncompliance with work requirements, even if the disqualification begins after the certification period expires and the household has not been recertified.

If the county becomes aware of noncompliance during the last month of the certification period and the household has made timely application for recertification, the worker will issue MAVS Notice F710, to the household. If no good cause can be determined, the caseworker will deny the application with MAVS Notice F201, SNAP Denial. If the household has already been approved for recertification, a notice of adverse action is appropriate.

If noncompliance without good cause occurs during the certification period, but the county does not become aware of the non compliance until after the certification period has ended, and the household has not made application for renewal, MAVS Notice F710, will be issued to the household. If no good cause is determined, provide MAVS F601, SNAP Work Reg/E&T Disqualification to the household. The disqualification period will begin with the month following the expiration of the advance notice period. The county must submit an E-100 to the Help Desk to have the disqualification entered on the SNAP Disqualification Data (FSDQ) screen.

Caseworkers must ensure that the disqualification notices MAVS F406 and F601, provided to the household/individual includes the following information:

- 1. The specific act of noncompliance committed (stating failure to comply with E&T is unacceptable. State the specific act of noncompliance). For example, if the individual failed to meet the required monthly participation hours, state specifically, "You have failed to meet your required monthly participation hours";
- 2. The proposed period of disqualification;
- 3. Statement that the household may reapply at the end of the disqualification period; and
- 4. Description of the action which can be taken to end or avoid disqualification.

When County Staff Fails to Take Timely Action to Disqualify

If the agency fails to timely send a notice of adverse action to implement the disqualification and later discovers the error, the notice shall be issued to the household within 10 calendar days of discovering the error. The disqualification period shall begin with the first month following expiration of the 10 day notice period unless a fair hearing is requested. The disqualification shall continue according to the time period listed earlier in this chapter. (See ENDING DISQUALIFICATION later in this chapter.)

The period of ineligibility shall continue to be imposed regardless of whether the disqualified individual or household is certified during the disqualification period.

FAIR HEARING

Each individual or household has a right to a fair hearing to appeal a denial, reduction or termination of benefits due to a determination of nonexempt status or a determination of failure to comply with the work registration requirements of this chapter. Individuals or households may also appeal actions such as exemption status, the type of requirement imposed or refusal to make

a finding of good cause, if the individual or household believes a finding of failure to comply has resulted from improper decisions. When an E&T participant request a hearing through an E&T provider, the provider shall refer the individual to the appropriate county office caseworker and notify the worker that same day or the next business day.

The household shall receive sufficient advance notice (of hearing date) to either allow the attendance of a representative or ensure that a representative will be available for questioning over the telephone during the hearing.

The service provider operating the relevant component or service of the E&T program must receive sufficient advance notice to either permit the attendance of a representative or ensure that a representative will be available for questioning over the phone during the hearing. A representative of the appropriate agency must be available through one of these means.

A household shall be allowed to examine its employment component case record at a reasonable time before the date of the fair hearing except for confidential information that the Agency determines should not be available for release. Information not released to a household may not be used by the household or the Agency at the hearing.

The hearing results shall be binding on the Agency.

BENEFITS CONTINUED PENDING A HEARING DECISION

When benefits are continued pending the hearing decision and the county action is upheld, a claim shall not be completed. The household shall be sanctioned the month following the month the hearing decision is received by the county office, provided the client has not become exempt from the work requirement or has not left the household. If the household elects not to receive benefits during pendency of the appeal and subsequently wins the hearing, then it would be appropriate to restore any benefits the household would have been eligible to receive during the appeal period.

ENDING WORK REGISTRATION DISQUALIFICATION

Eligibility may be reestablished during the disqualification period as follows:

 A household may reestablish eligibility during a disqualification period and the household shall be permitted to reapply and, if otherwise eligible, resume participation if the head of household:

- (a) Becomes exempt from the work registration requirement or
- (b) Is no longer a member of the household.
- 2. An individual who has been disqualified for noncompliance may be permitted to resume participation during the period of disqualification, if otherwise eligible, if he or she becomes exempt from work registration requirements.

Eligibility may be reestablished after the disqualification period has been served as follows:

- 1. A household or individual may reestablish eligibility after the appropriate minimum disqualification period is served and resume participation if the individual:
 - (a) Becomes exempt from the work registration requirement; or
 - (b) Complies with the appropriate requirement given below:
 - (1) If refusal to register household or individual must register.
 - (2) If refusal to accept a bona fide offer of suitable employment household member must accept employment if still available; or securing other employment which yields earnings per week equivalent to the refused job; or securing employment of at least 30 hours per week; or securing employment of less than 30 hours per week but which yields weekly earnings equal to the Federal minimum wage multiplied by 30 hours, or Training Wage if applicable.
 - (3) If refusal to comply with Employment & Training requirements, individual complies with Employment & Training requirements as defined below.

EXCEPTION: See DISQUALIFICATION PENALTIES, Head of Household. After six months of the household's disqualification period, the remaining household members may reapply and have their eligibility determined. The head of household may continue to be disqualified until the timed penalty is served and compliance is met.

RESUMING PARTICIPATION

Once a valid notice of adverse action (NOAA) has been issued, the household has two choices if it wishes to continue participation in the program, or to continue to participate at the current benefit level.

- 1. Ask for a hearing and continued benefits or,
- 2. Cure its noncompliance during the NOAA period or prior to the effective date of the sanction. TANF participants in the TWP must cure its noncompliance during the NOAA period. Refer to VOLUME X, CHAPTER 3, ELIGIBILITY DETERMINATION: JOB STATUS (JOST) for instruction on resolving work registration noncompliance in MAVERICS.

Except as provided in Chapter 8, DECISION AND NOTIFICATION and Chapter 10, HEARINGS, once a valid notice of adverse action is issued, if noncompliance is not cured prior to the effective date of the sanction or if a request for a hearing and continued benefits is not made during the 10 day adverse notice period, benefits shall be reduced or terminated as provided in the notice of adverse action.

Reinstatement When Individual is Head of Household

Before the disqualification period is imposed, the head of household has ten (10) days from the date the F710, Notice of Failure to Comply with Work Registration/Employment & Training Requirements notice is sent to verify good cause due to non-compliance. If the head of household does not establish good cause, meet the work requirement, or a work exemption, the F406, SNAP Closure - Work Reg/E&T Disqualification notice will be sent to close the case for the effective date as provided on the notice of adverse action. If the head of household contacts the worker prior to the effective month of disqualification and establishes compliance by meeting a work requirement or a work exemption, the F707, Reinstatement - Employment & Training E&T notice will be issued to the household the same day to reinstate the household's SNAP benefits. Refer to GOOD CAUSE earlier in this chapter.

Reinstatement When Individual is Other Than Head of Household

Before the disqualification period is imposed, the individual has ten (10) days from the date the F710, Notice of Failure to Comply with Work Registration/Employment & Training Requirements notice is sent to verify good cause due to non-compliance. If the individual does not establish good cause, meet the work requirement, or a work exemption, the F601, SNAP Work Reg/E&T Disqualification, notice will be sent to sanction the non-compliant household member. If the noncompliant ABAWD household member meets compliance prior to the effective month of the disqualification, the individual's SNAP participation will be reinstated the same day, and the F707, Reinstatement - Employment & Training E&T notice will be issued.

Revised 10-01-21

Non-compliant Individual is Head of Household

Disqualified households may reapply for benefits after the appropriate minimum time period is served and compliance is met and be certified from the date of application. Applications submitted by disqualified households prior to the cure cannot be approved until the minimum time penalty is served and verification of compliance is obtained with the exception that the remaining household members may qualify after six months, even if the head of household continues to be ineligible or noncompliant.

Non-compliant Individual Other Than Head of Household

For noncompliance by a household member other than the head of the household, the member must serve the penalty, cure the noncompliance and report the action to the county. As the noncompliant member was removed from the household via notice of adverse action, the worker must add the member back to the household after the minimum time penalty has been served and compliance is met, effective the month following the month of compliance. The reporting of the cure by the household shall be treated as a reported change in household composition. For disqualified individuals in applicant households, eligibility to receive benefits may begin after compliance and the minimum penalty is served.

After compliance is met, disqualified individuals shall be added back to a participating household the month after the minimum disqualification period ends.

If the member is disqualified for failure or refusal to register for work, the county would not be responsible for initiating action until the disqualified individual registers for work.

An individual who is disqualified and fails to meet compliance is not entitled to a separate notice advising of continued noncompliance. The notice of adverse action issued at the time of disqualification provides the necessary information on resolving the disqualification. The disqualification shall continue until the minimum time period is served and until cured in accordance with the notice of adverse action. Should there be a dispute about whether or not the disqualification has been resolved, the recipient has the right to request a hearing to appeal the Agency's decision.

ENDING WORK REGISTRATION DISQUALIFICATION BY COMPLIANCE WITH EMPLOYMENT & TRAINING

As with any work registrant, ABAWDs disqualified as a result of failure to comply with E&T

requirements must serve the minimum disqualification period and comply with E&T before they can be considered compliant with work registration requirements unless a work registration exemption is met during the minimum disqualification period. Applications received prior to the 15th day of the last month of minimum disqualification must be denied unless a work registration exemption is met. ABAWDs who apply on/after the fifteenth (15th) day of the last month of the minimum disqualification period will have the opportunity to comply with E&T to regain eligibility. Because the minimum disqualification period must be served unless a work registration exemption is met, ABAWDs meeting E&T compliance during the last month of the minimum disqualification period will have their benefit start date changed to the first of the following month, unless a work registration exemption is met.

E & T Compliance for Non-Referable ABAWDs Who Have Served the Minimum Sanction Period and Have Reapplied

ABAWDs disqualified due to non-compliance with E & T who reapply for SNAP on/after the 15th day of the last month of the minimum disqualification period, and now meet an exemption from the ABAWD time-limit (that is, an ABAWD who would be non-referable to E&T), must provide the necessary documentation to verify their exemption from the time-limit. These individuals would not require a referral to E & T to resolve their disqualification. Note the following examples:

Example 1: A woman who is pregnant must provide an expected date of delivery from a healthcare provider to qualify for an exemption from the time-limit ("PR" Status Code on ABBA).

Example 2: Individuals claiming unfitness for work due to a mental or physical condition must provide verification from a healthcare professional or social worker. If known to the Agency, caseworkers may act as social workers and provide necessary documentation exempting those afflicted with chronic homelessness or drug/alcohol addictions ("UW" Status Code on ABBA).

Example 3: Individuals meeting the ABAWD work requirement of 80 hours per month would not require a referral to E & T. Following the minimum disqualification period, the individual would be considered an ABAWD meeting the ABAWD work requirement and compliant at that point ("WO" Status Code on ABBA).

Once verification has been received showing the individual is meeting an exemption from the time limit (non referable to E & T), and the minimum disqualification period has been served, resolve the disqualification on the SNAP Disqualification Data (FSDQ) screen.

E & T Compliance for Referable ABAWDs

When a disqualified individual reapplies for SNAP on/after the 15th day of the last month of his/her minimum disqualification period, does not meet a work registration exemption or an exemption from the time-limit, and expresses a willingness to comply with E & T requirements, proof of compliance must be provided prior to that individual regaining eligibility. During the interview process, the SNAP caseworker will discuss E & T requirements with the applicant ensuring the individual understands that his/her SNAP eligibility is contingent upon E & T compliance, and that the disqualification cannot be resolved until compliance has been met. The applicant must understand that further occurrences of non-compliance will result in additional disqualification penalties being applied to the individual's SNAP eligibility, unless good cause is determined. To refer such an individual to the E & T caseworker to resolve the disqualification, the SNAP caseworker must:

- Complete Section A of the MDHS-EA 578, SNAP Employment & Training ABAWD
 Communication Form. The SNAP caseworker must check the appropriate required action
 and enter a pre-determined time and date for the applicant to meet with the E & T
 caseworker.
- The applicant must complete Section B. The SNAP caseworker must ensure the applicant initials the appropriate statements, providing an agreement to meet with the E & T caseworker to resolve the noncompliance and signs and dates the form. The SNAP caseworker must also provide a copy of the MDHS-EA-578 to the applicant, keep a copy for the case record, and forward the original to the E & T caseworker. The applicant will meet with the E & T caseworker at the scheduled date and time. Under Section C, the E&T caseworker will list the activities necessary for the participant to meet compliance (refer to "Compliance Defined" in the section below) in the space provided and enter the date by which the participant must have the activities completed, instructing the participant to return the form to the E & T caseworker by that date. The E & T caseworker will allow the applicant five (5) working days to complete the E & T activities. If the applicant complies with the activities listed or finds employment of at least 80 hours per month, the E & T caseworker must check "Compliance". If the applicant fails to comply with the required activities or does not find work of at least 80 hours per month, the E & T caseworker must check "Non-Compliance" and enter the reason in the space provided. The E & T caseworker must sign and date the original
- MDHS EA 578 and return it to the SNAP caseworker. The SNAP caseworker will then
 process the application accordingly and scan the completed MDHS EA 578 to the SNAP
 E T folder in iManage Worksite.

MDHS-EA-578 and return it to the SNAP caseworker. The SNAP caseworker will then
process the application accordingly and scan the completed MDHS-EA-578 to the SNAP
E-T folder in iManage Worksite.

NOTE: If the SNAP caseworker is also the E & T caseworker, the process outlined above will be adjusted accordingly.

"Compliance" Defined

In order to resolve an E & T disqualification and re-gain SNAP eligibility, disqualified applicants must comply with E & T requirements. Completion of the following activity will meet the definition of E & T compliance:

• Registration with Mississippi Works at:

www.mdes.ms.gov or www.mississippiworks.org

The applicant must be referred to the SNAP E & T caseworker and the process outlined above must be followed in order to resolve the outstanding disqualification. The SNAP E & T caseworker will assist the applicant in completing his/her profile in Mississippi Works. Once the profile is completed, a copy of the "Resume View" will be printed for the applicant to use in his/her job search. The applicant will then select "Job Search" from the Home page, select the option for a 10 mile radius, and together with the E & T caseworker, view the jobs available. The E & T caseworker must assist the applicant as needed in completing applications for employment.

Should Mississippi Works provide insufficient opportunities for employment within a 10 mile radius, the E & T caseworker will provide the applicant with the MDHS EA 568, Employment & Training Job Search Record. The applicant will be instructed to job search in the local community and provide verification of his/her efforts. Counties with a larger ABAWD population may find it beneficial to set aside a specific time and date to complete the above process. Group sessions may be held as needed.

EMPLOYMENT AND TRAINING (E & T)

All **referable** Able bodied Adults without Dependents (ABAWD) are required to participate in a mandatory statewide E & T program in order to remain eligible for SNAP benefits. Individuals who refuse to participate or fail to meet the ABAWD work requirement, without good cause, will be disqualified with a timed disqualification penalty for failure to comply with work requirements. ABAWDs referable to E & T who fail to meet E & T requirements will lose SNAP

eligibility **regardless** of whether or not the individual has received 3 months of SNAP benefits within his/her 36 month period. E & T will assist referable ABAWDs with education/training activities and provide them an opportunity, if otherwise eligible, to continue to receive SNAP beyond the ABAWD time-limit of 3 months within a 36 month period. ABAWDs having exhausted their 3 countable months and reapplying for SNAP within the 36 month period must be referred to E & T **prior** to approval to allow them the opportunity to regain eligibility. Mandatory referable ABAWDs whose expenses exceed the monthly allowable reimbursement(s) qualify for an exemption from E&T participation, but not an exemption from the 3 month time-limit. Therefore, E&T caseworkers must work closely with these individuals and attempt to locate allowable activities that enable the individual to participate in E&T with the allowable monthly reimbursement provided.

Screening for Exemptions and Fitness for Work

SNAP caseworkers must screen and assess individuals during the interactive interview for exemptions as part of the process to identify ABAWDS **prior** to referring those individuals to an Employment & Training activity. Individuals exempt from work registration requirements or the ABAWD work requirement must not be sent to E&T. Regulations exempt certain individuals from the time limit based on their circumstances, including individuals who may be unable to work due to mental or physical challenges. An individual does not need to be receiving disability benefits to be exempted from the time limit.

When an individual's unfitness for work is obvious to the worker, the individual should be granted an exemption without requiring a statement or verification from a social worker or healthcare professional. If the unfitness is claimed but is not obvious to the worker and verification is not available from a healthcare professional, the worker should make every attempt to verify the unfitness by means of an acceptable collateral contact (e.g., outreach worker, healthcare professional, or social worker). Some exemptions would require verification from medical personnel such as a post-partum period of a woman suffering a miscarriage.

An individual battling drug/alcohol addiction is an example of one who may be unfit to work. If the individual is not enrolled in a drug/alcohol treatment program, he/she would not be eligible for a work registration exemption, but may be exempt from the ABAWD time-limit and not referable to E & T. Agency staff may have knowledge that such an individual would be unfit for work or would not be accepted into a workfare program because of addiction issues.

Individuals battling mental health issues would also meet the definition of unfitness for work. In many cases, these individuals may not be receiving care, but local caseworker knowledge or a collateral contact as stated above would enable the individual to qualify for an exemption.

Chronic homelessness is an indicator that an individual may be unfit for work. A chronically homeless individual is defined as "an individual without an established residence". Individuals living in a stable environment with relatives would not meet the definition of chronic homelessness. Chronically homeless individuals frequently have the added burden of other issues, such as mental health or substance abuse issues which would render the individual unfit for work. During the interactive interview, the SNAP caseworker should carefully explore the individual's situation to determine if such barriers exist which would allow the individual an exemption from the ABAWD work requirement. Document the case record carefully.

In the above examples, the definition of "social worker" may be expanded to include eligibility staff having personal or community knowledge of the individual's plight.

Referable vs Non-Referable ABAWDs

ABAWDs not referable to E & T are:

- Individuals meeting a work registration exemption; or
- Pregnant women (must be verified by a statement from a healthcare provider); or
- Individuals unfit for work; or
- Individuals meeting the ABAWD work requirement through employment, "in kind" income, volunteer or unpaid work (80 hours monthly or an average of 20 hours weekly). The ABAWD work requirement specifies "work" as opposed to employment. Salary or hourly wage is not a factor in determining whether or not the individual is meeting the work requirement. Do not refer an individual to E & T if that individual is meeting the ABAWD work requirement through work as defined in the above statement. Code that individual "WO" (Work Requirements Met) on the Able-Bodied Adults (ABBA) screen. The individual would remain a non-referable ABAWD unless his/her work hours dropped below 80 hours per month or an average of 20 hours weekly. Note the following examples:

Example 1: John Doe works as a handy-man for 20 hours weekly. He is not paid an hourly wage but earns approximately \$125 weekly. Based on his salary, he is not earning the Federal or State minimum requirements but is meeting the work requirement. The worker has verified his hours and determined he is meeting the ABAWD work requirement. He is not a referable ABAWD.

Example 2: Joe Smith's church runs a daily feeding program and he volunteers for 25 hours per

per week in the kitchen. Work hours are verified by the worker. He is meeting the ABAWD work requirement and is not a referable ABAWD.

ABAWDs referable to E & T are:

- Individuals not meeting a work registration exemption; or
- Individuals not meeting the ABAWD work requirement (80 hours per month or an average of 20 hours weekly). Individuals working less than the required hours must be referred to E & T and have their work hours coupled with another qualifying activity in order to meet the work requirement.

Allowable Employment & Training Activities

An ABAWD referred to E & T will be required to participate on one of the following allowable activities:

- 1. Workfare
- 2. Comparable Workfare
- 3. Education and/or Training

ABAWDs who are working, (employment, in kind, unpaid, or volunteer work) and are not meeting the ABAWD work requirement (80 hours per month or an average of 20 hours weekly), will have their work hours combined with another countable activity to meet the ABAWD work requirement.

Workfare

Workfare provides another means by which ABAWDs can maintain eligibility. Workfare is an activity in which SNAP recipients are required to work off the value of their household's monthly SNAP allotment through an assignment at a private or public non profit agency as a condition of eligibility. In lieu of wages, workfare participants receive compensation in the form of their household's monthly benefit allotment. Participation hours are determined by dividing the household's allotment by the minimum wage and rounding down. Workfare places a lower hourly burden on referable ABAWDs and can be a better option for those with high barriers to employment. The primary goal of workfare is to improve employability and encourage individuals to move into regular employment while returning something of value to the community. Workfare is a household responsibility. In SNAP households with one or more ABAWDs, the hourly monthly obligation is split between the referable ABAWDs. Workfare

participants must receive the same benefits and working conditions as regular employees and cannot replace or prevent the hiring of regular employees.

The County Director or designee is responsible for ensuring that the MDHS-EA-566, EMPLOYMENT & TRAINING WORKFARE AGREEMENT, is signed by both the County Director/designee and the workfare sponsor prior to referring an individual to a workfare site. The agency may not enter into a workfare agreement with any public or private non-profit agency requiring a background check as the agency will not assume the financial responsibility for background checks.

Comparable Workfare

Comparable workfare is self-initiated workfare. In comparable workfare, the ABAWD will:

- Find his/her own workfare activity to remain eligible; and
- Arrange to have participation hours verified and reported to the caseworker.

Regulations regarding comparable workfare allow the participant flexibility in finding and arranging worksites. In areas with few resources, participants may arrange a variety of volunteer services within the community at public or private non-profit sites.

Consider unpaid or volunteer work performed at a public or private non-profit institution as workfare or comparable workfare. This would enable the individual to meet the ABAWD work requirement at the lower hourly burden of workfare as opposed to the 80 hours monthly or 20 hours per week average required for volunteer/unpaid/in-kind/employment hours.

Example: Sue Smith's church runs an after school program from 3:00 PM to 5:00 PM daily. She helps out most days and usually works about 8 hours per week or 32 hours per month. She is a referable ABAWD and has been referred to E & T. Sue has provided verification that she is working the hours and the caseworker has determined those hours will meet the participation hours required for workfare. Because the church is a private non-profit institution, Sue's E & T activity will be considered as comparable workfare with lesser required hours.

Workfare and comparable workfare allow for a job search period of up to 30 days following initial SNAP certification prior to making a workfare assignment. This job search activity is part of the workfare/comparable workfare assignment and participants meeting the job search requirements are considered to be participating in and complying with workfare requirements. This job search period may only be conducted at certification and initial application, not at recertification. Federal regulations state the initial

application is considered to be the first application submitted or a re-application after a break in the certification period. Therefore, ABAWDs who have been referred to E & T, fail to meet the work requirements, and are disqualified due to that failure, may be assigned to another 30 day job search period following approval, provided they will be engaged in workfare/comparable workfare activities following the 30-day job search period.

Education and Training

E & T Education/Training programs cover a variety of activities and require participation of 20 hours per week to meet the ABAWD work requirement. Activities may be combined to meet the work requirement.

Allowable programs include, but are not limited to:

- WIOA Programs through the WIN Job Centers;
- Programs under Section 236 of the Trade Act of 1974 for workers at-risk due to increased imports;
- Programs with Community Based Organizations (CBO) offering education or training activities;
- Career and Technical Training Programs at Community Colleges; and
- ABE/GED classes.

Job search under the Workforce Innovation and Opportunity Act (WIOA) and those programs under Section 236 of the Trade Act of 1974 can represent more than half of the required hours spent in a component.

CASE MANAGEMENT

E & T is now defined as the offering of an allowable E & T component AND the presence of Case Management. The purpose of case management services shall be to guide the participant towards appropriate E & T components and activities based on the participant's needs and interest, support the participant in the E & T program and to provide activities and resources that help the participant achieve program goals. The worker shall provide case management services to all E & T participants to include but not limited to comprehensive intake assessments,

Revised 10-01-21

individualized service plans, barrier mitigation, progress monitoring or coordination with service providers.

Case management may include referrals to activities and supports outside of the E & T program; however, E & T funds can only be used for allowable components, activities and participant reimbursements. Case management services and activities must directly support an individual's participation in the E & T program.

Case management services **must not** be an impediment to the participant's successful participation in E & T. A mandatory E & T participant can be disqualified for failure to comply with case management, as case management is part of the E & T program. Case management may be embedded in a component or a stand alone service.

The frequency and most efficient delivery of case management services is determined by the need of the participant. The worker shall at a minimum monthly document a summary of the Case management service under Case Notes in the SNAP E & T Case Management Module (CaseMod).

NOTE: Time spent with a participant in case management counts towards the mandatory E & T requirement and ABAWD work requirement. However, hours spent by the individual actually participating in the barrier removal activities do not count, unless the activity is an allowable E & T activity. For instance, hours a participant spends with a caseworker identifying a temporary housing solution must count toward their work requirement, but not hours spent actually moving into temporary housing, as moving is not an E & T component or activity.

ASSESSMENT

The caseworker will utilize the MDHS EA 704, E & T ABAWD APPOINTMENT LETTER to schedule an appointment for an E & T orientation. During the E & T orientation, the SNAP E&T caseworker will conduct the assessment utilizing the electronic interactive assessment in CaseMod. The tool is divided into categories and is designed to capture an individual's educational background, current/past employment history, employment skills, level of work readiness and intermediate goals needed to achieve long term employment. The assessment may uncover circumstances that would make an individual exempt from a work requirement or provide good cause for non-compliance. The MDHS-EA-572, SNAP E & T Employability Assessment, mirrors the electronic assessment in CaseMod and will only be used if CaseMod is unavailable. Any time the MDHS-EA-572 is used, the electronic assessment in CaseMod must be completed once the participant's record is available. The completed MDHS-EA-572 must be scanned to the E-T folder in the participant's electronic case record.

"My Profile" in Mississippi Works will be the basis for the E & T assessment. The focus of "My Profile" is an individual's education and employment history. During the assessment, the participant will access his/her profile in Mississippi Works and print a copy of the client profile. Together, the caseworker and the participant will review the profile. The worker will document a summary of the assessment results in the Case Notes in the CaseMod. The Case Profile and all other documents relating to E & T will be scanned to the E T Folder in iManage Worksite.

ACTIVITY ASSIGNMENT

Based on the E & T assessment, the caseworker and the individual will review options and determine an appropriate activity.

Placement in a Workfare/Comparable Workfare Activity

Individuals initially referred to a workfare/comparable workfare activity will begin that activity with a thirty (30) day intensive job search period. During this 30 day period, the ABAWD will be required to make a minimum of five (5) job contacts weekly. The caseworker will provide the individual with the MDHS-EA-568, EMPLOYMENT & TRAINING JOB SEARCH RECORD to document job contacts, instructing the individual to print the confirmation page for applications completed online. Confirmation pages for any applications completed through Mississippi Works will not require a printed confirmation page as those efforts are retained in Mississippi Works. The individual need only document those contacts on the MDHS-EA-568.

For any face to face job contacts, the ABAWD must obtain the name/title of any employers contacted and request that employer's signature on the MDHS EA-568. However, should the employer refuse to sign, consider the contact information complete, unless the contact information appears questionable.

Along with the MDHS-EA-568, the caseworker must provide the individual with the MDHS-EA-567, SNAP EMPLOYMENT & TRAINING REFERRAL LETTER. The caseworker will notate the date the individual is to begin his/her intensive job search. The individual must be instructed to notify the caseworker should employment be obtained during the job search period. The caseworker must also inform the participant that at the end of the 30 day period, if he/she fails to find employment, a face to face meeting with the caseworker will be required in order for the individual to begin a workfare/comparable workfare activity. The date for the face-to-face meeting will be entered on the MDHS-EA-567, and both the caseworker and the participant must sign the form. The caseworker will provide the original to the participant, retaining a copy to be scanned to the E-T folder in iManage Worksite.

When providing an explanation of intensive job search, the caseworker should be mindful of the fact that at the end of the 30-day period of job search, should employment meeting the ABAWD work requirement not be found, the individual will be required to participate in a workfare or comparable workfare activity. Carefully discuss the direction the participant's placement will take at the end of the 30 day period. If workfare sites are limited, provide a thorough explanation of comparable workfare to enable the individual to develop an allowable comparable workfare activity during the 30-day period of intensive job search.

At the end of the thirty (30) day period if no employment is found, the participant will be referred to a workfare provider. If the participant has developed an allowable site(s) meeting the requirements for comparable workfare, the individual may be allowed to use that site(s) as his/her E & T activity. Provide the individual with the MDHS-EA-567, EMPLOYMENT & TRAINING REFERRAL LETTER, MDHS-EA-569, EMPLOYMENT & TRAINING

WORKFARE/COMPARABLE WORKFARE ATTENDANCE REPORT, and the MDHS-EA-571, EMPLOYMENT & TRAINING SIGN-IN SHEET, for provider use.

Transportation Stipend

A \$50 monthly transportation stipend, if needed, will be provided to mandatory E & T participants to assist with transportation costs. Stipends will be provided in advance, whenever possible, to assist the individual to meet participation requirements. Payments will be posted to an ePayment/EPPICard. E & T transportation stipends are considered supportive service payments and are not counted as unearned income in the SNAP budget. Overpayments will not be processed for E & T transportation stipends.

Verification of Monthly Attendance

Monthly attendance for E & T activities must be provided to the caseworker by the fifth (5th) day of the following month for the prior month's activities. The caseworker must determine whether or not the individual met the ABAWD work requirement for the reporting period. If the individual met participation requirements, no action is required. Attendance verification will be scanned to the SNAP E-T folder in iManage Worksite and the transportation stipend authorized through the CaseMod.

Note: If an ABAWD is meeting the work requirement through a combination of work and another countable activity, consider there is no change in the reported work hours unless the individual reports a change. Eligibility staff must notify the caseworker handling E & T if/when the individual reports a change in work hours in order for the activity hours in the supporting countable activity to be adjusted.

Revised 10-01-21

If the individual fails to meet the ABAWD work requirement, a determination of good cause must be made.

Good Cause Determination/Disqualification for Failure to Comply with E&T

Mandatory E & T participants must remain compliant at all times. Compliance means meeting the monthly ABAWD work requirement unless good cause is determined. When an individual fails to comply with E & T requirements, the worker will follow the disqualification procedures as outlined in REQUESTING VERIFICATION OF GOOD CAUSE PRIOR TO DETERMINING NON-COMPLIANCE WITH WORK REGISTRATION REQUIREMENTS and DISQUALIFICATION PROCEDURES FOR NONCOMPLIANCE WITH WORK REGISTRATION earlier in this section.

When the caseworker determines the individual has good cause for failure to meet the ABAWD work requirement through an assigned E & T activity, it does not count toward the time limit. A countable month will not be charged to the participant. Good cause may be applied to a situation in which the individual would have met the ABAWD work requirement through work or participation in an approved activity but does not due to circumstances beyond the individual's control. Refer to GOOD CAUSE earlier in this section.

Refer to RESUMING PARTICIPATION for instructions on resolving a work registration disqualification resolved prior to the effective date of the disqualification.

PROVIDER DETERMINATION

When an E & T participant, not otherwise exempted from the general work requirement, is determined by the provider of the component to not be a good fit to participate in an E & T component, it shall be referred to as a provider determination. The E & T provider must notify the caseworker of a provider determination via the MDHS EA 564, SNAP Employment and Training Communication form, within ten (10) days of the date the determination is made and inform the worker of the reason for the provider determination. The E & T provider may also provide input on the most appropriate next step for the individual with a provider determination. If the caseworker is unable to obtain the reason for the provider determination from the E&T provider, the worker must continue to act on the provider determination. If an E & T provider finds an individual is not a good fit for one component, but determines the individual may be suitable for another component offered by the E & T provider, the E & T provider may move the individual to the other component and inform the caseworker via the MDHS-EA-564, of the new component without the need for the worker to act further on the provider determination. The E & T provider has the authority to determine if an individual is not a good fit for the E & T

component from the time the participant is referred to the E & T component until completion of the component. When the caseworker receives notification that an individual has received a provider determination, and the individual is not exempt from the work requirement, the worker must:

1. Notify the mandatory or voluntary E&T participant utilizing the F935, Notice of E & T Participation Change, within ten (10) days of receiving notification of the provider determination including the following information, as applicable.

In the case of either a mandatory or voluntary E&T participant with a provider determination, the caseworker shall notify the individual that they are not being sanctioned as a result of the provider determination.

In the case of an ABAWD who has received a provider determination, the caseworker shall notify the ABAWD that the ABAWD will accrue countable months toward their three-month participation time limit the next full benefit month after the month during which the worker notifies the ABAWD of the provider determination, unless the ABAWD fulfills the work requirements, or the ABAWD has good cause or is otherwise exempt. The caseworker shall make such notification in writing, via the MDHS-EA 935, Notice of E & T Participation Change, to schedule an appointment to discuss the E&T components.

The caseworker shall make every effort to contact the participant and document in MAVERICS and CaseMod when the notification occurs.

- 2. Take the most suitable action from among the following options no later than the date of the individual's recertification. If an individual with a provider determination requests that the caseworker take one of the following actions sooner than the next recertification, the worker shall take the most suitable action as soon as possible:
 - a) Refer the individual to an appropriate E&T program component. Before making this referral, the caseworker shall screen the individual for participation in the E&T program and determine that it is appropriate to refer the individual to an E&T component, considering the suitability of the individual for any available E&T components. All E&T participants must receive case management services along with at least one E&T component;

- b) Reassess the physical and mental fitness of the individual. If the individual is not found to be physically or mentally fit, the individual is exempt from the work requirement. If the individual is found to be physically or mentally fit, and the caseworker determines the individual is not otherwise exempt from the general work requirements the worker shall consider if one of the other available actions would be appropriate for the individual. If the worker determines the individual should not be required to participate in E&T, the worker shall exempt the individual from mandatory E&T; or
- e) Coordinate, to the maximum extent practicable, with other Federal, State or local workforce or assistance programs to identify work opportunities or assistance for the individual. If the caseworker chooses this option, the worker shall not require the individual to participate in E & T.
 - i. From the time an E&T provider determines an individual is not a good fit for an E&T component until after the caseworker takes one of these actions, the individual shall not be found to have refused without good cause to participate in mandatory E&T. In the case of an ABAWD who has received a provider determination, the ABAWD will accrue countable months toward their three-month participation time limit the next full benefit month after the month during which the worker notifies the ABAWD of the provider determination, unless the ABAWD fulfills the work requirements or the ABAWD has good cause or is otherwise exempt.

STATE EXEMPTION

As a Mandatory Employment and Training (E & T) state, Mississippi must inform all mandatory E & T participants that they may be exempt from E&T participation if their monthly expenses that are reasonably necessary and directly related to participation in the E & T program exceed the allowable reimbursement amount or there is not a suitable component available. These individuals will be placed, if possible, in another suitable component in which the individual's monthly E & T expenses would not exceed the allowable reimbursable amount. If a suitable component is not available, these individuals will be exempt from E & T participation until a suitable component is available or the individual's circumstances change, and his/her monthly expenses do not exceed the allowable reimbursable amount.

The exemption will allow the client to avoid the disqualifications associated with the E & T

Revised 10-01-21

requirement as mandated by the State agency; however, the client must meet the ABAWD work requirement unless otherwise determined exempt from the general work registration requirement. (see EXEMPTIONS FROM WORK REGISTRATION earlier in this section)

NOTE: The use of a State Exemption does not stop the increment of the 3 months in a 36 month period (3/36) counter.



[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 12-01-17

GENERAL

The voluntary quit provision mandates that no individual who quits his/her employment of 30 hours a week or more or who voluntarily reduces work hours to less than 30 hours per week, without good cause, 60 days or less prior to the date of application or at any time thereafter, shall be eligible for participation in the SNAP program, as specified in this chapter. At the time of application, the eligibility worker shall explain to the applicant the consequences of an individual voluntarily quitting employment or reducing his/her work hours to less than 30 hours per week without good cause.

INDIVIDUALS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS

All household members should be tested for voluntary quit at application, recertification and during the certification period. If a member of an applicant household quits a job without good cause within 60 days of the date of application, or between the date of application and certification, a voluntary quit penalty will be applied. If a member of a certified household quits a job without good cause, a voluntary quit penalty will not be applied unless the voluntary quit is discovered within 60 days of the quit. If it is discovered a household member quit a job, document the date of discovery and the date of the quit to determine if the date of discovery is within 60 days of the quit. Based on these dates, determine if a voluntary quit penalty should be applied. See Chapter 8, CHANGES WITIN CERTIFICATION PERIODS, regarding household reporting requirements.

Individuals shall be subject to the voluntary quit provision only if the employment involved 30 hours or more per week or provided weekly earnings at least equivalent to the Federal minimum wage multiplied by 30 hours; the individual was working more than 30 hours per week but voluntarily reduced work hours to less than 30 hours per week; the quit/reduction occurred within 60 days prior to the date of application or anytime thereafter, and the quit/reduction was without good cause.

An employee of the Federal, State or local government who is dismissed from that job because of engaging in a strike against the government shall be considered to have voluntarily quit his or her job without good cause. However, changes in employment status that result from involuntarily reducing hours of employment while working for the same employer, terminating a self employment enterprise, or resigning from a job at the demand of an employer will not be considered as a voluntary quit for purposes of this provision.

If an individual quits a job, then gets a new job at comparable wages or hours and then is laid off or, through no fault of his own loses the new job, the earlier quit will not be considered as a basis for disqualification.

Pending the outcome of a determination of Voluntary Quit/Reduction in Work Hours, benefits shall not be delayed beyond the normal processing time frames as outlined in CHAPTER 8, APPLICATION.





INONFINANCIAL CRITERIA: VOLUNTARY OUIT/REDUCTION IN WORK HOURS

Revised 05-01-06

EXCEPTION: Individuals meeting one of the exemptions for work registration shall be excluded from the voluntary quit provision. (See EXEMPTIONS in the material, WORK REGISTRATION.)

GOOD CAUSE DETERMINATION

If it is determined that a household member voluntarily quit employment or voluntarily reduced work hours, the county shall determine if good cause exists. In determining whether or not good cause exists, the county shall consider the facts and circumstances, including information obtained from the household member involved and also from the employer.

Good cause for leaving employment or reducing work hours includes, but is not limited to:

- The good cause provisions as outlined in WORK REGISTRATION within this chapter;
- Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin or political beliefs;
- Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;
- Acceptance by any household member of employment, or enrollment of at least half time in any recognized school, training program or institution of higher education that requires the household member to leave employment;
- Resignations by persons under the age of 60 which are recognized by employers as retirement;
- Acceptance of a bona fide offer of employment of more than 30 hours a week, or in which the weekly earnings equal the Federal minimum wage multiplied by 30 hours which, because of circumstances beyond the control of the household member, either does not materialize or results in employment of less than 30 hours a week or weekly earnings less than the Federal minimum wage multiplied by 30 hours;
- Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for SNAP benefits between jobs, particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment shall be considered as with good cause if it is part of the pattern of that type of employment; or

[NONFINANCIAL CRITERIA: VOLUNTARY OUIT/REDUCTION IN WORK HOURS]

Revised 05-01-06

8. Resignation from a job that does not meet the suitability criteria specified in the Work Registration policy, regardless of whether the job was unsuitable at the time of employment or became unsuitable at a later date.

HOUSEHOLDS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS PROVISIONS

The voluntary quit provision is applicable to all households, i.e., both applicant households and those in certification.

Applicant Households

Applicant households shall be disqualified if the individual(s) to be tested meets all of the following conditions:

- 1. The individual quit his most recent employment within 60 days prior to the date of application, or between the date of application and certification; and
- 2. The employment involved work of at least 30 hours per week or produced earnings in an amount at least equivalent to the Federal minimum wage multiplied by 30 hours; and
- 3. The quit was without good cause; and
- 4. The individual was a member of the applicant household and was the head of household at the time of the quit.

NOTE: If a household which is eligible for expedited service is certified pending verification of a voluntary quit and the worker later verifies that the head of household quit a job without good cause, a claim must be completed for any benefits received to which the household was not entitled. In addition, if the household was notified in advance that immediate action would be taken to adjust the household's eligibility or benefit level once verification was received, the remainder of the disqualification period, if any, will be imposed immediately, without notice of adverse action.

Once a voluntary quit is established, determination should then be made if the household member who quit is the head of household, as defined earlier in this chapter, and if the quit was without good cause.

Certified Households

Certified households shall be disqualified if the individual(s) to be tested meets all of the following conditions:



MISSISSIPPI

[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 05-01-06

- 1. The individual voluntarily quit his or her job while participating in the SNAP program; and
- 2. The employment involved work of at least 30 hours per week or produced earnings in an amount at least equivalent to the Federal minimum wage multiplied by 30 hours; and
- 3. The quit was without good cause; and
- 4. The individual was a member of the certified household and was the head of household at the time of the quit.

NOTE: If a household is already participating when a quit which occurred prior to certification is discovered, the household shall be treated as a participating household and the sanction applied accordingly.

Once a voluntary quit is established, determination shall then be made if the household member who quit is the head of household, as defined earlier in this chapter, and if the quit was without good cause.

CONTINUED BENEFITS PENDING A FAIR HEARING

Each household has a right to a fair hearing to appeal a disqualification of a household member or a denial or termination of benefits due to a determination that the head of household voluntarily quit a job or voluntarily reduced work hours without good cause. If the participating household's benefits are continued pending a fair hearing and the county determination is upheld by the hearing, the disqualification period shall begin the first of the month after the hearing decision is rendered and no claim shall be completed. See Chapter 10, HEARINGS, for further information pertinent to the Hearings criteria.

MEMBER WHO QUIT/REDUCED WORK HOURS BECOMES EXEMPT BEFORE SANCTION IMPOSED

The household or individual may not be disqualified when the member who voluntarily quit/reduced work hours becomes exempt from work registration before the period can be imposed. For example, in the case of the applicant household, if the member reports becoming exempt before the EW sends the notice of disqualification, the disqualification will not be imposed. Likewise, if a participating household reports the member who quit/reduced work hours becomes exempt from work registration before the effective date of disqualification, the household will not be disqualified.

[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 07-01-19

IMPOSING THE DISQUALIFICATION PERIOD

When a determination is made that a nonexempt work registrant did not have good cause for voluntarily quitting employment or reducing work hours, the county must determine whether the individual was the head of household as defined earlier under FAILURE TO COMPLY, Head of Household Designation.

The penalty for voluntary quit or reduction in work hours will apply to the individual who commits the violation, UNLESS the individual committing the violation is the head of household (see Head of Household below). The individual shall be disqualified from participation and treated as a disqualified member as provided in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

Disqualification shall continue for the noncompliant individual until he/she serves the appropriate minimum time period and complies, leaves the household, or becomes exempt from work registration.

When a nonexempt work registrant voluntarily quits employment or voluntarily reduces work hours without good cause, the county will impose the following disqualification penalty.

Individuals Other Than Head of Household

_	First Violation: three months and compliance.
_	Second Violation: six months and compliance
	Third violation: the individual is permanently disqualified.

NOTE: A work registration sanction will end during the sanction period if the individual becomes exempt from work registration requirements. Otherwise, the minimum penalty must be served and compliance met before SNAP eligibility can be regained.

Head of Household

If the individual is the head of household, the entire household will be disqualified according to the above listed violations with the exception that the remaining household member's disqualification



[NONFINANCIAL CRITERIA: VOLUNTARY OUIT/REDUCTION IN WORK HOURS]

Revised 12-01-15

period cannot exceed six (6) months, even if the head of household remains ineligible or noncompliant.

Ineligibility, in either instance, will continue until the member who caused the disqualification serves the timed penalty, complies with the specified requirement, leaves the household, or becomes exempt from work registration requirements, whichever comes first.

Exception:

- 1. A household, having been determined to be ineligible due to the head of household quitting employment or reducing work hours without good cause, may reestablish eligibility if a new and eligible person joins the household as its new head of household, as defined earlier in this chapter; however, the noncompliant individual shall continue to be disqualified until the appropriate minimum time period is served and compliance is met or he/she becomes exempt from work registration requirements.
- 2. Likewise, any household member who voluntarily quit/reduced work hours without good cause, then joins another household as its new head of household, shall cause the entire new household to become ineligible from participation until the member who caused the disqualification serves the appropriate time penalty or becomes exempt from work registration, whichever comes first.
- 3. If the member who voluntarily quit/reduced work hours without good cause joins another household where he is not head of household, the individual shall continue to be ineligible until the timed penalty is served or the individual meets a work registration exemption, whichever comes first, and shall be considered as a disqualified member, as outlined in CHAPTER 7, HOUSEHOLDS WITH EXCLUDED MEMBERS unless the individual becomes exempt from work registration requirements.

DISQUALIFICATION OF APPLICANT HOUSEHOLDS

If an applicant household is to be disqualified, the application shall be denied from the date of application. See disqualification periods under IMPOSING THE DISQUALIFICATION PERIOD. The household will be sent either MAVERICS notice F208, Denial-Quit Job, or manual notice MDHS-EA-944, Notice of Action, advising the household of the following:

- 1. The specific act of noncompliance committed;
- 2. The proposed period of disqualification;
- Statement that the household may reapply at the end of the disqualification period;

[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 12-01-15

4. Description of the action which can be taken to end or avoid disqualification.

NOTE: If manual notice MDHS-EA-944 is sent, MAVERICS must be documented by using F000, Manual Notice Documentation. See Volume X, Chapter 4, Notices.

DISQUALIFICATION OF CERTIFIED HOUSEHOLDS

If it is determined that a certified household is to be disqualified, the household will be sent a notice of adverse action within 10 days after the determination of voluntary quit is made. The disqualification period shall be according to the disqualification periods under Imposing the Disqualification Period beginning with the first month following the expiration of the 10 day adverse action period. If the household requests a fair hearing to appeal the county's determination that the head of household voluntarily quit his/her job or voluntarily reduced work hours without good cause, and the county's determination is upheld, the disqualification period shall be effective the month after the county receives notice that a decision has been rendered.

Either manual notice MDHS-EA-945, Notice of Change or MAVERICS Notice F405, FS Closure Quit Job, will be sent and should inform the household of the following:

- 1. The specific act of noncompliance committed;
- 2. The proposed period of disqualification;
- Statement that the household may reapply at the end of the disqualification period;
- Description of the action which can be taken to end or avoid disqualification.

QUIT/REDUCTION IN WORK HOURS DISCOVERED DURING LAST MONTH OF CERTIFICATION PERIOD

Households whose quit/reduction in work hours occurs or is discovered in the last month of the certification period and those whose quit/reduction in work hours is determined too late in the certification period to allow for adverse action procedures, will be denied recertification according to the disqualification penalty.



[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 12-01-15

ENDING A VOLUNTARY QUIT/REDUCTION IN WORK HOURS DISQUALIFICATION

Head of Household

Following the end of the appropriate minimum disqualification period, a household shall be permitted to reapply and, if otherwise eligible, resume participation.

During a disqualification period, eligibility may be reestablished and, if otherwise eligible, the household shall be permitted to resume participation, provided the member who caused disqualification:

- 1. Leaves the household; or,
- 2. Becomes exempt from work registration requirements.

A household determined to be ineligible due to a voluntary quit/reduction in work hours without good cause may reestablish eligibility if a new and otherwise eligible member joins as its head of household.

If the head of household who committed the violation joins a new certified SNAP household as its head of household, that new household shall be ineligible for the balance of the disqualification period.

Should a household which has been determined to be noncompliant without good cause split into more than one household, the sanction shall follow the member who caused the disqualification.

If an individual who voluntarily quit a job joins a new household and is not the head of household, the sanction shall only be applied to the individual.

Individuals Other Than Head of Household

Following the end of the appropriate disqualification period, the individual may resume participation if otherwise eligible.

It is the responsibility of the household to report exemption of the household member. The individual shall be added back to the household following the month of the report.

VERIFICATION

The worker will request verification of the household's statements concerning voluntarily quitting employment only if the information is questionable. The primary responsibility for providing

MISSISSIPPI

[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 12-01-15

verification rests with the household. However, the worker will assist the household in obtaining the needed verification if the household finds it difficult or impossible to obtain documentary evidence in a timely manner. Acceptable sources of verification include but are not limited to the previous employer, employee associations, union representatives and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the worker will substitute a collateral contact. The worker is responsible for obtaining verification from acceptable collateral contacts provided by the household.

If both the worker and the household are unable to obtain requested verification from these or other sources because the cause for the quit resulted from circumstances that for good reason cannot be verified, such as a resignation from employment due to discrimination practices or unreasonable demands by an employer or because the employer cannot be located, the household will not be denied access to the Program.



[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 02-01-17

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)

SNAP participants not specifically exempt from general SNAP work requirements are subject to those work requirements as a condition of eligibility (See Chapter 3, NONFINANCIAL CRITERIA, WORK REGISTRATION). ABAWDs are a "subset" of this SNAP population and are subject to **both** the general work requirements and the ABAWD work requirement/time limit.

An ABAWD is defined as an able bodied adult without a dependent(s). SNAP eligibility for an ABAWD is time limited to any 3 countable months in a 36 month period unless that individual meets the ABAWD work requirement or an exemption from the ABAWD work requirement.

EXEMPTIONS FROM ABAWD WORK REQUIREMENTS

Individuals are exempt from the ABAWD work requirement if they are:

- Under age 18 or age 50 or older; or
- Physically or mentally unfit for employment (verification from a healthcare professional or social worker is required when the disability is questionable or not apparent to the caseworker. Caseworkers may act as social workers when determining an individual's fitness for work. Worker case documentation must substantiate county decision regarding disability). Chronic homelessness is often an indicator of an individual's unfitness or inability to work. If a person is chronically homeless, it may indicate he/she may have some incapacity or may be unfit for work. However, it does not mean all homeless persons are exempt from ABAWD work requirements.
- Responsible for a dependent child under age 18, or residing in a household where a household member is under age 18 even if that household member is ineligible for SNAP (the term "household" refers to individuals included in the SNAP budget rather than a group of individuals residing under the same physical structure); or
- Pregnant; or
- Exempt from general SNAP work requirements (See Chapter 3, NONFINANCIAL CRITERIA: WORK REGISTRATION).

All other SNAP recipients are considered referable ABAWDS and must fulfill the ABAWD work requirement as a condition of eligibility.

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

ABAWD WORK REQUIREMENTS

A non-exempt ABAWD will meet the ABAWD work requirement provided that individual is:

- Working 80 hours monthly or an average of 20 hours per week; or
- Participating in a work activity 80 hours monthly or an average of 20 hours per week: or
- Participating in a workfare or comparable workfare program: or
- Combining work and participation in a work activity for 20 or more hours per week.

Working in exchange for goods or services ("in kind") or other "unpaid" work will count toward the ABAWD work requirement. For example, an individual defined as an ABAWD may perform designated services to a landlord, such as housekeeping or landscaping, in exchange for room and board. The hours per week spent in such activities, if less than 20 hours per week, may be combined with another qualified work activity to meet the ABAWD work requirement.

QUALIFYING WORK ACTIVITIES FOR ABAWDS

The following work programs are defined as qualifying activities for ABAWDs:

- A program under the Workforce Innovation and Opportunity Act (WIOA) formerly known as WIA.
- A program under Section 236 of the Trade Act of 1974 for workers who have lost/may lose employment due to increased imports.
- SNAP Employment and Training (E & T) programs.
- Workfare programs also meet the ABAWD work requirement. Workfare is an activity in which the ABAWD is required to work off the value of the household's monthly SNAP allotment as a condition of eligibility. Placements are made with public or private non-profit employers. Assignments cannot replace or prevent the employment of regular employees.
- Self initiated workfare activities known as comparable workfare. In this qualifying activity, an individual locates and makes arrangements for his/her own workfare assignments at public or private non-profit entities. The ABAWD must provide his/her participation hours to the county MDHS office. Since comparable workfare participants are not eligible for the monthly \$50 transportation stipend, all other available qualifying activities must be explored prior to assigning the ABAWD to comparable workfare.
- A program of employment and training for veterans operated by the Department of Labor or the Department of Veterans Affairs. Any employment and training program of the Department of Labor or Veterans Affairs that services veterans shall be an approved work

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

program.

HOURLY REQUIREMENTS FOR QUALIFYING WORK PROGRAMS

The following chart outlines qualifying work activities and hourly requirements

Qualifying Component	Description	Hours Required
Workforce Innovation and	Job training services	20 hours per week
Opportunity Act (WIOA)	developed, managed, and	
Programs (formerly known	administered under WIOA.	No restrictions placed on the
as WIA)	Activities can include	number of hours dedicated to
	occupational skills training,	job search activities in WIOA
	job readiness/search, on the	activities.
	job training and adult	
	education (GED and literacy).	
Programs under Section	Training programs for	20 hours per week
236 of the Trade Act of 1974	workers who have lost/may	
	lose employment due to	No restrictions on number of
	increased imports.	hours dedicated to job search
		in these programs.
SNAP Employment and	Includes basic education, high	20 hours alone or combined
Training (E & T) Education	school equivalency (GED),	with other activities. Job
or Training	vocational or technical	search activities are limited to
	training, and on-the-job	less than half of the required
	training.	hours.
SNAP Employment &	Placements at public or	Monthly hours equal to the
Training Workfare	private non-profit employers.	result obtained by dividing a
		household's SNAP allotment
		by the federal minimum
		wage.
Comparable Workfare	ABAWDs are responsible for	Monthly hours equal to the
Programs	locating their own public or	result obtained by dividing a
	private nonprofit service	household's SNAP allotment
	placement and arranging for	by federal minimum wage.
	verification of their	Participation hours for
	participation to be forwarded	comparable workfare may not
	to the local MDHS office. All	exceed 30 hours per week, but

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

	comparable workfare sites	the participant may volunteer
	must be approved by the	for additional hours.
	County Director or designee.	
Department of Veterans	Training programs operated	Monthly hours equal to the
Affairs programs	by the Department of Labor or	result obtained by dividing a
	the Department of Veterans	household's SNAP allotment
	Affairs to meet the ABAWD	by the federal minimum
	work requirement.	wage.

Limitations on Hourly Requirements for Training or Work Programs

Because the individual meets the ABAWD work requirement by participating 80 hours monthly or 20 hours per week in a qualifying work activity, working 80 hours monthly or 20 hours per week, or any combination of working and participating in a work activity for 80 hours monthly or 20 hours per week, the worker may not require the ABAWD to participate for more than 80 hours monthly or 20 hours per week to meet the work requirement. Additionally, the worker may not increase the work requirement. However, if the worker refers the ABAWD to an E & T program that requires additional hours of participation, the total hours cannot exceed 120 hours per month.

When participating in a work experience component, the participant's hours for the purposes of E&T must not exceed the number of hours equal to the household's benefits divided by the higher of the applicable State or Federal minimum wage. An individual, mandatory or volunteer, who participates in a work experience component is prohibited from being required to work more than their benefit amount. However, if those hours are not sufficient to meet the ABAWD work requirement, the ABAWD must participate in another qualifying activity to meet the balance of hours necessary to meet the ABAWD work requirement. If the ABAWD does not fulfill the ABAWD work requirement, the ABAWD shall receive a countable month.

Participants, mandatory and volunteer, in a work experience activity **will not** be allowed to volunteer for additional hours beyond the number of hours in a month that is equal to the value of their household allotment divided by the applicable Federal or State minimum wage, as allowing such excess would translate to receiving less than the minimum wage in the form of SNAP benefits. Participants may volunteer for additional hours of a work experience component only if the participant earns a wage at least equal to minimum wage for the additional hours.

Should the ABAWD work requirement be met by participating in a workfare program, the worker should note that workfare is a household responsibility. All non-exempt household members share

MISSISSIPPI

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

the hourly obligation over the course of a month. For example, a 2 person non-exempt household receives a \$200 monthly benefit and is limited to a maximum of 27 hours per month. The monthly hours are determined by dividing the household's monthly allotment by the federal minimum wage and rounding down. (\$200 / \$7.25 = 27.58 or 27 hours per month). The worker may divide the monthly hours equally among the household members, but they cannot be required to work beyond the maximum of 27 hours.

The following examples are for a two person non-exempt household using the above Fair Labor Standards Act (FLSA) calculation of 27 hours per month for the household:

Example 1: Both ABAWDs will be assigned to workfare. The 27 maximum monthly hours will be divided by 2 to determine the monthly requirement for each ABAWD. The monthly hours of each ABAWD will be 13.5 (27 / 2 = 13.5), or one ABAWD may be assigned 13 hours per month and the other 14 hours per month (13 + 14 = 27).

Example 2: A SNAP household contains 2 referable ABAWDs. Only one of the two ABAWDs will be assigned to workfare. The other has been referred to an E & T education and training activity. The ABAWD assigned to workfare will be required to participate 27 hours per month. The other ABAWD must meet the 20-hour per week work requirement.

The worker must document the FLSA calculation on the Case Documentation (CADO) screen.

MEASURING THE 36-MONTH PERIOD

Mississippi measures and tracks each individual's 36-month period with a **FIXED INDIVIDUAL CLOCK.**

A fixed individual clock:

- Has a definite start and stop date;
- Starts on a given date and runs continuously for 36 months.

With a fixed individual clock, the 36 month period begins on the participant's date of application. For example, an individual applied in January of Year 1. His/her individual clock began January of Year 1 and the 36 month period will be measured from January of Year 1 through December of Year 3. The participant's fixed individual clock will be wiped clean 36 months from the date of application and a new 36 month period will begin. Therefore, January of Year 4 will begin a new 36 month period, and the individual will again be eligible for a new 3 months of eligibility within the new 36 month period.

MISSISSIPPI

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

For any individual determined to be an ABAWD **applying** on/after January 1, 2016, the 36-month period will begin with the date of application. For example, the 36-month period of an individual applying on February 1, 2016 will begin with February 2016 and continue through January 2019. February 2019 will begin a new 36-month period.

Mississippi's statewide waiver of ABAWD time limits expired on December 31, 2015. All ABAWD individuals in a **certified** household became subject to the ABAWD time-limits on January 1, 2016. For those individuals, the 36 month count began effective January 2016.

ABAWD COUNTABLE MONTHS

ABAWD eligibility is limited to 3 countable months in any 36 month period. A countable month is any month in which an ABAWD receives SNAP benefits for the **full** month while not:

- Meeting an exemption from the ABAWD work requirements; or
- Fulfilling the ABAWD work requirements; or
- Being granted one of the State's 12% exemptions

Benefits prorated during an initial application month cannot be considered as one of the 3-in-36 months.

Example: A non exempt ABAWD applies for SNAP benefits on March 3. Because March is a prorated month, the individual's first countable month will be April.

Example: A non-exempt ABAWD applies for SNAP on February 1. Because the individual applied on the first day of the month and is eligible for a full month allotment, the first countable month will be the month of February.

ABAWD 12% Exemptions

In certain circumstances, up to 12% of the ABAWD state's caseload may be granted a temporary exemption for the ABAWD time limit as outlined below:

• The ABAWD is referred to a Mississippi Smart Start class and the monthly scheduled class hours do not meet the monthly work requirement of 80 hours. Rather than couple the activity, utilize one of the 12% exemptions for the duration of the class (not to exceed two months); and

Revised 08-01-21

- The ABAWD is referred to a short-term (not to exceed two months) meaningful activity (a gainful skill-building activity as opposed to one solely utilized to meet the work requirement) which may not meet the monthly work requirement but will nevertheless enhance the individual's employability. As with the Smart Start class, one of the 12% exemptions would be utilized rather than coupling the activity.
- The Agency fails to follow ongoing policy and procedures which causes one or more of the individual's three (3) month counters to increment.

Example:

An ABAWD applied for SNAP on March 2nd. The application was approved on March 15th. The E&T caseworker did not schedule an E&T orientation appointment until April 29th. The ABAWD kept the appointment and was placed in the work program and met the ABAWD work requirement for May. As a result of the untimely appointment, the ABAWD was not given an opportunity to meet the work requirement for April. At the time of recertification, the SNAP caseworker must do a "look back" (Vol. V, Chapter 3, Nonfinancial Criteria: Work Requirements/ABAWDS) to determine if the number of countable months is correct for the ABAWD. In this instance, the participant's counter was incremented incorrectly for April (because March was a prorated month that counter is correct). Therefore, one of the 12% exemptions must be used for the month of April. The caseworker must follow the process as outlined in policy to adjust the individual's countable months. (Refer to Vol. V, Chapter 3, Recertification Look Back).

Note: The use of a 12% exemption must be determined by the County Director or designee and the justification clearly documented on the Case Documentation (CADO) screen.

Non-consecutive countable months

The 3 countable months of SNAP participation may or may not be used consecutively. Individuals may find employment, participate in an E & T or workfare program, or cease to participate in the SNAP program for a period of time. In the example below, the individual is participating in the SNAP program for the entire 36-month period. The 3 countable months (M1, M2, and M3) are non-consecutive months. The first countable month is January of Year 1 (M1). The participant was then placed in a qualifying work activity February-April (ET), and found employment of at least 20 hours per week May April of Year 2 (W). When employment ended, the participant then used the second countable month (M2) before regaining employment of at least 20 hours per

Revised 08-01-21

week in June of Year 2. The individual met the work requirements through September of Year 2. For October of Year 2, the ABAWD work requirement was not met, and October became the third countable month (M3). The individual regained employment for November of Year 2.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Year 1	M1	ET	ET	ET	W	W	W	W	W	W	W	W
Year 2	W	W	W	W	M2	W	W	W	W	M3	W	W
Year 3	W	W	W	W	W	W	W	W	W	W	W	W

Example 1: Non-consecutive use of countable months

M1, M2, M3-Countable month

W-Working at least 20 hours per week

ET-Participating in a qualifying work activity

Breaks in participation and countable months

Once an individual has exhausted the 3 countable months without meeting the ABAWD work requirements, he/she is no longer eligible for SNAP benefits. The example below illustrates an ABAWD with both non-consecutive months and breaks in participation. September-December of Year 1 indicates the individual has ceased to participate in the SNAP program. January of Years 1 and 2 are prorated months. Beginning June of Year 3, the individual is ineligible for SNAP due to failure to meet ABAWD work requirements.

Example 2: Non-consecutive use of countable months with breaks in participation

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dee
Year 1	P	M1	ET	ET	W	W	W	W	N	N	N	N
Year 2	P	W	W	W	M2	W	W	W	W	M3	ET	W
Year 3	W	W	W	W	W	I	I	I	I	I	I	I

W-Working at least 20 hours

ET-Participating in a qualifying work activity

M1, M2, M3-Countable month

Revised 08-01-21

N-Not participating in SNAP

I-Ineligible for SNAP because ABAWD is not meeting work requirements and has used countable months

P-Partial month of benefits (Prorated month of eligibility)

Good cause

If the individual would have worked 80 hours monthly or an average of 20 hours per week and missed some work with good cause, consider the individual to have met the work requirement if the absence from work is temporary and does not result in loss of employment. Good cause includes circumstances beyond the individual's control such as, but not limited to, illness, illness of another household member requiring the presence of the member, a household emergency or the unavailability of transportation. Any month a good cause determination is made will not result in a countable month applied to the ABAWD's counters.

COUNTABLE MONTHS AND OUT-OF-STATE PARTICIPATION

When an ABAWD applies and there is an indication that the individual participated in another state, the worker must verify the number of countable months received out-of-state. States may utilize different methods of tracking (fixed or rolling clocks) or different start dates. The worker must not simply verify the number of countable months used out-of-state and apply that number to the individual's Mississippi counter. Because Mississippi measures the 36 month period with a fixed clock with an individual time period based upon date of application, the worker need only consider those out-of-state months which fall within Mississippi's 36 month time period. The following examples illustrate how out-of-state countable months are handled for an ABAWD under a fixed individual clock:

- In February 2016, an ABAWD applies for SNAP and reports he last participated in another state in January 2016. The worker must verify termination of out of state benefits, but because the individual does not have an established clock in Mississippi (i.e., has never participated in Mississippi), the previous out-of-state months must be disregarded because the individual started his 36 month clock in February 2016.
- An ABAWD applies in Mississippi on January 15, 2016 and is approved on February 5, 2016. As a result of the fixed individual clock, the 36-month time period is set from January 2016 through December 2019. February 2016, the first **full** month of participation is the first of the 3 countable months. On February 25, the individual reports

Revised 08-01-21

he has moved out of state, and the SNAP case is closed effective March 2016. On June 1, the individual reapplies in Mississippi and reports he/she participated out of state for the months of April and May 2016. The worker verifies out-of-state participation and determines that April and May 2016 are both countable ABAWD months (i.e., the individual failed to meet the ABAWD work requirement in the other state). Because April and May 2016 are within the individual's 36 month time period, these are the second and third months of the individual's 3 countable months. The SNAP application cannot be approved unless documentation is provided that verifies the work requirement will be met within 30 days.

Document the Case Documentation Screen (CADO) with the Agency's decision regarding whether or not any out of state benefit would be considered a countable month in Mississippi. The ABAWD "Months Used" counter on the ABLE BODIED ADULTS screen (ABBA) must be adjusted to reflect the correct countable months. (Refer to Volume X, Chapter 3, ELIGIBILITY DETERMINATION: ABLE-BODIED ADULTS-ABBA).

NOTE: Months received out of state from a state or county under a waiver are not countable months.

ABAWD REPORTING REQUIREMENTS

ABAWD households must adhere to reporting requirements outlined in Chapter 8, THE CERTIFICATION PROCESS: CHANGES WITHIN CERTIFICATION PERIODS). Additionally, all referable and non-referable ABAWDs must report when their work hours fall below 20 hours per week, or an average of 80 hours monthly.

LOSS OF ELIGIBILITY ONCE THE THREE (3) COUNTABLE MONTHS HAVE BEEN EXHAUSTED

SNAP benefits must be terminated for ABAWDs who exhaust their three (3) countable months. ABAWD household members must be given a MAVERICS participation code of **DI** and SNAP benefits terminated. Issue the household **F706**, **SNAP** Closure-ABAWD Time-Limit, if the SNAP case is to be closed because the household has used the 3 countable ABAWD months. However, before terminating benefits for an ABAWD who has exhausted his/her countable months, the caseworker must ensure the ABAWD was referred to E&T timely. An ABAWD cannot have his/her benefits terminated if the individual was not given timely opportunity to participate in E&T and stop the countable months. In this situation, use of the 12% exemptions would be appropriate. Refer to ABAWD 12% Exemptions in this section.

Revised 08-01-21

REGAINING ELIGIBILITY

An ABAWD exhausting his/her 3 countable months may regain eligibility for SNAP at any time during the 36-month period if the individual meets an exemption from the ABAWD work requirement or fulfills the ABAWD work requirement as defined below for 30 consecutive days and is otherwise eligible:

- Worked 80 or more hours; or
- Participated in or complied with the requirements of a work program for 80 or more hours;
- Participated in or complied with a workfare activity; or
- Combined work and participation in a work activity for 80 or more hours; or
- Provides verification he/she will meet the ABAWD work requirements within 30 consecutive days from the date of application.

There is no limit on the number of times an individual may regain eligibility and subsequently maintain eligibility by meeting the work program requirements. Individuals regaining eligibility will have benefits calculated as follows:

- Individuals regaining eligibility by working, participating in a work program, or combining hours worked and hours participating in a work activity will have their benefits calculated from the date of application.
- Individuals regaining eligibility by participating in a workfare program, and the workfare
 obligation is based on an estimated monthly allotment prorated back to the date of
 application, will have their allotment prorated back to the date of application

Regaining Eligibility/Expedited Service

If an ABAWD who has exhausted his/her 3 countable months reapplies and would meet the criteria for expedited service, the worker must determine if the ABAWD meets the requirements for regaining eligibility.

If there is information from the household or another source indicating the ABAWD has regained eligibility, either by meeting an ABAWD work requirement or becoming exempt from work requirements, the worker must attempt to obtain such verification within the 7-day time frame for processing the application. If the verification cannot be obtained within that time, verification may be postponed and the ABAWD household issued benefits for the first month. If there is no



Revised 08-01-21

indication that the ABAWD has regained eligibility or is exempt from work requirements, the application must be removed from expedited status and processed under regular timeliness standards.

If the applicant has not regained eligibility but expresses a willingness to comply with E&T requirements, the individual should be referred to the E&T caseworker using the MDHS-EA-578, SNAP E&T ABAWD Communication Form. The E&T caseworker will refer the applicant to a workfare activity or assist the individual in establishing a comparable workfare activity. The E&T caseworker will indicate compliance or non-compliance on the MDHS-EA-578 and return the form to the SNAP caseworker. If the applicant has met compliance and is otherwise eligible, the application may be approved.

ADDITIONAL 3-MONTH ELIGIBILITY (BONUS MONTHS)

Federal regulations include a provision that allows an additional 3 months of eligibility (bonus months) for individuals who have exhausted their 3 countable months, lose SNAP eligibility, regain eligibility as defined under **Regaining Eligibility**, and then fail to meet a work requirement. The 3 bonus months are only available once in any 36-month period and must be used consecutively. However, the 3 bonus months are not guaranteed, and all other eligibility factors must be met. For example, an individual may qualify for the bonus months and become ineligible on income in Month 2, thereby losing the third consecutive bonus month. In this example, only 2 of the 3 consecutive bonus months would be used and eligibility for the 3rd bonus month would be lost. ABAWDs receiving the bonus months are subject to E&T requirements.

An individual may qualify for the 3 bonus months:

- If the individual was previously employed, the 3 consecutive months must begin when the participant notifies the agency that he/she is no longer meeting the work requirement;
- If the individual was meeting the work requirement by participation in a work program
 or workfare program, the 3 consecutive months must begin with the date the agency
 determines the individual is no longer in compliance.

The example below shows the individual used 3 countable months (M1, M2, and M3) and regained eligibility effective November of Year 2 when meeting the ABAWD work requirement. In January of Year 3, the individual reported that the work requirement was no longer being met. Because eligibility was regained in November of Year 2, the ABAWD qualified for the additional months of eligibility (A1, A2, and A3).

Revised 08-01-21

Example 3: Additional 3 Months of Eligibility (Bonus Months)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oet	Nov	Dec
Year 1	M1	ET	ET	ET	W	W	W	W	N	N	W	W
Year 2	P	W	W	W	M2	W	W	W	W	M3	W	W
Year 3	₩	A1	A2	A3	W	W	I	I	I	₩	W	W

W-Working at least 20 hours

P-Partial month of benefits

ET Participating in a qualifying work activity

M1, M2, M3-Countable month

A1, A2, A3-Additional months of eligibility

N-Not participating in SNAP

I-I neligible for SNAP because ABAWD is not meeting work requirements and has used countable months

Issue the **F705**, **SNAP Approval Bonus Time-Limit Counter Notice**, when an ABAWD household is approved for bonus months.

CERTIFICATION PERIODS FOR ABAWD HOUSEHOLDS

Households containing an existing ABAWD household member will be limited to a certification period not to exceed four (4) months. The worker should also consider the time limit when assigning certification periods to potential ABAWD households and "look ahead" to determine if any household member can reasonably be anticipated to become an ABAWD during the certification period. Assigning a four (4) month certification period to existing and potential ABAWD households will simplify administration of the time limit. (See Volume V, Chapter 8, THE CERTIFICATION PROCESS: CERTIFICATION PERIODS). Because ABAWD households will be assigned a certification period not to exceed four (4) months, they will no longer be subject to Interim Reporting requirements.

RECERTIFICATION - LOOK BACK

At the time of recertification for ABAWD households, workers must review the case to ensure

MISSISSIPPI

[NONFINANCIAL CRITERIA: WORK REQUIREMENTS/ABAWDS]

Revised 08-01-21

the number of countable ABAWD months is correct. Workers should review the "Months Used" counter on ABBA in MAVERICS and the ABAWD Client Snap History (CLFH) screen to ensure the countable months are correct and the counter has not incremented for months in which the ABAWD met an exemption or a work requirement.

Should any errors in countable months be detected, the county office must complete the MDHS-EA-585, Help Desk-ABAWD Counter Adjustment form, submitting the form as an attachment to an E100 to the Help Desk. Case documentation of the error must support the information provided on the MDHS-EA-585.



[NONFINANCIAL CRITERIA: CHILD SUPPORT REQUIREMENTS]

Revised 05-01-06

GENERAL

As a condition of eligibility for the SNAP Program, a natural or adoptive parent or other individual who is living with and exercising parental control over a child under the age of eighteen (18) who has an absent parent must cooperate with the Division of Child Support Enforcement (DCSE) in:

- -Locating the absent parent;
- Legally establishing the paternity of the child (if the child is born out of wedlock); and Obtaining and/or redirecting support payments for the child or the individual and child.

The individual may be exempt from the child support enforcement requirements if good cause is found for refusing to cooperate as determined by the DCSE. Good cause standards shall take into consideration circumstances under which cooperation may be against the best interest of the child.

The putative/alleged father or identified non-custodial parent of a child under the age of eighteen (18) will not be eligible to participate in the SNAP Program if that individual refuses to cooperate with DCSE in:

- establishing the paternity of the child (if the child is born out of wedlock); and providing support for the child.

The payment of a fee or other costs for services related to child support enforcement shall not be required for the custodial, non-custodial or putative father for SNAP purposes. Cooperation with the agency will include providing information about the absent parent, appearing at interviews, hearings and legal proceedings, and in some cases, submitting to genetic testing.

REFERRAL TO CHILD SUPPORT ENFORCEMENT

At the time of application, reevaluation, or any time a child under age 18 is added to the SNAP household, the worker must explain the child support requirements, determine if an absent parent is involved, and document the absent parent information on the application, Form MDHSEA-900A and MAVERICS as needed. Form MDHS-EA-941, Notice of Child Support Enforcement, must be provided to the applicant/recipient for an explanation of child support requirements. (See Generic Forms Manual for form and instructions.) The referral to Child Support Enforcement is made by the completion of child support screens in MAVERICS (SPRD, CSEA, etc.) which interfaces to the METSS system. (See Volume X, Chapter 3, for completion of appropriate child support screens.) If the child(ren) is in an active TANF case, the referral to



MISSISSIPPI

INONFINANCIAL CRITERIA: CHILD SUPPORT REQUIREMENTS

Revised 11-01-14

METSS is completed by that program.

The case record (MDHS EA 900) and MAVERICS must identify each child's custodial parent and absent parent. When there is no legal parent in the home with the child, the person exercising parental control must be identified. If there is no relative or other person actively involved in the parental role, the SNAP case head will be assigned to the parental role and must cooperate with child support.

A manual referral form, MDHS EA/CS 943/643, CHILD SUPPORT ENFORCEMENT Cooperation Verification Request, will be required when a SNAP or combination TANF and SNAP case closes and an outstanding noncompliance with child support is involved. Verification must be received from Child Support Enforcement of compliance or that good cause has been approved before the individual can be approved unless child support requirements no longer apply.

NOTE: The SNAP Program does not require assignment of support rights to the State and there is no recovery of benefits as is required in the TANF Program.

In a SNAP household in which a non-custodial (absent) parent resides, no referral will be made to DCSE, but as the DCSE identifies the non-custodial parent's failure to cooperate they will inform the DEA worker of noncompliance and the non-custodial parent should be disqualified.

PENALTY FOR FAILURE TO COOPERATE

The custodial parent, non-custodial parent or responsible individual will be disqualified for failure without good cause to cooperate with Child Support Enforcement if:

- 1. The individual states at the time of application that he/she does not wish to cooperate with child support requirements; or
- It is known to the agency that the individual has not cooperated with the child support requirements; or
- 3. The division is notified by Child Support that the individual has failed to cooperate without good cause.

MISSISSIPPI

[NONFINANCIAL CRITERIA: CHILD SUPPORT REQUIREMENTS]

Revised 04-01-09

The worker must issue a notice of adverse action for disqualification of the individual. If disqualification of the individual causes ineligibility of the household, the case must be closed rather than only disqualifying the individual. The penalty must be applied unless a request for a fair hearing is received. (See Chapter 10, HEARINGS.)

See Chapter 7, EXCLUDED HOUSEHOLD MEMBERS, for treatment of income and resources of the disqualified individual. The participation code for child support noncompliance is DC.

In instances when DCSE notifies Economic Assistance that a person named as the father of a child in the household has been excluded as the natural parent, MAVERICS notice X709, Request for Information-Child Support/Parent Excluded is sent to the household. The notice informs the household that failure without good cause to provide information on the natural parent or to contact the county office will result in disqualification for the custodial parent due to noncooperation with DCSE.

ENDING DISQUALIFICATION

When Child Support or METSS notifies the worker that the noncompliant individual has cooperated with DCSE, the individual will be added to the SNAP household effective the month after the month of notification in an active case. In a reapplication, the individual must comply prior to approval of the individual. MDHS EA 943/643, Child Support Cooperation Verification Request, must be sent at the time of reapplication and verification of cooperation must be received prior to reapproval of the individual if the individual has a prior noncooperation status in the MAVERICS/METSS system. If the verification of cooperation cannot be obtained prior to the timely processing date, the application should be handled with the person still disqualified so the other household members may receive benefits. If the expedited household will not be eligible unless the disqualified individual is included, the household would lose entitlement to expedited services and the case should be processed within the regular 30-day timeliness standard.

CHILD SUPPORT COURT ORDERS

Court orders for support initiated by the Child Support Enforcement office will usually include the requirement that collections be made through the IV D office. The Child Support Office will also petition the court to modify existing orders to redirect the support to the IV D office for collections and disbursement when the household is receiving support directly from a non-custodial parent at the time of referral. The client is informed via the MDHS-EA-941 that they must redirect child support through the IV D office.



[NONFINANCIAL CRITERIA: FAILURE TO COMPLY WITH ANOTHER MEANS-TESTED PROGRAM]

Revised 11-01-14

GENERAL

SNAP benefits shall not be increased when a household's benefits received under another means-tested Federal, State or local welfare or public assistance program (such as TANF), which distributes public funds governed by public assistance laws/regulations, have been decreased (reduced, suspended or terminated) due to failure to comply with a requirement of the program that imposed the benefit decrease. Monies being recouped from a means tested benefit due to the household's failure to comply with that program's requirements shall be counted as income (gross instead of net).

If the agency is not successful in obtaining the necessary cooperation from another means-tested public assistance program as to the reason benefits are being reduced, suspended or terminated, the worker must document the effort to obtain the verification. If the other program does not provide the requested information and the case is properly documented, the net instead of the gross will be counted in the SNAP budget.

NOTE: Supplemental Security Income (SSI) is not a means tested program.

Noncompliance with TANF Requirements

The following procedures shall apply when a household member fails to comply with the requirements of the TANF Program.

- If recoupment for a TANF overpayment is due to IPV, SIPV, or IHE, the TANF amount that is recouped shall be counted as income. The worker must enter the TANF grant prior to recoupment in the SNAP budget. If agency error (AE) is involved, the TANF payment after recoupment is counted in the SNAP budget.
- If a TANF member is sanctioned for noncompliance with school attendance or immunization requirements, a 25 percent penalty shall be applied to the SNAP household. The 25 percent penalty is automated in MAVERICS when the sanction is applied in TANF and the SNAP benefit month is worked on FSAD.
- If a TANF member is sanctioned for noncompliance in the TANF Work Program but meets a SNAP work exemption, the TANF member will be disqualified for the length of the TWP sanction. After the timed penalty period of disqualification has been served, the member shall be added back to the household the month following the penalty period. If the individual reapplies for TANF, the individual must comply with the TWP or meet an

MISSISSIPPI

[NONFINANCIAL CRITERIA: FAILURE TO COMPLY WITH ANOTHER MEANS-TESTED PROGRAM]

Revised 11-01-14

exemption before he/she can be added back to the household.

This provision will not apply if the TANF member is disqualified for both SNAP and TANF, such as noncompliance with TANF Work Program or child support requirements. (See WORK REGISTRATION, Failure to Comply with TANF Work Program (TWP) and CHILD SUPPORT REQUIREMENTS in this chapter.)

The SNAP benefits must be adjusted to add eligible members regardless of whether the household is prohibited from receiving benefits for the additional member under another Federal or State public assistance means tested program. The child(ren) that is ineligible for TANF benefits due to the Family Cap provision or school attendance requirements is eligible for participation in SNAP.

Once the penalty in TANF ends, the penalty is also removed in SNAP.

[NONFINANCIAL CRITERIA: USE OF SNAP BENEFITS/MEAL SERVICES]

Revised 11-01-14

ELIGIBLE FOODS

Eligible food for households eligible to use SNAP benefits consists of the following:

- 1. Any food or food product intended for human consumption except alcoholic beverages, tobacco, and hot foods and hot food products prepared for immediate consumption;
- 2. Seeds and plants to grow foods for the personal consumption of eligible households;
- 3. Meals prepared and delivered by an authorized meal delivery service to households eligible to use SNAP to purchase delivered meals; or meals served by a communal dining facility for the elderly, for SSI households, or both, to households eligible to use SNAP benefits for communal dining;
- 4. Meals prepared and served by an authorized drug addict or alcoholic treatment and rehabilitation center to households eligible to use SNAP benefits to purchase those meals; and
- 5. Meals prepared and served by an authorized group living arrangement facility to residents who are blind or disabled recipients of benefits under Title II or Title XVI of the Social Security Act.
- 6. Meals prepared and served by a shelter for battered women and children to its eligible residents.
- 7. Mealspreparedandservedbyanauthorizedhomelessmealprovider.

CERTIFICATIONRESPONSIBILITIESREGARDINGBENEFITUSAGE

It is important that SNAP households be informed at application and recertification of rules governing SNAP benefit usage. As a part of the certification/recertification interview the worker should advise clients of the following information:

- 1. SNAP benefits may not be used to purchase vitamins, medicine, tobacco, alcohol, or other non-food items.
- 2. Hot foods that are ready to eat may not be purchased with SNAP benefits in retail stores.
- 3. SNAP benefits may not be used to pay food credit accounts.

COMMUNAL DINING FACILITY Any member of an eligible

household who is 60 years of age or older and their spouses, or those





INONFINANCIAL CRITERIA: USE OF SNAP BENEFITS/MEAL SERVICES

Revised 11-01-14

receiving SSI and their spouses, may use all or any part of his benefit amount to purchase meals prepared at a communal dining facility authorized by FNS for such purpose.

A communal dining facility means any facility such as senior citizen's centers, apartment buildings occupied primarily by elderly persons or SSI households, or any public or nonprofit private school (tax exempt) which prepares meals especially for elderly persons during special hours, and certain other public or private nonprofit establishments (tax exempt) which prepare and serve meals for the elderly or SSI recipients. It also means a private establishment which is under contract with a state or local agency to offer, at concessional prices, meals prepared especially for the elderly or SSI recipients. Such facilities may accept SNAP benefits only after authorization by FNS.

DELIVERED MEALS

Any member of an eligible household who is 60 years of age or older, or incapacitated (i.e., housebound, physically handicapped, or otherwise disabled to the extent that they are unable to adequately prepare all of their meals) may use all or any part of his benefit amount to purchase meals from a nonprofit meal delivery service authorized by FNS for such purpose. In addition, the spouse of such household member may also purchase meals from a nonprofit meal delivery service regardless of age or disability.

MEAL SERVICES AUTHORIZATION

As delivered meals and communal dining organizations are approved by FNS, State Operations will be notified of the name and address of the sponsoring agency, the name and address of the kitchen, and the areas served. State Operations will, in turn, notify the county of the organization's authorization by FNS to accept SNAP benefits.

BOTTLE DEPOSITS

SNAP benefits may not be used to pay deposit fees on beverage containers. If such products are purchased with EBT benefits, any deposits charged must be paid in cash.

Revised 03-01-14

BOARDERS

Boarders are ineligible to participate in the Program. See Chapter 7 for details.

STUDENTS

Certain students are ineligible to participate in the Program. See Chapter 7 for details.

DRUG ADDICTS AND ALCOHOLICS IN TREATMENT CENTERS

Resident addicts and alcoholics may be eligible to participate as one person households. See Chapter 7 for details.

BLIND AND DISABLED GROUP LIVING ARRANGEMENTS

There are special provisions for certain blind and disabled individuals who reside in small, freestanding, community based living units. See Chapter 7 for details.

CROCERS/CAFÉ OWNERS AND EMPLOYEES

There is no prohibition against participation of owners and employees of grocery stores and cafes, provided all eligibility requirements are met, including the household definition. However, households of this type should be informed that SNAP benefits must be used to purchase food for the household; that neither SNAP benefits nor food purchased with SNAP benefits can be used in the business enterprise.

The fact that the household obtains a majority or all of its meals at the café does not preclude participation in the SNAP.

RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN

Persons or persons with children temporarily residing in a shelter for battered persons and children may be eligible to participate as individual households. See Chapter 7 for details.

MISSISSIPPI [TABLE OF CONTENTS: INCOME]

Revised 10-01-14

Page	Subject
4000	INCOME TO BE INCLUDED
4000	GENERAL
4000	EARNED INCOME
4002	UNEARNED INCOME
4004	SSA/SSI VERIFICATIONS
4004	Wire Third Party Query
4005	SSI Inquiry
4005	Veterans Benefits
4007	PAYMENTS NOT CONSIDERED INCOME
4007	INCOME OF DISQUALIFIED HOUSEHOLD MEMBER
4007	INCOME DEEMED TO SPONSORED ALIEN
4007	INCOME RECEIVED BY A PROTECTIVE PAYEE ON BEHALF OF A HOUSEHOLD MEMBER
4050	INCOME TO BE EXCLUDED
4050	GENERAL
4050	NON-MONETARY GAINS OR BENEFITS
4050	VENDOR PAYMENTS
4052	PAYMENTS TO QUALIFIED ORGANIZATION REPRESENTATIVE PAYEE IN SSI PROGRAM
4052	INFREQUENT AND IRREGULAR INCOME
4052	Certain Charitable Donations
4052	EITC/CHILD TAX CREDITS
4053	FLEXIBLE EMPLOYEE BENEFITS

MISSISSIPPI [TABLE OF CONTENTS: INCOME]

Revised 10-01-14

Page	Subject	
4053	LOANS	
4053	PLAN FOR ACHIEVING SELF-SUPPORT (PASS)	
4053	STUDENT/EDUCATIONAL INCOME, LOANS, GRANTS, SCHOLARSHIPS, ETC.	
4054	CENSUS BUREAU INCOME	
4054	COMBAT PAY	
4054	REIMBURSEMENTS	
4056	THIRD PARTY PAYMENTS	
4056	EARNED INCOME OF STUDENTS UNDER 18	
4056	NONRECURRING LUMP SUM PAYMENTS	
4057	SSI INSTALLMENT PAYMENTS AND DEDICATED ACCOUNTS	
4057	ENERGY ASSISTANCE PAYMENTS	
4057	HUD=S FAMILY SELF-SUFFICIENCY PROGRAM	
4057	GIFT CARDS	
4058	UNAVAILABLE INCOME FROM TRUST FUND	
4059	INCOME SPECIFICALLY EXCLUDED BY OTHER LAWS	
4063	PAYMENTS NOT CONSIDERED INCOME	
4100	DETERMINING EARNED INCOME	
4100	ANTICIPATING INCOME	
4102	Exploring Fluctuating Income	
4102	Exploring Non-regular Income	
4150	ALLOWABLE EXPENSES	

MISSISSIPPI [TABLE OF CONTENTS: INCOME]

Revised 10-01-14

Page	Subject	
4150		GENERAL
4150		STANDARD DEDUCTION
4150		EARNED INCOME DEDUCTION
4150		EXCESS MEDICAL DEDUCTION
4152		DEPENDENT CARE DEDUCTION
4153		TCC and TWP Child Care Payments
4153		SHELTER COSTS
4155		CHILD SUPPORT DEDUCTION

GENERAL

Household income shall mean all income, earned as well as unearned, and from whatever source, with the exception of specific exclusions as outlined in INCOME TO BE EXCLUDED.

The earned and unearned income of excluded household members shall continue to be counted in accordance with the guidelines in Chapter 7, SPECIAL CIRCUMSTANCES.

EARNED INCOME

Earned income, which is subject to the earned income deduction, shall include:

All wages, salaries and tips for services performed as an employee. This includes wages held at the request of the employee, advances on income, and other taxable income received on a regular basis such as, but not limited to, bonus payments, vacation pay while employed, overtime, Profit Sharing, etc.

Certain food and beverage establishments allocate a certain amount, of tips on the employee's W 2 form (Box 6); however, the employer withholds taxes based on the employee's reported amount, of tips and not the allocated amount. Only the amount, of tips reported by the employee rather than the allocated amount should be counted as income for SNAP purposes.

Advances are distinguishable from loans in that advance wage payments are made in exchange for services or labor to be performed, while loans are made in exchange for repayments of the principle amount plus, in most circumstances, interest.

Wages and salaries, as well as vacation pay, received after employment ends (for example, the last paycheck as opposed to severance pay) will be considered earned income when it is received in more than one installment. Severance pay is not earned income (See UNEARNED INCOME).

Sick pay provided by the employer is considered earned rather than unearned income if the employee is going to return to work when recovered and is still considered an employee by his employer. Generally, this is a continuation of salary with normal payroll deductions. Sick pay or disability benefits from a source other than the employer, such as an insurance company, are unearned rather than earned income even if the employee intends to return to work.

Money which is diverted from an employee's gross earnings through a cafeteria plan to pay certain expenses such as childcare or medical expenses is counted as income.

See DETERMINING EARNED INCOME later in this chapter for instructions on calculating income.

The total income, after appropriate exclusions, from a self employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business. See Chapter 7, SELF EMPLOYMENT.

Payments from a roomer or boarder, except foster care boarders, shall be considered a self employment enterprise, regardless of the number of hours spent weekly in providing the service.

Ownership of rental property shall be considered a self-employment enterprise. However, income derived, less the cost of doing business, from the rental property shall be considered earned income only if a member of the household is actively engaged in the management of the property at least an average of 20 hours per week. Otherwise, the income is considered unearned and, therefore, not subject to the earned income deduction.

Payments made to day care providers under the Child and Adult Care Food Program of the National School Lunch Act shall be considered gross income from which costs of doing business and a 20% income deduction may be subtracted. Included in the cost of doing business are the food expenses incurred by the providers to feed the children under their care.

- Training allowances from vocational and rehabilitative programs recognized by Federal, State, or local governments, such as the Work Incentive Program, to the extent that they are not a reimbursement.
 - Exception: Training allowances received through programs authorized by the Workforce Innovation and Opportunity Act (WĪOA) of 2014 are excluded. See **INCOME TO BE EXCLUDED in this chapter.**
- Earnings to individuals who are participating in on the job training programs under the Workforce Innovation and Opportunity Act (includes monies paid by WIOA and monies paid by employer).
 - Exception: This provision does not apply to household members who are under 19 years of age and are under the parental control of another adult household member, regardless of school attendance and/or enrollment as discussed in EARNED INCOME OF STUDENTS UNDER 18 in this chapter.
- Income from jury duty provided the pay is dispersed over a time period of several days or weeks in a specific amount, such as \$15.00 per day. (If the jury pay does not exceed \$30.00 in a quarter and cannot be reasonably anticipated, it may be excluded as infrequent and irregular income.)
- Basic Allowance for Quarter (BAQ) and Basic Allowance for Subsistence (BAS) for military personnel are treated as earned income when received in lieu of free housing

and/or food. (Any gain or benefit which is not in the form of money payable directly to the household, e.g., free meals and/or housing furnished to military personnel living on the base, is classified as an in kind benefit and excluded as income.)

- 7. Income received from the selling of blood or blood plasma.
- 8. Military pay from stateside service prior to deployment to a combat zone is included.

 Once in a combat zone, additional pay is excluded, but the original base pay, prior to being deployed to the combat zone continues to be included.
- 9. Other pay included in the taxable gross, such as, but not limited to, uniform maintenance.

UNEARNED INCOME

Unearned income, which is not subject to the earned income deduction, shall include but may not be limited to:

- Assistance payments from Federal or federally aided public assistance programs, such as Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF), General Assistance (GA) programs, or other assistance programs based on need. Federal adoption subsidies or payments, funded under Title IV E of the Social Security Act except for any portion which covers medical care.
- 2. Annuities; pensions; retirement; veteran's (including aide and attendant allowances) or disability benefits; workmen's or unemployment compensation (including any amounts deducted to pay claims for intentional program violations); old age or survivor's benefits; social security benefits (amount prior to Medicare or child support deduction); insurance payments; Armed Forces Family Subsistence Supplemental Allowance (FSSA) payments provided by the Department of Defense to families of service members.
- 3. Strike benefits.
- 4. Severance pay. This is not to be confused with wages and salaries after employment ends (for example, the last paycheck) which would be considered earned income.
- 5. Foster care payments for children or adults if the household elects to include the foster care individual(s) as household members under the boarder policy. See Chapter 7, NON-COMMERCIAL BOARDING HOUSES.
- 6. Support or alimony payments made directly to the household from non-household members or by the Department of Human Services, Division of Child Support Enforcement, including amounts considered "passed-through for TANF". The Deficit Reduction Act (DRA) revised section 457(6) of the Social Security Act incentivizes the Division of Child Support Enforcement (DCSE) to permit a portion of the child support

collected by the government to pass-through to the TANF assistance unit (AU) rather than being withheld by the government. This is called a pass-through payment. The entire passthrough child support payments must be counted as unearned income when calculating SNAP benefits; however, a portion will be disregarded as income for TANF.

Support is income received to pay basic living expenses such as food, shelter, clothing, medical and dental care. It can also include income received for such items as childcare, board, lodging, recreation, transportation, etc.

- Gross income, minus the cost of doing business, derived from rental property in which a household member is not actively engaged in the management of the property at least an average of 20 hours a week.
- Payments from government-sponsored programs such as Agricultural Stabilization and Conservation Service Programs.
- Payments of dividends, interest and royalties, including interest accrued on accounts. This includes interest from SSI dedicated accounts. See INCOME TO BE EXCLUDED, SSI INSTALLMENT PAYMENTS AND DEDICATED ACCOUNTS.

Interest income must be considered as having been received in the month in which it is credited to the account.

The date credited means the date it is made available rather than when the household is notified of the amount, takes the passbook in to be updated, or withdraws the money from the account. It becomes a resource in subsequent months.

The interest must be counted as unearned income if it can be anticipated as with a household that maintains a relatively constant balance in its account. If it is too irregular to be reasonably anticipated and does not exceed \$30 a quarter, the interest may be excluded under the Infrequent and Irregular Income policy outlined in this chapter. This provision should cover most accounts which constantly fluctuate or are opened and closed frequently. The interest income may be averaged prospectively over the certification period.

Fees charged for checking accounts may not be deducted from the interest income.

- 10. Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense. See INCOME TO BE EXCLUDED, VENDOR PAYMENTS, for further explanation.
- Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payment itself.

Payments received through the Mississippi Band of Choctaw Indian (MBCI) Distribution

Plan is considered as regular unearned income in the month of receipt whether it is received or diverted to a third party source. It will be counted over the period it is intended to cover. Traditionally payments are received semi-annually in July (covers five months, July November) and December (covers seven months, December June). The AFDC and FS Report of Active Choctaw Indians (AL040A) Report shows each county that has an active TANF and/or SNAP case that includes a Choctaw Indian. This report displays clients coded Choctaw on the Ethnicity/Race/Residence/Citizenship/ Identity (HERC) screen in MAVERICS. To validate Choctaw heritage and eligibility for these payments each member is assigned an enrollment number. The enrollment number is on the check beside the vendor number preceded by "CF". The case record must be searched for a previously verified copy of a distribution payment. If the client is an enrolled member, the money will be available to them. If the enrollment number is not obtainable, documentation of past payments is an indicator the client is eligible for the payment. Any request for verification (of conflicting information) should include the client's name, date of birth, and social security number. Requests should be sent to: Mississippi Band of Choctaw Indians, P.O. Box 6010, Choctaw, MS 39350, or call the enrollment office at (601) 656-5251.

NOTE: Any money remaining after the intended distribution period must be counted as a resource to the household.

- 13. Monies deposited into a joint bank account are considered unearned income for the joint account owner(s), unless all joint owners are a member of the same SNAP household. Exception: When one of the joint account owners is the protective payee of the funds deposited into the account, if the funds are used for the needs of the protective person the funds would be excluded as income to others.
- 14. All other direct money payments from any source which can be construed to be a gain or benefit.

SSA/SSI VERIFICATIONS

The Social Security Administration furnishes the Agency with information regarding benefits. This is done with the understanding that it will be used to determine eligibility and will not be disclosed to any other organization or person. MAVERICS processes for requesting and receiving this information are called the Wire Third Party Query Process or WTPQ, the on-line SSI inquiry and the IEVS match worker alerts.

Wire Third Party Query

The Wire Third Party Query Process (WTPQ) is a MAVERICS on line procedure to verify Social Security and SSI information on applicants and recipients. The response provides current benefits, state buy in status and payment history. The query process is required for all individuals at application, recertification, when a new person (other than newborns) is added to the assistance unit or when there is a question about SSA/SSI benefits. The WTPQ process will

provide a message when the SSN is in error or when no benefits are paid.

The query can be sent as soon as the SSN is known for the household member during the application process, even prior to the person being added to a specific MAVERICS case. Although a worker alert will not appear when the WTPQ response is received, the response will identify the case in which the individual resides if the individual is known to MAVERICS. In some cases, this number could be different from the current application, such as the person has previously participated in a closed case or is currently in an active case. Any discrepancies must be resolved before any person can be added to the application and the case worked.

The worker must access the Wire Third Party Query (WTPQ) screen (Function 10 on INME) and enter the SSN and/or Social Security claim number if other than client's own SSN. If the client is receiving benefits on a claim number other than his own SSN, the second SSN associated with benefits will display in the lower right corner of the screen on page 3 of the WTPQ Response screen. In some cases, a second WTPQ request may be needed to verify both benefits.

When appointment notices are sent to households at the time of recertification, use of the Recertification/Redetermination Appointment Notice (RERA) screen automatically generates the query process for all currently participating household members. If new household members are added to the case at recertification, the worker must initiate the query process for each new member through INME.

Refer to MAVERICS procedures for the Wire Third Party Query Process to send and receive requests. If the individual is not known to MAVERICS when the SSN is entered on the WTPQ screen, the worker must also enter the person's name and date of birth to send the query.

SSI Inquiry

The MAVERICS system also has an SSI inquiry function. In order to complete the SSI inquiry online the worker will choose function 11 from the Inquiry Menu (INME). The system will also require the case number. Then on the inquiry screen, the worker will enter the SSN of the person for whom information is needed. Once the enter key is pressed, the information will then be displayed immediately.

Veterans Benefits

These benefits are available to those persons who by reason of 90 days of active duty in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard (in wartime only) are termed "veterans". Benefits are also available to their dependents and dependent survivors. Benefits for

veterans are administered by the Veterans Administration (VA).

Veteran's benefits can be accessed through the INIM Screen, Function 5 'PARIS VA". The PARIS VETERAN MATCH (PVRA) screen provides information on a SNAP and/or TANF applicant/recipient who, based on the Social Security Number (SSN) submitted to PARIS, is receiving Veterans Benefits.

The information is requested quarterly from VA and the file returned from VA is processed on the 15th of March, June, September, and December. This is an overnight batch process and the file is available in MAVERICS the next working day after the 15th of the each quarter.

This inquiry must be performed for each household member at application, reapplication, reevaluation and when a new household member (other than a new born) is added. This data is not considered verified upon receipt.

Upon review of the data, if there are any discrepancies, the worker may request the client to provide verification or contact the Veterans Administration to verify benefits received.

If a call is required, the worker must provide his/her name, job title, county office name, the VA recipient's claim number or name and SSN.

The VA has a toll free line and can usually give instant information concerning the status of a claim or amount of payment. As long as the information is for the veteran's benefit, the VA will provide this information to the Agency. A veteran may also use this number to check on his/her claim or change of address. The toll free line for all areas in Mississippi is: 1-800-827-1000.

Although the VA prefers the above method, the county may send a written request for each person to the Veterans Affairs Division of the Veterans Administration, 1600 E Woodrow Wilson Drive, Jackson, MS 39216.

The written request from the county should contain as much of the following information as possible.

- 1. The full name and address of the veteran.
- 2. The branch of military service and his/her service number.
- 3. The claim number if they have filed for any kind of benefits.

Revised 10-01-21

4. Date and place of enlistment, and date and place of discharge.

Information will also be furnished concerning benefits for survivors of veterans. Requests for information on these persons should include the above and the date of death on the veteran, the dependent's full name and address, and relationship to the veteran.

The range of veteran's payments and benefits vary. Details regarding these payments can be found in the VA booklet, "Federal Benefits for Veterans and Dependents", which is updated periodically and may be obtained from the Veterans Administration. Please refer to Volume X, Chapter 10 for a list of definitions.

PAYMENTS NOT CONSIDERED INCOME

See INCOME TO BE EXCLUDED.

INCOME OF DISQUALIFIED HOUSEHOLD MEMBER

See Chapter 7, SPECIAL CIRCUMSTANCES.

INCOME DEEMED TO SPONSORED ALIEN

The portion of income of an alien's sponsor and the sponsor's spouse is deemed as unearned income to the sponsored alien. This procedure is applicable only for aliens on behalf of whom the sponsor signed an affidavit of support or similar statement (as a condition of the alien's entry into the United States as a lawful permanent resident) on or after February 1, 1983. Certain aliens are exempt from the sponsored alien provisions. Please refer to Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS, DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED.

INCOME RECEIVED BY A PROTECTIVE PAYEE ON BEHALF OF A HOUSEHOLD **MEMBER**

There may be instances when a non-household member serves as a protective payee on behalf of a household member(s).

If a household receives money which is legally obligated to be used for the care and maintenance of a third party beneficiary who is not a member of the household, the portion of the money that the protective payee receives and uses for himself/herself, including any fees

Revised 10-01-21

collected for serving as payee, is counted as income to the protective payee's household. The portion that is not used for the beneficiary is not counted as income to the beneficiary's household. SEE INCOME TO BE EXCLUDED.

Example: John Doe is the payee for social security benefits for his children. These children live with the grandmother rather than the father. Both households receive food stamp benefits. John Doe does not provide any of the social security payment to the children nor does he use any portion of the payment on their behalf. The social security payment must be counted only in John Doe's household.

At a later date John Doe, for whatever reason, starts using the social security payment for the children's needs. Only the portion that is used for the children is counted as income in the grandmother's household and the portion he uses for himself is counted as income in his household.

GENERAL

Only the payments outlined in this material shall be excluded from household income. No other income shall be excluded.

NON-MONETARY GAINS OR BENEFITS

Any gain or benefit which is not in the form of money payable to the household, including non-monetary or in-kind benefits, such as but not limited to meals, clothing, public housing, or produce from a garden.

VENDOR PAYMENTS

A payment made in money on behalf of a household shall be considered a vendor payment whenever a person or organization outside of the household uses its own funds to make a direct payment to either the household's creditors or a person or organization providing a service to the household. Examples include but are not limited to the following:

- 1. If a non-household member pays the household's rent directly to the landlord, the payment is considered a vendor payment and is not counted as income to the household.
- 2. Rent or mortgage payments made to landlords or mortgagees by the Department of Housing and Urban Development (HUD), or by State or local housing authorities, are considered vendor payments, and are excluded as income. Only the amount the household actually owes to the landlord, after HUD's payments, can be included as a rent expense in the excess shelter computation.
- 3. Payments by a government agency to a childcare institution to provide day care for a household member are vendor payments and are excluded as income.
- 4. As part of disability coverage, an insurance company makes car payments from company funds to the person or business holding the lien on the car. This arrangement is not voluntary on the part of the household, but rather is specified in the insurance policy. Therefore, the payment is a vendor payment and is excluded as income.

Payments in money that are not made to a third party, but are made directly to the household, are counted as income and are not considered an excluded vendor payment, regardless of the purpose for which the payment is made.

Monies that are legally obligated, and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense, shall not be considered excluded vendor payments, but rather are counted as income. The distinction is whether the person or organization making the payment on behalf of a household is using funds that otherwise would have to be paid to the household. Such funds include wages earned by a household member and therefore owed to the household, a public assistance grant to which the household is legally entitled, and support or alimony payments in amounts which legally must be paid to a household member. If an employer, agency, or former spouse who owes these funds to a household diverts them instead to a third party to pay for a household expense, these payments shall still be counted as income to the household. However, if an employer, agency, former spouse, or other person makes payments for household expenses to a third party from funds that are not owed to the household; these payments shall be considered excluded vendor payments. The distinction is illustrated by the following examples:

- 1. Wages earned by a household member that are **garnished** or diverted by an employer and paid to a third party for a household's expenses shall be considered as income. However, if an employer pays a household's rent directly to the landlord in addition to paying the household its regular wages, this rent payment shall be an excluded vendor payment. In addition, if the employer provides housing to an employee, the value of the housing shall not be counted as income.
- 2. All or part of a public assistance grant which would normally be provided in a money payment to the household, but which is diverted to third parties or to a protective payee for purposes such as managing a household's expenses, shall be considered income to the household. However, payments by the Agency that would not normally be provided in a money payment to the household, and that are over and above normal public assistance grants, are excluded vendor payments if they are made directly to a third party for household expenses. This rule applies even if the household has the option of receiving a direct cash payment.
- 3. Money deducted or diverted from a court ordered support or alimony payment, or from any other binding written support or alimony agreement, to a third party for a household expense shall be considered as income. However, payments specified by the court order or other legally binding agreement to go directly to the third party rather than to the household shall be excluded vendor payments. Support or alimony payments not required by a court order or other legally binding agreement (including payments in

excess of an amount specified in a court order or written agreement) which are paid to a third party rather than the household shall be excluded vendor payments, even if the household agrees to the arrangement.

PAYMENTS TO QUALIFIED ORGANIZATION REPRESENTATIVE PAYEE IN SSI PROGRAM

A qualified organization, under the Omnibus Budget Reconciliation Act of 1990 (OBRA), may collect a fee for acting as the representative payee of a SSI recipient. The fee, which cannot exceed 10% of the monthly benefit or \$25 per month, whichever is less, is not counted as income to the SSI recipient.

INFREQUENT AND IRREGULAR INCOME

Any income in the certification period which is received too infrequently or irregularly to be reasonably anticipated, provided the amount is not in excess of \$30 in a quarter. Note that income, which can be reasonably anticipated on a regular basis, is counted as income even though the total is no more than \$30 in a quarter.

Certain Charitable Donations

Cash donations based on need, not to exceed \$300 in a quarter, received from one or more private, nonprofit charitable organizations. A Federal fiscal quarter shall be used, i.e., January March, April June, etc., in this determination.

Example: A household received \$100 in January from a private nonprofit charitable organization, another \$100 in February from the organization, and \$250 in March from a different private nonprofit charitable organization. The household would be entitled to an income exclusion for the \$100 received in January and February and \$100 of the \$250 received in March for a total income exclusion of \$300 in that quarter.

EITC/CHILD TAX CREDITS

Earned Income Tax Credits (EITC) received, either as a lump sum or as advanced payments, (monthly installments, which are generally included with wages paid by the employer) are excluded.

Child tax credits, included in income tax refunds along with EITC and Federal income tax withheld, are separate credits allowed for taxpayers with children. These credits are not based on earnings and are therefore not considered part of the EITC. These credits are totally excluded.

FLEXIBLE EMPLOYEE BENEFITS

Flexible employee benefits or credits made available to employees by an employer for benefits such as medical insurance are considered a pre tax benefit and would not be counted in the employee's gross income. However, if the employee chooses not to spend the credits on the employee benefit, the amount of the credit would be counted as gross income. If the employee pays over and above the amount of the credits into a pre-tax benefit, that amount is not excluded.

LOANS

All loans, including loans from private individuals as well as commercial institutions other than educational loans on which payment is deferred. To be excluded, the loan must be a bona fide loan, meaning that an agreement exists to repay the money within a specified or agreed upon time. Loans to be excluded include crop loans regardless of whether living expenses are included in the loan amount.

PLAN FOR ACHIEVING SELF-SUPPORT (PASS)

Income of an SSI recipient (from any source) necessary for the fulfillment of a Plan for Achieving Self Support (PASS) which has been approved under Title XVI of the Social Security Act. This income may be spent in accordance with an approved PASS or deposited into a savings account for future use.

STUDENT/EDUCATIONAL INCOME, LOANS, GRANTS, SCHOLARSHIPS, ETC.

Educational income funded under Title IV of the Higher Education Act, as well as income funded by the Bureau of Indian Affairs (BIA) for education or training assistance, shall be totally excluded. Refer to Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS.

Non Title IV education assistance, including grants, scholarships, fellowships, work study, education loans on which payment is deferred, veterans, educational benefits and the like are excluded from income as stated in Chapter 7, STUDENTS.

CENSUS BUREAU INCOME

The income of a recipient temporarily employed with the Census Bureau shall be totally excluded.

COMBAT PAY

Additional military pay received by the household, resulting from the absent family member's deployment to a designated combat zone, shall be totally excluded. The family must verify the combat pay. The county will determine the amount of military pay made available to the household prior to and after the deployment to the combat zone. The difference between the two amounts will be totally excluded as combat pay.

REIMBURSEMENTS

Reimbursements for past or future expenses, to the extent they do not exceed actual expenses, and do not represent a gain or benefit to the household. Examples include but may not be limited to:

- 1. Reimbursements or flat allowances for job or training related expenses such as travel, per diem, uniforms and transportation to and from the job or training site. Reimbursements, which are provided over and above the basic wages for these expenses, are excluded; however, these expenses, if not reimbursed, are not otherwise deductible. Reimbursements for the travel expenses incurred by migrant workers are also excluded.
- 2. Reimbursements for out of pocket expenses incurred by volunteers in the course of their work.
- 3. Medical or dependent care reimbursements.
- 4. Non Federal reimbursements or allowances to students for specific education expenses, such as travel or books, but not allowances for normal living expenses, such as food, rent, or clothing. Portions of a general grant or scholarship must be specifically earmarked by the grantor for education expenses rather than living expenses in order for the expense to be excluded as a reimbursement.

NOTE: All funds ear marked as education income should be excluded.

5. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act.

NOTE: Not all Title XX payments are reimbursements. Some are for normal living expenses and, as such, are not excluded, e.g., certain Title XX payments for foster care (if the foster child is included as a household member).

- 6. Reimbursement made for expenses necessary for participation in the E and T Program.

 Participation stipends for the TANF Work Program (TWP) are also considered as reimbursements.
- 7. Clothing Maintenance Allowance (CMA) paid to a member of the armed services is excluded as reimbursement of the job related expense of uniforms.
- 8. Housing subsidies received from Federal Emergency Management Assistance (FEMA) to pay for temporary housing after a disaster, to the extent that the subsidy is a reimbursement for expenses for temporary housing. Monies, which exceed the cost of the housing, that are not returned to FEMA would be counted as income.

Most, but not all, FEMA funds are excluded. Some payments made to homeless people to pay rent, food, etc., when there is no major disaster/emergency is not excluded.

To be excluded, these payments must be provided 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, each expense does not have to be separately identified as long as none of the reimbursements covers normal living expenses.

The amount by which a reimbursement exceeds the actual incurred expense shall be counted as income. However, reimbursements shall not be considered to exceed actual expenses, unless the provider or the household indicates the amount is excessive.

Reimbursements for normal household living expenses such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit and, therefore, are not excluded.

THIRD-PARTY PAYMENTS

Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. If the intended beneficiaries of a single payment are both household and non-household members, any identifiable portion of the payment intended and used for the care and maintenance of the non-household member shall be excluded. If the non-household member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the non-household member's prorated share or the amount actually used for the non-household member's care and maintenance, whichever is less.

EARNED INCOME OF STUDENTS UNDER 18

The earned income of children who are members of the household, who are elementary or secondary school students or who attend classes to obtain a GED or a home school program recognized by the state or local school district, and who have not attained their eighteenth birthday. This exclusion would no longer apply in the month following the month the child reaches 18 for both applicant and participating households.

Example: A student with earned income becomes 18 on May 15. The first month's income to be considered in the eligibility and budget computation will be June. Therefore, in May, use April income to determine normal income to be used for June.

The exclusion shall continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings shall be prorated equally among the working members and the child's prorated share excluded.

Individuals are considered children for purposes of this provision if they are under the parental control of a household member.

NONRECURRING LUMP SUM PAYMENTS

Money received in the form of a nonrecurring lump sum payment, including, but not limited to retroactive lump sum social security, public assistance, railroad retirement benefits, Medical Loss Ratio (MLR) rebates, or other payments; lump sum insurance settlements; or refunds of security deposits on rental property or utilities; vacation pay received in one payment shall be counted as resources in the month

received, unless specifically excluded from consideration as a resource (i.e., income tax refunds, including an income tax refund issued as a Tax Offset Program (TOP) Overpayment; tax rebates or credits. Such funds are disregarded for 12 months beginning with the month of receipt).

SSI INSTALLMENT PAYMENTS AND DEDICATED ACCOUNTS

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) provisions require large retroactive SSI benefits to be paid in installments. If the individual is under age 18 and has a representative payee, such installments must be paid into a "dedicated account" in a financial institution. These installments are treated as one lump sum payment and excluded as income and as a resource of an SSI recipient. Interest earned on the account would be counted as income.

ENERGY ASSISTANCE PAYMENTS

Payments or allowances made under any Federal law including utility reimbursements made by the Department of Housing and Urban Development (HUD)and the Farmers Home Administration (FHA) for the purpose of energy assistance. Payments made directly to households and vendor payments made on behalf of households to fuel dealers or landlords are excluded. The exclusion also includes a one time payment or allowance made by a Federal or State law for weatherization or emergency repair or replacement of heating or cooling devices.

Payments provided by the Low-Income Home Energy Assistance Act (LIHEAA), P.L. 99-425, to a household are excluded from income. Households receiving such payments are entitled to the heating/cooling expenses (SUA) in determining any excess shelter deduction.

HUD'S FAMILY SELF-SUFFICIENCY PROGRAM

Funds paid into a family self-sufficiency escrow account by a program under the Department of Housing and Urban Development (HUD) are excluded as income and resources. At the end of the program when the household receives payment from the escrow account, the funds are treated as a nonrecurring lump-sum payment.

GIFT CARDS

Gift cards are not cash and their use is restricted to establishments offering the cards. Therefore, gift cards are excluded from consideration as income in determining eligibility.

UNAVAILABLE INCOME FROM TRUST FUND

Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:

- 1. The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;
- 2. The trustee administering the trust is either:
 - a. a court or an institution, corporation or organization which is not under the direction or ownership of any household member, or
 - b. an individual appointed by the court who has court imposed limitations placed on his/her use of the funds, which meet the requirements of this paragraph;
- 3. 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
- 4. The funds held in irrevocable trust are either:
 - a. 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
 - b. established from non-household funds by a non-household member.

Monies, which are withdrawn, or dividends, which are or could be received by a household from trust funds considered to be excludable resources, will be considered unearned income. Such trust withdrawals shall be considered income in the month received unless excluded in accordance with other provisions in this material. Dividends which the household has the option of either receiving as income or reinvesting in the trust are to be considered as income in the

month they become available to the household unless otherwise exempt under other provisions in this material.

INCOME SPECIFICALLY EXCLUDED BY OTHER LAWS

Any income that is specifically excluded by any other Federal statute from consideration as income for the purpose of determining eligibility for the Food Stamp Program. The following laws provide such an exclusion:

- 1. The following payments to volunteers under the Domestic Volunteer Services Act of 1973 (P.L. 93-113), as amended:
 - a. Any payments under Title I (including payments from such Title I programs as VISTA, University Year for Action and Urban Crime Prevention Program) to volunteers shall be excluded for those individuals receiving food stamp benefits or public assistance at the time they joined the Title I program, except that households which were receiving an income exclusion for a VISTA or other Title I subsistence allowance at the time of conversion to the Food Stamp Act of 1977 shall continue to receive an income exclusion for VISTA for the length of their volunteer contract in effect at the time of conversion. Temporary interruptions in food stamp participation shall not alter the exclusion once an initial determination has been made. New applicants who were not receiving public assistance or food stamp benefits at the time they joined VISTA shall have these volunteer payments included as earned income.
 - b. Payments under Title II (RSVP, Foster Grandparents, and Senior Companion Program).
- 2. Income received by individuals age 55 and older under Title V of the Older Americans Act (Public Law 100-175). These monies may be paid through the Senior Community Service Employment Program. NOTE: These funds are not excluded as a resource. The organizations that receive some Title V funds include: Green Thumb, National Council on Aging, National Council on Senior Citizens, American Association of Retired Persons, U.S. Forest Service, National Association of Spanish Speaking Elderly, National Council on Black Aging.

- 3. Payments authorized by the Disaster Relief Act (P.L. 93 288), Emergency Assistance Amendments (P.L. 100 707), and Disaster Unemployment Assistance payments issued under the Stafford Act (P.L. 100 707) as a result of a major disaster declared by the President.
- 4. Childcare payments made under Title IV-A/F of the Social Security Act, including TANF Work Program Child Care and Transitional Child Care (TCC) payments, according to P.L. 100-485 of the Family Support Act. See ALLOWABLE EXPENSES, TRANSITIONAL CHILD CARE (TCC) PAYMENTS, in this chapter.

Retroactive TCC payments will be treated as nonrecurring lump sum payments. See NONRECURRING LUMP SUM PAYMENTS, in this chapter.

Income received by the day care provider through TCC or TANF Work Program will not be excluded income.

- 5. The value of assistance to children under the Child Nutrition Act of 1966 according to P.L. 89-642 and the National School Lunch Act under P.L. 79-396.
- 6. Allowances and payments to individuals participating in programs under the Workforce Innovation and Opportunity Act (WIOA).

Earnings to individuals in on the job training programs under WIOA are included unless the earnings are being paid to a household member who is under 19 years of age and under the parental control of another household member. See INCOME TO BE INCLUDED, EARNED INCOME, earlier in this chapter.

On the job training payments paid to individuals participating in the Summer Youth Employment and Training Program are counted as income only if the participant is age 19 or older. Otherwise, payments received under this program are excluded as income.

Payments to participants in Youth Work Experience programs and all other payments from programs funded by WIOA are totally disregarded.

7. Living allowances and payments to individuals participating in programs under the National and Community Service Act (NCSA) of 1990 (as amended P.L. 106-170) are treated as if such programs were conducted under the Workforce Investment Act (totally excluded). There are numerous NCSA programs that vary by State. Some of the programs include:

- 1. AmeriCorps
- 2. AmeriCorps VISTA
- 3. AmeriCorps NCCC (National Civilian Community Corps)
- 4. Delta Service Corps
- 5. America Reads
- 8. All payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation (P.L. 101-201) are excluded from income. Funds were disbursed by AETNA Life and Casualty Insurance Company to veterans or their survivors.

The Agent Orange Act of 1991 (P.L. 102-4) authorized Veteran's Administration (VA) benefits to some veterans with service connected disabilities resulting from exposure to Agent Orange. These VA monthly payments are not excluded and will be counted as unearned income.

- 9. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204 and P.L. 106-419).
- 10. The mandatory salary reduction amount for military service personnel, which is used to fund the G.I. Bill according to P.L. 99-576 of the Veteran's Educational Act of 1984.
- 11. "At risk" block grant childcare payments made under Section 5801, P.L. 101-508 of the Social Security Act.
- 12. Payments made under the Radiation Exposure Compensation Act (P.L. 101-426) provided to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada, and Utah.
- 13 Compensation paid to crime victims under the Crime Act of 1984 (amended by P.L. 103-322).
- 14. Payments made to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
- 15. Grants paid under the Wartime Relocation of Civilians (Public Law 100 383) to certain U. S. Citizens of Japanese ancestry and permanent resident Japanese aliens or their survivors.

- 16. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (Pub. L. 91-646, Section 216).
- 17. Payments received under the Alaska Native Claims Settlement Act (P.L.92-203, Section 29.)
- 18. Income derived from certain submarginal land of the United States, which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).
- 19. Payments of financial and relocation assistance to members of the Navajo and Hopi Tribes under P.L. 93-531, section 22.
- 20. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
- 21. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-443).
- 22. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420, Section 9).
- 23. Per capita payments under the Indian Judgement Fund Act of \$2000 or less pursuant to P.L. 93-134, P.L. 97-458 and P.L. 98-64. This exemption applies to each payment made to each individual.
- 24. Payments to the Turtle Mountain Band of Chippewas, Arizona, pursuant to P.L. 97-403.
- 25. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) as designated under P.L. 97-408.
- 26. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124.
- 27. Per capita and interest payments made to the Red Lake Band of Chippewas, P.L. 98-123.
- 28. Payments to the Saginaw Chippewa Indian Tribe of Michigan, P.L. 99-346 and per capita funds, P.L. 99-146.

- 29. Per capita payments to the Chippewas of the Mississippi, P.L. 99-377.
- 30. Funds to the Puyallup Tribe of Indians Settlement Act, P.L. 101-41.
- 31. Funds distributed per capita to the Sac and Fox Indians according to P.L. 94-189.
- 32. Funds awarded to the Seminole Indians except for per capita payment in excess of \$2000; P.L. 101-277.
- 33. Payments to the Seneca Nation, P.L. 101-503.
- 34. Payments to Confederated Tribes of the Colville Reservation, P.L. 103-436.
- 35. Assistance provided for child and family service programs under the Indian Child Welfare provisions, P.L. 95-608.
- 36. Funds made to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2000 according to P.L. 98-500.
- 37. National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968, P.L. 109-64.
- 38. Income earned in an Achieving a Better Life Experience (ABLE) account is not taxed if spent on qualified disability related expenses. ABLE accounts allow for significant amounts of money to be put into a tax-advantaged saving and investment account without affecting eligibility for means tested programs such as SSI or Medicaid.

PAYMENTS NOT CONSIDERED INCOME

Certain payments are not actually exclusions from income, but rather are not considered income at all. However, they are included here as the most logical place for ready reference. The following payments are not considered income:

1. Monies withheld from an assistance payment, earned income, or other income source, or monies received from any income source which are voluntarily or involuntarily returned to repay a prior overpayment received from that same income source, provided the overpayment was not excludable as provided in one of the exclusions outlined in this subsection.

The reason these payments are not considered as income is because they have already been counted as income previously (or would have been counted had the household been certified) and should not be counted again.

Exception: Monies being withheld or recouped from a payment from a means tested program to repay an overpayment that was caused by a household's failure to comply with the other program's requirements shall be income. Note that this does not apply when benefits are reduced to repay an overpayment caused by agency error. Examples of means-tested programs are TANF, General Assistance (GA), publicly funded housing, or other assistance programs based on need. SSI is not a means-tested program.

2. Child support payments received by TANF recipients, which must be transferred to the agency administering Title IV D of the Social Security Act of 1935, as amended, to maintain TANF eligibility. The payment or portion of the payment, which must be turned over to IV-D to recoup the TANF benefit, is not available to the household and, therefore, is not considered income. However, any current payment including "passed-through or excess child support payments" that is disbursed to the household is considered income and included in the SNAP budget.

Retroactive or corrective payments made in a later month for missed payments in a prior month are excluded as a nonrecurring lump sum payment. See INCOME TO BE EXCLUDED, NONRECURRING LUMP SUM PAYMENTS, earlier in this material. This material does not include arrears received on a recurring basis. If payments are recurring, they should be counted as income.

Revised 11-01-11

ANTICIPATING INCOME

In determining eligibility, the worker must reasonably anticipate the household's monthly income for the duration of the certification period. Reasonably anticipated income is based on the income received in the four weeks prior to the date of interview, based on the frequency of pay, excluding any income that cannot be reasonably anticipated to continue during the certification period. (For example, overtime not usually received, a one time bonus, etc.) If a future change is indicated at the time of application or recertification, the prospective income will be based on the future change. Future changes must be verified and include changes such as a job change, reduction of hours, a layoff, etc.

Non continuing income will not be considered in determining reasonably anticipated income for a household. However, the non-continuing/terminated income will be counted in the appropriate budget month.

Information known to the agency through any source (client reports, MAVERICS generated report, a fraud tip, seeing a client at work, etc.) must be acted upon.

As mentioned earlier in this material, to reasonably anticipate the household income, the worker must explore the income from the four weeks prior to the interview for an applicant household or a recertification. If a change is reported during a certification period the worker must use check stubs, wage forms, etc., to determine anticipated income.

EXAMPLE: At interview November 18, based on a household member's weekly pay schedule, the four most recent check stubs for the pay dates of October 26, November 2, November 9, and November 16 would be requested.

EXAMPLE: A client paid bi weekly is interviewed September 8. It is determined that the client's most recent paycheck was received September 2. Based on the pay schedule, check stubs for September 2 and August 19 would be requested to reasonably anticipate income.

EXAMPLE: A recipient reports a new job. The worker should use check stubs and/or wage forms (MDHS-EA-910) to determine countable anticipated income for the remainder of the certification period.

When an individual changes jobs, only the income from the new job should be used to update the case. A MDHS EA 910, Request for Employment Verification, completed by the employer is the best way to gather the information needed to work the case.

A MDHS EA 910, Request for Employment Verification, is used to determine the income when the individual does not have income from the four weeks prior to the interview. The worker will multiply the hourly rate by the average number of hours to obtain a weekly amount to be converted.

EXAMPLE: A MDHS-EA-910, Request for Employment Verification, is returned showing the individual will be working between 20 and 25 hours per week, making \$6.00 an hour. The worker should calculate 6 x 22.5 to determine a weekly income of \$135.00. This amount would then be converted based on the pay schedule.

In some instances, the employer may indicate both the wage and hour information and list one or two checks received. The worker should use the checks received in the four weeks prior to the interview and the amount determined by the scheduled hours multiplied by the hourly wage to establish a full month of wages for future months.

EXAMPLE: The application was taken August 2 and the interview was conducted on August 9. A MDHS-EA-910, Request for Employment Verification, is returned showing the individual will be working 35 hours per week at \$5.75 per hour. Also listed are two weekly checks received in the month of July in the amounts of \$201.25 and \$207.00. To determine the ongoing income for the case, the worker will use the \$201.25 and \$207 checks and for the other 2 weeks, use \$201.00 (35 x 5.75).

EXAMPLE: A MDHS EA 910, Request for Employment Verification, is returned showing the individual will be working 40 hours per week at \$6.00 per hour. Also listed is the first eheck received in August that only covered 2 days out of 5. The individual is paid weekly and will receive three more checks in August. The worker will use the first check and for the additional three checks, determine the weekly amount by multiplying the 40 hours by the \$6.00 for a weekly total of \$240. For the initial month only, the actual income would be used, with the second and subsequent months being converted from a weekly amount of \$240 per week.

Once reasonably anticipated income for a household is determined the income will be coded in the MAVERICS system. The system will convert the income based on the frequency of the income. For example, income paid weekly will be converted by 4.33, bi weekly converted by 2.15, and semimonthly multiplied by 2.

Revised 11-01-11

Exploring Fluctuating Income

If income cannot be reasonably anticipated to be received in the certification period, it should not be used.

Income to be included in the case must be the best estimate of future earnings. Situations often occur where the recipient/applicant has checks with fewer hours than regularly scheduled. The reason for the lower hours should be explored with the recipient/applicant and if needed, a MDHS-EA-910, Request for Employment Verification, may be used to gather hourly wages and the hours scheduled.

In situations where a recipient/applicant has reduced hours on a check and the reduction is not ongoing and employer initiated, the normally scheduled hours multiplied by the hourly wage should be substituted for the gross.

EXAMPLE: An interview takes place on March 17. Wages from the prior four weeks are requested. When the paycheck stubs are submitted, one check shows 20 hours instead of 40. The worker must contact the individual to determine why she only worked 20 hours. The individual stated her child was sick and could not go to day care. The worker should substitute 40 hours multiplied by the hourly wage to use in place of the 20-hour check.

Exploring Non-regular Income

Check stubs often reflect holiday, vacation, bonuses, overtime, etc. The worker must discuss the frequency of this income. Additional information from the employer may be required if the check stubs do not show a clear history of the payment. However, check stubs showing year to date totals will give the best indication of the frequency of this income.

Income that is not considered normal, ongoing income for each month should be excluded from the budget. The worker must clearly document why this income was excluded.

EXAMPLE At recertification in April, a recipient submits the four most recent check stubs from March. On one of the check stubs, the individual received 10 hours of overtime. Since the year to date total for overtime only shows the amount received on this check and the client stated that she took an extra shift for someone who was out sick, the 10 hours of overtime would be excluded.

EXAMPLE: At recertification in January, a recipient submits the 2 most recent biweekly check stubs. The client stated that she had overtime due to the holidays. If the year to date

[INCOME: DETERMINING EARNED INCOME]

Revised 11-01-11

total for overtime supports this; the overtime would be excluded in the budget.

EXAMPLE: At application in January, the individual submits the four most recent check stubs. Each check stub shows overtime. The year-to-date total for overtime shows \$12,567 for the year. The overtime would be included in the budget.

GENERAL

Only the deductions specified in this material will be allowed in determining SNAP eligibility.

An expense covered by an excluded reimbursement or excluded vendor payment shall not be deductible, fexcept an energy assistance vendor payment made under the Low Income Home Energy Assistance Act (LIHEAA)]. For example, the portion of rent covered by excluded vendor payments shall not be calculated as part of the household's shelter costs. Similarly, expenses met by an energy assistance payment in the form of a vendor payment cannot be used in calculating the amount of the shelter cost deduction.

In addition, expenses shall be deductible only if the service is provided by someone outside of the household and the household does not provide compensation through an in-kind benefit. For example, a dependent care deduction shall not be allowed if another household member provides the care, or compensation for the care is provided in the form of an in kind benefit, such as food.

See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, for methods of handling expenses.

STANDARD DEDUCTION

Each SNAP household is allowed a standard deduction. See Chapter 13, Table I.

EARNED INCOME DEDUCTION

Earned income shall be subject to the earned income deduction. Excluded income is not subject to this deduction. See Volume V, Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVEL, Determining Net Income.

EXCESS MEDICAL DEDUCTION

A deduction will be allowed for a portion of verified medical expenses, excluding special diets, incurred by any household member who:

- Is 60 years of age or over; and/or
- Meets the definition of DISABLED PERSON as listed in Chapter 2, DEFINITIONS.

See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, for proper method of

computing allowable medical expenses.

Allowable medical expenses are:

- 1. Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law, or by other qualified health professionals.
- Hospitalization or outpatient treatment, nursing care, and nursing home care (including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home) provided by a facility recognized by the State.
- Prescription drugs when prescribed by a licensed practitioner authorized under State law, and other over-the-counter medication (including insulin), medical supplies, sick-room equipment (either rented or purchased), or other prescribed equipment when approved by a licensed practitioner or other qualified health professional.

NOTE: Food products which can be purchased with SNAP benefits do not qualify as a medical expense even if recommended by a health professional. Medical marijuana does not qualify as a medical expense deduction.

- Dentures, hearing aids, and prosthetics.
- Eyeglasses or contact lens prescribed by a physician skilled in eye disease or by the optometrist.
- Health and hospitalization insurance policy premiums.

If the insurance policy covers more than one household member, only that portion of the medical insurance premium assigned to the household member(s) eligible for the deduction may be allowed. In the absence of specific information on how much of the premium is for the household member eligible for a medical deduction, proration may be used to determine the amount to be allowed in figuring the medical deduction.

The cost of health and accident policies such as those payable in lump sum settlements for death or reimbursements, or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled, are not deductible.

Revised 07-01-16

- 7. MMedicare premiums related to coverage under Title XVIII of the Social Security Act; any cost sharing or spend down expenses incurred by Medicaid recipients.
- 8. Securing and maintaining service animals, such as seeing eye or hearing guide dogs and housekeeper monkeys trained to assist quadriplegics, including the cost of food and veterinary care. An animal must be specially trained to assist the SNAP recipient in order for its associated maintenance costs (from veterinary bills to food and other expenses) to be allowable deductions.
 - NOTE: A pet or companion animal that a client already has when prescribed a service animal does not automatically become a service animal—the animal must have specialized training to assist the individual with the medical issue for which the animal is prescribed. Specific types of training, credentials, or certifications are not required, but the animal must be specially trained to perform a function that the elderly or disabled person cannot readily perform on their own.
- 9. Reasonable cost of transportation and lodging to obtain medical treatment or services. For example, the mileage allowance currently in effect for State employees is a reasonable allowance per mile for a household which uses its car to transport a household member for physical therapy or doctor's visit.
 - **NOTE:** This provision also applies to transportation necessary to purchase medicine dentures, eyeglasses, sickroom equipment, etc.
- 10. Maintaining an attendant, homemaker, home health aide; or child care or housekeeper services if necessary due to age, infirmity, or illness.
 - In addition, an amount equal to the one person benefit amount shall be considered a medical expense if the household furnishes the majority of the attendant's meals. The benefit amount for this meal related deduction shall be that in effect at the time of certification. The benefit amount for this deduction will be updated at the next recertification.
 - If a household member incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.
 - If the expense is incurred for more than one individual, and only one of those persons would qualify for the expense as a medical deduction, consider as medical expense only

MISSISSIPPI

[INCOME: ALLOWABLE EXPENSES]

that portion that can be identified as such. If the amount cannot be separately identified, nothing could be allowed as a medical expense. For example, a working mother has three children, one of whom is receiving SSI disability benefits. The mother pays \$150 per month for childcare for these 3 children, with no separate and identifiable portion designated for the disabled child. In this case, the entire amount must be considered under the work related dependent care provision rather than the medical expense provision. An additional example would be a client paying \$75 per month for dependent care for her mother who receives SSI and \$60 per month for childcare for her child. The sitter fee is paid and receipted in two transactions; therefore the \$75 is an allowable medical deduction and the \$60 is a dependent care deduction.

A household would continue to be eligible for a medical deduction for the medical expenses for the former household member who qualified for the deduction even after that person becomes hospitalized, institutionalized, or dies, provided the remaining household members are legally responsible for payment of the expenses. The household in which the member was residing did not necessarily have to be receiving SNAP benefits at the time he left the household but had to have been entitled to the deduction had the household been receiving SNAP benefits.

Households can receive a medical deduction for payments made on a loan when the loan is used to pay a one time only medical expense. However, loan expenses, such as interest, are not allowable as part of the medical expense.

DEPENDENT CARE DEDUCTION

Payments for the actual costs for the care of a child or other dependent when necessary for a household member to accept or continue employment, seek employment in compliance with the employment and training criteria (or an equivalent effort by those not subject to employment and training), or attend training or pursue education which is preparatory to employment.

Kindergarten expense, if voluntary on the part of the household, may be allowed, if verified. However, if kindergarten is required under State Law, the expense is not allowed.

Upon verification, personal transportation to and from the dependent care provider can be allowed as a dependent care expense. Also, if the parent incurs an expense by paying someone else for transportation (friend, relative, bus, day care center van, etc.), the expense once verified would be considered allowable, and can be included with other dependent care costs for the child.

Activity fees associated with the care provided to a dependent that are necessary for the dependent

tto participate in the care are allowed.

If a household incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.

TCC and TWP Child Care Payments

Transitional Child Care (TCC) payments and TANF Work Program childcare payments are paid to the provider and therefore not allowed as a deduction to the household. If the household has to pay a copayment, the amount of the co-payment is allowed as a deduction once verified.

SHELTER COSTS

Monthly shelter costs in excess of 50 percent of the household's income after all other allowable deductions, will be deducted, provided the excess shelter does not exceed the maximum as shown in Chapter 13, Table I. Verification of the incurred shelter expense must be provided in order to allow the deduction. Homeless households will be allowed to claim a special shelter deduction for any amounts less than or equal to the deduction. In addition, homeless households may claim actual shelter expenses if more than the deduction for verified shelter expenses. See Chapter 6, ACTUAL UTILITY EXPENSES.

EXCEPTION: Certain households shall be allowed an excess shelter deduction for the monthly cost that exceeds 50 percent of the household's income after all other allowable deductions, with no maximum applied. These households are those which contain at least one member who:

- —Is age 60 or over; and/or
- Disabled (as defined in Chapter 2, DEFINITIONS, DISABLED PERSON).

Shelter costs shall include only the following:

Continuing charges for the shelter occupied by the household, including rent, mortgage, or other continuing charges leading to the ownership of the shelter such as loan payments for the purchase of a mobile home, including interest on such payments, or condominium and housing association fees. Payments for rent or mortgage for a lot or property for a mobile home is also considered a continuing shelter expense. Penalty fees for being late in making payments for rent or mortgages should not be included in computing shelter costs nor should the monthly extermination fee charged renters by some apartment complexes.

In situations where the monthly mortgage expenses include property taxes, insurance

premiums and escrow shortages paid into an escrow account the full amount would be used as the shelter expense. These deductions would not be allowed independently.

Continuing charges would not include the down payment on a home. However, if a household obtains a loan to make the down payment, the monthly payments on the loan are continuing charges and are allowed as shelter costs. Continuing charges would include payments made on a second mortgage and home equity loans regardless of why the loan was obtained or how it was used.

Lump sum payments made toward the first several mortgage payments are not considered down payments, and therefore, would be computed as a shelter expense.

- Property taxes, State and local assessments and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings. Penalty fees for being late in paying taxes are not included in shelter costs.
 - If an insurance policy covers both the structure and contents, and the portion of the premium for the structure cannot be separately identified, the entire amount of the premium is used in computing shelter costs. The fact that the policy provided to the household does not make the distinction is not sufficient evidence to make the determination. In this case, it will be necessary to verify through the insurance agency or through a person knowledgeable about the type policy. The case record must be documented to show the basis on which the decision is made.
- The cost of heating and cooking fuel; cooling and electricity; water and sewer; well installation and maintenance, septic tank installation and maintenance; garbage and trash collection fees; the basic service fee for one telephone, including tax on the basic fee; wire maintenance fees, subscriber line charges, relay center surcharges, 911 fees and taxes; fee for a propane tank and fees charged by the utility provider for initial installation of the utility. One time deposits shall not be included as shelter costs, nor shall penalty fees for being late in paying utility bills.
 - See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, EXPENSES, for use of Actual Utility Expenses, Standard Utility Allowance (SUA) and Basic Utility Allowance (BUA).
- The shelter costs for the home if temporarily not occupied by the household because of employment or training away from home, illness, or abandonment caused by a natural disaster or casualty loss. For costs of a home vacated by the household to be included in

[INCOME: ALLOWABLE EXPENSES]

Revised 12-01-17

the household's shelter costs, the household must intend to return to the home; the current occupants of the home, if any, must not be claiming the shelter costs for SNAP purposes; and the home must not be leased or rented during the absence of the household. See Chapter 8, VERIFICATION AND DOCUMENTATION, for verification requirements.

5. Charges for the repair of the home which was substantially damaged or destroyed due to a natural disaster such as a fire or flood. Shelter costs shall not include charges for repair of the home that have been or will be reimbursed by private or public relief agencies, insurance companies, or from any other source.

This provision also applies to rebuilding payments and payments on the lot when the home is completely destroyed, provided the household intends to return, as outlined in Item 4 above. Note that only the portion which will not be reimbursed will be considered a shelter expense. The rebuilding and lot payments are allowed in addition to shelter expenses incurred at the temporary residence.

CHILD SUPPORT DEDUCTION

Legally obligated (court ordered) 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). Court ordered payments made toward arrearages and court ordered fees shall also be allowed as a deduction. Payments for alimony or in addition to the obligation are not deductible.

Both the child support legal obligation and the actual amount paid, including vendor payments, must be verified. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable verification of amounts paid may include canceled checks, wage withholding verification, IV-D agency and statements from the custodial parent. The MAVERICS code for the EXSA screen is SD - support deduction.

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 5: RESOURCES]

Revised 10-01-10

Page	Subject
5000	GENERAL
5000	INTRODUCTION
5000	DEFINITION OF A RESOURCE
5001	MAXIMUM ALLOWABLE RESOURCES
5050	RESOURCES TO BE INCLUDED
5050	GENERAL
5050	Liquid Resources
5050	Nonliquid Resources
5051	Jointly Owned Resources
5051	Joint Bank Accounts
5051	Resources Belonging to Excluded Household Member(s)
5052	
	Resources Belonging to Alien's Sponsor
5052	Gravel
5052	Oil, Gas and Other Minerals
5052	Timber
5053	Mortgages, Notes and Deeds of Trust
5100	RESOURCES TO BE EXCLUDED
5100	GENERAL
5100	The Home
5100	Temporarily unoccupied home
5100	Purchasing lot for building home

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 5: RESOURCES]

Revised 10-01-10

Page	Subject
5101	Personal Effects
5101	Household Goods
5101	Burial Plot
5101	Prepaid funeral arrangement
5101	Life Insurance
5101	Livestock and Poultry
5101	Vehicles
5101	Credits
5102	Certain Property
5103	Certain Installment Contracts
5103	Certain Government Grants
5104	Energy Assistance Payments
5104	Proceeds From the Sale of a Home
5104	Prorated Money
5104	Resources That Cannot be Sold for a Significant Return
5105	Indian Lands
5105	Resources Excluded by Express Provision of Federal Law
5107	Resources of Nonhousehold Members
5108	Inaccessible Resources
5110	UNLIMITED RETENTION OF EXCLUDED RESOURCES
5110	COMMINGLED FUNDS
5110	GIFT CARDS

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 5: RESOURCES]

Revised 10-01-10

Page	Subject
5110	EDUCATION SAVINGS PLANS
5110	RETIREMENT PLANS
5150	VALUE OF RESOURCES
5150	ALL RESOURCES
5150	VEHICLES
5150	Jointly Owned Vehicles
5150	Legal Restriction on Vehicles
5200	TRANSFER OF RESOURCES
5200	GENERAL
5200	ALLOWABLE TRANSFERS
5200	DISQUALIFICATION PROCEDURES
5300	FACTS ABOUT REAL PROPERTY
5300	GENERAL
5300	THE HOMESTEAD
5300	Determining a Widow's Equity
5301	PROPERTY OTHER THAN HOMESTEAD
5302	LOSS OF LAND FOR TAXES
5303	CHECKING PROPERTY RECORDS

INTRODUCTION

Resources will be evaluated, and limits are counted for all households except categorically eligible households (all members receive TANF and/or SSI). Categorically eligible households (all members receive TANF and/or SSI) are not subject to:

- Monthly gross income maximums,
- Monthly net income maximums,
- Resource maximums.

The resources of a household member who receives TANF and/or SSI are exempt from testing for resource limits. A household member is considered a recipient of TANF or SSI if the benefits have been approved but not yet received, suspended or recouped, or not paid because the amount is less than the minimum amount.

DEFINITION OF A RESOURCE

Resources, assets owned by an individual(s) that can usually be converted into cash, may be classified as liquid and nonliquid. Resources must be taken into consideration in determining the eligibility of all non BBCE SNAP households. Consideration of all resources means that the presence of the resource must be established, and a determination made as to whether the resource should be included or excluded for SNAP purposes. The value of the household's total countable resources is used to determine if the resources are within the SNAP eligibility criteria.

Resources of a non-BBCE household which must be considered are those belonging to the case head, spouse, and/or any other household member including excluded household members, such as ineligible aliens, individuals disqualified due to Intentional Program Violation, SSN, drug felony, child support or a work program violation. Excluded individuals' resources are considered available to remaining household members. See Chapter 7 for the treatment of excluded household member's resources. Resources of non-household members are generally not considered available to the household.

When non-liquid resources are converted into cash, the cash continues to be counted as a resource rather than as income when the cash is received in a lump sum. If the non-liquid resource is sold and payments are made in monthly installments, the money is counted as income, including the first month's installment.

NOTE: Monies which are counted as income in the month received should not be considered as a resource in that same month.

In all cases the worker will document any resource belonging to or available to the SNAP household. Documentation should be in sufficient detail so that the resource could be verified at any time without having to hold another interview to obtain more information.

Resources will be verified in accordance with requirements specified in Chapter 8.

MAXIMUM ALLOWABLE RESOURCES

	u recource mavimiime uu		
The following month	y resource maximums wi	II apply to non bbcb	nouscholus.
\mathcal{C} .		11 /	

- 1. Households which contain at least one person 60 or older and/or a disabled individual: \$3500
- 2. All other households: \$2250

Ineligibility based on resources continues only as long as the value of resources retained exceeds the maximum, unless the household has been disqualified in accordance with provisions outlined in TRANSFER OF RESOURCES.

GENERAL

All resources, except those specifically exempt in RESOURCES TO BE EXCLUDED, must be included in the determination of eligibility for SNAP. Resources to be included are outlined below.

Liquid Resources

Liquid resources include, but may not be limited to, the following:

- Cash on hand
- Valuable coins (at marketable value)
- Money in a savings or checking account

NOTE: Monthly income deposited in these accounts cannot be counted as both income and resource for the same month.

- Savings certificates
- Stocks or bonds
- Nonrecurring lump sum payments (Exception: income tax refunds, rebates, and credits are disregarded for 12 months from the month of receipt.)
- Vacation pay that is due to a laid-off household member, for example, if an individual is terminated, quits or retires from his job and is given his vacation pay, the money is counted as a resource if it is withdrawn in a single lump-sum. It would also be counted as a resource if the money is available to the household but not withdrawn for whateverreason.
- Loans received by the household. For example, if a self-employed household member receives a loan for business purposes, the amount of the loan will be counted as a resource.
- Accumulated earnings of a student under 18
- Retirement plans that are **not** authorized under section 401, 401(a), 403(a), 403(b), 408, 408A, 408(k), 408(p), 457(b), and 501(c)(18) of the IRS code, or section 8439 of Title 5, United States code, are considered as countable resources. See discussion under "Resources to be Excluded, Retirement Plans" later in this chapter.

Nonliquid Resources

Nonliquid resources include, but may not be limited to:

- Personal property (this does not include jewelry, furniture, etc., which are considered personal effects)
- Recreational vehicles
- Industrial vehicles (unless income producing exceptions are met—see pages 5102-5103)
- Buildings and certain land
- Recreational properties

The equity value of the above resources count toward the household's resource limit.

Jointly Owned Resources

Resources owned jointly by separate households shall be considered available in their entirety to each non-BBCE household; unless the household can demonstrate that the resources are inaccessible to the household. See RESOURCES TO BE EXCLUDED for details. If the household can demonstrate that it has access to only a portion of the resource, that portion of the resource shall be counted toward the household's resource level.

Joint Bank Accounts

Joint bank accounts may be established in one name or more than one name with one or more signatures authorized to sign checks from the account. Under current Mississippi Law, a bank is not obligated to police withdrawals from accounts by authorized signatures. Therefore, when an individual's name is on the authorized signature card, that individual has full access to any and all funds in the account, regardless of the name on the account or who made the deposits. Funds in such accounts must be considered accessible in their entirety to each individual on the signature card and will be considered a resource for SNAP purposes. NOTE: Monthly deposits would be considered income in the month received.

Situations of this type must be explored thoroughly, and the case record documented accordingly. Unusual situations may occur which will need further inquiry and explanation with both the client and the banking institution. These situations, too, will need thorough documentation in the case record.

Resources Belonging to Excluded Household Member(s)

Resources belonging to an excluded household member(s) shall continue to count in their entirety to the remaining household members.

NOTE: Resources belonging solely to non-household members are excluded. See RESOURCES TO BE EXCLUDED. However, resources owned jointly between household members and non-household members shall be considered available in their entirety to each household.

Resources Belonging to Alien's Sponsor

A portion of the resources of an alien's sponsor and the sponsor's spouse (if spouse is living with the sponsor) which have been deemed to be resources of the sponsored alien shall be counted as resources to the alien's household. This procedure is applicable only for aliens on behalf of whom the sponsor signed an affidavit of support or similar statement (as a condition of the alien's entry into the United States as a lawful permanent resident) from February 1, 1983 through December 18, 1997.

Any affidavit of support (Form I-864) signed by an alien's sponsor on or after December 19, 1997, will be subject to the rules of the Personal Responsibility and Work Opportunity Reconciliation Act)

(PRWORA) and the Immigrant Responsibility Acts of 1996; i.e., the resources of the alien's sponsor and sponsor's spouse will be considered available in their entirety in determining the SNAP eligibility of the sponsored alien.

Certain aliens are exempt from the sponsored alien provisions. Please refer to Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS, and DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED.

Gravel

If the sale of gravel is a one-time arrangement, the proceeds from the sale are included as a resource. If the business arrangement is for the continuing removal of gravel, this becomes a business enterprise and the payments are considered income.

Oil, Gas and Other Minerals

Proceeds from the sale or lease of mineral rights are considered a resource. The amount paid per acre for the lease is included. If, after one year, the lease is renewed, the rental amount for the year would be counted as income. The lease or sale of mineral rights may be verified through the local chancery clerk's office or from the lessee or purchaser.

Timber

Uncut timber or pulpwood located on home property is disregarded. However, timber located on property other than the home is considered resources. If the timber on the home property is cut and sold at regular intervals, the resulting cash will count as income. Proceeds from the sale of the entire stand would be considered as a resource.

Revised 10-01-2021

Mortgages, Notes and Deeds of Trust

Applicants and recipients who state that they are owed a debt must provide verification of the debt in the form of a promissory note, deed of trust, mortgage, etc. The current market value of such assets, which represents the amount which can be realized from immediate sale, must be determined by local bankers. The amount which the individual will receive is the current value less a discount for handling any risk involved. Consider excessive a discount rate of more than 10 percent, and do not consider the asset a resource. Instead, the payments should be counted as income, including both principal and interest.

Lottery or Gambling Winnings

The gross (before taxes) value of lottery or gambling winnings must be considered along with other countable resources to determine a household's eligibility. Households reporting receipt of lottery or gambling winnings that equal or exceed \$3750 are ineligible to receive SNAP. Ineligibility would continue as long as the overall value of resources exceeds the household's limit.

Revised 07-01-19

GENERAL

The following is a list of resources which are excluded in the determination of eligibility for SNAP. Note that where an exclusion applies because of the use of the resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an excluded household member whose resources are being counted as part of the household's resources. For example, work related equipment essential to the employment of an excluded household member shall be excluded, as shall one burial plot per excluded household member.

Only the following resources will be exempt:

The Home

The home, its outbuildings and surrounding property, which are not separated from the home by intervening property owned by others. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property.

. Temporarily unoccupied home

The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return. In this case the home currently occupied by the household would also be excluded.

Purchasing lot for building home

Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, shall receive an exclusion for the value of the lot and, if it is partially completed, for the home. This property shall retain its resource exclusion for an unlimited period of time. This may also include a lot for a mobile home that serves as a permanent residence.

. Other structures on the home property

Outbuildings considered part of the home property and excluded as a resource may include, but may not be limited to; barns, garages, sheds, workshops, etc. Mobile homes which are owned by the household or are being purchased and located on the property will be considered part of the home property if a member of the SNAP household lives in the mobile home; however, if someone else, e.g., a separate household, lives in the mobile home, it will not be excluded as a resource unless it meets another exclusion.

Other buildings, such as stores or houses, which clearly are not part of the exempt residence and its outbuildings, must meet another resource exclusion as outlined in this chapter, RESOURCES TO BE EXCLUDED, to avoid being counted as a resource to the household. If counted as a resource, only the equity value (fair market value less

Revised 09-30-20

indebtedness) of the structure will be counted as a resource. The land upon which it is located will not be considered when determining the value.

Personal Effects

Personal effects may include, but may not be limited to, clothing, jewelry, tools of a tradesman, pets.

Household Goods

Household goods including such items as furniture and appliances.

ABLE Accounts

Achieving a Better Life Experience (ABLE) accounts are tax-advantaged savings accounts for individuals with disabilities.

Burial Plot

One burial plot per household member.

Prepaid funeral arrangement

The value of one bona fide funeral arrangement per household member

Life Insurance

Cash value of life insurance policies.

Livestock and Poultry

Livestock and poultry consumed as home produce. Livestock and poultry not used for home consumption and not meeting any other exclusion would have to be tested in accordance with the income producing provision as described in this chapter under Certain Property to Be Excluded.

Vehicles

Most automobiles and other vehicles, whether licensed or unlicensed, are totally excluded in determining the resources of a household. The exclusion includes cars, trucks, vans, motorcycles and other vehicles which are considered to be regular, on road transportation. Only certain vehicles such as recreational vehicles (unless used as the family home), all-terrain vehicles (ATVs), other off-road vehicles and industrial vehicles which are not income producing are included in the resource determination. For countable vehicles, the equity value shall be applied toward the household's resources.

[RESOURCES: RESOURCES TO BE EXCLUDED]

Revised 07-01-19

Credits



Volume V | Chapter 5

"Making Work Pay" and Government Retiree credits are disregarded. Child tax credits are allowed for taxpayers with children and are included in income tax refunds. These credits are not based on earnings and are therefore not considered the same as Earned, Credits (EITC). Child tax credits are disregarded in the month received and in the following month.

Certain Property

The following types of property will be excluded as a resource:

- 1. Property which annually produces income consistent with its fair market value, even if used only on a seasonal basis.
- 2. Property such as farmland, rental homes, or work related equipment, which is essential to the employment or self-employment of a household member. Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his/her self-employment from farming. Pulpwood haulers are considered as farmers for purposes of this provision.

EXCEPTION: Rental homes which are used by households for vacation purposes at some time during the year shall be counted as resources unless excluded as annually producing income consistent with fair market value as described in 1 above. For example, a household owns a rental home which, because of weather, can only be rented for 7 months at \$200 per month. If the property produces \$1400, it is considered to be annually producing income consistent with fair market value. However, if the household uses the home for vacation during part of the time it could be rented, then the property is not annually producing income consistent with value.

Generally, rental property must produce income consistent with its fair market value. However, there might be instances in which rental property is exempt because it is essential to the employment or self-employment of a household member. For example, a farmer might own rental houses. He does not rent them out but instead uses them to provide housing for his employees.

Work related equipment essential to the employment or self-employment of a household member includes the machinery of a farmer. The value of the machinery does not affect the determination. However, if the household member terminates his farming operation and the machinery becomes non-essential to the employment enterprise, it would lose the exemption after a period of one year from the date he terminates his farming operation. For example, a self-employed farmer owns a tractor, a combine and a cotton picker. He grows cotton and soybeans, and the equipment is essential to his operation even though it is not used except on a seasonal basis. If he decides to discontinue growing cotton and to grow just soybeans, the cotton picker is no longer essential to

employment; therefore, the picker would be a countable resource at equity value, after a period of one year, unless it is used to produce income consistent with its fair market value, e.g., the farmer rents his cotton picker to others for their use. (NOTE: In determining whether income is consistent with fair market value, it must be taken into consideration that the cotton picker can only be used on a seasonal basis.) If, however, the farmer uses the picker to do custom picking himself, we should consider the picker essential to his selfemployment and the fair market value test would not be applied.

- Property, real or personal, directly related to the maintenance or use of an industrial vehicle and the vehicle itself will be excluded as a resource provided the vehicle is:
 - a. used for income producing purposes over 50 percent of the time excluding temporary periods of unemployment. Such vehicles include pulpwood trucks, fishing boats or heavy haulers; or
 - b. annually producing income consistent with its fair market value, even if on a seasonal basis.

Only the portion of property determined necessary for maintenance or use of the vehicle is excluded. For example, a household which owns a tow truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park and/or service the truck. Only the value of the quarter-acre would be excludable under this provision, not the entire 100-acre field.

There is no regulatory formula for determining the exact portion of related property to be applied under this provision. The determination will be made on a case by case basis and the case record documented accordingly.

Certain Installment Contracts

Installment contracts for the sale of all property, land, buildings or vehicles, shall be excluded if the contract or agreement is producing income consistent with its fair market value. The exclusion shall also apply to the value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property.

Certain Government Grants

Any governmental payments which are designated for the restoration of a home damaged in a disaster shall be excluded, provided the household is subject to a legal sanction if the funds are not used as intended. However, to maintain the ongoing exclusion, the funds must be held in an account separate from any non-excluded funds. Restoration of a home for this exclusion includes replacing items such as appliances, furniture, clothing unless the payment is designated for restoration of the structure only.

[RESOURCES: RESOURCES TO BE EXCLUDED]

Revised 07-01-19

Payments to bring a home "up to code" are not excluded. The purpose of the payment must be for restoration after a disaster.

Examples of government payments include, but may not be limited to, payments made by the Department of Housing and Urban Development through the Individual and Family Grant Program, payments made by the Federal Emergency Management Agency (FEMA), or disaster loans or grants made by the Small Business Administration.

Energy Assistance Payments

Payments or allowances made under any Federal laws for the purpose of energy assistance shall be excluded. These payments or allowances must be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.

Among the Federal payments that would be excluded are energy assistance payments provided through the Department of Health and Human Services; Low income Energy Assistance Program, payments made by the Federal Emergency Management Agency (FEMA), and the Community. Services Administration's Energy Crisis Assistance and Crisis Intervention Programs.

Proceeds From the Sale of a Home

Money received from the sale of a home is disregarded for six months, provided the household has a reasonable plan in using the money for obtaining, replacing, or repairing a home. When the household demonstrates an effort to do so, documentation must be obtained providing evidence of the use of the money received.

Prorated Money

Money which is prorated as income for self-employed persons or students will not be considered as a resource. Many self-employed persons receive their income only once a year, as in the case of farmers. The amount which the household member gets may exceed the allowable resource amount when placed in the bank. However, since this money is intended to last the household member over a specified period of time, it will retain its exclusion for the period of time over which it has been prorated as income.

NOTE: When annualized farm self-employment is taken out of the budget, any remaining liquid resources exempt under the above provision would lose that exemption.

Resources That Cannot be Sold for a Significant Return

A resource shall be excluded if, as a practical matter, the household is unable to sell the resource for any significant return because the household's interest is relatively slight or because the cost

of selling the household's interest would be relatively great. A resource shall be so identified if its sale or other disposition is unlikely to produce any significant amount of funds for the support of the household. Significant amount of funds is an amount that exceeds \$1500 for all households. This provision does not apply to financial instruments such as stocks or bonds. Verification of the value of a resource to be excluded under this provision may be required if the information provided by the household is questionable.

Indian Lands

Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Bureau of Indian Affairs shall be excluded as a resource.

Resources Excluded by Express Provision of Federal Law

The following is a current listing of resources to be excluded by express provision of Federal Law.

- Benefits received from the Special Supplemental Food Program for Women, Infants and children (WIC) (P.L. 92-443, section 9).
- Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, section 216).
- Payments to volunteers from the Domestic Volunteer Service Act of 1973, Titles I and II, as amended.
 - Payments under Title I of that Act includes VISTA, University Year for Action, and Urban Crime Prevention Program. Payments under Title II includes Retired Senior Volunteer Program (RSVP), Foster Grandparents Program and Senior Companion Program.
- Payments made through the Disaster Relief Act of 1988 precipitated by an emergency or major disaster and Disaster Unemployment Assistance payments issued under the Stafford Act (P.L. 100 707).
- The amount of any home energy assistance payments or allowance provided to, or indirectly on behalf of a household under the Low-Income Home Energy Assistance Act.
- All payments received under the Agent Orange Act of 1991, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation.
- Payments made under the Radiation Exposure Compensation Act (P.L. 101-426)

provided to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada, and Utah.

8. Earned income tax credits (EITC) shall be excluded as follows:

For applicant households, Federal earned income tax credit received either as a lump sum or as payments under section 3507 of the Internal Revenue Code shall be excluded for the month of receipt and the following month for the individual and that individual's spouse.

For certified households, any Federal, State or local earned income tax credit received by any household member shall be excluded for 12 months, provided the household was participating in the SNAP at the time of receipt of the earned income tax credit and provided the household participates continuously during that 12 month period. Breaks in participation of one month or less due to administrative reasons, such as delayed recertification, shall not be considered as nonparticipation in determining the 12-month exclusion.

- 9. Financial assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act and by the Bureau of Indian Affairs in accordance with Pub. L. 99-498.
- 10. Payments received from the Youth Incentive Entitlement Pilot Projects, the Youth Community Conservation and Improvement Projects, and the Youth Employment and Training Programs under Title IV of the Comprehensive Employment and Training Act of 1978 (P.L. 95-524).
- 11. Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203, section 29 or the Sac and Fox Indian claims agreement (P.L. 94-189).
- 12. Payments received by certain Indian tribal members under P.L. 94-114, section 6, regarding submarginal land held in trust by the United States.
- 13. Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
- 14. Payments of relocation assistance to members of the Navajo and Hopi Tribes under Pub. L. 93-531.
- 15. Payments made to certain U. S. citizens of Japanese ancestry and resident Japanese aliens up to \$20,000 each and certain Aleuts up to \$12,000 under the Wartime Relocation of Civilians Act (P.L. 100-383).
- 16. The value of assistance to children under the Child Nutrition Act of 1966 according to

Revised: 07-01-19

P.L. 89-642.

- 17. Per capita payments under the Indian Judgment Fund Act of \$2,000 or less pursuant to P.L. 97-458 and P.L. 98-64. This exemption applies to each payment made to each individual.
- 18. Indian Claims Commission payments to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation as designated under P.L. 95-433.
- 19. Payments made to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet pursuant to the Maine Indian Claims Act of 1980, P.L. 96-420.
- 20. Payments to the Turtle Mountain Band of Chippewas, Arizona pursuant to P.L. 97-403.
- 21. Payments to the Blackfeet, Grosventre, and Assiniboine Tribes (Montana) and the Papago (Arizona) as designated under P.L. 97-408.
- 22. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124.
- 23. Per capita and interest payments made to the Red Lake Band of Chippewas, P.L. 98-123.
- 24. Payments to the Saginaw Chippewa Indian Tribe of Michigan, P.L. 99-346.
- 25. Per capita payments to the Chippewas of the Mississippi, P.L. 99-377.
- 26. Funds made to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2,000 according to P.L. 98 500.
- 27. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204 and P.L. 106-419)

Resources of Nonhousehold Members

The resources of the nonhousehold member(s) shall not be considered available to the household.

NOTE: Resources of excluded household members are included. See RESOURCES TO BE INCLUDED.

5107

Inaccessible Resources

Resources having a cash value which is not accessible to the household shall be excluded. Inaccessible resources include, but may not be limited to, the following:

- 1. Security deposits on rental property or utilities
- 2. Property in probate.
- 3. The value of any rights to property held by the remainderman in a life estate situation. The individual that will come into property at the death of the holder of a life estate is called the remainderman. See FACTS ABOUT REAL PROPERTY, Property Other Than Homestead, later in this chapter.
- 4. Real estate which the household is making good faith effort to sell at a reasonable price and which has not been sold. The worker may verify that the property is for sale and that the household has not declined a reasonable offer. Verification may be obtained through a 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.
- 5. The portion of a jointly owned resource to which the household does not have access. For example, a person who owns 1/2 undivided interest in 100 acres of land has access to only the value of 50 acres.
- 6. The entire value of a jointly owned resource if it cannot be practically subdivided and the household's access to the value of the resource is dependent on the agreement of the joint owner who refuses to comply. For the purpose of this provision, excluded individuals residing with the household shall be considered household members.

NOTE: In situations such as those outlined in Items 5 and 6 above, it may be that the household member who has an interest in a jointly owned resource may be able to dispose of his interest in that resource, either to the other owner(s) or to another party. This factor should be explored carefully with the household and the case record documented accordingly.

7. Any nonliquid resource such as land, buildings, farm equipment or machinery which is used as collateral to secure a business loan is considered an inaccessible resource if the loan agreement stipulates that the household is prohibited from selling the resource until such time that the loan is paid in full. The equity value will not be counted as a resource.

EXAMPLE: A farmer borrows money to purchase a new combine. The loan is secured by a piece of property that is debt free. To obtain the business loan, the farmer has to agree not to sell the property until the note is paid to ensure that the creditor's "collateral" interest is protected. Thus, the value of the land is totally excluded as an inaccessible resource because the loan agreement specified the land could not be sold until the loan was repaid in full.

- 8. The entire value of a resource held jointly by a resident of a shelter for battered women and children and a member of the resident's former household if the shelter resident's access to the value of the resource is dependent on the agreement of the joint owner who still resides in the former household.
- Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:
 - a. The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;
 - 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, or
 - (2) an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph
 - e. 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 nonhousehold funds by a nonhousehold member.
- "Cafeteria Plans" whereby the employee withholds money to pay certain expenses such as child care and medical expenses as a vendor payment to a third party when the expenses are incurred. If any amount is left over at the end of the year, the household loses the money. To the extent that these moneys cannot be withdrawn by the household, they are inaccessible to the household and, therefore, excluded from countable resources.

11. Resources unknown to the household. Resources discovered by the EW and which the household was unaware shall be considered inaccessible to the household as long as they were actually unknown to the household. Once the household discovers resources that are legally available to them, the resources must be counted in determining eligibility. At the point the household is made aware of the resources, the resources shall be considered available to them from that time forward.

UNLIMITED RETENTION OF EXCLUDED RESOURCES

Excluded monies that are kept in a separate account, and that are not commingled in an account with non-excluded funds, shall retain their resource exclusion for an unlimited period of time. The accrual of interest to the account will not affect the exclusion.

COMMINGLED FUNDS

The resources of eligible students and self-employed persons which are excluded as provided in "Prorated Money to be Excluded" and are commingled in an account with non-excluded funds shall retain their exclusion for the period of time over which they have been prorated as income.

All other excluded monies which are commingled in an account with non-excluded funds shall retain their exemption for six months from the date they are commingled. After 6 months from the date of commingling, all funds in the commingled account shall be counted as a resource. For example, if a household commingles excluded funds with non-excluded funds, but after a 2 month period of time removes the excluded funds into a separate account, the excluded funds exemption will not extend beyond the established 6-month period.

CIFT CARDS

Gift cards are not cash and their use is restricted to establishments offering the cards. Therefore, gift cards are to be excluded from consideration as a resource in determining eligibility.

EDUCATION SAVINGS PLANS

Education Savings Plans identified as tax preferred accounts are excluded from the resource determination. Such savings plans include qualified tuition plans under Section 529 that allow either prepayment of education expenses or contributions to an account to pay such expenses, and Coverdell education savings accounts to pay student education expenses.

RETIREMENT PLANS

All retirement savings plans authorized under sections 401, 401(a), 403(a), 403(b), 408, 408A, 408(k), 408(p), 457(b), and 501(c)(18) of the IRS code, and the value of funds in a Federal Thrift Savings Plan account as provided in section 8439 of Title 5, United States code, are excluded in the resource determination. The list of excluded accounts is subject to change based on possible

future changes in federal policy and excluded accounts may not be limited to those listed on the chart on the following page.

EXAMPLES OF EXCLUDED RETIREMENT PLANS AND ACCOUNTS

Plan/Account	What is it?	Authorized
Pension or traditional defined benefit plan	Employer-based retirement plan that promises retirees a certain benefit upon retirement, regardless of investment performance.	Section 401(a) IRS Code
Cash Balance Plan	Employer based hybrid plan that combines features of defined-benefit and defined-contribution plans. Each employee is allocated a hypothetical account, but account balances accrue at a specified rate, rather than depending on investment performance.	Section 401(a) IRS Code
Employee Stock Ownership Plan	Similar to a profit-sharing plan that must be primarily invested in the employer's stock and under which distributed benefits must be offered in the form of the employer's stock.	Section 401(a) IRS Code
Keogh plan	Informal term for retirement plans available to self- employed people.	Section 401(a) IRS Code
Money Purchase Pension Plan	Employer-based defined contribution plan under which annual contributions are fixed by a set formula	Section 401(a) IRS Code
Profit Sharing Plan	Employer-based defined-contribution plan under which employer contributions may, but need not be, linked to profits. Usually refers to non-matching employer contributions.	Section 401(a) IRS Code
SIMPLE 401(k)	401(k) type plans only available to small businesses: exempt from certain restrictions and subject to some limitations on employer contributions.	Section 401(a) IRS Code
4 03(a)	Plans that are similar to 401(a) plans but are funded through annuity insurance.	Section 403(a) IRS Code
IRA	Vehicle for tax deferred retirement savings controlled by individuals rather than employers.	Section 408 IRS Code

Simple retirement account IRA	Employer based IRA (to which employers and employees contribute) available only to small businesses.	Section 408(p) IRS code
Simplified	Employer sponsored plan available only to small	Section 408(k) IRS
Employee	businesses; allows employer to contribute to-	Code
Pension -	employee accounts that function as IRAs and are	
Plan	subject mostly to IRA rules. Generally ceased to	
(SEP)	apply in 1996.	
Roth IRA	Same as IRA, except that qualified	Section 408A IRS
	distributions are tax exempt.	Code
Eligible -	Funded plan offered by state and local governments	Section 457(b) IRS
457(b) Plan	or unfunded plan offered by nonprofit organizations.	Code
501(c) 18 Plan	Plan offered mostly by unions. Had to be set by	Section 501(c)(18)
(1) 0 - 1	June 1959 and are now largely obsolete.	
Federal Thrift	Plan offered by the federal government	Section 8439 of
Savings Plan	to its employees.	Title 5 USC

ALL RESOURCES

The value of all resources shall be determined at equity value. Equity value is the fair market value less encumbrances. Encumbrances are determined by the number of scheduled monthly payments, including interest owed, that remain in a loan agreement. This is not the same as "payoff" amount. See Chapter 2, "Certification Terminology".

VEHICLES

Only certain vehicles are considered in a household's resource determination. See RESOURCES TO BE EXCLUDED, Vehicles, earlier in this chapter.

NOTE: Leased vehicles are treated as rental property and are not considered as a resource. The lease agreement may provide an option to purchase the vehicle at the end of the lease. If the household chooses to purchase the vehicle at the end of the agreement, the vehicle would then be considered as a possible resource.

Jointly Owned Vehicles

The equity value of countable vehicles determined to be jointly owned (title is listed with an "and" or "or" with another individual) shall be considered accessible to both parties, regardless of the amount each party would receive if the vehicle were sold. However, a vehicle shall be excluded from countable resources if the vehicle is jointly owned by a household member and a nonhousehold member who does not live with the household provided that the vehicle is unavailable due to the following reasons:

- the household member does not have possession of, or use of, the vehicle and
- the household member is unable to sell the vehicle (e.g. the signature of the co-owner is needed and he or she will not sign).

The county will determine on a case-by-case basis if the jointly-owned vehicle is considered available and countable as a resource. The case record must be thoroughly documented.

Legal Restriction on Vehicles

Solely or jointly-owned countable vehicles shall be excluded from resources during the period of time that the household is legally prohibited from selling the vehicle for some reason (such as a court injunction, probate, etc.).

GENERAL

At the time of application, households shall be asked to provide information regarding any resources which any household member or excluded household member whose resources are being considered available to the household has transferred within 90 days immediately preceding the date of application. Applicant households which have transferred resources knowingly for the purpose of qualifying or attempting to qualify for SNAP benefits shall be disqualified from participation in the program for up to 1 year from the date of discovery of the transfer if the transfer occurred within 90 days of the application. This disqualification will be applied if resources are transferred knowingly after the household is determined eligible for benefits (an example would be if a household acquired assets after being certified and then transferred the assets to prevent the household from exceeding the maximum resource limit). If a recipient household transfers a resource, a disqualification will not be applied unless it is discovered within 90 days of the transfer. The case worker must document the date the transfer occurred and the date of discovery in order to determine if the date of discovery is within 90 days of the transfer. See Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, regarding household reporting requirements.

NOTE: A transfer of resources should not be confused with "disposing of" a resource. For example, an applicant or recipient could dispose of money in a savings account in order to buy a car and this would not be considered a transfer of resources. A transfer is a "giving away" of sorts.

ALLOWABLE TRANSFERS

Eligibility for the program will not be affected by the following transfers:

- Resources which would not otherwise affect eligibility, for example, resources consisting of
 excluded personal property such as furniture or of money that, when added to other
 nonexempt household resources, totaled less at the time of the transfer than the allowable
 resources limits;
- 2. Resources which are sold or traded at, or near, fair market value;
- 3. Resources which are transferred between members of the same household including excluded household members whose resources are being considered available to the household; and
- 4. Resources which are transferred for reasons other than qualifying or attempting to qualify for SNAP benefits, for example, a parent placing funds into an educational trust fund as outlined in RESOURCES TO BE EXCLUDED, Inaccessible Resources.

Revised 12-01-17

DISQUALIFICATION PROCEDURES

In the even the State agency established that an applicant household knowingly transferred resources for the purposes of qualifying or attempting to qualify for SNAP benefits, the household shall be sent a notice of denial explaining the reason for and length of the disqualification. The period of disqualification shall begin with the month of application.

If the household is participating at the time of the discovery of the transfer, a notice of adverse action explaining the reason for and length of the disqualification shall be sent. The period of disqualification shall be made effective with the first monthly benefit amount to be issued after the notice of adverse action period has expired, unless the household has requested a fair hearing and continued benefits.

NOTE: The date of discovery of a transfer of resources has no effect on the county taking action to disqualify the applicant household for the transfer provided the resource was transferred within the 90 day period preceding the date of application. For example, a household transferred a resource which affected eligibility in May and applied for SNAP in July. This transfer was discovered by the county the next December. At the time of discovery the county takes action to disqualify the household based on the amount of the resource, as outlined below.

The length of the disqualification period shall be based on the amount by which nonexempt transferred resources, when added to other countable resources, exceed the allowable resource limits.

EXAMPLE: A 60 year old individual who lives alone and has \$2,600 in a bank transferred ownership of a parcel of land worth \$1500.

Therefore, \$1500 would be added to the \$2,600 bank account for the total of \$4,100. The amount in excess of the resource limit of \$3.500 is \$600.

The following chart will be used to determine the period of disqualification:

Amount in Excess of	Period of
The Resource Limit	<u>Disqualification</u>
0 \$ 249.99	1 month
\$ 250 \$ 999.99	3 months
\$1000 - \$2999.99	6 months
\$3000 - \$4999.99	9 months
\$5000 and up	12 months

Once the disqualification period has been correctly imposed, it cannot be rescinded even if the household takes steps to have the transferred resource returned.

Volume V | Chapter 5 5201

MISSISSIPPI [RESOURCES: TRANSFER OF RESOURCES]

Revised 12-01-17

EXAMPLE: Mr. Brown transferred property in order to qualify for SNAP. The transfer renders him ineligible for six months. After serving two months of the disqualification period, Mr. Brown reapplies for SNAP and informs the worker that the property has been deeded back to him. He further stated that he was attempting to sell the property and had listed it with a real estate agent. Mr. Brown must serve the four remaining months of the disqualification period before he can be approved for SNAP benefits.

Revised 10-01-10

GENERAL

The following discussion is not SNAP policy which is contained elsewhere in this chapter but is for the most part factual information about the legal ownership and control of real property; homestead rights; jointly and commonly owned property; and similar matters. The information has been based on state statute and court decision on exempt property, descent and distribution of property, and deeds and conveyances.

In most instances the information will not be needed, but when the applicant or recipient has property which he does not own in its entirety or some other question arises as to the status of his property, the worker will usually be in need of more information in order to help him state the facts about it.

THE HOMESTEAD

As long as a surviving spouse has homestead rights in property, neither this spouse nor the children have control of the place. The Mississippi Code of 1942, as amended, establishes the homestead rights.

Under the state statute, either spouse, whether husband or wife, widow or widower, is entitled to hold exempt from seizure or sale for debt or other reasons the land and buildings owned and occupied as a homestead, provided the land does not exceed 160 acres or \$30,000 in value. In arriving at the \$30,000 value, the legal encumbrances shall be deducted. The husband or wife is entitled to the use and occupancy of the homestead even if he or she does not have family or does not occupy the homestead if he or she is over 60 years of age.

Neither husband nor wife can sell, transfer, or place a debt on the homestead without the other's consent and signature on the deed; thus such property should be disregarded when the other spouse refuses consent. The same is true with regard to the sale or lease of mineral rights, or the sale of timber.

The surviving widow or widower is entitled to occupy the homestead and to receive income from it. Since the surviving spouse is entitled to the use of and rent from the land, the use cannot be taken by others, even the heirs, without liability for the rent. The surviving spouse who occupies and uses the homestead is liable for the payment of the taxes and upkeep to the extent of the income from it; also, the interest on the mortgage, if one exists, but not the payment on the principal.

The other heirs cannot sell, encumber with debt, divide, or otherwise dispose of the homestead without the consent and signature of the widow or widower.

Determining a Widow's Equity

To determine a widow's equity in the estate, the date of the husband's death should be secured and the chancery court docket, which is in chronological order, should be checked. The records

on the docket made around the date of death of the husband will show divisions of estate and personal property. The Will Records of the county will also give information in regard to the disposition of property.

PROPERTY OTHER THAN HOMESTEAD

Real property not occupied as a homestead by a surviving spouse, or that in which a surviving spouse does not have homestead rights, is as follows:

- 1. Property Acquired in the Name of One Spouse Only and Left Without a Will. Such property descends to the surviving spouse and the children, each having an equal share in it. If the other heirs are minors, the surviving spouse must obtain permission from the Chancery Court to make disposition of it.
- 2. Property Acquired by Will. Property which has been left by a person, who has made a will, will be distributed as provided in the bequest. An executor or administrator of an estate must first pay the expenses of the last illness and death of the owner before settling the other debts and distributing the property. All claims against the estate of a deceased person must be presented for probate within six months after the first publication of notice to the creditors.
- 3. Property in Name of Joint Tenants. When property is purchased or otherwise acquired in the names of persons as joint tenants, the deed will read "as joint tenants with full right of survivorship", and will sometimes add, "and not as tenants in common". Such property will belong only to the surviving joint tenant or tenants at the death of one person. Either tenant can sell, mortgage, or otherwise dispose of his share of such property, unless it is the homestead.
- 4. Property Held Jointly by Spouses. A husband and wife will sometimes purchase or otherwise acquire property and have the deed made with both their names on it. That is, the deed carries both names but does not specify that they are joint tenants with full right of survivorship. When this is done, each has an undivided one half interest and at the death of one of them, the surviving spouse still has an undivided one half. But the surviving spouse also has a child's share in the other half of the property unless the other spouse left a will directing the disposition of his one-half interest.
 - If the property was the homestead, see the discussion above and note the rights of the surviving spouse and that the heirs do not have control of this property. If the property was not the homestead, then the surviving spouse and other heirs do have control as far as each one's share is concerned.
- 5. Property Owned in Common. This is property owned by two or more people, which they own under the terms of a will or by deed (conveyance of title), and in which each has an undivided interest. Property held in common is subject to sale, mortgage,

Division, or other disposition. All of the tenants in common when adults can join in the sale or other disposition of the entire property, or each one can sell, mortgage, or dispose of his individual interest.

Commonly Held Property-Spouse Absent. A wife or husband whose spouse is a patient in a mental hospital cannot dispose of or place a debt on their commonly held property unless the court has acted upon the matter and given authority to the remaining spouse to handle the transaction.

The same is true when one parent deserts or is absent for other reasons and leaves property in common with the other parent. The other parent cannot dispose of the property without consent of the court when there are minor heirs involved.

Life Estates. A life estate in property can be created by a deed, by the division of property, or by the operation of law. An estate for life is one in which the duration is measured by the length of the natural life of the grantee or some other particular person. A life estate gives the grantee the right to the use and possession of the property during his lifetime. The person holding the life estate holds title to the land for life. The person who will come into the property at the death of the holder of the life estate is called a remainderman and can dispose of the property only subject to the life estate; that is, a purchaser of such property would have to buy it subject to the life estate unless the life tenant joins in the deed.

The life tenant is entitled to all the ordinary uses of and profits from the land but has certain obligations in return; to preserve the land and buildings in a reasonable state of repair but not being bound to make expenditures beyond the profits, rents, or income from the place; to refrain from changing the premises in such a manner that the remainderman (person to have the property at the death of the life tenant) or others involved (reversioners) would have reasonable grounds to object to; and to refrain from doing any act that would injure the interest of these persons.

Therefore, the life tenant cannot sell the minerals or the timber, though he may use the timber for repairs to the buildings and for his own use, such as for fuel. If all persons involved join in the sale, the life tenant will receive his share.

Property Acquired by Spouse in a Previous Marriage. In unusual circumstances, a person who has remarried will have property which came to him from a prior union and which will then be denied to the spouse of the current marriage. When this problem arises, the county worker will refer the matter to the Regional Director, who will assist in the decision.

LOSS OF LAND FOR TAXES

Under state law, if taxes are not paid on real property for two successive years, the property matures in the name of the State of Mississippi. It can be reclaimed by the payment of the back taxes. Such property is listed in the local newspaper as being delinquent in the payment of taxes.

Usually when the property is reclaimed by the payment of taxes, the owner recovers it. However, when a member of the family pays the back taxes on property which was an estate, it is difficult to determine whether the property remains an estate or is the sole possession of the relative who bought it. The worker should see the land patent in order to determine in whose name, on what date, and for amount of taxes the property was bought.

CHECKING PROPERTY RECORDS

When the worker must assist the individual in ascertaining the status of his property, the following suggestions will usually be helpful:

- Check tax records and receipts to get descriptions of property.
- See current deeds to property. The individual should have a copy of the deed to property he owns outright. The records in the chancery clerk's office can be checked regarding any deed not in the individual's possession.
- Clear discrepancies between tax receipts and deeds. For example, the tax receipt may show one name and the deed another.
- Obtain the legal description of the individual's property. This will show the number of acres, assessed value, and the location of the property. A tax receipt or statement will give this information.
- Examine the sectional or the general index in the chancery clerk's office to find where mortgages are recorded. Get facts as to the amount of the indebtedness, rate of interest, plans for payment, and name of the holder of the mortgage.
- If the individual has property in another county or state, obtain information about the property through the other county DHS office or through the other state.
- For information about transfer of property, consult the general or sectional index in the chancery clerk's office. When these records do not give the needed information, the individual will have to direct the worker to the individual with whom he had the transaction, the attorney or other reliable source.

[TABLE OF CONTENTS: DETERMINING ELIGIBILITY AND BENEFIT LEVELS]

Page	Subject
6000	GENERAL PROVISIONS
6000	INTRODUCTION
6000	APPLICATIONS
6000	General
6000	Proration of Benefits
6001	Categorically Eligible Households (Regular)
6002	RECERTIFICATIONS
6002	General
6002	Proration of Benefits
6050	INCOME AND RESOURCES
6050	RESOURCES
6050	INCOME
6050	General
6050	Anticipated Income
6051	Wages Held by Employer
6051	Advances
6051	Income from State Retirement
6051	Other Types of Income
6100	PROSPECTIVE BUDGETING
6100	DETERMINING ELIGIBILITY PROSPECTIVELY
6100	Gross Income Eligibility

[TABLE OF CONTENTS: DETERMINING ELIGIBILITY AND BENEFIT LEVELS]

Page	Subject
6101	Net Income Eligibility
6101	DETERMINING HOUSEHOLD SIZE AND COMPOSITION
6101	DETERMINING BENEFIT LEVEL
6102	PROSPECTIVE BUDGETING
6102	General
6103	Eligible for the Month of Application, Ineligible in the Subsequent Month
6103	Ineligible for the Month of Application, Eligible in the Subsequent Month
6104	SPECIAL BUDGETING METHODS
6104	Noncontinuing Income
6104	Future Changes-Increases in Income and/or Income from a New Source
6105	Future Changes Decreases in Income and/or Termination of Income
6105	Budgeting for New Household Members
6106	Participation Suspended for One Month
6106	DETERMINING MONTHLY INCOME
6120	EXPENSES
6120	GENERAL
6120	MEDICAL EXPENSES
6120	General
6121	Budgeting Medical Expenses
6121	Recurring Monthly Medical Expenses

[TABLE OF CONTENTS: DETERMINING ELIGIBILITY AND BENEFIT LEVELS]

Page	Subject
6122	Medical Expenses Billed More Often Than Monthly
6122	Expenses Billed Weekly
6122	Expenses Billed Bi Weekly
6123	Expenses Billed Semi-Monthly
6124	One Time Medical Expenses
6125	Medical Expense Begins During Certification Period
6125	Special Situations
6126	Medical Expenses for Group Home Residents
6126	UTILITY EXPENSES
6126	Standard Utility Allowance (SUA)
6127	Basic Utility Allowance (BUA)
6128	HUD or FmHA Utility Reimbursements
6129	Households Sharing A Residence and Utility Costs
6130	Actual Utility Expenses
6130	Monthly Utility Expenses
6130	Utility Expenses Billed Less Often Than Monthly
6131	One-Time Utility Expenses
6131	Changes Between Actual, SUA and BUA
6132	Special Situations/Clarifications
6133	Other Clarifications of Shelter/Utility Expenses
6134	DEPENDENT CARE EXPENSES

[TABLE OF CONTENTS: DETERMINING ELIGIBILITY AND BENEFIT LEVELS]

Page	Subject
6134	TCC and TWP Child Care Payments
6135	CHILD SUPPORT DEDUCTION
6135	DOCUMENTATION
6135	PROSPECTIVE BUDGETING EXPENSES
6135	Monthly Expenses
6136	Expenses Billed More Often Than Monthly
6136	Expenses Billed Less Often Than Monthly
6137	One-Time Expenses
6190	INCOME ELIGIBILITY AND BENEFIT DETERMINATION
6190	INCOME MAXIMUMS
6190	MAVERICS Calculations
6190	Manual Calculations
6191	ELIGIBILITY BASED ON GROSS INCOME - MANUAL DETERMINATION
6192	DETERMINING NET INCOME MANUALLY
6192	MANUAL DETERMINATION OF ELIGIBILITY AND BENEFITS BASED ON NET INCOME
6192	Eligibility Based on Net Income
6193	Manual Benefit Determination
6194	Categorically Eligible Households
6194	Households of One or Two Persons
6194	Households of Three or More Persons

[TABLE OF CONTENTS: DETERMINING ELIGIBILITY AND BENEFIT LEVELS

Page	Subject	
6195		Variable Basis of Issuance
6195		Calculating Prorated Benefit Amounts Manually
6195		Prorated Benefits Less than \$16

Revised 10-01-21

INTRODUCTION

This chapter contains procedures for determining SNAP eligibility and benefit level based primarily on factors of income and resources, Chapters 4 and 5 respectively. Other factors of eligibility are covered in Chapter 3, NONFINANCIAL CRITERIA.

Generally, policy in this chapter applies to determining eligibility and benefits for all households. See Chapter 4, ALLOWABLE EXPENSES, for additional information in determining allowable deductions. However, there are households with special circumstances, and these exceptions and/or clarifications are outlined in Chapter 7, SPECIAL CIRCUMSTANCES.

APPLICATIONS

General

The determination of eligibility and level of benefits for most households submitting an initial application shall be based on circumstances beginning with the entire calendar month in which the household files its application. Benefits will be issued for all months of eligibility, beginning with the month of application, even if eligibility is determined in a subsequent month.

Applicant households consisting of residents of a public institution who apply jointly for SSI and food stamp benefits prior to release shall have eligibility determined for the month in which the applicant household is released from the institution.

Proration of Benefits

The initial month is the first month for which the household is certified for participation in the Food Stamp Program following any period during which the household was not certified. Proration of benefits is applicable for initial applications and for reapplications when there has been a lapse of at least one day between the end of the certification period and when the reapplication is made.

EXAMPLE: A household initially applies for SNAP benefits on July 7 and is interviewed on July 10. All necessary verification is provided on August 2 and the household is determined eligible. July benefits are prorated from July 7 because

Revised 10-01-21

verification was provided during the first 30 days.

EXAMPLE: A household is certified through the end of July but does not reapply until August 17. August is an initial month and therefore benefits are prorated from August 17 because there was a break of at least one day between the time the certification period ended and the date of recertification or reapplication.

Benefits for the initial month of certification are generally prorated from the day the application is received; however, there are exceptions:

- Households which apply jointly for SSI and SNAP benefits prior to their release from a
 public institution will have benefits prorated from the date the household is released from
 the institution.
- Migrant and seasonal farm worker households in the job stream are exempt from proration
 of benefits if the household participated in SNAP within thirty (30) days prior to the date
 of application.
- When a household splits resulting in two or more households, proration applies to any portion of the original household which is processed as a new case, i.e., there is a case established with a new case head. Proration should not be applied to that portion of the original household which is considered to be the ongoing case (the original PI/ case number) unless the household does not timely apply for recertification.

See INCOME ELIGIBILITY AND BENEFIT DETERMINATION in this chapter for the method of calculating prorated benefit amounts.

Categorically Eligible Households

Households originally denied after jointly applying for SNAP benefits and TANF or SSI but later determined categorically eligible, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are authorized only for the current certification period using the same application. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later. This could require a change to the benefit start date. See Chapter



Revised 10-01-21

7, APPLICANT HOUSEHOLDS WHICH ARE POTENTIALLY CATEGORICALLY ELIGIBLE.

Households applying for TANF and SNAP expedited services who exceed the SNAP resource maximum, unless determined categorically eligible through receipt of TANF, will have their entitlement to expedited services denied. TANF eligibility determination must be completed first, the SNAP eligibility determined based on the TANF status.

EXCEPTION: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from an institution shall not be categorically eligible prior to the date of their release from the institution.

RECERTIFICATIONS

General

Eligibility for recertifications shall be determined based on circumstances anticipated for the certification period, starting the month following the expiration of the current certification period.

NOTE: All provisions of categorical eligibility continue to apply to such households at recertification. If the reevaluation for the TANF benefit is pending, the worker will assume categorical eligibility for these households in determining benefits for the food stamp recertification. However, the pending TANF review should be completed at the same time the SNAP recertification is completed.

The level of benefits shall be determined prospectively. Households which fail to meet timely application deadline will have eligibility determined in accordance with time limits and verification requirements for recertifications. All recertification applications must be processed before the end of the certification period regardless of whether the applications are submitted timely (by the 15th or later).

Revised 10-01-21

Proration of Benefits

- 1. If the household submits an application for recertification prior to the end of its current certification period and is found eligible for the first month following the end of the certification period, then that month shall not be an initial month, i.e., benefits are not prorated.
- 2. If the household submits an application for recertification prior to the end of the certification period, regardless of whether it was submitted timely or not, and the household completes the last outstanding action, such as providing verification, within 30 days after the end of the certification period, the case must be reverted and benefits are prorated from the date the household took the required action.
- 3. When a household files an application within 30 days after the last day of the recertification period and completes all required actions within those 30 days, benefits must be prorated from the date of application.

-The following examples point out the distinction in handling provisions of the proration policy in recertification situations:

EXAMPLE: A household is certified through September 30. The household fails to make application for recertification but reapplies on October 7. If the household is eligible, its October benefits will be prorated for the period October 7 through October 31.

EXAMPLE: A household's certification period expires April 30. An application for recertification is submitted on April 8. The household is found eligible for May. May benefits will not be prorated because there is no lapse in certification.

EXCEPTION: Households certified for one or two months (approved in second month) must be given a notice of expiration advising the household that it has 15 days to file a timely application for recertification. The 15-day time period may extend beyond the certification period in some cases. In this event, benefits should not be prorated if the household timely reapplies, appears for an interview and provides the necessary information and verification, even though the reapplication is made after the end of the certification period. The 15-day grace period provided by the notice of expiration protects the household's right to uninterrupted benefits.



Revised 10-01-21

EXAMPLE: On May 20, a household is certified from May 1 through May 31 and is provided a notice of expiration. The household makes application for recertification on June 4. June benefits will not be prorated even though the certification period ended May 31 because the application was made within the 15 day time frame. In this case, the benefit start date should be changed from June 4 to June 1.

See INCOME ELIGIBILITY AND BENEFIT DETERMINATION in this chapter for method of calculating prorated benefits. Proration of benefits is automated in MAVERICS. If the benefit should not be prorated, follow MAVERICS instructions to change the benefit start date.



DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME AND RESOURCES

Revised 07-01-19

RESOURCES

Total all resource values to be included in determining eligibility. Test this total against Table II, Income and Resource Maximums/Allotments in Chapter 13. If the household is ineligible based on resources, the income computation is not required.

EXCEPTION: Categorically eligible households, e.g., pure TANF and/or SSI, are exempt from the resource and income tests. In other words, these households may exceed the resource and income limits and still be eligible due to the TANF/SSI status. (TANF and SSI individuals are categorically resource eligible even though the entire household may not be categorically eligible.)

INCOME

General

After determining the income to be included as outlined in Chapter 4, INCOME, the worker will determine the household's eligibility using anticipated income and will determine the household's level of benefits using prospective income in accordance with provisions in the material on PROSPECTIVE BUDGETING in this chapter.

Anticipated Income

In determining the household's eligibility and level of benefits prospectively, the worker will take into consideration the income the household reasonably expects to receive for a period of time.

If the amount of income that will be received or when it will be received is uncertain, that portion of the household's income that is uncertain shall not be counted. For example, a household anticipating income from a new source, such as unemployment compensation, may be uncertain as to the timing and amount of initial payment. This income shall not be included in the benefit computation unless there is reasonable certainty concerning the month in which the payment will be received and the amount of the payment. If the exact amount is not known, only that portion which can be anticipated with reasonable certainty shall be considered as income.



DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME AND RESOURCES

Revised 07-01-19

See ANTICIPATING INCOME and Exploring Fluctuating Income in Chapter 4 under **DETERMINING EARNED INCOME.**

Wages Held by the Employer

Wages held at the request of the employee shall be considered income to the household in the month for which the wages would otherwise have been paid by the employer. Wages held by an employer as a general practice, not at the request of the employee, even if in violation of the law, shall not be considered as income to the household, unless the household anticipates that it will ask for and receive an advance, or that it will receive income from wages that were previously held by the employer as a general practice and that were, therefore, not previously counted as income for SNAP purposes.

Advances

Advances on wages shall count as income in the month it is reasonably anticipated to be received.

Income from State Retirement

In addition to the monthly retirement check, Mississippi pays a "13th check" to retired state employees in mid-December each year. Since this is recurring income, it must be budgeted as any other unearned income in the month received. This income would be handled by processing a variable basis of issuance at certification.

Other Types of Income

Self-employment income and contractual income will be handled in accordance with policy outlined in Chapter 7, SPECIAL CIRCUMSTANCES.

DETERMINING ELICIBILITY AND BENEFIT **LEVEL: PROSPECTIVE BUDGETING**

Revised 10-01-10

DETERMINING ELIGIBILITY PROSPECTIVELY

Eligibility for participation in SNAP for all households must be determined prospectively. Eligibility is based on financial as well as nonfinancial criteria. Eligibility will be based on household circumstances reasonably anticipated for the month for which the benefits will be authorized. If a household is determined ineligible for the month for which the benefits would be authorized, the case will be denied or terminated.

EXAMPLE: A certified household reports on October 10th that a household member will begin employment November 1. The household's monthly income, including the anticipated wages, exceeds the gross income maximum for November and subsequent months. The case should be closed via a Notice of Adverse Action. See Chapter 8, DECISION AND NOTIFICATION.

All households except those defined as categorically eligible must meet the resource maximums. For resource and gross income limits, see Chapter 13, Table II, INCOME AND RESOURCE MAXIMUMS/BENEFITS.

Gross Income Eligibility

All households except those defined as categorically eligible and/or elderly/disabled must pass the gross income test. This means the household must not exceed the gross income limit for the household's size to participate in SNAP. Refer to Chapter 13, Table II, INCOME AND RESOURCE MAXIMUMS/BENEFITS for the gross income amounts. See Chapter 2, DEFINITIONS for the definitions of categorically eligible households.

A household's total gross income is calculated by adding together the gross monthly amounts calculated from each type of income, both earned and unearned. This includes average monthly amounts of income received on a basis more frequently than monthly, contractual income averaged over the period it is intended to cover, and annualized self employment income. Prorated income is included if the month for which eligibility is being determined is included in the period of intended use for the income. Excluded income is not to be included in the gross test. See Chapter 4, INCOME TO BE EXCLUDED. For additional information, see INCOME ELIGIBILITY AND BENEFIT DETERMINATION, DETERMINING GROSS INCOME MANUALLY, later in this chapter.

DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

Net Income Eligibility

All households, except categorically eligible households, must meet the net income standard for the household's size according to Chapter 13, Table II, INCOME AND RESOURCE MAXIMUMS/ALLOTMENTS. See Chapter 2, DEFINITIONS, "Categorically Eligible Household".

Net income is the household's income after all allowable deductions are applied to the gross monthly income. See DETERMINING NET INCOME MANUALLY later in this chapter. **DETERMINING HOUSEHOLD SIZE AND COMPOSITION**

For purposes of determining household size, the worker will use the household's composition as anticipated for the issuance month in the prospective eligibility determination and budget. The size and composition of the household determined eligible must be the same as the size and composition of the household for which the benefit amount is to be issued.

If a household reports that they anticipate gaining a household member in the issuance month, the new member should be included for the issuance month if otherwise eligible, provided he is not a member of another certified household for that month. An individual cannot be included in a new SNAP household until he is removed from the original household or until he would have been removed had the change been properly reported and properly handled. However, if a household reports that they anticipate losing a household member in the issuance month, no change will be made for the issuance month since the member will be there for a part of the month and the household is entitled to benefits for him. If the household member will be gone the first day of the issuance month, the individual will be removed for that month.

DETERMINING BENEFIT LEVEL

Once prospective eligibility has been established, the household's level of benefits should be determined using prospective budgeting.

DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

PROSPECTIVE BUDGETING

General

Prospective budgeting means the benefit level to be authorized for an issuance month is based on the household's circumstances reasonably anticipated for that month, including its size and composition, income and deductions. In prospective budgeting, the budget month and the issuance month are the same.

Thorough documentation is essential to the prospective budgeting process. Reviewers must be able to determine if the prospective budget was based on the best information available to the eligibility worker at the time the action was taken. All case actions should contain the following documentation:

- 1. Dates and amounts of the income verification used in the prospective budgeting process;
- 2. Household's statement about the income whether they expect the income to continue, if any changes are expected, etc.
- 3. If changes in the source or amount of income are expected, an explanation of the expected changes and resulting budget adjustments. Document the case record.

In prospectively budgeting a household's income at initial application, reapplication, recertification or when handling the case due to a change, the worker shall anticipate the household's monthly income for the duration of the certification period. The benefit amount will be based on the reasonably anticipated monthly income and expenses for the benefit period.

Reasonably anticipated income is based on the income from the four weeks prior to the date of the interview, excluding any income that cannot be reasonably anticipated to continue during the certification period. For example, overtime not usually received, a one time bonus, etc. If a future change is indicated at the time of application or review, the prospective income will be based on the future change. Future changes must be verified and include changes such as job change, reduction of hours, a lay off, etc.

EXAMPLES:

A household applies January 2 and is interviewed January 4. At the interview the household states their circumstances have not changed since the previousmonth (December) and they do not expect any future changes. The worker will use the verified income received in the four weeks prior to

DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

interview to determine the benefit amount for the certification period.

2. A household applies March 29 and is interviewed April 3. The household reports stable circumstances. Income received in the four weeks prior to interview will be used to determine the benefit amount for the certification period.

Eligible for the Month of Application, Ineligible in the Subsequent Month

A household may be eligible for the month of application, but ineligible in the subsequent month because of anticipated changes. The household shall be certified for the month of application using prospective budgeting. At approval, the household must be provided a notice of expiration informing them they have 15 days to file a timely application for recertification. See Chapter 8, TIMELY APPLICATION FOR RECERTIFICATION.

Incligible for the Month of Application, Eligible in the Subsequent Month

A household may be ineligible for the month of application, but eligible in the subsequent month due to anticipated changes in circumstances. Even though ineligible for the month of application, the household does not have to reapply in the subsequent month. The same application shall be used for determining ineligibility for the month of application and the determination of eligibility for subsequent months within the timeliness standards as set forth in Chapter 8, NORMAL PROCESSING STANDARDS. An explanation of the ineligibility for benefits the first month and eligibility for subsequent months should be included in the notice sent to the household.

EXAMPLE: A household applies July 15 for SNAP benefits. Because of excess income in the month of July, the household is ineligible. The hours and income from employment are reduced by the employer in the month of August which causes the household to be eligible for SNAP benefits in the month of August and the following months. The benefit start date is changed to August 1 and the benefit level for the certification period is determined using prospective budgeting.



DETERMINING ELIGIBILITY AND BENEFIT **LEVEL: PROSPECTIVE BUDGETING**

Revised 07-01-19

SPECIAL BUDGETING METHODS

Noncontinuing Income

Noncontinuing income will not be considered in determining reasonably anticipated income for a household. However the non-continuing/terminated income will be counted in the appropriate budget month.

> EXAMPLE: A household applies April 15. A household member who lost his job on April 8th verifies date of termination and wages received on April 4th and 11th (last check received). The two checks received for April will be counted in the April budget along with any other income. The terminated income will not be included in the budget for May and ongoing.

Future Changes-Increases in Income and/or Income from a New Source

If a household states at a certification interview or when reporting a change, that it will be receiving an increase in income or the source of its income has changed, the worker will estimate the income using the best available information and use the income in the appropriate benefit month.

EXAMPLES:

- 1. A household's certification period ends March 31. On March 2, the household is interviewed and reports an adult household member will receive an increase in pay effective April 1. The worker will verify the new rate of pay and use it to determine the benefit level for the certification period beginning April 1.
- 2. A household is certified through June 30. On April 3, the client contacts the worker and reports a change in employment with an increase in income. The worker will verify the rate of pay and hours and make the change for the next possible month (No later than June).

Future Changes-Decreases in Income and/or Termination of Income

If a household reports a change that it will be receiving a decrease in income or income has terminated, the worker will request verification of decrease in hours worked, rate of pay or termination. If the information is provided, the income will be estimated using the best available

DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

information, or the income will be removed from the budget if employment has been terminated. If the client fails to respond to the request, the worker will take no further action until requested verification is provided.

EXAMPLES:

- 3. A household is certified through June 30. On May 10, the client reports a change in scheduled hours which reflects a decrease in income. A request for information is sent to the client and the information is provided on May 19. A change in benefits should be processed for June.
- 4. A household is certified through June 30. On May 10, the client reports a change in scheduled hours which reflects a decrease in income. A request for information is sent to the client, but the client fails to provide verification. A change should not be processed until the information is provided or the next recertification.

NOTE: Voluntary quit policy should be explored if such a situation occurs.

Budgeting for New Household Members

The income and expenses of a new household member will be budgeted prospectively.

EXAMPLES:

1. A household reports a new member on June 5. The new member has earned income and expects the income to continue. The worker requests verification of income from the previous four weeks on June 5 and receives the information on June 10. The income will be used to determine July benefits.

A household reports a new person has joined the household on December 2. They also report the new member will begin receiving Social Security benefits in February. The new member will be added for January without income. At the same time a change will be calculated for February adding the Social Security income the household expects to receive.

If the new household member has been providing income to the household on an ongoing basis prior to becoming a member of the household, the previously provided income shall be excluded



DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

when the new member's current income is prospectively budgeted.

EXAMPLE: The twenty year old daughter who has been giving her parents \$100 per month moves into the household. The \$100 contribution would be removed and the daughter and her income would be included in the budget group.

Participation Suspended for One Month

If a periodic increase in recurring income or change in household circumstances results in ineligibility for one month ONLY and the change is not expected to continue in subsequent months, issuance for that one month may be suspended. The worker shall suspend participation via MAVERICS screen FSAD and provide an appropriate notice to the household.

This same procedure is applicable when the one month of ineligibility is the initial month of a new certification period. This initial month is included in the certification period at recertification; however the initial month's benefits would be suspended.

DETERMINING MONTHLY INCOME

Once reasonably anticipated income for a household is determined the income will be coded in the MAVERICS system. The system will convert the income to an average monthly amount based on the frequency of the income. The conversion process averages the anticipated income while allowing for four or five week pay periods for individuals paid weekly as well as months with three pay periods for those individuals paid bi-weekly. The fluctuation of pay periods would not be considered a variable basis of issuance.

MAVERICS will process earned and unearned income in the same manner. The following frequency codes will determine how the income is calculated for the budget month.

W-Weekly MAVERICS will add up the total amount for the pay periods entered and divide the total amount by the number of weeks. Take the weekly average amount and multiply by 4.33 to get the average monthly amount (when the pay code is W one to five weekly amounts may be entered).



DETERMINING ELIGIBILITY AND BENEFIT LEVEL: PROSPECTIVE BUDGETING

Revised 07-01-19

B-Bi-weekly

MAVERICS will add up the total amount for the pay periods entered and divide the total by the number of pay periods to get a bi-weekly average. Take the bi-weekly average amount and multiply it by 2.15 to get the monthly amount (when the pay frequency code is **B**, only one to three bi-weekly amounts may be entered).

M-Monthly

The amount entered will be calculated as the total monthly income (when the pay frequency code is **M**, only one amount may be entered).

S-Semi-monthly

Only one or two semi-monthly amounts may be entered when the pay code is S. When two semi-monthly amounts are entered, MAVERICS will add the two amounts together to get the total-monthly amount. When only one semi-monthly amount is entered, MAVERICS will multiply the amount by two to get a total monthly amount.

A-Actual

MAVERICS will add up the total amount of income to get an actual monthly amount. (When the pay frequency code is A, one to five weekly amounts may be entered. NOTE: The worker must follow SNAP policy when applying actual income for a month for which the income is normally incurred on a weekly, biweekly, or semi-monthly basis). Example: The actual income would be used for the month of application when the household reports receipt of income in the month of application that will be non-continuing or when income from a new job does not reflect a full month's income in the month of application.

In order to determine average monthly income accurately, the worker must know when the income is received. If a client states he is paid every two weeks, the worker should ask further questions to determine if the client receives a check every other week (bi-weekly) or receives a check twice a month (semi-monthly). Incorrect coding of the income in MAVERICS can result in a Quality-Assurance error. Income is counted for the month received, which is not necessarily the same as the pay period end date. Document in the case record how the pay date relates to the pay period ending date and count income in the month received by the employee.

DETERMINING ELIGIBILITY AND BENEFIT LEVELS: EXPENSES

Revised 05-01-06

GENERAL

Deductible expenses include only certain costs of dependent care, shelter, medical expenses, and child support payments as outlined in Chapter 4, DEDUCTIONS FROM INCOME. Other allowable deductions, as outlined in Chapter 4, are not considered expenses. The household standard deduction and the 20% earnings disregard are automatic and are not addressed in this material.

Note: Expenses are allowed as billed or otherwise due regardless of when the household intends to pay the expense. Payment is not a factor. However, once the non-reimbursed expense is verified and used in the budget, it cannot be used again if the household does not actually pay the bill until a later date.

MEDICAL EXPENSES

General

A medical deduction is allowed if incurred by a household member who meets the definition of elderly or disabled as defined in Chapter 2, DEFINITIONS. Only that portion of an allowable medical expense which is not reimbursable shall be included as part of the household's medical expenses. Households entitled to the medical deduction shall have the non reimbursable portion that exceeds \$35 per month, excluding special diets, considered at the time the amount of the reimbursement is received and verified. See INCOME ELIGIBILITY AND BENEFIT DETERMINATION later in this chapter. MAVERICS will apply the \$35 deduction to the household's total medical expenses automatically. Reporting and verifying medical expenses for eligible individuals will be handled as follows:

- Households will be required to report and verify all non-reimbursed medical expenses at
 the time of certification and recertification. Households may, but will not be required to,
 report any changes in medical expenses during the certification period. Households will not
 be required to report monthly on their medical expenses.
- When a household voluntarily reports a change, it will be acted on within regular
 timeliness standards for both increases and decreases in benefits. The reported change must
 be verified if benefits would be increased.
- If the county finds out about a change in medical expenses from a source other than the household, the county will act on the change if it is considered verified upon receipt and



DETERMINING ELIGIBILITY AND **BENEFIT LEVELS: EXPENSES**

Revised 05-01-06

the worker can act on it without contacting the household for additional information or verification. If the change will require the worker to contact the household, the worker is not required to act on the change during the certification period. Notate the case record and follow up on any changes at the next recertification.

If a household reports an anticipated medical expense at the time of recertification but is unable to provide the verification within the timely completion date, the household will be told that the expense will be allowed when the verification is provided during the certification period. The notice to the household must include this explanation.

If a household anticipates incurring a one-time expense several months into the certification period and provides adequate verification at the time of certification, the household may elect to have the expense averaged over the entire certification period. If a one time only expense is reported during the certification period, the household may elect to have a one time deduction or to have the expense averaged over the remaining months of the certification period. Prior to allowing a deduction for such expense the worker must determine whether the medical expense will be paid by a third party, including public or private insurance, or if the household will be reimbursed for the expense. The case record must be documented accordingly. Accurate and appropriate documentation shall be included in the case record.

Budgeting Medical Expenses

Medical expenses shall be budgeted using anticipated expenses. The expenses are anticipated based on the best available information. For example, normally recurring monthly medical expenses shall be based on the bill for the month prior to the interview month, provided this is the best indication of the anticipated expense. However, if the household is reasonably certain that a change will occur, the anticipated expense shall be based on the best available information; e.g., statement from doctor, pharmacist, other licensed practitioner or other qualified health professional. Refer to Chapter 4, DEDUCTIONS FROM INCOME.

Recurring Monthly Medical Expenses

Normally recurring or ongoing medical expenses which are billed monthly are not to be averaged. For applications and recertification's, if the household has a normally recurring medical expense and expects the expense to continue, verification of the expense for the month prior to the interview should be obtained and used to determine the benefit level for the

DETERMINING ELIGIBILITY AND BENEFIT LEVELS: EXPENSES

Revised 11-01-11

certification period. If the verified expense for the month prior to the interview month does not reflect the household's continued anticipated expenses, the case should be so documented and the expense based on the best available information.

If the household has recurring monthly billed medical expenses which fluctuate, but are anticipated for the certification period, the household has the option of:

1. Actual, in which case a variable basis of issuance will be assigned;

or

Averaging, in which case monthly fluctuating medical expenses will be averaged over the
certification period. If billed or otherwise due less often than monthly, average over the
period between scheduled billings.

The recurring expense is only allowed after it is reported and verified. A deduction cannot be allowed for a recurring medical expense (e.g., prescription drugs) that was incurred in a prior billing period. No past due amounts are deductible.

Medical Expenses Billed More Often Than Monthly

When normally recurring medical expenses are billed more often than monthly, a monthly average will be calculated using the following formulas:

Expenses Billed Weekly

An average weekly amount should be obtained by adding the weekly expenses for the month and dividing by the number of weeks. The weekly average is then multiplied by 4.33 to get the monthly average amount. (If the expense is adult attendant care (AC), MAVERICS will handle this calculation when the weekly expenses and the W frequency code are entered on EXWO after the AC expense code is entered on EXSA).

Expenses Billed Bi-Weekly

An average bi weekly amount should be obtained by adding the bi weekly expenses for the month and dividing by the number of expenses for the month. The bi weekly average is then

Revised 11-01-11

multiplied by 2.15 to get the monthly average amount. (If the expense is adult attendant care (AC), MAVERICS will handle this calculation when the bi-weekly expenses and the **B** frequency code are entered on EXWO after the AC expense code is entered on EXSA).

Expenses Billed Semi-Monthly

Add the two semi monthly expenses together to get the monthly expense amount. (If the expense is adult attendant care (AC), MAVERICS will handle this calculation when the semimonthly expenses and the S frequency code are entered on EXWO after the AC expense code is entered on EXSA).

NOTE: The **AC** (Adult Care) code will require entry on the EXWO screen even if the expense is paid monthly. The correct coding for adult care paid monthly on EXWO would be frequency code **M** and the monthly amount for the amount.

When normally recurring medical expenses are billed less often than monthly, the household has the option of:

1. Assigning the entire amount to the budget month in which the expense is billed or otherwise due. For example, a household member has a prescription filled to last 3 months. The prescription is filled in July, the certification period ends October 31, and the household prefers that the entire amount be allowed in one month; therefore, the entire amount is assigned to the month of August. The expense is computed in determining August benefits using prospective eligibility and prospective budgeting.

or

2. Averaging forward over the period between scheduled billings. In averaging the example shown in *Item 1* above, the expense would be averaged over 3 months and a like amount assigned to the 3 budget months (August, September, and October).

The amount verified will be used at appropriate intervals throughout the certification period, provided the household does not report a change.

Revised 12-01-17

One-Time Medical Expenses

One-time medical expenses may or may not be anticipated and are not expected by the household to be recurring. The expense will be attributed to the next possible month in the certification period once reported and verified. The household has the option of:

1. Attributing the entire amount to one budget month.

EXAMPLE: A household containing a disabled household member is certified September through November. On September 2 the household reports a one-time medical expense and verifies the expense. The household elects to have the allowable deduction in one budget month. The worker reworks the case on September 5, making the change effective for October 1, for the month of October ONLY.

or

2. Prorating the amount over budget months in the certification period or remainder of the certification period if reported and verified during the certification period.

EXAMPLE: A household reports a one-time medical expense on September 2 and chooses to prorate it over the remainder of the certification period which ends November 30. The expense is prorated and budgeted to the months of October and November.

If a one-time medical expense is incurred or reported too late to be budgeted in the current certification period, the expense shall be allowed in the subsequent certification period. The one-time medical expense may have been incurred and reported at recertification or incurred after recertification and reported sometime during the new certification period.

If a household which is not currently certified (i.e., initially applying or applying after certification period has expired) makes application and reports a one time medical expense, only the currently existing balance due at the time the expense is reported and verified can be considered. This amount is allowable, provided it has not been allowed previously, and is attributed to budget months in the certification period in which verified. The household has the option of deducting the allowable amount in one budget month or prorating over the remainder of the certification period, as outlined above. If allowed in a previous SNAP budget month or previous certification period, the expense cannot be allowed again even though there is a balance due.



Revised 11-01-11

Medical Expense Begins During Certification Period

There may be instances when a normally recurring medical expense begins during the certification period. The expense, less reimbursement, is allowed when it is reported and verified beginning with the month the change would be effective. If the expense fluctuates, the household has the option of:

Actual, in which case a variable basis of issuance will be assigned,

or

If billed or otherwise due less often than monthly, average over the period between scheduled billings or over the period the expense is intended to cover if there are no scheduled billings.

Special Situations

Monthly installments for one-time medical expenses may be allowed and are attributed to the budget month they are due. Monthly installment repayment arrangements need not be formal contracts, but the arrangement must be verified.

Households may receive a medical deduction for payments made on a loan when the loan is used to pay a one time only medical expense. Loan expenses, such as interest, are not allowable as part of the medical expense.

EXAMPLE: An elderly household member incurs a one time medical expense in April, reports the expense and provides verification in the same month. A loan, to be repaid in monthly installments over a two year period, is obtained to pay the full medical bill in April. The household has the option of deducting loan repayments over the two year period or counting the entire amount in one month in the certification period in which verified.

Medical expenses billed through charge accounts are considered billed when the charge account statement is received. Charge account expenses, such as interest, would not be allowable as part of the medical expense.

Revised 12-01-17

Medical Expenses for Group Home Residents

Room and medical costs which can be separately identified are allowable shelter and medical expenses. Normally the group home will identify the part of the payment that is charged for separate costs. Some group homes charge a basic rate for room and board and may have higher rates depending on the amount of medical care needed. If an individual is charged a higher rate, the basic rate minus the SNAP maximum benefit amount for a one-person household may be used to determine the shelter costs for that individual, and the difference between the basic rate and the higher rate may be determined to be medical costs.

UTILITY EXPENSES

Allowable utility expenses are listed in Chapter 4, INCOME under SHELTER COSTS.

The worker shall allow the standard utility allowance (SUA), the basic utility allowance (BUA) or telephone standard to households for use in calculating shelter costs if the household is entitled to use the allowance and provides the necessary verification. The agency determines the standard and basic allowances annually and any adjustment is made as a mass change. The household may use actual utility expenses only when the household does not qualify for one of the standards. See "Actual Utility Expenses" later in this material.

Standard Utility Allowance (SUA)

To be entitled to use the standard utility allowance (SUA), the SNAP household must incur and verify an out-of-pocket cooling (air conditioning) expense or an expense for its primary source of heat, separate and apart from rent or mortgage payments, or receive more than \$20 annually in Low Income Home Energy Assistance Act Payments (LIHEAP) for its current residence. Such receipt of LIHEAP within the previous 12 months qualifies the household for the SUA. Recipients of indirect energy assistance payments made under a program other than LIHEAP who continue to incur out-of-pocket heating or cooling expenses during any month of the certification period, are entitled to use the SUA. Households with shared meters billed for excess heating or cooling expenses are eligible for the SUA. See Chapter 13, TABLE I, DEDUCTION STANDARDS.

EXAMPLE: A household incurs heating costs in the winter separate and apart from their rent but does not incur cooling costs in the summer. This household is entitled to the SUA throughout the year, if otherwise eligible.

EXAMPLE: A household who rents a home with window air conditioning units and is

DETERMINING ELIGIBILITY AND **BENEFIT LEVELS: EXPENSES**

Revised 12-01-17

billed monthly by the landlord for actual usage of utilities as determined through individual metering is entitled to use the SUA.

The cost of buying wood entitles the household to the use of the standard utility allowance when wood is the primary source of heat. However, some households may have access to wood which they do not have to buy, i.e., they can cut their own wood. These households would not be entitled to the standard utility allowance unless they have air conditioning.

Basic Utility Allowance (BUA)

Households which incur and are billed separately for out-of-pocket non-heating or non-cooling utility expenses other than telephone only and do not receive payments from LIHEAP are eligible for the BUA, if verification is provided. The household must verify that at least two non heating or non-cooling expenses are incurred in order to use the BUA. The BUA allowance includes the cost of cooking fuel, electricity for other than heating or cooling the residence, the base rate and tax for one telephone (land-line, cellular, or Voice Over Internet phone service), water/sewage/garbage/trash collection fees, fees charged by the utility provider for initial installation of the utility, and excess non-heating, non-cooling utility costs for households living in public or other rental housing.

NOTE: Households whose telephone bill is their only separately billed utility expense are not entitled to use either the SUA or BUA. They must use the telephone standard. If a cellular phone is the only phone in the household, the telephone standard may be allowed if verified. See Chapter 13, TABLE I, **DEDUCTION STANDARDS.**

Utility costs for the operation of an electric blanket, heat lamp, or cooking stove when used as a supplemental heating source do not qualify the household for the SUA, but do qualify them for the BUA when combined with another expense. The cost of an electric blower for an oil or gas furnace also does not qualify the household for the standard utility allowance. Households that are not entitled to the SUA should be allowed the BUA when two qualifying expenses are incurred and verified by the household.

EXAMPLE: A household has no air conditioning and uses wood, which they cut themselves and incurs no cost for heating fuel in the winter. The household verifies it incurs expenses for telephone, water and garbage and electricity bills for lights and fans they use in the summer for cooling. They do not receive LIHEAP. Therefore, they are eligible to use the basic utility standard (BUA).

Revised 12-01-17

EXAMPLE: A household states it has a telephone bill and pays an electric bill in the winter but has gas heat which is included as part of the rent. The household does not have cooling costs (air conditioning). This household is not entitled to the SUA but is entitled to the BUA.

EXAMPLE: Except for the telephone bill, a household's utility bills are included in their rent. The household can ONLY claim the telephone standard as a utility expense. The household is not entitled to the SUA or BUA.

NOTE: Do not allow the telephone standard when the SUA or BUA is used.

EXAMPLE: The SNAP household lives in a mobile home near a relative's home and the metered utilities are billed to the homeowner. The mobile home resident pays a flat rate each month to the homeowner for utilities, which are determined to be garbage collection and water/sewer charges. The household is entitled to use the BUA.

EXAMPLE: The household lives in a duplex and utilities are billed only to the landlord. The household pays half the monthly bills, which are determined to be water and electricity costs for lights. Therefore, the household is entitled to use the BUA.

In MAVERICS, the EXSA screens will handle the BUA in the same way as the SUA. Follow the procedures for entering the SUA, except enter the subtype as BU. No dollar amount is entered on the MAVERICS EXSA screen, but the BUA is included with the other expenses on FSAD. For additional instructions, see Volume X.

HUD or FmHA Utility Reimbursements

Certain utility allowances or reimbursements made by the Department of Housing and Urban Development (HUD) and Farmers Home Administration (FmHA) are excluded from consideration as income in determining SNAP eligibility and benefit level. A utility expense which is reimbursed or paid by an excluded payment, including HUD or FmHA utility payments, shall not be a deductible expense. Households receiving these payments will be entitled to use the SUA ONLY if heating or cooling costs exceed the amount of the excluded payment. If an excess is reported within a certification period, the amount of the reimbursement and the amount of the excess expense must be thoroughly explored with the household in order to determine if the household qualifies for the SUA.

Revised 12-01-17

If the household is billed separately for at least two non-heating/non-cooling utility costs (other than telephone only), the BUA must be used if they incur and verify utility costs above the amount of the excluded payment during any part of the year.

If the household is billed only for telephone expense over and above the HUD/FmHA utility payment, the telephone standard must be allowed.

Households Sharing a Residence and Utility Costs

A household that shares a residence and utility costs with other individuals is entitled to the full amount of the SUA or BUA, whichever is appropriate of the utility cost. Due to provisions of the Farm Security and Rural Investment Act of 2002, Public Law 107-171 (Farm Bill), there is no longer a requirement for prorating the SUA or BUA in shared living arrangements.

NOTE: When two SNAP households share a common residence, do not count as income money paid by one household to the other which is passed on as payment to the utility company for the shared expense(s). If one of the households was not a SNAP household, the money would be counted as income.

EXAMPLE Three households share a single residence and utility costs but receive SNAP benefits as separate households. Determine whether the households qualify for the SUA or BUA. Each household would be eligible for the full amount of the appropriate utility standard.

EXAMPLE: A 25 year old and her children live in the home with her parents. The parents are billed for heating and cooling expenses. Both households receive SNAP benefits since the 25 year old is a separate household. The parents pay all utility expenses. The parent's household will be allowed the SUA:

EXAMPLE: Three families share a single residence but receive SNAP benefits as separate households. Two of the households share in the utility costs. These two households would each be eligible for the full amount of the appropriate utility allowance.

EXAMPLE: Two families share a single residence. Only one household pays the utility bills and receives SNAP benefits. This household would be eligible for the appropriate utility allowance.

Revised 12-01-17

Actual Utility Expenses

Only households that do not qualify for the SUA, BUA or standard telephone allowance may claim actual utility expenses. These actual expenses must be verified as well.

EXAMPLE: A household pays \$300 per month for rent. Utilities are included with the rent charge. The household is billed separately for water. Actual costs for water are allowed.

Refer to Chapter 8, VERIFICATION AND DOCUMENTATION, Utility Expenses, regarding use of actual utility expenses for an unoccupied home.

If the household qualifies for an actual utility expense that is billed more often than monthly, the expense will be converted to a monthly amount using the appropriate formula. If billed weekly, the weekly amount will be multiplied by 4.33 to arrive at the monthly amount. If billed biweekly, the biweekly amount will be multiplied by 2.15 to determine the monthly amount. If billed semi-monthly the semi-monthly amount will be multiplied by 2 to get the monthly amount.

Monthly Utility Expenses

In an application or recertification situation, if the household has normally recurring monthly utility expenses and expects the expense to continue, the expense used will be based on the most recent monthly bills provided this is the best indication of anticipated expenses. The utility expense will be verified and used for the entire certification period unless the household reports a change.

EXAMPLE: A household applies for SNAP benefits on March 29, 2018 and is interviewed the same day. The household states that it is billed for gas heat. The household will be given the utility standard for the entire certification period of March 2018 — August 2018.

Utility Expenses Billed Less Often Than Monthly

When normally recurring utility expenses are billed less often than monthly, the household has the option of:

3. Attributing the entire amount in the budget month in which billed or otherwise due.

Revised 12-01-17

or

2. Averaging forward over the period between scheduled billings.

The amount verified will be used at appropriate intervals throughout the certification period, provided the household does not report a change.

EXAMPLES:

- 1. A household is billed separate from rent for water every other month. The household elects to have the expense attributed to the month in which it is billed. A variable basis of issuance will be calculated to include the expense every other month.
- 2. A household's only utility expense is propane used for cooking, which it purchases every other month. The household elects to average the expense over the period between scheduled billings. The billing period is 2 months; therefore, ½ of the expense is used eachmonth for the entire certification period.

One-Time Utility Expense

If the household has a one-time utility expense and verifies the expense, the household has the option of:

- 1. Using the entire amount in the budget month in which the expense is billed or otherwise due.
- Prorating the amount over the budget months in the certification period in which billed or otherwise due.

NOTE: This provision involves prorating over the entire certification period as opposed to the medical provision which requires proration over "remaining months" in some instances.

Changes Between Actual, SUA and BUA

Should a change occur (i.e. a move by the household) and as a result the household is determined ineligible for the standard utility allowance, the worker must take action to remove the SUA and if necessary, use the BUA, telephone standard, or the household's

Revised 12-01-17

actual utility expense, whichever is applicable. Whichever is used, verification of the expense(s) must be provided.

Special Situations/Clarifications

1. Households Billed Only for Excess Heating and Cooling Costs

Households which have heating and cooling costs included in their normal rent, but are billed separately for excess costs, are eligible for the SUA, if the expense is verified.

Households billed separately for at least two excess non-heating, non-cooling utility costs may claim the BUA, if the expense is verified.

EXAMPLE: A household in assistance housing which receives a bill quarterly for excess utility expense for trash collection and water is not eligible for the SUA but is eligible for the BUA.

- Energy Assistance Vendor Payments as Related to Allowable Utility Expenses
 - a. Households which receive energy assistance vendor payments may use the standard utility allowance provided the household incurs or expects to incur and verifies an out-of-pocket expenses for heating or cooling (air conditioning) that exceed the vendor payment amount during any month of the certification period.
 - b. Households who receive LIHEAP are eligible to use the SUA, if the expense is verified.
 - c. Households who receive indirect energy assistance payments from a program other than LIHEAP, and who continue to incur out of pocket heating or cooling expenses that exceed the amount of the assistance payment during any month covered by the certification period, are entitled to the SUA as long as the expense can be verified.

A vendor payment received by the household must be prorated over the period which the payment is intended to cover, and if the household expects to incur additional out-of-pocket heating or cooling expense, it may use the SUA upon verification of the expense.



Revised 12-01-17

EXCEPTION: All households receiving the Low-Income Home Energy Assistance Payments (LIHEAP) are deemed to have expended such payments for heating or cooling costs whether or not they actually incur such costs and are automatically entitled to the SUA. The household must receive or anticipate receiving and verify the LIHEAP payment for its current residence to qualify for the SUA.

3. Shelter Expenses for Group Home Residents

See Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS, Shelter and Medical Expenses.

Other Clarifications of Shelter/Utility Expenses

- a. A SNAP recipient is a resident of a retirement apartment complex and is billed monthly by the landlord for rent, one meal a day for seven days a week, and a flat rate of \$50 per month for utilities which includes water and garbage collection. The complex has central air conditioning. Since the resident is not billed separately (metered) for the utility expense, he is not entitled to the SUA, but would be entitled to the BUA.
- b. A homeowner subdivided the home into three apartments. He lives in one apartment and rents the other two. The homeowner is billed for utilities and charges the renters a prorata share of the heating and cooling costs based on the size of each apartment. The residents of the two apartments are entitled to the SUA. Even though the renters are paying a prorata share of utility costs, each separate living space is considered to incur its own heating/cooling bill, and therefore is entitled to the SUA.

If the home owner receives SNAP benefits, the rent and utility income from the apartments should be included when computing the self-employment income. The owner would be entitled to the SUA.

c. If the household reports a rent increase at recertification, the expense will be allowed as verified.

Revised 12-01-17

NOTE: For more information on the Shelter Deduction see Chapter 4, ALLOWABLE EXPENSES, Shelter costs, and Chapter 13, Table I.

DEPENDENT CARE EXPENSES

Payments for the actual costs for the care of a child or other dependent are allowable deductions when necessary for a household member to accept or continue employment, seek employment in compliance with the employment and training criteria (or an equivalent effort by those not subject to employment and training), or attend training or pursue education which is preparatory to employment. Upon verification, a deduction can be allowed for a dependent age 17 and under or an incapacitated person of any age in need of care.

Kindergarten expense, if voluntary attendance on the part of the household, may be allowed, if verified. However, if kindergarten is required under State Law and provided in the public school system, the expense is not allowed.

Activity fees associated with the care provided to a dependent that are necessary for the dependent to participate in the care allowed.

Upon verification, Personal transportation costs to and from the dependent care provider can be allowed as a dependent care expense. Also, if the parent incurs an expense by paying someone else for transportation, the expense once verified would be considered allowable and should be included in the dependent care deduction as a childcare expense.

If a household incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.

TCC and TWP Child Care Payments

Transitional Child Care (TCC) payments and TANF Work Program childcare payments are paid to the provider and therefore not allowed as a deduction to the household. If the household has to pay a co-payment, the amount of the co-payment is allowed as a deduction once verified.

CHILD SUPPORT DEDUCTION

Legally obligated (court ordered) child support payments paid by a household member to or for a



Revised 12-01-17

non household member, including payments made to a third party on behalf of the non household member (vendor payments) are allowed as a deduction. Legal obligations may include payments made toward arrearages and monthly processing fees, if stipulated in the court order. However, the allowable deduction is the actual payments made each month not to exceed the legal obligation.

Both the child support legal obligation and the actual amount paid, including vendor payments, must be verified. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable verification of amounts paid may include canceled checks, wage withholding verification, IV-D agency and statements from the custodial parent. The MAVERICS code for the EXSA screen is SD - support deduction.

DOCUMENTATION

The option chosen by the household for budgeting income and/or expenses must be documented in the case record. Quality Control errors will occur less frequently if procedures used in calculating the amount budgeted are adequately documented in the case record.

PROSPECTIVE BUDGETING EXPENSES

In determining whether a household is prospectively eligible, the anticipation of allowable expenses shall be based on the bills for the month prior to the interview, provided this is the best indication of the anticipated expense. However, if the household is reasonably certain a change will occur, the anticipated expense shall be based on the verification provided, e.g., statement from landlord, other reliable contact, etc.

Monthly Expenses

Normally recurring monthly expenses are not to be averaged. For all households at application, reapplication, or recertification, if the household has a monthly expense and expects it to continue, the expense should be based on the most recent month's bills unless the household reports a change. The last amount verified continues to be used for the remainder of the certification period, provided the household does not report a change.

Expenses Billed More Often Than Monthly

Expenses which are billed weekly, bi-weekly, or semi-monthly will be handled as follows:

DETERMINING ELIGIBILITY AND BENEFIT LEVELS: EXPENSES

Revised 12-01-17

Expenses Billed Weekly

An average weekly amount should be obtained by adding the weekly expenses for the month and dividing by the number of weeks. The weekly average is then multiplied by 4.33 to get the monthly average amount.

Expenses Billed Bi-Weekly

An average bi-weekly amount should be obtained by adding the bi-weekly expenses for the month and dividing by the number of expenses for the month. The bi-weekly average is then multiplied by 2.15 to get the monthly average amount.

Expenses Billed Semi-Monthly

Add the two semi-monthly expenses together to get the monthly expense amount.

MAVERICS handles the conversions for most expenses which are billed more often than monthly. When the worker enters the Expense Code on EXSA, the EXWO screen is displayed which requires the worker to enter an amount and frequency code. See Volume X.

Expenses Billed Less Often Than Monthly

If the household has a normally recurring expense which is billed less often than monthly, the household has the option of:

Using the entire amount in the budget month in which billed or otherwise due.

or

Averaging forward over the period between scheduled billings.

One-Time Expenses

If the household has a one-time only expense, the household has the option of:

Using the entire amount in the budget month in which the expense is billed or otherwise due.

[DETERMINING ELIGIBILITY AND BENEFIT LEVELS: EXPENSES]

Revised 12-01-17

 Prorating the amount over the budget months in the certification period in which billed or otherwise due.

NOTE: This provision involves prorating over the entire certification period as opposed to the medical provision which requires proration over "remaining months" in some instances.

In prospective eligibility and/or budgeting, the budget month is the same as the issuance month. If the one-time only expense is reported too late in the certification period to effect the change, the expense cannot be allowed.



[DETERMINING ELIGIBILITY AND **BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT DETERMINATION**

Revised 07-01-19

INCOME MAXIMUMS

Households which do not contain a member who is elderly or disabled as defined in Chapter 2 shall have their gross income (calculated as outlined below) compared to the gross income eligibility maximums to determine eligibility for the month. All households shall have their net income (calculated as outlined below) compared to the net income maximums for SNAP to determine eligibility for the month.

EXCEPTION: Households meeting the definition of a categorically eligible household, e.g., pure TANF and/or SSI, are exempt from testing for resource and income limits. In other words, these households may exceed the resource and income limits and still be eligible due to the TANF/SSI status. Please refer to Chapter 2, DEFINITIONS, regarding "Categorically Eligible Household", and Chapter 7. CATEGORICALLY ELIGIBLE HOUSEHOLDS.

When a household is determined to be categorically eligible, all household members are coded 1 or 2 in the Categorical Eligibility (CAT ELIG) field on the PRAW screen (Previous Aid Work Incentive). The system will not apply the resource or gross or net income maximums.

NOTE: The household's benefit level must be based solely on SNAP criteria, e.g., SNAP income inclusions and exclusions, deductions, and methods of determining net income are followed.

MAVERICS Calculations

MAVERICS is programmed to perform the rounding functions which are required by SNAP policy. Income and expense amounts are to be entered into the system as directed earlier in the chapter under **DETERMINING MONTHLY INCOME and EXPENSES.**

Manual Calculations

Average monthly income and average monthly expense amounts will be used when determining gross and net income amounts manually. The following methods will be used to determine average monthly income for both earned and unearned income received more often than monthly.

Income Received Weekly

Add the gross amounts for all pay periods in the prior four weeks to get the total income received. Divide the total income by the number of weeks to determine the weekly average. Take the



IDETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT DETERMINATION

Revised 07-01-19

weekly average amount and multiply by 4.33 to get the average monthly amount.

Income Received Bi-Weekly

Add the gross amounts for all pay periods in the prior four weeks to get the total income received. Divide the total income by the number of weeks to determine the bi-weekly average. Take the biweekly average amount and multiply by 2.15 to get the average monthly amount.

Income Received Semi-Monthly

Add the gross amounts of the two semi-monthly amounts to get the monthly amount, which is the same as the average monthly amount.

Actual

Add the total amount of income received to get an actual amount. (NOTE: The worker must follow SNAP policy when applying actual income for a month for which income is normally incurred on a weekly, bi-weekly, or semi-weekly basis). Example: Actual income would be used for the month of application when the household reports receipt of income in the month of application that will be non continuing or when a new job pays less than a full month for the budget month.

ELIGIBILITY BASED ON GROSS INCOME-MANUAL DETERMINATION To

determine the household's gross monthly income manually, calculate as follows:

- Add the gross monthly income earned by all household members and the total monthly unearned income for all household members.
- Subtract income exclusions.

The remaining amount is defined as the total gross monthly income for the purpose of the Gross Income Test. For households subject to the gross income maximum, compare the total gross monthly income to the gross monthly income standards for the appropriate household size to determine eligibility for the month. Except for a farm loss deduction (See Chapter 7, SPECIAL CIRCUMSTANCES, SELF-EMPLOYMENT INCOME, Special Provision for Farmers) no deductions are allowed in calculating the total gross income. See Chapter 13, Table II.



[DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT DETERMINATION]

Revised 07-01-19

If the household's gross income exceeds the Monthly Income Maximum shown on TABLE II in Chapter 13, for the appropriate household size, the household is ineligible, and the application may be denied at this point. Note: The case should not be denied if the household is not subject to the gross test.

DETERMINING NET INCOME MANUALLY

The manual SNAP Worksheet is MDHS-EA-521.

MANUAL DETERMINATION OF ELIGIBILITY AND BENEFITS BASED ON NET INCOME

Eligibility Based on Net Income

The household's net monthly income, as determined using the above described method, shall be compared to the monthly income eligibility standards for the appropriate household size to determine eligibility for the month. See Chapter 13, Table II.

In determining net income manually, calculate in the order given below:

- 1. Add the gross average monthly income earned by all household members minus earned income exclusions, to determine the household's total gross earned income.
- 2. Multiply the total gross earned income by 20 percent and subtract that amount to determine the net monthly earned income.
- 3. Add to net monthly earned income the total average monthly unearned income of all household members, minus exclusions.
- 4. Subtract the standard deduction.
- 5. If the household is entitled to an excess medical deduction as provided in Chapter 4, DEDUCTIONS FROM INCOME, determine if total allowable monthly medical expenses exceed \$35. If so, subtract that portion which exceeds \$35. (See Chapter 6, Medical Expenses, for handling medical expenses billed other than on a monthly basis.)
- 6. Subtract the allowable monthly dependent care expenses, if any, up to the maximum allowed. See Chapter 13, Table I.



[DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT **DETERMINATION**

Revised 10-01-2021

- Subtract the allowable average monthly child support deduction, if any.
- Total the household's monthly average shelter expenses to determine total shelter costs. Subtract from total shelter costs 50 percent of the household's income balance after all the above deductions have been made. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost:
 - a. Households which are subject to a maximum of excess shelter are entitled to a deduction up to the maximum allowed. See Chapter 13, Table I.
 - Households which are not subject to a capped shelter expense are entitled to a deduction for the full amount of excess shelter.
- After allowable excess shelter is subtracted, the household's net monthly income has been determined.
- Benefit reduction is computed based on \$16. If benefit reduction reduces the household's benefit to \$1, \$3, or \$5, it will be rounded by the system to \$2, \$4, or \$6 prior to authorization.

Manual Benefit Determination

The household's monthly benefit amount shall be determined by referring to Chapter 13, Table V, or may be computed as follows:

- Multiply the net monthly income by 30% and round up to the nearest higher dollar each calculation that ends in 1 through 99 cents.
- Subtract this amount from the maximum benefit amount for the appropriate household size. See Chapter 13, Table II.

See Calculating Prorated Benefit Amounts Manually later in this chapter for handling initial months.

[DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT **DETERMINATION**

Revised 10-01-2021

Categorically Eligible Households

There will be instances when a categorically eligible household meets the eligibility requirement but is eligible for a zero benefit amount when benefits are computed. In this event:

- 1. Pure TANF/SSI households containing one and two persons will be entitled to \$20.00.
- 2. Pure TANF/SSI households with three or more persons entitled to zero benefits will not receive benefits but cannot be denied. The application will be approved, with full explanation on the notice to the household. MAVERICS will create a benefit record on the SNAP Benefit History (FSBH) screen for zero benefits and the benefit amount field on SNAP Allotment Determination (FSAD) screen will show "00". The bottom of FSAD screen will show "Is eligible - no allotment".

While it may appear unnecessary to certify households when they will actually receive no SNAP benefits, eligibility for SNAP benefits may entitle the household to receive benefits from other programs such as Food Distribution, energy assistance, etc.

Households of One or Two Persons

Except for an initial month as outlined below, all eligible one and two person households, including those determined categorically eligible, shall receive a minimum monthly benefit of \$20.

EXCEPTION: Less than \$20 may be issued to one and two person households if benefit reduction for Intentional Program Violation, inadvertent household error, or agency error is applied. However, the benefit amount is rounded up to \$20 for these households before applying benefit reduction. For example, a household's benefit is computed to be \$12 and rounded up to \$20.

NOTE: Households which are eligible but entitled to no benefits for the initial month due to proration but are entitled to benefits in subsequent months, will be certified beginning with the month of application, i.e., the certification period will begin with the month of application when approved in the first 30 days.

Households of Three or More Persons

Households of 3 or more persons may receive benefits of less than \$20. If benefit reduction is applied, the amount is not rounded up to \$20 but rather is computed on the actual benefit to which the household is entitled.

[DETERMINING ELIGIBILITY AND BENEFIT **LEVELS: INCOME ELIGIBILITY AND BENEFIT DETERMINATION**

Revised 10-01-2021

Households entitled to \$1, \$3, and \$5 amounts are certified for \$2, \$4, and \$6 respectively for issuance purposes.

There may be instances when households of three or more persons are eligible but entitled to no benefits. The household's application should be denied on the grounds that its' net income exceeds the level at which benefits are issued.

EXCEPTION: Regular categorically eligible households with three or more persons entitled to zero benefits will not receive an amount but cannot be denied. The application will be approved, with full explanation on the notice to the household.

Variable Basis of Issuance

The household's benefit may vary from month to month within the certification period to reflect anticipated changes.

Calculating Prorated Benefit Amounts Manually

A household's benefit level for the initial month (defined in Chapter 2) of certification shall be prorated based on the day of the month it applies for benefits. Chapter 13, Table IV, Allotment Proration Multiplication Factors, will be used to calculate the prorated benefit amount for the initial month.

Prorated Benefits Less Than \$20

If the calculation of the initial month's benefits results in an amount of less than \$20, then no benefits shall be issued.

EXAMPLE: Household of 5 applies for SNAP benefits on February 22. The household is determined eligible for a monthly amount of \$25. Benefits for February, the initial month, are prorated from February 22 yielding a prorated amount of \$7. No benefits will be issued to this household for February.

EXAMPLE: Household of 2 applies for SNAP benefits on February 2. The household is determined eligible for \$20. Benefits for February, the initial month, are prorated from February 2, yielding an amount of \$9. No benefits will be issued for February.

[DETERMINING ELIGIBILITY AND BENEFIT LEVELS: INCOME ELIGIBILITY AND BENEFIT DETERMINATION

Revised 07-01-19

NOTE: Households which are eligible but entitled to no benefits for the initial month due to proration but are entitled to benefits in subsequent months, will be certified beginning with the month of application, i.e., the certification period will begin with the month of application when approved in the first 30 days.

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
7000	HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE
7000	GENERAL
7000	LATE DETERMINATION OF EXPEDITED SERVICE
7000	SCHEDULING INTERVIEWS
7000	EXPEDITED SERVICE CRITERIA
7001	HANDLING CASES OF HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE
7001	Social Security Numbers
7001	VERIFICATION
7002	Work Registration
7002	LOSS OF ENTITLEMENT TO EXPEDITED SERVICE
7003	Processing Standard
7003	Certification Periods and Notices
7004	Recertification
7020	DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL FARMWORKERS
7020	GENERAL
7020	DETERMINING DESTITUTE STATUS
7020	New Source Definition
7020	Terminated Source Definition
7021	Application/Recertification Applications After Last Month of Certification Period
7021 Recertifi	cation Application During Last Month of

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
	Certification Period
7021	Special Situations
7022	DETERMINING ELIGIBILITY AND BENEFIT LEVELS FOR MIGRANT OR SEASONAL FARMWORKERS DETERMINED DESTITUTE
7022	Resources
7022	Income
7050	MIGRANT FARM LABORERS
7050	GENERAL
7050	EXEMPT INCOME OF CHILDREN
7050	RESOURCES
7050	WORK REGISTRATION
7051	PROCESSING STANDARDS
7100	SELF-EMPLOYMENT INCOME
7100	INTRODUCTION
7100	ANNUALIZING SELF-EMPLOYMENT INCOME
7100	DETERMINING NET SELF-EMPLOYMENT INCOME
7101	CAPITAL GAINS
7101	COSTS OF PRODUCING
7102	Allowable Costs
7123	Costs Not Allowed
7103	DETERMINING HOUSEHOLD INCOME

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	—— Subject	
7103	Special Provisions for Farmers	
7104	CERTAIN FARM PAYMENTS	
7104	Disaster Assistance Program Payments	
7104	USDA Dairy Termination Program Payments	
7104	Commodity Credit Corporation Payments	
7105	Federal Crop Insurance Corporation (FCIC) Payments	
7105	WORK REGISTRATION	
7105	CERTIFICATION PERIODS	
7250	BOARDERS	
7250	GENERAL	
7250	EXCEPTIONS TO BOARDER STATUS	
7250	REASONABLE MONTHLY PAYMENT	
7251	BOARDER ELIGIBILITY	
7251	MEALS ONLY	
7251	LODGING ONLY	
7300	NONCOMMERCIAL BOARDING HOUSES	
7300	GENERAL	
7300	INCOME FROM BOARDER	
7300	COST OF DOING BUSINESS	
7300	DEDUCTIONS	
7301	MEALS ONLY	

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES]

Page	Subject
7301	LODGING ONLY
7350	STUDENTS
7350	STUDENT ELIGIBILITY
7350	INSTITUTION OF HIGHER EDUCATION
7350	DURATION OF STUDENT STATUS
7351	STUDENT EXEMPTIONS
7355	HOUSEHOLDS WITH INELIGIBLE STUDENTS
7356	STUDENT INCOME
7400	- SCHOOL EMPLOYEES
7400	GENERAL
7400	CONTRACT RENEWAL
7400	WORK-NONWORK CYCLE
7400	INCOME
7400	ELIGIBILITY, BENEFIT LEVEL, AND CERTIFICATION PERIODS
7401	WORK REGISTRATION
7450	HOUSEHOLDS WITH EXCLUDED MEMBERS
7450	GENERAL
7451	DISQUALIFICATION FOR IPV, WORK REGISTRATION REQUIREMENTS, VOLUNTARY QUIT, CHILD SUPPORT REQUIREMENTS, FRAUDULENT REPRESENTATION TO RECEIVE MULTIPLE BENEFITS, CONVICTION FOR TRAFFICKING SNAP BENEFITS OR TRADING BENEFITS FOR FIREARMS, OR CONVICTION FOR POSSESSION, USE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	— Subject
7451	Income and Resources
7451	Deductible Expenses
7452	Eligibility and Benefit Level
7452	SSN DISQUALIFICATION, INELIGIBLE ALIEN OR FLEEING FELON OR PAROLE/PROBATION VIOLATOR
7452	Income
7453	Resources
7453	Deductible Expenses
7456	Eligibility and Benefit Levels
7456	DISQUALIFICATION WITHIN CERTIFICATION PERIOD
7456	Excluded for IPV, Conviction of Fraudulent Representation to Receive Multiple Benefits, Conviction for Trafficking or Trading Benefits for Firearms Disqualification
7456	Excluded for Work Registration/Voluntary Quit, Child Support, Fleeing Felons, Parole/Probation Violators, Conviction of Felony for the Possession, Use, or Distribution of a Controlled Substance Disqualification
7457	Controlled Substance Disqualification
7457	Excluded for SSN Disqualification, Ineligible Alien Status
7500	HOUSEHOLDS WITH OTHER NON-HOUSEHOLD MEMBERS
7500	GENERAL
7500	INCOME AND RESOURCES
7500	COMBINED INCOME
7500	EXPENSES
7550	STRIKERS

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
7550	DEFINITION
7750	EXCEPTIONS TO STRIKER PROVISIONS
7551	DETERMINING PRESTRIKE ELIGIBILITY
7551	General
7551	Household Composition
7551	Income and Deductions
7551	Resources
7552	CURRENT ELIGIBILITY AND BENEFIT LEVEL
7552	WORK REGISTRATION
7552	CERTIFICATION PERIODS
7600	RESIDENT ADDICTS AND ALCOHOLICS
7600	DEFINITION
7600	CERTIFICATION OF RESIDENTS
7600	Making Application
7600	Household Size
7600	Work Registration
7600	Processing Standards and Certification Periods
7601	Rights of Certified Residents
7601	CENTER RESPONSIBILITIES
7601	Centers as Representatives

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page —	——— Subject
7601	The Treatment Center as Authorized Retailer
7601	Reporting Changes
7601	Monthly Reports
7601	When the Resident Leaves the Center
7602	COUNTY RESPONSIBILITY
7602	LIABILITIES AND PENALTIES
7650	BLIND AND DISABLED GROUP LIVING ARRANGEMENTS
7650	GENERAL
7650	TECHNICAL ELIGIBILITY
7651	MAKING APPLICATION/HOUSEHOLD SIZE
7651	THE FACILITY AS AUTHORIZED RETAILER
7651	COUNTY OFFICE RESPONSIBILITIES
7652	PROCESSING STANDARDS
7652	CERTIFICATION PERIODS
7652	RIGHTS OF CERTIFIED RECIPIENTS
7653	Responsibilities Of Certified Recipients
7653	SHELTER AND MEDICAL EXPENSES
7653	USE OF BENEFITS
7654	GROUP FACILITY RESPONSIBILITIES
7654	Monthly List From Center
7654	Reporting Changes

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
7654	Overissuance
7654	WHEN RESIDENTS LEAVE THE FACILITY RETAILER
	7654 DISQUALIFICATION OF GROUP LIVING ARRANGEMENT AS RETAILER
7655	LOSS OF CERTIFICATION
7700	HOUSEHOLDS REQUESTING REPLACEMENT BENEFITS
7700	GENERAL
7700	FOOD DESTROYED
7700	Replacement Procedures
7701	FOOD LOST IN FNS DECLARED DISASTER
7702	TIME LIMITS FOR REPLACING BENEFITS
7702	FAIR HEARING REQUEST
7750	RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN
7750	DEFINITION
7750	CERTIFICATION OF RESIDENTS
7750	Making Application
7751	Household Size
7751	Work Registration
7751	Income and Resources
7751	Processing Standards
7751	Certification Periods
	Rights of Certified Residents

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	-Subject
7751	USE OF BENEFITS
7752	RESIDENTS WHO LEAVE CERTIFIED HOUSEHOLDS TO ENTER THE SHELTER
7752	ACTION ON CHANGES TO FORMER HOUSEHOLDS
7800	SPONSORED ALIENS
7800	INTRODUCTION
7800	DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED
7800	DETERMINING ELIGIBILITY AND BENEFIT LEVEL
7802	SPONSORED ALIEN RESPONSIBILITY
7803	VERIFICATION
7804	PARTICIPATION WHILE AWAITING VERIFICATION
7804	USCIS AGREEMENT
7804	CHANGE OR LOSS OF SPONSOR
7804	RESPONSIBILITY FOR ISSUANCE
7805	Collection of Claims
7850	CATEGORICALLY ELIGIBLE HOUSEHOLDS
7850	<u>DEFINITION</u>
7850	DETERMINING ELIGIBILITY
7851	SITUATIONS WHICH REQUIRE APPLICATION OF ONGOING SNAP POLICY TO TANF/SSI HOUSEHOLDS
7852	BENEFIT LEVEL DETERMINATION

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
7852	VERIFICATION
7853	APPLICANT HOUSEHOLDS WHICH ARE POTENTIALLY CATEGORICALLY ELIGIBLE
7854	REEVALUATIONS/CHANGES
7854	CLAIMS
7854	RESTORATION
7900	PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS
7900	GENERAL
7900	APPLICATION PROCESSING PROCEDURES
7900	Filing Date
7900	Normal Processing Standards
7900	Expedited Service
7900	Categorically Eligible
7900	Restoration of Benefits
7901	DETERMINING ELIGIBILITY AND BENEFIT LEVELS
7950	MISSISSIPPI COMBINED APPLICATION PROJECT
7950	GENERAL
7950	ELIGIBILITY CRITERIA
7951	STANDARD BENEFIT AMOUNT
7951	EXCESS EXPENSES
7952	OTHER EXPENSES
7952	APPLICATION PROCESSING

TABLE OF CONTENTS FOR CHAPTER 7: SPECIAL CIRCUMSTANCES

Page	Subject
7953	MDHS-EA-901 MSCAP - OUTREACH
7954	SSA PROCEDURES
7954	INITIAL BENEFITS
7955	REPORTING AND HANDLING CHANGES
7956	REPLACEMENT OF BENEFITS
7956	TRANSFER CASES
7957	RECERTIFICATION AND CERTIFICATION PERIOD
7957	CASE RECORDS
7958	MSCAP INQUIRIES
7970	ELDERLY SIMPLIFIED APPLICATION PROJECT
7970	GENERAL
7970	ELIGIBILITY CRITERIA
7970	APPLICATION PROCESSING
7971	REPORTING AND HANDLING CHANGES
7972	OTHER CHANGES
7972	REPLACEMENT OF BENEFITS
7972	CERTIFICATION PERIODS
7973	TRANSFERS
7974	INTERIM REPORTS ESAP
7974	WTPQ ESAP
7974	ESAP INQUIRIES

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE]

Revised 05-01-21

GENERAL

Households must be screened for expedited service eligibility at the time of application. For households entitled to expedited service, benefits must be made available to the recipient no later than the 7th calendar day after the application is filed. (See Chapter 8, APPLICATION, Expedited Services). To ensure timely issuance of the EBT card, the card, if needed, must be requested on the day of application or the day of the interview, but not later than the second day after the application is registered. Benefits must be authorized within the appropriate time frame to allow access no later than the seventh day.

LATE DETERMINATION OF EXPEDITED SERVICE

If the screening process fails to identify a household as being entitled to expedited service and the eligibility worker later discovers that the household is entitled to expedited service, the household must be provided expedited service within 7 calendar days of the date of discovery. Code appropriately in MAVERICS and document the case record.

SCHEDULING INTERVIEWS

If the household is entitled to expedited service the EW must conduct the interview and complete the application process within the expedited service time frame. The first day of this count is the first calendar day following the date a valid application is received.

The mailing time for applications sent in response to a client request is not included in the 7 day time frame. Mailing time shall only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending a signature and mailing.

EXPEDITED SERVICE CRITERIA

The following households are entitled to expedited service:

- 1. Households with less than \$150 in monthly gross income and liquid resources of \$100 or less,
- 2. Migrant or seasonal farmworker households who are destitute and have liquid resources of \$100 or less. See provisions in this chapter, DETERMINING DESTITUTE STATUS FOR MIGRANT AND SEASONAL FARMWORKERS, for handling these households.



ISPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE

Revised 05-01-06

Eligible households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage and utilities (including entitlement to a SUA if SUA is higher than actual bills.)

HANDLING CASES OF HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE

Although a household who meets the criteria may be entitled to expedited service, this does not mean automatic eligibility, i.e., a household might be ineligible based on one or more eligibility factors. Special procedures for handling cases of households entitled to expedited service are outlined below.

Social Security Numbers

The household entitled to expedited service will be asked to provide or apply for a social security number (SSN) for each household member prior to certification. However, benefits shall not be delayed beyond the 7 day time frame because the household is unable to provide or apply for the SSN. Nonetheless, the household shall be required to provide or apply for a SSN for each household member prior to the second month of participation.

Household members unable to comply with this requirement shall be allowed to participate only if they meet the good cause requirements, as specified in Chapter 3, SOCIAL SECURITY NUMBERS, **Determining Good Cause.**

VERIFICATION

The following verification provisions apply to households entitled to expedited service.

- **Identity** In all cases, the identity of the person making the application must be verified before the household is certified. This can be done through a collateral contact or readily available documentary evidence. See Chapter 8, VERIFICATION AND DOCUMENTATION, **MANDATORY VERIFICATION.**
 - If the application is made by an authorized representative, the identity of the authorized representative must be verified.
 - If the household's identity cannot be verified within the expedited service time frame, the household is not entitled to expedited service.
- **Residency** A reasonable effort shall be made to verify, within expedited processing time frames, the household's residency as outlined in Chapter 3, RESIDENCY. However, benefits shall not be delayed beyond the timeliness standards solely because residency has not been verified.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE]

Revised 12-01-17

- 3. Income The household's income statements shall be verified through readily available documentary evidence or a collateral contact when it can be done in sufficient time to meet the expedited processing standards, i.e., a reasonable attempt must be made to verify income or lack of income. However, benefits shall not be delayed beyond the timeliness standards for expedited service solely because income has not been verified.
- 4. Expenses The household's deductible expenses shall be verified through readily available documentary evidence or a collateral contact when it can be done in sufficient time to meet the expedited processing standards, i.e., a reasonable attempt must be made to verify the deductible expense. However, benefits shall not be delayed beyond the timeliness standards for expedited service solely because income has not been verified.
- 5. Other Factors Other normally required and/or questionable verification factors should be completed when it is possible to do so within the timeliness standards for expedited service. However, benefits shall not be delayed beyond the timeliness standards for expedited service solely because other factors have not been verified.

This provision also applies to aliens whose status has not been verified, unless the household's statements are sufficient to determine that the alien is in an ineligible category for the SNAP program.

- 6. Collateral Contacts If a collateral contact is used to obtain verification, the worker shall promptly call the collateral contact or otherwise assist the household in obtaining the necessary verification. The worker is responsible for obtaining verification from acceptable collateral contacts. If a collateral contact is used in lieu of documentary verification, documentation in the case record and/or on the CADM screen in MAVERICS must explain why.
- 7. Persons currently disqualified due to non-cooperation with program rules regarding the TANF Work Program (TWP) must comply within the expedited service time frame in order to receive expedited service. If the disqualified individual is unable to cure the sanction within the expedited service period, the normal 30-day processing standard will apply.
- 8. Applicant households currently certified to receive SNAP benefits in another county or state at the time of application are not eligible for expedited service. However, eligibility for expedited service for the month following the month of application may be explored. If determined eligible for the following month, benefits must be made available by the second day of the next month, or five days from application, whichever is later.



[SPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE]

Revised 12-01-17

Work Registration

At a minimum, the applicant must register for work unless exempt. (See Chapter 3, WORK REGISTRATION, Special Situations.)

LOSS OF ENTITLEMENT TO EXPEDITED SERVICE

If a household loses its entitlement to expedited service between the date of application and the expedited issuance, the case will be processed using normal standards.

EXAMPLE: If the household fails to appear for the interview and does not request a second appointment within the timeliness standard for expedited service, the household will lose its entitlement to expedited service. The household's application will be processed under normal timeliness standards.

The worker must document the case clearly as to the reason for loss of entitlement to expedited service and have the supervisor make appropriate MAVERICS changes. (See Volume X, Correct Application Registration.)

Households requesting, but not entitled to, expedited service shall have their applications processed according to normal standards.

Processing Standard

Expedited households must be able to access their SNAP benefits no later than the seventh calendar day following the date the application was filed. (See Chapter 8, APPLICATION, Expedited Service.). Benefits must be authorized and an EBT card ordered, if needed, so the participant has access, i.e., card in hand and benefits available, by the 7th day.

There is no limit to the number of times a household can be certified under the expedited procedures, as long as prior to each expedited certification, the household either: (1) provides the verification that was postponed at the last expedited certification, regardless of the amount of time that has expired, or (2) the household was certified under normal processing standards since the last expedited certification. Therefore, any restrictions or limit to expedited service only applies to a household that does not provide postponed verification.

Certification Periods and Notices

Households that are certified on an expedited basis and have provided all necessary verifications prior to certification shall be assigned normal certification periods. (See Chapter 8, Certification Periods.) If verifications are postponed, authorize benefits for one month only but assign normal certification periods to those households whose circumstances would otherwise warrant longer certification periods.



[SPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE]

Revised 12-01-17

When verification is postponed and a certification period of longer than one month is assigned, households, except migrant households applying after the 15th, must be sent a notice advising in writing that no benefits for the second month will be issued until the postponed verification is submitted. The notice must also advise the household that if verification results in changes in the household's eligibility or level of benefits, the change will be made without advance notice. The

MAVERICS notice is F102, FS Approval/Expedited. If the manual notice MDHS-EA-944, Notice of Action is sent, this must be documented in MAVERICS by using F000, Manual Notice Documentation. (See Volume X, Notices.)

If the household does not supply the postponed verification within 30 days of the date of application, no further notice will be sent. The eligibility worker will terminate the case and benefits will not be authorized for the remainder of the certification period.

If the household provides the verification that was postponed prior to the action taken to terminate benefits, the second month's benefits must be available within 7 working days from receipt of the verification or the first day of the second month, whichever is later. Benefits must be authorized by the 6th day after receipt of the verification to ensure timely receipt of benefits.

Migrant households applying after the 15th must be notified that postponed verification from within the State must be submitted before benefits will be issued for the second month and verification from out of state sources must be submitted before benefits will be issued for the third month. Migrants are entitled to postpone out-of-state verification only once each season.

Recertification

If a household applies for recertification before the end of its current certification period, the household is not entitled to expedited service.

NOTE: When approving an expedited case based on postponed verification, even if the one month only authorization is for zero allotment, the county should not authorize the second months benefits until the postponed verification is received.





SPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL **FARMWOKERS**1

Revised 05-01-06

GENERAL

Migrant or seasonal farm worker households may have little or no income at the time of application and may be in need of immediate food assistance, even though they expect to receive income at some other time during the month of application. As a result, these type households may be classified as destitute and entitled to have special income calculations used as well as expedited service. Destitute households must be identified and provided an opportunity to participate in accordance with expedited timeliness standards. Destitute households are subject to all of the requirements outlined earlier in this chapter, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE. If the household is not classified as destitute, the remaining provisions in this chapter are not applicable; however, if the household is determined destitute, the provisions outlined in the remaining material should be followed.

NOTE: Households other than migrant or seasonal farmworkers shall not be classified as destitute.

Destitute status must be determined in accordance with the provisions outlined below.

DETERMINING DESTITUTE STATUS

In determining destitute status, the definitions of income from a new source and income from a terminated source are different from how they would normally be used. These definitions are explained here as it will be necessary for the worker to know what is meant by these special definitions in determining if the household is destitute.

New Source Definition

Income is considered to be from a new source if:

- It is normally received on a monthly or more frequent basis and more than \$25 has not been received from that source within 30 days prior to the date the application was filed; or
- The income is normally received less often than monthly, and income of more than \$25 was not received from that source within the last normal interval between payments. For example, if a household applies in early January and is expecting to be paid every 3 months, starting in late January, the income shall be considered to be from a new source if no income of more than \$25 was received from the source during October or since that time.

Terminated Source Definition

|--|

ISPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL **FARMWOKERS**1

Revised 05-01-06

- It was received on a monthly or more frequent basis and will not be received again from the same source during the balance of the month of application or during the following month;
- The income was normally received less often than monthly and will not be received in the month in which the next payment would normally be received. For example, if income is received on a quarterly basis (e.g., on Jan. 1, Apr. 1, July 1, and Oct. 1), and the household applies in mid January, the income should not be considered from a terminated source merely because no further payments will be received in the balance of January or in February. The test for whether or not this household's income is terminated is whether the income is anticipated to be received in April.

Application/Recertification Applications After Last Month of Certification Period

Households making application or whose applications for recertification are received after the last month of the certification period, are considered destitute if:

- The only household income for the month of application was received prior to the date of application and was from a terminated source; or
- The only household income for the month of application is from a new source and income of more than \$25 will not be received from the new source by the 10th calendar day after the date of application. These households may expect to start receiving income from a new job or may have applied for, but have not yet begun to receive benefits from public assistance, unemployment compensation, SSI, social security or a similar program; but do not expect to receive the income within 10 calendar days; or
- The only household income for the month of application is from both terminated and new sources as defined above, and income of more than \$25 from the new source will not be received by the 10th day after the date of application.

Recertification Application During Last Month of Certification Period

Households whose applications for recertification are received during the last month of the certification period are considered destitute if the only household income anticipated for the first month of the new certification period is from a new source, and this income of more than \$25 will not be received from that source by the 10th calendar day after the date of the household's normal issuance cycle.

Special Situations

There are special situations the worker must take into consideration in determining whether a household is destitute:

[SPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL FARMWOKERS]

Revised 05-01-06

1. TTravel advances are sometimes provided by employers to cover the travel costs of new employees who must journey to the location of their new employment. Regardless of whether these payments are considered excluded reimbursements or are actually an advance on wages that will be subtracted from wages later earned by the employee, the advance shall be disregarded in determining whether subsequent payments from the employer are from a new source of income or whether the household meets the destitute criteria.

EXAMPLE: If a household applies on May 10, has received a \$50 wage advance for travel from its new employer on May 1, but will not start receiving any other wages from the employer until May 30, the household shall be considered a destitute household.

- 2. A household member who changes jobs but continues to work for the same employer shall be considered as still receiving income from the same source.
- 3. A migrant farmworker's source of income shall be considered to be the grower for whom the migrant is working at a particular point in time, and not the crew chief. A migrant who travels with the same crew chief but moves from one grower to another shall be considered to have moved from a terminated income source to a new source.

DETERMINING ELIGIBILITY AND BENEFIT LEVELS FOR MIGRANT OR SEASONAL FARMWORKERS DETERMINED DESTITUTE

Although a destitute household is subject to the expedited service provisions as outlined in Chapter 8, it does not mean automatic eligibility, i.e., a destitute household eligible for expedited service might be determined ineligible based on one or more eligibility factors. Because of the destitute determination, the household would be entitled to notification of ineligibility within the timeliness standards for expedited service.

Resources

Ongoing policy applies in determining eligibility.

Income

There are special income calculation procedures in determining eligibility and benefit levels for destitute households:

1. Applications/Application for Recertification Received after Last Month of Certification Period



SPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL **FARMWOKERS**1

Revised 05-01-06

Consider only that income which is received from the first of the month through the date of application, regardless of whether the income is from a terminated or new source. Any income from a new source that is anticipated after the date of application shall be disregarded.

To be considered a wage advance and, therefore as income, the travel advance for a new employee must be by written contract an advance of wages that will be subtracted from wages later earned by the employee. Otherwise, the travel advance will be considered a reimbursement and will be an income exclusion. Even though a travel advance to a new employee does not affect the determination of destitute status for expedited service purposes, a wage advance as defined in this paragraph will count as income if it is received on or prior to the date of application. However, because a wage advance for the travel costs of a new employee cannot affect the determination of whether subsequent payments from an employer are from a new source, the wages from a new source received after the date of application will be disregarded for the month of application.

EXAMPLE: The household makes application on May 5. The only household income anticipated for May is the head of the household's new source income of \$600 to be received on May 31. The head of the household received \$50 of this \$650 salary on May 2 as a wage advance for travel expenses. The household is entitled to expedited service. In calculating level of benefits, \$50 is counted as income for May, and the \$600 to be received on May 31 is disregarded.

Recertification Applications Received During Last Month of Certification Period

Consider all income to be available with the following exception:

Income anticipated from a new source is disregarded in the first month of the certification period if income of more than \$25 will not be received from this new source within 10 calendar days after the date of the household's normal issuance date.

EXAMPLE: A household's certification period ends on July 31. Application is made for recertification on July 14. The only income the household anticipates for August is from a new source and will be received 14 days after the household's normal issuance date. This income is to be disregarded for August.

EXAMPLE: A household's certification period ends on October 31. Application is made for recertification on October 25. The only income the household anticipates for November is from a new source. The amount anticipated is \$25 weekly on November 10, 17 and 24. The household's normal issuance date is

[SPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MICRANTS AND SEASONAL **FARMWOKERS**1

Revised 05-01-06

tthe 6th-day of the month. Because not more than \$25 will be received within 10 days after the normal issuance date the entire amount anticipated for November is disregarded.

EXAMPLE: A household's certification period ends on June 30. Application for recertification is made on June 15. The only income the household anticipates for July is from a new source. The amount anticipated is \$25.50 weekly to be received on July 10. 17, and 24. The household's normal issuance date is the 5th of the month. The entire amount anticipated must be counted as income for July.

To be considered a wage advance and, therefore counted as income, the travel advance for a new employee must be by written contract an advance of wages that will be subtracted from wages later earned by the employee. Otherwise, the travel advance will be considered a reimbursement and will be considered an income exclusion. A wage advance for the travel costs of a new employee will be disregarded only if the amount to be received within 10 days after the household's normal issuance date is \$25 or less. However, if the wage advance is to be received within 10 days after the household's normal issuance date and will exceed \$25, it must be counted as income. The inclusion or exclusion of the wage advance will not affect the determination of whether the new source of income will be included-

EXAMPLE: A household's certification period ends on September 30. Application is made for recertification on September 13. The only income the household anticipates for October is from a new source. The amount anticipated is \$600. Of this amount \$50 will be received on October 1 as a wage advance for travel expenses, and \$550 will be received on October 31. The household's normal issuance date is the 5th day of the month. The \$50 wage advance will be counted as income and the \$550 will be disregarded for October.

[SPECIAL CIRCUMSTANCES MIGRANT FARM LABORERS]

Revised 05-01-06

GENERAL

This policy applies to migrant farm laborers, i.e., workers who move from place to place in order to follow the work flow. Persons who live in one place but work for different employers, are not considered migrant workers.

EXEMPT INCOME OF CHILDREN

Some problems have been encountered in determining the income of migrant children under 18 years of age who are students when the household receives one payment in compensation for work performed by all or a group of household members. Since the earned income of a student under 18 is exempt, the income must be differentiated from the rest of the household's income. Unless income can be identified as earned specifically by the student, the worker shall prorate the income equally among the number of household members working and exclude that portion allotted to the student under 18. This provision applies to students who are currently attending school and those who plan to return to school after academic breaks.

Individuals are considered children for purposes of this provision if they are under the parental control of another household member.

RESOURCES

Special care should be taken in dealing with migrants to determine if there are out of state resources or income from resources in the home base area. For example, a migrant who claims Texas as a home base area and who is applying for SNAP benefits in Mississippi, should be questioned as to the availability of resources in Texas as well as in Mississippi.

Particular attention should be paid to real property in the home base area. Each applicant household is permitted one home and lot as an exemption from resources. If the applicant has a home and lot in another state and does not own a residence in Mississippi, for example, the home in the other state will be exempted. As noted in Chapter 4, shelter costs for the home, when not occupied by the household because of employment, may be allowed under certain circumstances.

Additionally, the worker should explore the possibility that out of state real property is being rented or is producing income in some way. If such property is producing income, such income must be added to all other household income in determining eligibility and benefit levels.

WORK REGISTRATION

See Chapter 3

PROCESSING STANDARDS

See Chapter 8. Since migrant farm laborers usually have little or no income when entering an



[SPECIAL CIRCUMSTANCES MIGRANT FARM LABORERS]

Revised 05-01-06

area, they may be destitute and entitled to expedited service.



SPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME

Revised 12-01-17

INTRODUCTION

This material deals with handling of income from a self employment operation, including households that own and operate a commercial boarding enterprise, but excluding income received from boarders in a noncommercial board arrangement. The noncommercial board arrangement is detailed in NONCOMMERCIAL BOARDING HOUSES, later in this chapter.

ANNUALIZING SELF-EMPLOYMENT INCOME

Self-employment income may be received irregularly or on a regular basis and is handled as follows:

Self-employment income which represents the household's annual support shall normally be averaged over a 12-month period, even if the income is received within only a short period of time during that 12 months.

Calculations are based on anticipated income to be received over a 12-month period. These households will be subject to certification periods of 6 months. See Chapter 8, CERTIFICATION PERIODS.

Normally self employment income and expenses from the past year are counted for the current year. If the averaged annualized amount does not accurately reflect the household's actual circumstances because the household has experienced a substantial increase or decrease in business, such as a change in the type of farm operation or the amount of land farmed, crop failure or a substantial change in market prices, etc., the self-employment income shall be calculated on anticipated earnings rather than on the basis of prior income.

If a household's self employment enterprise has been in existence for less than a year, the income from the self employment enterprise shall be averaged over the period of time the business has been in operation, and the monthly amount projected for the coming year.

When budgeting self employment income, in addition to the household's own statement, other factors would have to be examined and evaluated. Such factors would include, but would not be limited to, previous year's business and personal expenses, tax records, anticipated expenses for the current year, income received from other sources during the previous year, income expected to be received from other sources during the coming year, etc.

DETERMINING NET SELF-EMPLOYMENT INCOME

For the period of time over which self-employment income is determined, the worker shall add all gross self-employment income (including capital gains), exclude the cost of producing the self-employment income, and divide the balance by the number of months over which the income will be averaged.





[SPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME]

Revised 06-01-10

For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, the worker shall add any capital gains the household anticipates it will receive in the next 12 months, starting with the date the application is filed, and divide this amount by 12. This amount shall be used in successive certification periods during the next 12 months, except that a new average monthly amount shall be calculated over this 12 month period if the amount of anticipated capital gains changes. The worker shall then add the anticipated monthly amount of capital gains to the anticipated monthly self-employment income, and subtract the cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the self-employment income.

Expenses must always be handled the same as the self employment income to which they apply, i.e. annualize expenses if income is annualized, average expenses over the period of time they are intended to cover if income is averaged over the period of time it is intended to cover and count expenses in the month billed if income is counted in the month received.

CAPITAL GAINS

Proceeds from the sale of capital goods or equipment shall be calculated in the same manner as a capital gain for Federal income tax purposes. For Federal income tax purposes, capital gains are generally computed by comparing the sales price to the "cost or other basis." If the sales price is greater, there is a gain; if the costs are greater, there is a loss. The "cost or other basis" in general is the cost of the property, purchase commissions, improvements and sales expenses such as broker's fees and commissions minus depreciation, amortization and depletion. The full amount of the capital gain, if any, is counted as income.

Internal Revenue Service (IRS) allows self-employed persons to deduct depreciation on property, for example a tractor, as a cost of doing business. When the property is sold before the end of its useful life, the seller must declare a portion of the depreciation as income for IRS purposes. This is commonly referred to as recaptured depreciation.

Also, the IRS allows a percentage of certain investments to be deducted as an expense. If the asset is disposed of or ceases to be eligible before the end of the recapture period for recovery property or before the end of the estimated life used to figure the credit, a percentage of the credit may have to be recaptured for IRS purposes. This is commonly referred to as recaptured investment credit. Neither recaptured depreciation nor recaptured investment credit is counted as income for SNAP purposes, but they may be considered in the capital gain computation of capital goods or equipment.

COSTS OF PRODUCING

Costs are allowed when they are billed or otherwise become due. When the income is annualized, only expenses billed or otherwise due in the current 12-month period are allowed. Costs that were billed or otherwise became due in a prior year which are not expected to recur in the current year may not be brought forward to the current year regardless of when they are paid.

ISPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME

Revised 09-01-10

Allowable Costs

Allowable costs of producing self-employment income include but are not limited to:

- 1. Payments on the principal and interest of the purchase price of income producing real estate and capital assets, equipment, machinery, and other durable goods.
 - Note: A home based self employment enterprise cannot receive mortgage, taxes, utilities, etc. as both a self employment deduction and as an allowable shelter expense.
- 2. Identifiable costs of labor, stock, raw material and supplies, seed and plants, fertilizer and lime:
- 3. The interest portion of payments on business or operating loans;
- 4. Insurance premiums paid on income-producing property, such as rental homes;
- 5. Taxes paid on income-producing property;
- 6. Privilege taxes such as licensing fees, gross receipts and general excise taxes that must be paid in order to earn self-employment income;
- 7. Business transportation costs such as costs of carrying grain to an elevator, trips to obtain needed supplies, etc. or travel and lodging, (but not meals) away from home for a selfemployed salesperson if necessary for the employment operation.
- 8. Rental payments on income producing equipment. If a farmer is renting equipment with an option to buy, the rent payments are allowed until the purchase is made;
- 9. Costs of repairs and maintenance of equipment; and
- 10. Storage and warehousing charges. Costs Not Allowed The following expenses shall not be allowed as a cost of producing self-employment income:
- Net losses from previous periods.
- Federal, State and local income taxes, money set aside for retirement purposes, and other work related personal expenses, such as transportation to and from work. These expenses are allowed for by the 20 percent earned income deduction.

[SPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME]

Revised 05-01-06

3

- Depreciation.
- Repayment of the principal of a bank loan; and
- **5.** Charitable contributions allowed as a deduction for tax purposes.

DETERMINING HOUSEHOLD INCOME

Unless the net self employment income is the result of a loss from farm self employment as discussed below under **Special Provisions For Farmers**, the monthly net self employment income shall be added to any other earned income received by the household. The total monthly earned income less the 20 percent deduction for earned income shall then be added to all unearned monthly income received by the household. The standard deduction, child support deduction, allowable medical, dependent care and shelter costs shall be computed as for any other household and subtracted to determine the household's net monthly income.

Special Provisions For Farmers

If the costs of producing self-employment farm income exceeds the gross farm income, such losses are offset against other countable income. To qualify for this offset, the person must receive or anticipate receiving annual gross proceeds of \$1,000 or more from the farming enterprise. Monthly net farm self-employment income is computed in the normal manner by taking gross income, subtracting allowable exclusions and prorating the result over the period the income is intended to cover (usually 12 months). If there is a monthly net farm loss, the offset is made in two phases.

- A. Phase I. The monthly farm loss is offset against the total amount of other net self-employment income computed for that month.
- B. Phase II. If other net self-employment income is not enough to cover the farm loss, the remainder of the farm loss is offset against the total other earned and unearned income for that month.

Standard deductions, child support deduction, dependent care and shelter costs shall be computed as for any other household and subtracted to determine the monthly net income of the household.

The farm offset shall be prorated over the year in a manner comparable to that used for the self-employment income.

If there is still a net loss after the farm loss is offset against the total other earned and/or unearned income, the household is certified based on zero net income.

Prorated farm self-employment income or a prorated monthly farm offset will be discontinued at the time it is verified that a farmer discontinues the farming operation. For example, if the farmer stopped farming the end of June and reported it on July 5, the worker must remove the



[SPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME]

Revised 05-01-06

self-employment income from the income calculation for August's issuance. See Volume X.

NOTE: The worker should explore the value of farm equipment as a resource if the operation is discontinued.

CERTAIN FARM PAYMENTS

Disaster Assistance Program Payments

One or more payments made to farmers adversely affected by the drought for crop losses and payments made to buy feed grain must be counted as earned income. This income is considered a replacement for income lost as a result of the drought, and for self employed farmers the income must be processed in accordance with the normal annualizing procedures for self employment income. Since the payment is counted as income, it is excluded from resources.

The feed grain payments will probably be made in several payments and must be counted as income. This income is offset by an income exclusion for the purchase price of feed grain when it is purchased.

If Agriculture Stabilization and Conservation Service (ASCS) payments are made as the result of a Presidentially declared disaster or emergency, the payments are excluded from income and resources in accordance with the Disaster Relief Act of 1974 as amended.

USDA Dairy Termination Program Payments

The USDA Dairy Termination Program encourages dairy producers to terminate milk production and dispose of their whole herd of milk cows. The program offers an incentive to terminate production in the form of four or five annual payments depending on the option chosen by the dairy producer. Under the program, the Commodity Credit Corporation contracts with the producers of milk to dispose of their herds on the condition that the producers agree not to engage in the production of milk for commercial use for 5 years.

Under the program, the producers will receive a payment at about the same time each year for four or five years. For SNAP purposes, the contract payment received each year shall be prorated over the 12 month period the payment is intended to cover, starting with the month of the payment.

Commodity Credit Corporation Payments

Under the USDA Payment-in-Kind (PIK) program, farmers receive commodities from the U.S. Department of Agriculture, Commodity Credit Corporation (CCC). No income is received by the household until the grain is sold. If the commodities are expected to be sold during the year, the anticipated income must be included for SNAP purposes. The CCC may also pay farmers in the form of commodity certificates for land diversions or acreage reduction. The certificates may later be

surrendered to the CCC for cash or for commodities, or the farmer may sell	the certificate to someone

[SPECIAL CIRCUMSTANCES: SELF-EMPLOYMENT INCOME

Revised 12-01-17

else, usually for a profit. The certificates are valued in dollars based on the price of the commodity at the time of the agreement with the CCC and the number of bushels of the commodity the farmer will lose through land diversions or acreage reduction. When the certificates are used, the farmer receives cash or commodities based on the price of the commodity at the time the certificate is used. The cash received under this program is counted as income in the year it is expected to be received. It is annualized like other self-employment farm income. The value of any commodity which the household intends to use for feed or seed is excluded from income. If the farmer intends to retain the certificate or the commodity longer than 12 months, the value thereof is counted as a resource.

In some cases farmers will sell commodities they own to the CCC and receive them back from CCC as PIK commodities. Farmers are paid by CCC for the commodities with the payments being used to repay price support loans previously extended to the farmer by CCC. These sales and loan payments should be treated as completely separate transactions from the receipt of CCC certificates or PIK commodities and should be handled in the same manner as any other sale of commodities and repayment of a price support loan.

Federal Crop Insurance Corporation (FCIC) Payments

The Federal Crop Insurance Corporation (FCIC) insures producers against crop losses. Unlike ASCS payments, the producer has to pay premiums which are subsidized by the Federal government. An FCIC payment is considered as a nonrecurring lump-sum payment.

WORK REGISTRATION

See Chapter 3, WORK REGISTRATION

CERTIFICATION PERIODS

Households that receive their annual support from self-employment are subject to certification periods of 6 months. See Chapter 8, CERTIFICATION PERIODS.

GENERAL

This material applies to those in a noncommercial boarding situation and to whom a household furnishes both meals and lodging. These persons, for Program purposes, are considered to be nonhousehold members. Boarders are ineligible to participate in the SNAP program independent of the household providing the board. However, boarders may participate as members of the household providing the board services to them, at the household's request.

EXCEPTIONS TO BOARDER STATUS

Boarder status shall not be granted to:

- Parents living with their natural, adopted, or step children under the age of 22 or such children living with such parents;
- A spouse of a household member;
- Children under 18 years of age who are under the parental control of a household member;
 - Exception: Foster children are considered boarders unless the household requests that they participate as household members. (See BOARDER ELIGIBILITY.)
- Persons paying less than a reasonable monthly payment for meals, as defined below. Any individual who is furnished both meals and lodging, but paying less than a reasonable amount, will be considered as a member of the household providing the meals and lodging, regardless of whether the household providing meals and lodging is certified for SNAP benefits.

REASONABLE MONTHLY PAYMENT

All payments for meals must be paid in cash, and in no event will SNAP benefits be accepted as payment.

When the boarder's payments for room are distinguishable from the payment for meals, only the amount paid for meals will be evaluated to determine if a reasonable amount is being paid for meals.

Boarders whose board arrangement is for 3 meals per day must pay an amount which equals or exceeds the SNAP benefit amount for the appropriate size of the boarder's household. If the arrangement is for 2 meals or less per day, the amount paid must equal or exceed two thirds of the SNAP benefit amount.

[SPECIAL CIRCUMSTANCES: BOARDERS]

Revised 05-01-06

BOARDER ELIGIBILITY

Boarders are ineligible to participate in the SNAP program, independent of the household providing the board. However, boarders may participate as members of the household providing the board services to them, at the household's request. All eligibility requirements must be met by the household prior to Program participation.

MEALS ONLY

Individuals to whom a household furnishes meals only (no lodging) do not meet the definition of boarders and are not subject to the provisions in this material. However, it should be noted these individuals may be eligible as separate SNAP households provided they are not considered institution residents as defined in Chapter 2, DEFINITIONS.

LODGING ONLY

Individuals to whom a household furnishes lodging only (no meals) do not meet the definition of boarders and are not subject to the provisions of this material. However, it should be noted that these individuals may be eligible as separate SNAP households provided they are not considered institution residents as defined in Chapter 2, DEFINITIONS.

[SPECIAL CIRCUMSTANCES: NONCOMMERCIAL BOARDING HOUSES]

Revised 05-01-06

GENERAL

Payments from noncommercial boarders (both room and board provided) are treated as self-employment income, i.e., the household is allowed the cost of doing business. It should be remembered that persons properly classified as boarders are excluded from the household when determining the household's eligibility and benefit level.

Households that operate commercial boarding houses are discussed under SELF-EMPLOYMENT INCOME in this chapter.

INCOME FROM BOARDER

The income from boarders includes all direct payments to the household for room and meals, including contributions to the household's shelter expenses. Shelter expenses paid directly by boarders to someone outside of the household are not counted as income to the household.

Note: Foster care payments are considered as income to the foster child(ren) and, therefore, shall not be considered as income to the household caring for the child even if the payments are made to the provider of the household and not to the child. No portion of the foster care payment shall be counted in determining the eligibility and benefit level of the household providing the foster care unless the household elects to include the foster children as household members. In such case the entire foster care payment would then count as income to the household, because the foster child is included in the budget.

COST OF DOING BUSINESS

After determining income received from the boarder(s), the worker will exclude that portion of the boarder payment which is a cost of doing business. The cost of doing business, not to exceed the payment from the boarder(s) for lodging and meals, shall be:

- 1. The maximum allotment for a household size equal to the number of boarders. For example, there are 3 boarders, and each is a separate household. The exclusion is the maximum allotment for a three person household and not 3 times the maximum allotment for one person; or
- 2. The actual documented cost of providing room and meals, if the actual costs exceed the maximum allotment for a household size equal to the number of boarders. If actual costs are used, only separate and identifiable costs of providing room and board to the boarder(s) are excluded.

DEDUCTIONS

The net income (considered self-employment) from boarders is added to other earned income, and



[SPECIAL CIRCUMSTANCES: NONCOMMERCIAL BOARDING HOUSES]

Revised 05-01-06

Shelter costs the household actually incurs, even if the boarder(s) contributes to the household for part of the shelter expenses, are computed to determine if the household will receive a shelter deduction. However, shelter costs shall not include any shelter expenses paid by the boarder to a third party, such as the landlord or utility company. Ongoing policy applies in using SUA, BUA or actual utility expenses.

MEALS ONLY

An individual to whom the noncommercial boarding house provides only meals for compensation does not meet the definition of a boarder; however, the household furnishing the meals may be allowed the cost of doing business, not to exceed the payment received for meals. This income, less the cost of doing business, is considered earned income.

The cost of doing business would be the actual costs of providing meals. However, if this information is not available, the worker may exclude from the payment for meals the maximum allotment for a household size equal to the number of boarders.

LODGING ONLY

The person to whom the noncommercial boarding house furnishes lodging only is not subject to the boarder provisions. Any payments made to the household for lodging will be counted as earned income; however, there is no provision for allowing allotment for household size as cost of doing business, although the actual cost of doing business, if known, can be excluded as for any other self-employment enterprise.

Revised 07-01-19

STUDENT ELIGIBILITY

An individual enrolled at least half-time in an institution of higher education shall be ineligible to participate in the SNAP Program unless the individual qualifies for one of the STUDENT EXEMPTIONS given in this chapter. If the determination is that an individual is not enrolled in an institution of higher education as defined below, provisions in this material are not applicable and eligibility will be determined in accordance with ongoing policy.

INSTITUTION OF HIGHER EDUCATION

An institution of higher education is defined as an institution which normally requires a high school diploma or equivalency certificate for enrollment, including, but not limited to, colleges, universities and vocational or technical schools at the post high school level. An individual would be considered enrolled in an institution of higher education (including online courses) if the individual is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certification for enrollment in the curriculum, at a college or university that offers degree programs regardless of whether a high school diploma is required.

Some colleges that normally require a high school diploma or equivalency certificate may not require them for special programs such as courses for English as a second language, adult basic education, or literacy programs or for courses which are not part of the regular curriculum; persons enrolled in such programs will not be considered enrolled in an institution of higher education.

DURATION OF STUDENT STATUS

The purpose in defining the "duration of student status" is for determining if the student policy outlined in this material is applicable to the individual and not for determining if the individual is eligible or ineligible to participate as a student. The eligibility of a student depends on whether he or she meets at least one of the STUDENT EXEMPTIONS outlined later in this chapter.

"Enrollment status" shall begin with the first day of the school term of the institution of higher education and shall end when the student graduates, is suspended or expelled, drops out, or decides not to register for the next normal school term (excluding summer school). The determination of enrollment status during vacations and recesses shall be based on the student's status just prior to the school break.

If an individual becomes a student during a certification period they are not required to report the change until the next recertification. If they voluntarily report the change, the worker will determine student eligibility: otherwise, student status will be determined at the next recertification.

Revised 07-01-19

Since this is not a reportable change it would not create a claim, unless the individual failed to report student status at the certification interview.

Students who fail to maintain continuous enrollment status as outlined above, or who do not intend to register for the next normal school session will lose their student status and be treated as any other individual.

Continuous enrollment by a student is determined according to the school's definition of a normal school term and the student's attendance or intent to attend. For example:

- The school is on the semester system and considers the two semesters encompassing August through May as the normal school year. A student in this setting maintains student status during the summer months regardless of whether he attends summer school, provided he intends to register for the fall semester. However, if he attends summer school but plans to skip the fall semester and register again in January, he will not be considered a student during the fall.
- The school is on the quarter system and defines a normal school year as any three of the four quarters. In this case, the student maintains student status during the quarter he elects not to attend school unless he does not plan to register for the following quarter.
- The school has divided the school year into three terms, each composed of approximately four months, with a one to two week vacation between each term. All three terms are considered by the school as the normal school year. Therefore, if a student fails to register for any one of the terms, he is no longer considered a student.

STUDENT EXEMPTIONS

A student, regardless of where he is living, is ineligible to participate in the SNAP Program unless he meets at least one of the following criteria:

- Age 17 or younger, or age 50 or older;
- Physically or mentally unfit;

NOTE: If physical or mental unfitness is claimed and the unfitness is not evident to the eligibility worker, verification will be required. Appropriate verification may consist of receipt of temporary or permanent disability benefits issued by governmental or private sources, or of a statement from a physician or licensed or certified psychologist defining the limitation and duration of the disability.

- Receive Temporary Assistance for Needy Families (TANF), under title IV of the Social Security Act;
- Enrolled as a result of participation in the TANF Work Program (TWP), under Title IV of the Social Security Act or its successor program;
- Employed at least 20 hours per week and paid for such employment. Substitution of wages equivalent to 20 times the minimum hourly wage is not allowed. The student's work hours may fluctuate based on class schedules and employer needs, but he/she must work an average of at least 20 hours per week or 80 hours per month. Further, this provision is related to a student actually on the job rather than one who has merely been promised a job;

Students paid or subsidized for class hours, such as WIA recipients paid for going to school, are not considered employed during that time as far as the student provision is concerned. In other words, such class attendance would not make a student eligible under the minimum 20 hours per week work requirement. A student may still be eligible under one of the other eriteria, or under the work criteria if he is maintaining a job outside the classroom for an average of 20 hours or more per week.

- If self-employed, be employed a minimum average of 20 hours per week and earn at least the equivalent of 20 times the hourly Federal minimum wage;
- Participating in a State or Federally financed work study program during the regular school year;
 - a. To qualify under this provision, the student must be approved for work study at the time he or she applies for SNAP benefits, the work study must be approved for the school term and the student must anticipate actually working at some time during the school term. The exemption shall begin with the month in which the school term begins or the month work study is approved, whichever is later. Once begun, the exemption will continue until it becomes known that the student has refused an assignment or the end of the month in which the school term ends. If the work study is questionable, the eligibility worker shall require verification by the student or contact the school to determine if funding and a job will be available.
 - b. This exemption only applies to months in which the student is approved for work study and shall 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.

The work study student may or may not be working at time of application. The work study exemption applies if the student anticipates actually working at some time during the school term or is actually working at a job for which the student receives earnings or tuition credit for the work performed. Students working in hospitals or student teachers who must obtain actual experience as part of their course work for which they earn credit are not considered to be working at a job; however, they might still be exempt under this provision if they meet the criteria set out in Item a above.

Cooperative education (co op) students who, under normal co op situations are full time students during one semester and work full time at curriculum-related jobs during the next semester, would not be entitled to the work study exemption. Co-op participants would not be classified as students during their work period unless, of course, they are also attending school at least half time. This is because enrollment is only deemed to continue if the student intends to register for the next normal school term. Also, students would not be working at the co-op jobs during the school attendance phase of their alternate school/work cycle. It is possible that during the school attendance phase these students obtain work study jobs or work 20 hours per week, in which case they would meet the program eligibility requirement. They would not qualify, however, solely on the basis of their participation in the co-op program.

- 8. Participating in an on the job training program. A person is considered to be participating in an on the job training program only during the period of time the person is being trained by the employer. During the period of time that person is only attending classes, he or she would be considered a student subject to the provisions of student eligibility;
- 9. Responsible for the care of a dependent household member under the age of 6.
 - a. This provision applies to the student only if the student is the one responsible for providing the majority of child care for the child(ren) in the household under the age of 6.

EXAMPLE: A household consists of a father (college student), an unemployed mother, and a five year old child. The mother is responsible for providing the majority of the care for the child. Therefore, the father would not be entitled to the exemption.

b. A household may not attempt to qualify for two exemptions with only one child under the age of 6. In the above example, if the father were granted the student exemption for care of the five-year old, the mother could not claim care of the child in order to meet a work registration exemption.

- 10. Responsible for the care of a dependent household member who has reached the age of 6 but is under age 12 when the agency has determined that adequate child care is not available to enable the student to attend class and comply with the work requirements listed above as items 5 and 7;
- 11. A single parent enrolled in an institution of higher education on a full time basis, as determined by the institution, and responsible for the care of a dependent child under age twelve (12);
 - a. This provision applies in situations where only one natural, adoptive, or stepparent (regardless of marital status, meaning the parent could be single, never married, a widow or widower, separated, divorced, or married and living in a separate household from the other parent) is in the same SNAP household as the child.
 - EXAMPLE: A mother, responsible for the care of her 6 year old, attends an institution of higher education on a full time basis and has applied for SNAP benefits. Her husband, and father of the child, is in the military and stationed in Europe. She meets this exemption and is considered an eligible student.
 - EXAMPLE: A father, responsible for the care of his 11 year old, attends an institution of higher education on a full time basis and has applied for SNAP benefits. Also in the household is his wife, the child's stepmother. Neither the father nor the stepmother can qualify as an eligible student unless they are eligible under one of the other eligible student criteria.
 - b. If no natural, adoptive or stepparent is in the same SNAP household as the child, another full time student in the same SNAP household as the child may qualify for eligible student status under this provision if he or she has parental control over the child and is not living with his or her spouse.
 - EXAMPLE: A 10 year old is in his aunt's custody, and they live with the aunt's elderly parents and have applied for SNAP benefits. No one else lives in the house. The aunt attends an institution of higher education on a full time basis, thus meets the criteria of an eligible student.
- 12. Assigned to or placed in an institution of higher education through or in compliance with the requirements of one of the programs listed below. Self-initiated placements during the period of time the person is enrolled in one of these employment and training programs shall be considered

to be in compliance with the requirements of the employment and training program in which the person is enrolled, provided the program has a component for enrollment in an institution of higher education and that program accepts the placement. Persons who voluntarily participate in one of these employment and training programs and are placed in an institution of higher education through or in compliance with the requirements of the program shall qualify for the exemption. The programs are:

- a program under the Workforce Investment and Opportunity Act (WIOA).
- the SNAP Employment and Training (E&T) Program. A SNAP E&T program must be a program of career and technical education as defined in Section 3 of the Carl D. Perkins Career and Technical Education Act of 2006. Only educational components that improve basic skills or directly enhance the employability of the participants are allowable. A direct link between the education and job readiness must be established for a component to be approved.

NOTE: In a situation where participation in the SNAP E&T Program is the only student exemption criteria that makes the person eligible for SNAP benefits as an eligible student and that person becomes ineligible for SNAP E&T Program services or drops out of college, the worker must review the SNAP eligibility criteria based on regular SNAP Policy. Appropriate case action must be taken accordingly.

- -a program under section 236 of the Trade Act of 1974.
- an employment and training program for low-income households that is operated by a State or local government where one or more components of such program is at least equivalent to an acceptable SNAP employment and training program component, as specified in CHAPTER 3, NONFINANCIAL CRITERIA, WORK REGISTRATION, SNAP EMPLOYMENT AND TRAINING (E and T) PROGRAM. The Agency shall make the determination as to whether or not the programs qualify.
- Individuals participating in remedial, English as a second language, or adult basic education courses.

NOTE: There will be instances when an individual meets the criteria to be an eligible student but is not actually eligible due to purchasing the majority of their meals at one of the school's facilities through a meal plan. (See Chapter 3, RESIDENTS OF INSTITUTIONS.)

HOUSEHOLDS WITH INELIGIBLE STUDENTS

Students not meeting one of the STUDENT EXEMPTIONS are determined to be ineligible and may not participate as a separate household or with other household members. See

HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS later in this chapter for determining eligibility of households containing an ineligible student.

NOTE: Ineligible students are considered as nonhousehold members and ineligible regardless of relationship of other household members, i.e., the policy regarding ineligibility of students supersedes the provision which prohibits nonhousehold status or separate household status for certain family members such as spouse or parents.

STUDENT INCOME

All student financial assistance, including loans on which payment is deferred, grants, scholarships, fellowships, Veteran's educational benefits, federal and state work study programs, and other similar educational assistance, is disregarded as income. All other income received by students, whether earned or unearned, and from whatever source, is countable, unless specifically excluded as outlined in Chapter 4, INCOME TO BE EXCLUDED.

Funds such as those noted above are disregarded as income because they are specifically earmarked for educational purposes and are provided to individuals based on their status as students. However, money provided to students from other sources would not be disregarded.

EXAMPLE: A college student receives money from her mother to help pay for tuition and books. Even though the money is intended and used to pay the student's expenses, the money would not be excluded as educational income, but would be considered as a cash gift, either as lump sum resource in the month received, or as unearned income if received in installments.

Revised 09-01-10

GENERAL

This material applies to school employees who:

- 1. By contract, written or implied, receive annual income in a period of time shorter than one year; and
- 2. Receive that income on other than an hourly or piece work basis.

Such household members will be considered to be receiving compensation for an entire year even though predetermined nonwork periods are involved, or actual compensation is scheduled for payment during the work periods only.

These provisions do not apply in situations where the other party to the contract cannot or will not make payments specified in the contract; or where labor disputes interrupt the flow of earnings specified in the contract. In addition, these provisions may not necessarily apply when determining expedited status of a household.

CONTRACT RENEWAL

The contract renewal process may involve a signing of a new contract each year; be automatically renewable; or, as in cases of school tenure, rehire rights may be implied and thus preclude the use of a written contract altogether.

WORK-NONWORK CYCLE

The fact that such a contract is in effect for an entire year does not necessarily mean that the contract will stipulate work every month of the year. Rather, there may be certain predictable nonwork periods or vacations, such as the summer break between school years.

INCOME

Income from such a contract will be considered as compensation for a full year regardless of the frequency of payments as stipulated in the terms of the contract, as determined at the convenience of the employer, or as determined at the wish of the employee.

ELIGIBILITY, BENEFIT LEVEL, AND CERTIFICATION PERIODS

Annual income which household members receive from the contractual employment described above shall be averaged over a 12 month period to determine the member's average monthly income. To determine household eligibility, all other monthly income for this person or other household members will be added to this averaged monthly income. Income exclusions and deductions are applied in the normal manner. It is possible to have months of eligibility as well as months of ineligibility within the year.

[SPECIAL CIRCUMSTANCES: SCHOOL EMPLOYEES]

Revised 09-01-10

The net income computed in the eligibility determination will be used to determine the basis of issuance. These households are subject to a certification period of 12 months. See Chapter 8, CERTIFICATION.

WORK REGISTRATION

See Chapter 3.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

GENERAL

It should be noted that the treatment of ineligible household members is different from the treatment of other nonhousehold members who are referred to in HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS in this chapter.

During the period of time that a household member cannot participate because he/she is:

- Ineligible because of disqualification for Intentional Program Violation (IPV) (MAVERICS participation code: DF)
- Ineligible because of disqualification for failure to comply with work registration or voluntary quit (MAVERICS participation code: DW)
- Ineligible because of failure to comply with child support requirements (MAVERICS participation code: DC)
- Ineligible because of disqualification for fraudulent representation/statements with respect to identity or residence in order to receive multiple benefits simultaneously (Individual is disqualified for 10 years. MAVERICS participation code: DF)
- Incligible because of disqualification for conviction of trafficking in SNAP benefits of \$500 or more, or trading benefits for firearms, ammunition, or explosives (Individual is permanently disqualified. MAVERICS participation code: DF)
- Individuals convicted of felony aggravated sexual abuse, sexual exploitation and other abuse
 of children, or sexual assault since February 7, 2014 and not in compliance. See Chapter 8,
 THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION, for
 information about verification.
- Individuals convicted of murder since February 7, 2014 and not in compliance. See Chapter 8, THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION, for information about verification.
- Ineligible because of disqualification for failure or refusal to obtain or provide a social security number (SSN) (MAVERICS participation code: DI)

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

- An ineligible alien (MAVERICS participation code: DI)
- Ineligible as a fleeing felon or parole/probation violator. (MAVERICS participation code: DF)

To identify an individual as a fleeing felon, all of the following must be true: 1) a felony warrant must exist for the individual; 2) the individual must be aware of, or should reasonably be able to expect that, a warrant has or would have been issued; 3) the individual has taken some action to avoid being arrested or jailed; and 4) a law enforcement agency is actively seeking the individual, meaning that it has informed the State agency that it intends to enforce an outstanding felony warrant or arrest an individual for a probation or parole violation.

- Ineligible because ABAWD individual has exhausted the 3 eligible months within the 36-month period (MAVERICS participation code: DI)
- Ineligible due to a TWP Sanction and the individual has a child under 6 years old (MAVERICS participation code: DI)
- Ineligible due to a TWP sanction and the individual does not have a child under 6 years old (MAVERICS participation code: DW)

The eligibility and benefit level of any remaining household member shall be determined in accordance with the procedures outlined in this material.

DISQUALIFICATION FOR IPV, WORK REGISTRATION REQUIREMENTS (INCLUDING DISQUALIFIED ABAWDS), VOLUNTARY QUIT, CHILD SUPPORT REQUIREMENTS, FRAUDULENT REPRESENTATION TO RECEIVE MULTIPLE BENEFITS, CONVICTION FOR TRAFFICKING SNAP BENEFITS OR TRADING BENEFITS FOR FIREARMS, FLEEING FELONS, INDIVIDUALS CONVICTED OF FEDERAL AGGRAVATED SEXUAL ABUSE, MURDER, SEXUAL EXPLOITATION AND ABUSE OF CHILDREN, SEXUAL ASSAULT, OR SIMILAR STATE LAWS AND IN NONCOMPLIANCE WITH THE TERMS OF THEIR SENTENCE

The eligibility and benefit level of any remaining members of a household containing individuals determined ineligible because of disqualification for IPV, work registration (including ABAWD individuals coded DW for failure to comply with the Employment and Training work requirement).

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH **EXCLUDED MEMBERS**1

Revised 07-01-19

voluntary quit, child support requirements, fraudulent representation or statements in order to receive multiple benefits simultaneously, convictions for trafficking SNAP benefits or trading benefits for firearms, fleeing felons, individuals convicted of Federal aggravated sexual abuse, murder, sexual exploitation and abuse of children, sexual assault, or similar state laws and in noncompliance with the terms of their sentence shall be determined as follows:

Income and Resources

The income and resources of the household member(s) determined ineligible (for reasons stated above) shall count in their entirety to the remaining household members.

Deductible Expenses

The entire household's allowable earned income, standard, medical, dependent care, child support and excess shelter deductions that were reported and verified shall continue to apply to the remaining household members. For example:

- If the ineligible household member is elderly or disabled, his allowable medical expenses are considered in determining the household's net income.
- Even though the ineligible household member is the only elderly or disabled household member, the remaining household members would continue to receive the excess shelter deduction, with no maximum applied.
- Even though the ineligible household member is the member who incurs the child care expense, that expense is considered in determining eligibility and benefit level for the remaining household members.
- If a household entitled to the standard utility allowance has a member who is ineligible, the total standard utility is allowed in computing the household's shelter expenses.

Eligibility and Benefit Level

The disqualified member shall not be included when determining the household's size for the purposes of:

- Assigning a benefit level to the household
- Comparing the household's monthly income with the income eligibility standards or

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH **EXCLUDED MEMBERS**1

Revised 07-01-19

Comparing the household's resources with the resource eligibility limits

The household's benefit amount is not to be increased as a result of the exclusion of one or more household members. Therefore, a portion of the individual's income would count. Otherwise, benefits could increase and this is not allowed.

SSN DISQUALIFICATION, INELIGIBLE ALIEN, OR FLEEING FELON OR PAROLE/PROBATION VIOLATOR

The eligibility and benefit level of any remaining household members of a household containing individuals determined to be ineligible because of failure or refusal to obtain or provide an SSN, ineligible alien status, disqualified fleeing felon or parole/probation violator shall be determined as follows:

Income

A prorata share of the ineligible member's (for reasons stated above) income shall be counted as income to the remaining household members. The prorata share is calculated as follows:

- One Ineligible Household Member
 - Subtract allowable exclusions from the ineligible member's income.
 - b. Divide the balance evenly among all household members, including members who are ineligible for any reason, even if other ineligible members do not have any income.
 - Count as income to the remaining household members all but the prorata share attributed to the household member who is ineligible.
- Two or More Ineligible Members

Follow the procedures outlined above. When two or more members are ineligible, the appropriate procedure is best illustrated by the following example:

EXAMPLE: Mrs. Brown and Mrs. Jones are members of a 6 person household. Both are ineligible for failure to provide a SSN. Mrs. Brown's income, after exclusions, is \$300 per month. Mrs. Jones'

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

income, after exclusions, is \$240 per month. Divide Mrs. Brown's income by 6 (household members, including all ineligible members). The amount attributed to each ineligible member is \$50, or a total of \$100, leaving a balance of \$200 to be counted as income to the household. Mrs. Jones' share is computed in the same manner, i.e., divided by 6. The result is that \$80 of Mrs. Jones' income is ineligible, leaving \$160 to be counted as income for the remaining household members.

When the ineligible member is the payee for a payment such as social security or TANF, the income is prorated only if his needs are included in the budget. For example, the adult payee's needs are not included in the budget when social security benefits are issued for minors; therefore, the payment is not prorated because this is not the ineligible member's income.

If the eligible members are the only ones with income, their total income is counted in determining the household's eligibility and allotment. Their income is not prorated to the ineligible member(s).

Resources

The resources of the ineligible members (for reasons stated above) shall continue to count in their entirety to the remaining household members.

Deductible Expenses

Earned Income Deduction

The 20% earned income deduction applies to the portion of the ineligible member's earned income which is counted as income for the remaining household members.

Shelter

Shelter is handled as follows:

If an eligible member pays all of the shelter expenses, the household is entitled to claim the total amount of verified shelter expenses.

Computing Amount To Be Included for Remaining Household Members

That portion of the household's allowable shelter expenses which is either paid by or billed to the member(s) who is ineligible for failure to comply with SSN qualifications,

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

ineligible alien status, etc., shall be divided evenly among all household members, including members ineligible for any reason. All but the amount attributed to the household member(s) who is ineligible for the above reasons is counted in computing the household's shelter costs.

EXAMPLE: The household's rent is \$240. The only ineligible household member is an ineligible alien who pays the entire bill each month; therefore, \$240 is divided by 6 which would have been the household size had the alien not been ineligible. All but the prorata share (\$40) attributed to the ineligible household member, or a total of \$200, is computed as part of the household's shelter expense.

EXAMPLE: The household size was 8; however, two members are ineligible, one for ineligible alien status and one for Intentional Program Violation (IPV). The household's monthly rent is \$240, and each ineligible member pays \$80 (or a total of \$160) each month. This leaves a balance of \$80 paid by remaining household members. Rent is computed as follows:

- The amount (\$80) paid each month by the household member ineligible because of ineligible alien status is divided by 8, and the \$10 attributed to the member with ineligible alien status will be subtracted from \$80, leaving \$70 to be counted toward the household's rent expense.
- The amount (\$80) paid by the member disqualified for IPV is not prorated but rather, is counted in its entirety toward the household's rent expense. (See IPV DISQUALIFICATION earlier in this material.)
- The amount (\$80) paid by remaining household members is also counted as a part of the household's rent expense.
- 2. Determining Whether Household Subject to Maximum (Capped) or Uncapped Shelter Deduction

A household member(s) who is ineligible because of SSN disqualification, ineligible alien status, etc., does not entitle the household to an uncapped shelter deduction even though all except a prorata share of shelter expenses incurred or paid by the ineligible member(s) is counted in determining the household's shelter costs. In other words, if the only elderly or disabled household member(s) is ineligible for one of these reasons, the household is subject to the maximum (or capped) shelter allowance. This is true even though a portion



[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 05-01-21

of the expense incurred or paid by the ineligible member is counted toward the household's total shelter expense.

Standard Utility Allowance or Basic Utility Allowance

If a household is entitled to the SUA or BUA and has a household member who is ineligible and is billed for or pays all or part of the household's utility expenses, the household will be entitled to the full amount.

Child Support Deduction and Dependent Care Expense

That portion of the household's allowable child support payment that is legally obligated and paid to an individual living outside of the household and/or dependent care expenses either paid by or billed to a member(s) who is ineligible shall be divided evenly among all household members, including members ineligible for any reason. All but the amount attributed to the ineligible member(s) is counted as a deductible child support payment or in computing the household's dependent care cost.

Medical

Medical expenses are handled as follows:

1. Determining Whether the Household Is Entitled to Medical Deduction

A household member(s) who is ineligible does not entitle the household to a medical deduction. In other words, if the only elderly or disabled household member(s) is the ineligible member, the household is not allowed a medical deduction.

Similarly, if the only elderly or disabled persons who are eligible have no medical expenses, the household is not allowed a medical deduction even though there are elderly or disabled members ineligible for one of the reasons listed above and who do have medical expenses.



[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

In summary, allowable medical expenses (See Chapter 4, DEDUCTIONS FROM INCOME) are considered only if incurred for, and paid by or on behalf of elderly or disabled persons who are not ineligible for one of the reasons outlined above.

2. Computing Amount of Medical Expenses To Be Considered for Remaining Household Members

If a medical expense which can be considered (as outlined in Item 1 above) is paid by orbilled to a household member(s) ineligible because of SSN disqualification or ineligible alien status, the expense shall be divided evenly among all household member(s), including household members ineligible for any reason. All except the amount attributed to a household member(s) ineligible for one of the above reasons will be considered in computing the medical expense allowance for remaining household members.

EXAMPLE: The husband in a SNAP benefits household dies. At the time of his death, the husband was eligible for the medical deduction. His wife will continue to be eligible for the medical deduction because she is legally obligated to pay the outstanding medical bills of her spouse.

EXAMPLE: Household consists of a husband, wife, and two children. The husband, eligible for the medical deduction, dies. His wife is an ineligible household member, but is billed for her husband's medical expenses. The medical expenses will be divided evenly among the wife and two children, but only the expenses attributed to each of the children will be allowed as deduction.

Eligibility and Benefit Levels

Individuals determined ineligible for SSN disqualification, ineligible alien status, etc., shall not be included when determining the household's size for the purpose of:

- Assigning a benefit level to the household
- Comparing the household's monthly income with the income eligibility standards or
- 3. Comparing the household's resources with the resource eligibility limits



[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH EXCLUDED MEMBERS]

Revised 07-01-19

DISQUALIFICATION WITHIN CERTIFICATION PERIOD

Excluded for IPV, Conviction of Fraudulent Representation to Receive Multiple Benefits, Conviction for Trafficking or Trading Benefits for Firearms Disqualification

When a household's benefits are reduced or terminated within the certification period because one of its members has been disqualified for IPV, convicted of fraudulent representation to receive multiple benefits, convicted for trafficking or trading benefits for firearms, the worker shall notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of the disqualification. The household is not entitled to a notice of adverse action but may request a fair hearing to contest the reduction or termination of benefits unless the household has already had a fair hearing on the amount of the claim as a result of consolidation of the administrative disqualification hearing with the fair hearing.

Excluded For Work Registration, Voluntary Quit, Child Support, Fleeing Felons, Parole/Probation Violators, Conviction of Felony for the Possession, Use, or Distribution of a

Controlled Substance Disqualification

When a household's benefits are reduced or terminated within the certification period because one of its members has been disqualified because of the above reasons, the worker shall notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of the disqualification. The household is entitled to a notice of adverse action and may request a fair hearing to contest the reduction or termination of benefits. For additional information, see CHAPTER 3, WORK REGISTRATION, VOLUNTARY OUIT, and CHILD SUPPORT REQUIREMENTS.

Excluded for SSN Disqualification, Ineligible Alien Status

When a household's benefits are to be reduced or terminated within the certification period because one or more of its members is ineligible for SSN disqualification and/or alien status, the worker shall issue a notice of adverse action informing the household that the individual is being excluded, the reason for the exclusion, the eligibility and benefit level of the remaining members, and the actions the household must take to end the ineligibility.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS]

Revised 05-01-06

GENERAL

This material applies to handling income, resources, etc., of other nonhousehold members who have not been disqualified, such as roomers, live in attendants, ineligible students, and other households. (See Chapter 3, NONFINANCIAL CRITERIA, Household Concept and SPECIAL CIRCUMSTANCES, STUDENT ELIGIBILITY, in this chapter.) Such nonhousehold members shall not be included when determining the size of the household for purposes of:

- 1. Assigning a benefit level to the household;
- 2. Comparing the household's monthly income eligibility standards; or
- 3. Comparing the household's resources with the resource eligibility limits.

Coding of other nonhousehold members in the MAVERICS System should be "OU". See Volume X. Ineligible students should have a participation code of "IN" in MAVERICS, but must be coded with a "Y" in the "Ineligible Student" field on the MAST Screen.

INCOME AND RESOURCES

The income and resources of the nonhousehold member shall not be considered available to the household. Cash payments from the nonhousehold member to the household will be considered income but vendor payments made on behalf of the household by a nonhousehold member shall be excluded as income. When two SNAP households share a common residence, do not count as income money paid by one household to the other which is passed on as payment to the utility company for the shared expense(s).

COMBINED INCOME

When the earned income of one or more household members and the earned income of a nonhousehold member are combined in one wage, the income of the household members shall be determined as follows:

- 1. If the household's share can be identified, count that portion due to the household as earned income.
- 2. If the household's share cannot be identified, prorate the earned income among all those whom it was intended to cover and count that prorated portion to the household.

EXPENSES

If the household shares deductible expenses with the nonhousehold member, only the amount

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS]

Revised 05-01-06

actually paid or contributed by the household shall be used in calculating a household expense. If the payments or contributions cannot be differentiated, the payments shall be prorated evenly among persons actually paying or contributing to the expense and only the household's prorata share used in calculating its expenses.

Utility standard provisions apply even if a household is responsible for only a portion of at least one of the utility expenses which trigger use of the standard.

NOTE: Billed expenses do not have to be in the name of the person(s) responsible for paying the bill in order for the household to receive the deduction.

EXAMPLE: A household contains an ineligible student. If the student is responsible for paying the household's utility bill, no deduction for the expense is allowed. However, if an eligible member of the household is responsible for paying the bill, then the deduction is allowed.

DEFINITION

A striker is considered to be anyone involved in a strike or concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

EXCEPTIONS TO STRIKER PROVISIONS

Striker provisions should not be applied in the following instances:

1. Employees who go on strike and are exempt from work registration the day prior to the strike, other than those exempt solely on the grounds that they are employed.

NOTE: If, on the day prior to the strike, the individual was exempt from work registration solely on the grounds that he was employed, the striker provisions will be applied even if the individual becomes exempt later.

EXAMPLE: An individual goes on strike on January 5th. As of January 4th, (the day prior to the strike) he is exempt from work registration solely on the grounds that he is employed. The individual is still on strike in March and applies for SNAP benefits on March 16th. At the time of his SNAP application he is exempt from work registration because of a physical disability. The striker provisions will be applied because of his work registration status the day prior to the strike.

2. Striking employees who are notified by their employer that permanent replacements have been hired and no jobs are available for them.

NOTE: Employees of the Federal Government, or of a State, who engage in a strike against the government or State and are dismissed from their job because of participation in the strike, are no longer considered strikers. However, these individuals are considered to have voluntarily quit such a job without good cause. See Chapter 3, VOLUNTARY QUIT.

- 3. Employees, who through no fault of their own, may seemingly be connected with a strike but are nevertheless considered non-strikers. These include but may not be limited to:
 - a. Employees whose workplace is closed by an employer in order to resist demands of employees (e.g., a lockout);
 - b. Employees unable to work as a result of striking employees (e.g., truck drivers who are not working because striking newspaper pressmen prevent newspapers from being printed); and,
 - c. Employees who are not part of the bargaining unit on strike (e.g., a non-labor union member) who do not want to cross a picket line due to fear of personal injury or death.

Revised 07-01-19

DETERMINING PRESTRIKE ELIGIBILITY

General

Households with striking members shall not be eligible to participate in SNAP unless the household can show that immediately prior to the strike, it would have been eligible or was receiving SNAP benefits on the day prior to the strike. The first step in determining eligibility is prestrike eligibility.

Household Composition

In making this determination, consider all individuals who were in the household on the day prior to the strike, even if one of those individuals has moved or died.

Income and Deductions

Income and deductions for all who were in the household on the day prior to the strike must be calculated for the month in which the day prior to the strike falls.

EXAMPLE: The strike begins on June 25, the day prior to the strike is June 24; therefore prestrike eligibility is determined for June.

EXAMPLE: The strike begins on June 1, the day prior to the strike is May 31, therefore prestrike eligibility is determined for May.

Resources

Resources considered are those that were available to all household members on the day prior to the strike.

EXAMPLE: A household member goes on strike June 6 and the household applies for SNAP benefits on June 7 and reports a savings account of \$1500. The worker asks the household if the balance in the savings account was \$1500 as of June 5, the day prior to the strike. The household states that \$600 was withdrawn from the account on June 5 and the balance in the account on the day prior to the strike was \$2100. Therefore, the household is denied because it was ineligible based on resources the day prior to the strike.

If the household does not meet the prestrike eligibility test, the worker should either deny the application or terminate benefits.

Revised 07-01-19

CURRENT ELIGIBILITY AND BENEFIT LEVEL

Ongoing policy should be applied to those households which meet the prestrike eligibility, with one exception; the treatment of the strikers income. The striking member's income before the strike should be compared to the striking member's current income. The higher of the two should be added to the current income of the nonstriking members during the month of application.

> EXAMPLE: The striking members monthly income before the strike was \$800 wages and \$25 from an investment (total \$825 monthly). The striker's current monthly income is \$25 from the investment and \$200 from part-time employment (total \$225 monthly). The higher of the two \$825 should be added to the income of the nonstriking household members to determine current eligibility and benefit level.

WORK REGISTRATION

Strikers are subject to the work registration requirements in Chapter 3, unless exempt by some provision in that chapter. The striker will not be referred to work at the strike site.

CERTIFICATION PERIODS

Households with members on strike shall be assigned certification periods in accordance with normal procedures. See Chapter 8, CERTIFICATION PERIODS.

[SPECIAL CIRCUMSTANCES: RESIDENT ADDICTS AND ALCOHOLICS]

Revised 09-01-06

DEFINITION

A drug and/or alcoholic treatment and rehabilitation program means a program conducted by a private nonprofit organization or faith based institution, or a publicly operated community mental health center.

Such agencies or institutions must be:

- (1) (a) Tax exempt; and
 - (b) Certified by the Mississippi Department of Mental Health as:
 - (i) Receiving funding under part B of title XIX; or
 - (ii) Eligible to receive funding under part B of title XIX even if no funds are being received; or
 - (iii) Operating to further the purposes of part B of title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics. OR
- (2) Authorized as a retailer by the Food and Nutrition Service (FNS)

CERTIFICATION OF RESIDENTS

Residents of drug/alcoholic treatment centers who wish to participate in the SNAP Program shall be certified by using the same policy and procedures that apply to other households, with certain exceptions as outlined below.

Making Application

Residents of treatment centers must apply through an authorized representative designated by the center. See CENTER RESPONSIBILITIES.

Household Size

Residents of drug and/or alcohol treatment centers shall have their eligibility determined as a one-person household unless the center also provides accommodations for the child(ren) of the resident. In this event, the resident and his/her child(ren) may qualify as a household.

Work Registration

See Chapter 3.

Processing Standards and Certification Periods

Volume V | Chapter 7 7600

[SPECIAL CIRCUMSTANCES: RESIDENT ADDICTS AND ALCOHOLICS]

Revised 09-01-06

Rights of Certified Residents

Resident households have the same rights to notices of adverse action, fair hearings and entitlement to lost benefits as do all other SNAP households. A resident of a treatment center has the right to an application and has the right to same day filing. However, the interview, verification and other certification procedures must be accomplished through the authorized representative.

CENTER RESPONSIBILITIES

Centers as Representatives

Residents of treatment centers apply and are certified through the use of an authorized representative who is an employee of and designated by the private nonprofit organization or institution or the publicly operated community mental health center that is administering the treatment and rehabilitation program. The organization or institution shall apply on behalf of the resident and receive and spend the SNAP benefits for food prepared by and/or served to the resident.

Once the resident leaves the treatment center, the center is no longer allowed to act as that household's authorized representative.

The Treatment Center as Authorized Retailer

The treatment center may contact FNS to become an authorized retailer and to have a point of sale (POS) device installed for SNAP clients to pay for meals provided. This method would allow the transfer of SNAP benefits to the center's account, allowing the center to purchase food for meal preparation. Should the center choose not to install a POS device, the authorized benefit representative will have to go to the store to make food purchases with each client's representative EBT card and PIN. Cards and PINs for individual clients must be kept separate from those of other clients and not be shared with unauthorized users.

Reporting Changes

The treatment center shall notify the county office of changes, as provided in Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, including when the resident leaves the center.

Monthly Reports

The management of each treatment and/or rehabilitation center will, on a monthly basis, provide the county director with a list of currently participating residents.

When The Resident Leaves The Center

The treatment center must ensure that the full month's benefits are not spent if the client leaves the center prior to the 16th of the month. If the resident leaves prior to the 16th and benefits have been

made available and		.1 .1	4.41 14	c 1 c	1 10 04 411
made available and	any nortion used	the recident is	entitled to a i	retund of one	<u>half of the monthly</u>
made avanable and t	un y portion uscu.	the resident is	o chilica to a i	cruna or one	nan or the monthly

Volume V | Chapter 7 7601



[SPECIAL CIRCUMSTANCES: RESIDENT ADDICTS AND ALCOHOLICS]

Revised 09-01-06

allotment.

If the resident leaves on or after the 16th and any benefits have been used, the resident is not entitled to a refund of any used benefits for the month. The center is not entitled to any benefits made available to the client prior to entering the center, previous month's benefits issued in the month entering the center or after he/she leaves the center.

The treatment center shall notify the county office when the resident leaves the treatment center. Once the household leaves the treatment center, the center is no longer allowed to act as that household's authorized representative. The benefit representative card used to access the client's benefits should be destroyed. The center should encourage the household to report its new address to the local county office. The county office will ensure that a new EBT card will be sent to the household's new address.

COUNTY RESPONSIBILITY

The county director will be responsible for seeing that periodic, at least quarterly, onsite visits are made to the center and that the current listing of participating residents is accurate and up to date.

LIABILITIES AND PENALTIES

The treatment center will be held responsible for any misrepresentation or fraud which it knowingly commits in the certification of center residents. As an authorized representative, the center must be knowledgeable about households' circumstances and should carefully review those circumstances with residents prior to applying on their behalf.

In addition, the center will be held liable for all losses or misuse of SNAP benefits held on behalf of resident households and for any overissuances which occur while the household is a resident of the center.

A claim will be filed against the center for any overissuance of SNAP benefits.

If there is reason to believe a center has misappropriated or used SNAP benefits for purchases that did not contribute to a certified household's meals (i.e., EBT card legally obtained but misused), the county shall promptly notify the USDA Officer in Charge for that county with a copy of the letter of notification sent to State Operations. If FNS disqualifies a center as an authorized retail food store, the county shall suspend its authorized representative status for the same period. If the treatment center loses its authorization from FNS (whereby the center can no longer act as the authorized representative) or, if the center loses its certification from the Department of Mental Health, the treatment center is no longer exempt as an institution. As a result, residents of the center are no longer eligible to participate provided the resident is defined as a resident of an institution. Refer to Chapter 3, RESIDENCY IN COMMERCIAL BOARDING HOUSES AND INSTITUTIONS. The residents

[SPECIAL CIRCUMSTANCES: RESIDENT ADDICTS AND ALCOHOLICS]

Revised 09-01-06

are not entitled to a written notice of adverse action but shall receive a written notice via letter to the center, explaining the termination and effective date. In addition, if misuse is established, the Agency will bill the center for the amount of benefits determined to be misused.

Revised 05-01-06

GENERAL

A group living arrangement is a public or private nonprofit residential setting serving no more than sixteen (16) residents and certified by the appropriate state agency. Certain blind or disabled individuals who are residents of group living arrangements may be eligible to participate in the SNAP Program. Group living arrangements do not include residents of facilities serving more than sixteen (16) residents or facilities on the grounds adjacent to institutions as this is considered an institutional setting.

TECHNICAL ELIGIBILITY

In order for individuals to be eligible for SNAP benefits, the SNAP Act, as amended, requires that the individual and the group living arrangement must meet all of the following provisions:

- 1. The group living arrangement must:
 - a. Be a public or private nonprofit facility; and
 - Be certified by the appropriate agency or agencies of the State under regulations issued under Section 1616(e) of the Social Security Act or comparable to these regulations; and
 - e. Have no more than sixteen (16) residents. The Department of Health may license facilities that have more than sixteen (16) persons. However, only those group facilities which meet all SNAP Program requirements and have no more than sixteen (16) residents may be considered eligible to accept and use SNAP benefits.

2. The resident must be:

- a. Blind or disabled; and
- b. Receiving or certified to receive benefits under Title I, Title II, Title X, Title XIV, or supplemental security income (SSI) under Title XVI of the Social Security Act. See definition of DISABLED PERSON in Volume V, Chapter 2, for considering an individual as disabled and meeting this requirement.

Elderly persons who receive SSI or Title I, Title II, Title X, Title XIV, benefits due to age rather than blindness or disability may also reside in group living arrangements. However, these elderly residents must be determined to be blind or disabled in order to be technically eligible. In making this determination, the worker may request a doctor's statement, verify that the resident previously received some sort of disability benefit, or use the group living

ISPECIAL CIRCUMSTANCES: BLIND AND DISABLED GROUP LIVING ARRANGEMENTS

Revised 05-01-06

arrangement's determination of blindness or disability if these conditions are prerequisites for residing in the facility.

MAKING APPLICATION/HOUSEHOLD SIZE

Eligible residents of authorized group living arrangements may apply and be certified by any one of the following methods:

- An appointed staff member of the group living arrangement may act as the authorized representative, in which case the residents apply as one person households. When the resident applies through the facility as authorized representative, the interview, verification and other certification procedures may be accomplished through the authorized representative. As an authorized representative, the facility must be knowledgeable about the resident's circumstances and should carefully review those circumstances with residents prior to applying on their behalf.
- An individual resident may apply on his own behalf or through his own authorized representative. The staff of the facility will be primarily responsible for determining if an individual is physically and mentally capable of applying on his/her own behalf.
- If a group of individuals within a facility function as a household, as defined in Chapter 3, HOUSEHOLD CONCEPT, they may apply as one household. The staff of the facility will be primarily responsible for determining if a group of residents should apply on their own behalf, based on the physical and mental capabilities of the residents applying.

THE FACILITY AS AUTHORIZED RETAILER

The group living arrangement may apply to USDA for authorization as a retailer and install a point of sale (POS) device for SNAP clients to pay for meals provided. The facility may use the EBT card and PIN on behalf of each resident (or the resident may swipe his/her card) in accessing the client's benefits through the POS device. This method will transfer the SNAP benefits to the facility's account, allowing the facility to purchase food for meal preparation. Should a POS device not be installed, the facility would take the EBT benefit representative card and PIN for each resident, as needed, to the store to make food purchases. Cards and PINs for individual clients must be kept separate from those of other clients and not be shared with unauthorized users.

COUNTY OFFICE RESPONSIBILITIES

The county is responsible for the following:

1	— Prior to certifying any residents, the county office shall verify that the group living
1.	That to certifying any residences, the country office shall verify that the group fiving
	arrangement:
	urungement.
	a Is a nonprofit organization; and
	a. IS a nonprorn organization, and

[SPECIAL CIRCUMSTANCES: BLIND AND DISABLED GROUP LIVING ARRANGEMENTS]

Revised 05-01-06

- b. Is certified by the appropriate agency or agencies of the State; (It is not required that the facility be authorized by USDA. However, if authorization as a retailer has been granted by USDA, this is sufficient evidence of certification because USDA will not authorize the facility as a retailer unless certified by the appropriate agency or agencies of the State); and
- c. Has no more than sixteen (16) residents.
- 2. The county office will certify the household in accordance with ongoing policy, with only the exceptions outlined in this material.
- 3. The county director will be responsible for insuring that periodic, at least quarterly, on site visits are made to the group living arrangement to confirm that the current listing of participating residents is accurate and up to date and to verify that the group facility houses no more than sixteen (16) residents regardless of whether they are participating in the SNAP Program.

If the County Director or his designee observes that the center is serving more residents than it has been licensed to serve, a copy of the facility's license will be sent to State Operations along with an explanation regarding the number of persons currently in residence. State Operations will then forward this information to the State licensing agency.

PROCESSING STANDARDS

See Chapter 8. The worker should be aware that the household might be entitled to expedited service.

CERTIFICATION PERIODS

See Chapter 8.

RIGHTS OF CERTIFIED RECIPIENTS

Group home resident households have the same right to notices of adverse action, fair hearings and entitlement to lost benefits as do all other SNAP households. A resident of a group home living arrangement has the right to an application and has the right to same day filing. Residents of group living arrangements may either apply and be certified through use of an authorized representative employed and designated by the group living arrangement or apply and be certified on their own behalf or through an authorized representative of their own choice. However, if the resident applies through the facility's designated authorized representative, the interview, verification, and other certification procedures must be accomplished through the authorized representative.



Revised 05-01-06

Under certain conditions, residents are entitled to all or a portion of the SNAP benefit amount when they leave the center. See below.

Responsibilities of Certified Recipients

If the resident has made application on his/her own behalf, the recipient shall notify the county office of any changes, as provided in Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, including when he leaves the group living arrangement.

SHELTER AND MEDICAL EXPENSES

In some instances group home residents make a single payment for room and meals. If the amount the resident pays for room and meals are combined into one amount, the amount which exceeds the maximum SNAP benefit amount for the number of persons in the SNAP household can be allowed as an identified shelter expense.

Some group homes charge a basic rate for room and board and they have higher rates depending on the amount of medical care that may be needed. Unless the charge for medical care can be specifically identified, the rate charged minus the maximum SNAP benefit amount for the household size should be allowed as a shelter deduction.

USE OF BENEFITS

Benefits may be obtained and used in any one of the following ways:

- 1. If the resident applies through the facility as the authorized representative, the group living arrangement may either obtain the EBT benefit representative card and use the SNAP benefits for food prepared by and/or served to the eligible resident or allow the eligible resident to use all or any portion of the benefits on his/her own behalf.
- 2. If the residents are certified on their own behalf, a benefit representative card may be obtained by the facility to be used to purchase food for meals served either communally or individually to eligible residents; or eligible residents may use their own EBT card to purchase and prepare food for their own consumption; and/or to purchase meals prepared and served by the group living arrangement.

The group living arrangement may purchase and prepare food to be consumed by eligible residents on a group basis if residents normally obtain their meals at a central location as part of the group living arrangement services or if meals are prepared at a central location for delivery to the individual residents. If residents purchase and/or prepare food for home consumption, as opposed to communal dining, the group living arrangement shall ensure that each resident's SNAP benefits are used for meals intended for that resident. If the resident retains use of his/her own EBT card and PIN, he/she may either use the benefits to purchase meals prepared for them by the facility or to purchase food to



Revised 05-01-06

prepare meals for their own consumption.

GROUP FACILITY RESPONSIBILITIES

Monthly List From Center

Each group living arrangement shall provide the county office with a list, on a monthly basis, of current residents. The list shall include a statement signed by a responsible center official attesting to the validity of the list. The list must contain the Name, Case Number and SSN of each SNAP benefits recipient and the exact number of other group home residents. The total number of residents must not exceed sixteen (16) people.

Reporting Changes

When a designated staff member of the group living arrangement acts as the authorized representative for its eligible residents, the facility shall notify the county office of any changes, as provided in Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, including when a resident leaves the facility.

If a group living arrangement determines that a resident or group of residents are capable of applying on their own behalf or through use of their own authorized representative, as outlined in this discussion, the individual resident(s) assumes responsibility for reporting changes.

Overissuance

When a designated staff member of the group living arrangement acts as authorized representative for an eligible resident, the facility will be held liable for any overissuance that may occur as a result of misrepresentation or fraud which it knowingly commits in the certification of group residents.

If the group living arrangement has determined that a resident or group of residents are capable of applying on their own behalf, the resident(s) may be held liable, as is any other household, for any overissuance which may occur.

WHEN RESIDENTS LEAVE THE FACILITY

When the household leaves the group living arrangement and the facility has been acting as authorized representative or retaining use of a representative EBT card and PIN on behalf of the resident(s), the facility shall:

- 1. Provide the resident(s) with his EBT card if holding it in secure storage.
- 2. Provide the departing resident his full benefit amount if issued and if no benefits have been spent on behalf of that individual household.

Revised 05-01-06

- 3. Refund to the departing resident one half of his monthly benefit amount if he leaves the facility prior to the 16th day of the month.
- 4. Not be required to refund benefits to the resident who leaves on or after the 16th of the month and whose benefits have already been issued and used.
- 5. No longer act as the authorized representative and/or EBT benefit representative for the former resident, and destroy the EBT card if needed.
- 6. Advise the household to report its new address to the local county office.

The departing resident shall:

- 1. Receive his EBT card from the Authorized Representative if the center is holding the card in secure storage or contact the county office to order a card.
- 2. Be refunded one half his monthly benefit amount if he leaves the facility prior to the 16th day of the month.
- 3. Receive no refund if he leaves the facility on or after the 16th day of the month.
- 4. Contact the county office for continued assistance.

DISQUALIFICATION OF GROUP LIVING ARRANGEMENT AS RETAILER

While a group living arrangement certified by the appropriate agency or agencies of the State does not have to be authorized by USDA as a retailer, some group living arrangements choose to seek such authorization from USDA. Only a few group facilities in Mississippi are authorized as retailers. If the group living arrangement is authorized by USDA as a retailer but subsequently disqualified as such, the county must also suspend its status as an authorized representative for the group home residents during the disqualification period. Written notice will be issued to the facility by USDA but no notice of adverse action is required. The residents of the facility will be sent a non advance notice of closure.

Residents of group living arrangements applying on their own behalf may still participate if otherwise eligible and if they meet the definition of a household. See Chapter 3, HOUSEHOLD CONCEPT. Benefit use is restricted in that benefits may not be turned over to the facility either to purchase food or meals.

LOSS OF CERTIFICATION

When the group facility loses its basic certification from the appropriate State agency(s), the residents of the facility are no longer eligible as residents of a group living arrangement. Written notice will be issued via letter to the residents concerning the change in eligibility status.



[SPECIAL CIRCUMSTANCES: BLIND AND DISABLED GROUP LIVING ARRANGEMENTS]

Revised 05-01-06

No notice of adverse action is required because the loss of the facility's certification is not controlled or appealable under the SNAP Program.

If any of the participants meet the definition of a household (See Chapter 3, HOUSEHOLD CONCEPT) they may be certified under ongoing policy. Benefit use is restricted in that benefits may not be turned over to the facility to purchase either food or meals.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS REQUESTING REPLACEMENT BENEFITS]

Revised 04-01-10

GENERAL

The following material discusses replacement procedures for destroyed food. In general, county offices are responsible for handling replacement requests for food destroyed in a household disaster.

FOOD DESTROYED

Households may request a replacement for food purchased with SNAP benefits which was destroyed in a disaster, such as flood, fire, or tornado. A mechanical breakdown, such as electricity going off, would not be considered a disaster. To qualify for the replacement, the household must report the loss to the county office and sign the MDHS-EA-508, Household Statement of Food Loss Due to Household Disaster attesting to the loss within 10 days of disaster. The household's disaster must be verified. There is no limit on the number of replacements for food purchased with SNAP benefits which was destroyed in a household disaster.

Replacement Procedures

When a request for replacement for food purchased with SNAP benefits reported as destroyed is received, the county worker must:

- 1. Determine if the benefit reported as destroyed was validly issued.
- 2. Verify the disaster through a collateral contact, documentation from a community agency such as the Red Cross or Fire Department, or a home visit.
- 3. Review the ISHI (Issuance History) screen to ensure that the current replacement request has not been previously processed. The ISHI screen reflects the reason for replacement as "DE" (Destroyed) for replacements of food destroyed in a household disaster.
- 4. Adequately document the case record to establish that all requirements have or have not been met for the approval or denial of the replacement. Reasonable judgment should be used in determining the amount of benefits to be replaced. Replacement benefits shall be provided in the amount of the loss to the household, up to a maximum of the current month's benefit, unless the amount includes restored benefits which shall be replaced up to their full value.

EXAMPLE: A household receives its \$150 benefit on the availability date of October 15th. On October 20th, the household reports that fire destroyed the home October 18th. A replacement may be authorized for up to the full amount of the October benefit (\$150), plus any supplements or restorations approved for the month.

EXAMPLE: A household received a monthly benefit in September of \$120 and its availability date for October is October 12th and will receive \$150. On October 11th, the household

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS REQUESTING REPLACEMENT BENEFITS]

Revised 10-01-20

reports that the residence was destroyed in a tornado October 8th. The household would be entitled to receive a replacement up to the current month's benefit of \$120 to replace food destroyed in the disaster. Any restorations or supplements approved between the previous month's availability date and the date of the disaster may also be replaced.

5. Route the case with the MDHS-EA-508 to the supervisor for review and authorization or denial.

The supervisor shall:

- 1. Determine if the household is entitled to the replacement. If so, proceed to the FSRE (SNAP Replacement) screen to authorize the benefit by selecting the appropriate function number from SUME (Supervisor's Menu) and entering the case number and Document ID of the benefit being replaced.
 - Sign and date the MDHS EA 508. The original MDHS EA 508 shall be filed in the case record and a copy in the MDHS EA 508 folder. When approving (or denying) a replacement, MAVS notices F503 must be sent to notify the household of action taken on the request for replacement.
- 2. On FSRE, check to ensure that the correct month in which SNAP benefits used to purchase food destroyed in a disaster were issued and the correct benefit type reflected. (If not, PF 9 and recheck the document ID number.)
- Enter "DE" in the "Reason for Replacement" field to indicate that the replacement is being made because food was destroyed in a household disaster.
- 4. If the replacement to be made is a partial replacement, enter the amount of the partial replacement in the "Amount of Partial Replacement" field.
- 5. Enter the code associated with the event making the household eligible for a replacement in the "Replacement Code" field. Available codes for the residence county will be displayed below this field.
- 6. Review the screen for accuracy prior to pressing the "ENTER" key.

When the FSRE screen is completed, the replacement is authorized for availability. MAVERICS will update the benefit record for the case to reflect that the original benefit is being replaced. Replacement benefits are made available to the household one day after authorization.

SEE TIME LIMITS FOR REPLACING BENEFITS later in this material.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS REQUESTING REPLACEMENT BENEFITS]

Revised 05-01-06

FOOD LOST IN FNS DECLARED DISASTER

Losses incurred in an FNS declared disaster will be handled in accordance with special-instructions issued at the time. However, if the household has lost food in an FNS declared disaster, and is otherwise eligible for replacement benefits, the household shall not receive both the FNS disaster benefit and a replacement benefit under the provisions outlined above. The MAVERICS and EBT systems should be compared to ensure households do not have duplicate participation.

TIME LIMITS FOR REPLACING BENEFITS

Benefit replacements shall be provided to households within ten (10) days after the report of the loss (via the MDHS-EA-508) or within two (2) working days of receiving the signed household statement, whichever is later.

The county worker shall deny or delay benefit replacements in cases in which available documentation indicates that the household's request for replacement appears to be fraudulent.

FAIR HEARING REQUEST

The household shall be informed of its right to a fair hearing to contest the denial or delay of a benefit replacement; however, replacements shall not be made while the denial or delay is being appealed.



SPECIAL CIRCUMSTANCES: RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN

Revised 07-01-19

DEFINITION

A shelter for battered persons and children means a public or private nonprofit residential facility that serves battered persons and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered persons and children.

Prior to certifying any residents, the county will:

- 1. Determine that the shelter meets the definition of shelter for battered persons and children given above. Shelters having FNS authorization to redeem SNAP benefits through wholesalers meet the definition; therefore no further determination is necessary for such shelters.
- Document the basis for this determination.

NOTE: Possible methods of determining nonprofit status of a shelter include, but are not limited to:

- a. Internal Revenue Service (IRS) tax-exempt status.
- b. State tax-exempt status.
- c. Articles of Incorporation filed with the Secretary of State's office as a non-profit corporation.

If the county is unable to determine nonprofit status using one of the methods listed above, pertinent information should be submitted to State Operations for a determination.

CERTIFICATION OF RESIDENTS

Residents of shelters for battered persons and children who wish to participate in the Supplemental Nutrition Assistance Program shall be certified using the same policy and procedures that apply to other households with certain exceptions as outlined below.

Making Application

See Chapter 8. Shelter residents may apply on their own behalf; however, they are free to designate a shelter staff member or volunteer or some other person as an authorized representative. The worker should consider the possibility that shelter residents could be endangered should they leave



SPECIAL CIRCUMSTANCES: RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN

Revised 07-01-19

the shelter and note the provision in Chapter 8 for waiving the office interview on a case by case basis.

Household Size

Persons or persons with children temporarily residing in a shelter for battered persons and children shall be considered individual household units for the purpose of applying for and participating in the Program.

Work Registration

Ongoing policy applies. See Chapter 3.

Income and Resources

Shelter residents will be certified based on their current circumstances as separate households. Only the income, resources, and expenses of the resident household will be considered in the eligibility determination while the income, resources, and expenses of the former household will be disregarded. Resources owned jointly by shelter residents and the abuser or any person in the former household shall be considered inaccessible to the resident if access to the value of the resource is dependent on the agreement of a joint owner who is the abuser or still resides in the former household.

Processing Standards

See Chapter 8. The worker should be aware that the household might be entitled to expedited service.

Certification Periods

See Chapter 8.

Rights of Certified Residents

Resident households have the same rights to notices of adverse action, fair hearings, and entitlement to lost benefits as do all other SNAP households. A resident of a shelter for battered persons and children has the right to an application and has the right to same day filing.



[SPEICAL CIRCUMSTANCES: RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDRED]

Revised 07-01-19

USE OF BENEFITS

SNAP benefits may be used by shelter residents in any one of the following ways:

- 1. The residents may use the benefits to purchase meals prepared especially for them at the shelter.
- 2. The residents may designate the shelter as a benefit representative so that the shelter can purchase food for meals served to the resident.
- 3. The residents may use the benefits to purchase food for their own consumption.

RESIDENTS WHO LEAVE CERTIFIED HOUSEHOLDS TO ENTER THE SHELTER

Many shelter residents have recently left a household containing the person who has abused them. Their former household may be certified for participation in the Program, and its certification may be based on a household size that includes the persons and children who have just left. Shelter residents who are included in such certified households may, if otherwise eligible, be certified and participate as separate households, if the household which includes them contains the person who subjected them to abuse. In other words, shelter residents who are included in such certified households may receive benefits beginning with the month they enter the shelter even though they were included in the benefit amount for the former household. It does not matter if the individual was a household member in the other case or the PI. However, residents may receive additional benefits only once a month. The Help Desk should be contacted for assistance in processing these situations in MAVERICS.

EXAMPLE: A mother and two children, because of abuse by a household member, entered a shelter for battered persons and children on April 6. Although the mother and two children were included in the former SNAP household for April, they may, if otherwise eligible, be certified as a 3-person household for April. They return to the former household on April 20, but again are subjected to abuse by a household member and return to the shelter. They apply for SNAP benefits on April 21, but cannot receive additional benefits for April.

ACTION ON CHANGES TO FORMER HOUSEHOLDS

The county will take prompt action on the change in composition and circumstances of the shelter resident's former household. This may be accomplished by using a notice of adverse action to reduce or terminate the former household's benefits, as appropriate.

Revised 05-01-06

INTRODUCTION

The policy outlined here is applicable only for legal aliens on behalf of whom a sponsor signed an affidavit of support (USCIS Form I-864 or I-864A) or similar agreement as a condition of the alien's entry into the United States as a lawful permanent resident.

DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED

The worker must first determine if the special alien deeming procedures are applicable by determining if the alien is a sponsored alien. Sponsored aliens are those aliens lawfully admitted for permanent residence into the United States as an immigrant as defined in sections 101 (a)(15) and 101(a)(20) of the Immigration and Nationality Act. While not all aliens in this category have a sponsor, it is only aliens in this category who may be subject to the USCIS sponsor requirement.

If the alien presents either an USCIS-Form I-151 or I-551, "Alien Registration Receipt Card" or a "Reentry Permit" or a United States passport booklet for lawful permanent aliens, or if the alien presents any card stamped with the codes 101(a)(15) or 101(a)(20), it is possible that he is a sponsored alien, and the worker should make appropriate inquiries regarding sponsorship. The alien's statement regarding sponsorship should be documented and verified if questionable.

The sponsored alien deeming procedures are not to be applied to:

- a. An alien who is participating in the SNAP household of the sponsor.
- b. An alien who is sponsored by an organization or group (rather than an individual).
- c. An alien who is not required to have a sponsor under the Immigration and Nationality Act, such as a refugee, a parolee, etc.
- d. An Amerasian in Vietnam, with their close family members who are admitted to the United States either as immigrants or United States citizens. These individuals should possess certain documentation from The U.S. Citizenship and Immigration Services (USCIS), such as an I-94, an I-551, or a United States passport. To be considered a refugee and thus exempt from the sponsored alien provisions, the identifier on the USCIS document should be in the range of AM1 through AM3 or AM6 through AM8.

DETERMINING ELIGIBILITY AND BENEFIT LEVEL

In order to participate in the SNAP Program, the sponsored alien must be an eligible alien according to provisions in Chapter 3, " CITIZENSHIP AND ALIEN STATUS."

A. The eligibility and benefit level of sponsored aliens who signed the Affidavit of Support, Form I 864, on or after December 19, 1997, should be determined as follows:

- 1. Determine the amount of resources to be deemed from the sponsor to the sponsored alien.
 - Total the amount of the non-excluded resources of the sponsor and the sponsor's spouse (if living with the sponsor) as if the sponsor were applying for SNAP benefits.
 - Subtract \$1500 from the total.
 - Consider the remainder to be available to the sponsored alien and add that amount to the sponsored alien's own resources in determining eligibility.
- 2. Determine the amount of income to be deemed from the sponsor to the sponsored alien.
 - Total the monthly earned and unearned income of the sponsor and the sponsor's spouse (if living with the sponsor).
 - Consider all gross income except vendor and in kind payments to the sponsor, and the
 cost of producing self-employment income, i.e., the only allowable exclusions for
 deemed income of sponsor and/or sponsor 's spouse are vendor and in kind payments
 and the cost of producing self-employment income.
 - Subtract 20% of the amount of the earned income.
 - Subtract the monthly gross income maximum (from Table II, Chapter 13) for the
 - appropriate household size (i.e., include the sponsor, the sponsor's spouse, and any other
 person actually claimed or who could be claimed by the sponsor or sponsor's spouse as
 a dependent for Federal income tax purposes.)
 - Consider the remainder to be available to the sponsored alien and add that amount (as unearned income) to the sponsored alien's own income in determining eligibility and benefit level.
 - Actual money paid to the alien by the sponsor or the sponsor's spouse will not considered
 as income to the alien unless the amount paid exceeds the amount calculated at the bullet
 above. Only the amount paid that exceeds the deemed amount would be considered as
 income to the alien.

EXAMPLE: The amount of income to be deemed from the sponsor to the sponsored alien is calculated (at the bullet above) at \$100. The sponsor actually gives the alien \$150 monthly. The income to be counted from the sponsor will be:

\$100 (deemed from sponsor)

\$50 (amount actually given by sponsor in excess of deemed amount)

EXAMPLE: The amount of income to be deemed from the sponsor to the sponsored alien is calculated (at the bullet above) at \$150. The sponsor actually gives the alien \$100 monthly. The income to be counted from the sponsor will be:

\$150 (deemed from sponsor)

-0 (amount countable of money actually given by sponsor)

3. Determine the sponsored alien's prorata share of income and resources deemed from sponsor when that person is sponsoring more than one alien.

If the sponsored alien can demonstrate to the Agency's satisfaction that his sponsor is also a sponsor for other aliens, divide the amount of the deemed income and resources by the number of sponsored aliens that apply for or are participating in the SNAP Program. In the event the sponsored alien fails to provide the necessary information on other aliens sponsored by the sponsor, the deemed income and resources shall be attributed in their entirety to the applicant alien until such time that the information is provided.

The income and resources of the sponsor and the sponsor's spouse shall be considered until the alien becomes a naturalized citizen or has worked 40 qualifying quarters of coverage. Creditable quarters beginning after December 31, 1996 do not count if the alien received any Federal means tested benefits (such as TANF, SNAP) during such period.

EXCEPTION: A battered alien spouse and their children who do not live in the same household as the batterer, may be exempt from the deeming provisions for a 12 month period provided the agency determines a connection to the need for benefits and the battery.

INDIGENCE EXCEPTION: If the State agency determines that a sponsored noncitizen would, in the absence of the assistance provided by the agency, be unable to obtain food and shelter, taking into account the noncitizen's own income, plus any cash, food, housing or other assistance provided by other individuals, including the sponsor, the amount deemed shall be the amount actually provided for a period beginning on the date of such determination and ending 12 months after such date. Each indigence determination is renewable for additional 12 month periods. The State agency must notify the Attorney General of each such determination, including the names of the sponsor and the sponsored noncitizen involved. The State agency will also be required to request reimbursement by the sponsor in the amount of such assistance. Notify State Operations as soon as the indigent sponsored noncitizen is identified so that required reports can be initiated.

SPONSORED ALIEN RESPONSIBILITY

In addition to the usual responsibilities of all households participating in the SNAP Program, it is the responsibility of the sponsored alien and his/her spouse to:

- 1. Provide any information or documentation necessary to determine the income and resources of the alien's sponsor and the sponsor's spouse from the alien's date of entry.
- 2. Provide any information including names or other identifying factors needed to demonstrate that the sponsor also sponsors other aliens and how many.
- 3. Obtain any necessary cooperation from the sponsor.
- 4. Provide information regarding the amount of money actually paid to the alien by the sponsor.
- 5. Report any change in sponsors which would cause the household to meet or exceed 130% of the poverty level amount of income to be deemed from the sponsor to the alien.

VERIFICATION

The following verification must be obtained from the alien or the alien's spouse.

- 1. Verification of the income of the alien's sponsor and sponsor's spouse (if the spouse is living with the sponsor) at the time of the alien's application for SNAP benefits.
- 2. Verification of the number of other aliens for whom the sponsor has signed an affidavit of support or similar agreement.

The following information should be obtained from the alien and verified if questionable:

- 1. The amount of resources of the sponsor and the sponsor's spouse.
- 2. The provision of the Immigration and Nationality Act under which the alien was admitted.
- The date of the alien's entry or admission as lawful permanent resident as established by USCIS.
- 4. The alien's date of birth, place of birth, and alien registration number.
- 5. The number of dependents for Federal income tax purposes of the sponsor and the sponsor's spouse.
- 6. The name, address, and phone number of the alien's sponsor.

Revised 05-01-06

PARTICIPATION WHILE AWAITING VERIFICATION

In the event there is a delay in obtaining the verification necessary to determine the sponsored alien's eligibility for benefits, the alien shall be ineligible to participate until such time as the necessary facts are obtained. The eligibility of any remaining household members including the spouse of the alien, shall be determined. The income and resources of the ineligible alien (excluding the deemed income of the sponsor and sponsor's spouse) shall be considered available in determining the eligibility and benefit level of the remaining household members as outlined in this chapter, HOUSEHOLDS WITH EXCLUDED MEMBERS. If the sponsored alien refuses to cooperate in providing and/or verifying the needed information, other adult members of the household shall be responsible for providing/verifying it. If the same sponsor is responsible for the entire household, the entire household shall be ineligible until such time as needed sponsor information is provided/verified.

USCIS AGREEMENT

The sponsor of an alien and the alien will be informed by USCIS of the SNAP Program requirements regarding sponsored alien deeming at the time the affidavit of support or similar agreement is signed. USCIS has agreed to provide the Agency information needed to determine the eligibility and benefit level of sponsored aliens. However, although this information is available from USCIS as a last resort, it is the responsibility of the sponsored alien to provide the information.

CHANGE OR LOSS OF SPONSOR

If during the certification period, the alien reports that his sponsor has changed, the deemed income and resources must be recalculated based on the required information about the new sponsor and the sponsor's spouse, if applicable.

In the event the alien loses his sponsor during the time limit of this provision and does not obtain a new sponsor, the deemed income and resources of the previous sponsor shall continue to be attributed to the alien until such time as the alien obtains another sponsor or until the provision for applying sponsored alien provisions expires, whichever occurs first. However, should the alien's sponsor die, the deemed income and resources of that individual shall no longer be attributed to the alien.

RESPONSIBILITY FOR ISSUANCE

Both the sponsor of an alien and the alien shall be responsible for overissuances which occur because incorrect information was provided by the sponsor, and a claim may be established against the sponsor, the alien's household or both. If it is determined that the sponsor had good cause or was without fault for supplying the incorrect information, the alien will be held solely responsible.

The sponsor is entitled to a fair hearing either to contest a determination that the sponsor was at fault where it was determined that incorrect information had been provided or to contest the amount of the claim.

[SPECIAL CIRCUMSTANCES: SPONSORED ALIENS]

Revised 05-01-06

Collection of Claims

Prior to initiating collection against the household of a sponsored alien for repayment of an overissuance which resulted from incorrect information being given by the sponsor or the sponsor's spouse, the Regional Director should be contacted who will contact State Operations for instructions.

ISPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS

Revised 07-01-19

DEFINITION

A categorically eligible household is one in which all members are recipients of public assistance and/or Supplemental Security Income (SSI). In Mississippi, the only public assistance program available is TANF; therefore, a categorically eligible household in this State is one in which:

- All members receive TANF, i.e., pure PA SNAP cases.
- All members receive SSL
- All members receive TANF and/or SSI.

Recipients, for purposes of categorical eligibility, include:

- Those authorized to receive TANF or SSI benefits. "Authorized to receive" means that an individual has been determined eligible for TANF or SSI, regardless of whether benefits have yet been paid.
- Those determined eligible but who receive zero benefits, e.g., SSI recipients whose benefits are being recouped and TANF recipients whose benefits are less than \$10 and are therefore not payable.
- Those whose TANF benefits are suspended for one month, e.g., TANF benefits are suspended for one month because of anticipated changes that are not ongoing.

NOTE: The family benefit cap in TANF does not change categorical eligibility.

In the event a household contains individuals who are considered nonhousehold members for SNAP purposes, e.g., ineligible students, that household would still be considered categorically eligible provided the remaining members are authorized to receive TANF or SSI.

EXCEPTION: Aliens who receive SSI but who do not meet the qualified alien status for SNAP benefits as defined in Chapter 3, CITIZENSHIP AND ALIEN STATUS, are not eligible for SNAP benefits.

DETERMINING ELIGIBILITY

In determining eligibility for pure TANF/SSI households, all eligibility requirements for SNAP benefits must be met, with the following exceptions:

Volume V | Chapter 7 7850

- The maximum resource test
- The gross income test

[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 07-01-19

3. The net income test

In other words, households may exceed the SNAP resource or income limits and still be eligible due to their categorical eligibility status. Categorical eligibility is determined in MAVERICS by appropriately coding TANF/SSI eligibility on the PRAW screen. If the individual's eligibility for TANF or SSI changes, the worker must change the code on PRAW.

NOTE: TANF/SSI individuals in non-categorical eligible households will have his/her resources excluded even when included in households that do not include all members who are TANF/SSI.

SITUATIONS WHICH REQUIRE APPLICATION OF ONGOING SNAP POLICY TO TANF/SSI HOUSEHOLDS

Certain provisions of SNAP policy must continue to be applied to TANF/SSI households that might otherwise be categorically eligible. Those provisions are:

- 1. The Intentional Program Violation penalties—any household containing a member who is disqualified from SNAP for Intentional Program Violation cannot be categorically eligible for SNAP benefits. In other words, the members of the disqualified individual's household could participate if otherwise eligible but could not be categorically eligible.
- 2. Households disqualified due to noncompliance with work registration, SSN, Child Support, alien status, certain felony convictions (See Chapter 3, Household Concept) or voluntary quit rules -- Households disqualified for failure to comply with any of the work registration, employment and training, or voluntary quit requirements would continue to be ineligible regardless of their categorical eligibility status.

NOTE: In the event a household is determined categorically eligible, ongoing work registration requirements must be complied with for all household members who are not exempt from those requirements.

- 3. After certification, categorically eligible households shall be subject to ongoing reporting requirements. Refer to Chapter 8, CHANGES WITHIN CERTIFICATION PERIOD. Action is required on any change(s) known to the agency but not on changes reported by categorically eligible households in the areas of resources or certain other eligibility factors. Refer to DETERMINING ELIGIBILITY elsewhere in this material.
- 4. Institutionalized persons Households in which all members reside in an institution cannot be considered categorically eligible.

Other SNAP provisions that apply to categorically eligible households are those on fair hearings, disqualification for Intentional Program Violations, restoration of lost benefits and claims collection procedures.



[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 07-01-19

BENEFIT LEVEL DETERMINATION

Once eligibility has been determined as outlined above, the household's benefit amount must be based solely on SNAP criteria, e.g., the SNAP income inclusions and exclusions, deductions and methods of determining net income are followed. However, the net income limits do not apply. Further, a categorically eligible household shall be certified in accordance with the notice, procedural and timeliness requirements of SNAP policy.

There will be instances when a TANF/SSI household meets the eligibility requirement but is eligible for a zero benefit amount when benefits are computed. For handling these situations, please refer to Chapter 6, INCOME ELIGIBILITY AND BENEFIT DETERMINATION.

Although it may appear unnecessary to certify households when they will actually re ceive no SNAP benefits, eligibility for SNAP benefits may entitle the categorically eligible household to receive benefits from other programs such as food distribution, energy assistance, etc.

VERIFICATION

The eligibility factors listed below will be accepted for SNAP eligibility without re-verification because of the TANF and/or SSI status:

- 1. Resources:
- 2. Gross and Net Income Limits (although income will have to be verified for benefit determination);
- 3. Social Security number information;
- 4. Sponsored Alien information; and
- 5. Residency.

If any of the following factors are questionable, the worker will verify that the household which is considered categorically eligible:

- 1. Contains only members that are TANF and/or SSI recipients.
- Meets the definition of a categorically eligible household;
- 3. Includes all persons who purchase and prepare food together in one SNAP household regardless of whether they are separate units for TANF and/or SSI purposes.
- 4. Includes no persons who have been disqualified for failure to comply with any of the Work Registration, voluntary quit, or child support requirements, or who was disqualified under the Intentional Program Violation provisions.



[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 07-01-19

APPLICANT HOUSEHOLDS WHICH ARE POTENTIALLY CATEGORICALLY ELIGIBLE

The regulations require that applicant households which are potentially categorically eligible be handled as outlined below:

- 1. If the potentially categorically eligible household is ineligible for SNAP benefits, the application must not be denied prior to the 60th day (the original 30 days plus the extended 30 days) pending a decision on the household's eligibility for TANF/SSI. Notice of Action must be sent on the 30th day as required by ongoing policy, to inform the household that the case is pending the decision of its TANF/SSI application. The notice should also instruct the household to notify the county as soon as possible when a decision is rendered on its SSI application. Obviously the worker will be aware of the determination on a TANF application so notification by the client is not necessary. In the event the worker determines that the household is not categorically eligible, i.e., the TANF/SSI application is rejected, ongoing policy for handling SNAP applications will be followed.
- 2. If a potentially categorically eligible household which has been denied because a decision has not been rendered on its TANF/SSI application by the 60th day is subsequently approved for TANF/SSI and is therefore categorically eligible for SNAP benefits, the household is entitled to have its SNAP benefits determined based on the original SNAP application and any pertinent changes that occurred since the application was filed. The county shall not require the household to be reinterviewed but shall update the application from other available information and/or through telephone or mail contact with the household or its authorized representative. If there are changes, the county must have the household initial changes on the original application, and resign and redate the application. Although the county cannot require the household to come in to resign and redate the application, the household may choose to do so rather than having a copy of the application mailed.
- 3. Households originally denied but later determined categorically eligible using the same application, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are paid. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later.
- 4. A household which becomes categorically eligible due to approval of an application for SSI benefits will also be entitled to the uncapped shelter and medical deductions. The entitlement to these deductions begins at the same time the household becomes categorically eligible, i.e., from the date the SSI benefits are payable or the date of the SNAP application, whichever is later. In addition, any denied household that becomes



[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 07-01-19

categorically eligible because of SSI approval will also have its benefits restored based on entitlement to the special deductions.

NOTE: See Chapter 12, Restorations, for details on the timeframe for restoring benefits.

NOTE: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from the institution shall not be categorically eligible on a finding by Social Security Administration of potential SSI eligibility prior to such release. The individuals shall be considered categorically eligible at such time as the final SSI eligibility determination has been made and the individual has been released from the institution.

REEVALUATIONS/CHANGES

Because TANF and SNAP are handled by the generic concept, it may be unlikely that a TANF reevaluation would not be handled at the same time the SNAP recertification is handled. However, categorical eligibility is assumed in the absence of a timely TANF reevaluation and the SNAP calculation must be made at that time. The provisions for the eligibility determination, the verification provisions and the benefit determination continue to apply to categorically eligible households at recertification.

If the household has a change in circumstances which causes it to lose its categorical eligibility status, eligibility and benefit level will be determined according to ongoing policy.

CLAIMS

For claims involving CATEGORICALLY ELIGIBLE HOUSEHOLDS, please refer to Chapter 11, CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS.

RESTORATION

Any denied household that becomes categorically eligible because of SSI or TANF approval will be entitled to have benefits restored back to the date of application for SNAP benefits, or from the date the SSI or TANF benefits are payable, whichever is later. A case must be reviewed for a potential restoration if the household requests a review or the county becomes aware that a case was denied that would have been, or later did become categorically eligible.

For regular Categorically Eligible Households ONLY, a restoration may be authorized for longer than 12 months, if appropriate. This supersedes the policy outlined in Chapter 12, RESTORATIONS.





[SPECIAL CIRCUMSTANCES: PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS]

Revised 05-01-06

GENERAL

A household which consists of a resident or residents of a public institution(s) which applies for SSI under Social Security Administration's Prerelease Program for the Institutionalized shall be allowed to apply for SNAP benefits jointly with their application for SSI prior to their release from the institution.

APPLICATION PROCESSING PROCEDURES

Application processing procedures for SSI/SNAP applicants in a public institution who wish to make a prerelease joint application are outlined in Chapter 8, SSI/SNAP JOINT APPLICATION PROCESSING.

Filing Date

The filing date of the application is the date of the release of the applicant from the institution as provided to the local office by SSA. See Chapter 8, APPLICATION.

Normal Processing Standards

Eligible households that complete the initial application process shall be provided an opportunity to participate as soon as possible but no later than 30 calendar days following the filing date of the application. See Chapter 8, APPLICATION.

Expedited Service

Eligible households who meet the criteria for expedited service shall have their applications processed in accordance with the expedited service standard of seven days. See Chapter 8, APPLICATION.

Categorically Eligible

Individuals shall be considered categorically eligible at such time as a final SSI eligibility determination has been made and the individual has been released from the institution. See CATEGORICALLY ELIGIBLE HOUSEHOLDS, earlier in this chapter.

Restoration of Benefits

If, for any reason, the county office is not notified on a timely basis of the applicant's release, benefits shall be restored back to the date of the applicant's release from the institution. See Chapter 8, SSI/SNAP JOINT APPLICATION PROCESSING.

[SPECIAL CIRCUMSTANCES: PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS]

Revised 05-01-06

DETERMINING ELIGIBILITY AND BENEFIT LEVELS

Applicant households consisting of residents of a public institution who apply for SSI and SNAP benefits jointly shall have their eligibility determined for the month in which the applicant household was released from the institution. The month of certification shall be prorated from the date the household is released from the institution. See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

[SPECIAL CIRCUMSTANCES: MISSISSIPPI COMBINED APPLICATION PROJECT]

Revised 01-01-20

GENERAL

The Mississippi Combined Application Project (MSCAP) is a demonstration project and a cooperative effort between Mississippi Department of Human Services MDHS, Food and Nutrition Service (FNS) and the Social Security Administration (SSA). The project is designed to strengthen access to nutrition benefits for the elderly and disabled while improving the administration of the Supplemental Nutrition Assistance Program (SNAP). With oversight from FNS, MDHS and SSA will work together to ensure that complete information is shared for timely and accurate application processing and ongoing case maintenance.

ELIGIBILITY CRITERIA

To be determined MSCAP eligible, an individual must meet the following requirements:

- 1. The individual must be SSI eligible and receiving the maximum SSI benefit or SSI and any other form of unearned income combined which meets the maximum Federal SSI benefit level.
- 2. Must not have any earned income at the time of application for MSCAP. If an ongoing MSCAP participant becomes employed, the individual is allowed up to three consecutive months of earnings before the individual loses MSCAP eligibility and is referred to the regular SNAP. There is no limit to the number of times this exclusion may be applied to any MSCAP participant.
- 3. Must live alone, or purchase and prepare meals separately if living with others.

The MSCAP Unit will only handle single program (SNAP only) cases. The MSCAP Unit will only handle single program (SNAP only) cases. If another open program is associated with the household for any reason, it will not be considered a MSCAP case.

VERIFICATION

MSCAP verification requirements will be fulfilled through the use of the SDX data received under SSI regulations. Any household that meets the verification criteria for the SSI program will be considered to have met the verification criteria for MSCAP eligibility.

[SPECIAL CIRCUMSTANCES: MISSISSIPPI COMBINED APPLICATION PROJECT]

Revised 01-01-20

ELIGIBILITY TO OPT OUT OF MSCAP

Individuals who meet the eligibility requirements for MSCAP may participate in the regular SNAP instead of MSCAP if they can verify one or more of the following:

- 1. Out of pocket medical expenses exceed a monthly average of \$35.00,
- 2. Shelter and utility expenses exceed a monthly average over the MSCAP high shelter standard, or
- 3. Eligibility for a legally obligated child support deduction.

All other households meeting MSCAP eligibility are mandatory for MSCAP and are ineligible for the regular SNAP.

STANDARD BENEFIT AMOUNT

The MSCAP participant will receive a standard SNAP benefit amount based on the monthly representative income consistent with the SSI or SSI/SSA federal benefit rate and the appropriate standard shelter deduction. MSCAP eligibility and benefit levels are automatically determined based on household information transferred from the SDX or from information reported by the client on the MSCAP Application.

APPLICATION

An individual will apply for MSCAP through SSA or the local county MDHS office. The MSCAP Unit in State Office will handle processing of MSCAP cases.

INITIAL BENEFITS

SSI recipients will begin receiving SNAP benefits the month following notification of approval for SSI. When the individual is already an SSI recipient, benefits begin the month following the date of the SNAP application. There are no expedited SNAP services for MSCAP.

CERTIFICATION PERIOD

All MSCAP households will be assigned a 48 month certification period at the time of approval.

[SPECIAL CIRCUMSTANCES: MISSISSIPPI

7951

Revised 01-01-20

OUTREACH

During outreach, the MSCAP Unit will receive information from SSA regarding persons in the state who meet MSCAP criteria and are not currently receiving SNAP benefits.

SSA PROCEDURES

SSA will screen an applicant for SSI for MSCAP eligibility during the intake process.

CHANGES

MSCAP recipients are required to report changes through the proper SSI change reporting mechanism. No contact is required with the local county MDHS office.

[SPECIAL CIRCUMSTANCES: ELDERLY SIMPLIFIED APPLICATION PROJECT]

7952

Revised 01-01-20

GENERAL

The Mississippi Elderly Simplified Application Project (ESAP) is a demonstration project designed to help simplify the Supplemental Nutrition Assistance Program (SNAP) application process for households consisting entirely of elderly (age 60 and older) persons. The goal of the project is to promote SNAP enrollment among eligible elderly citizens by providing a simpler method of applying for and maintaining eligibility for SNAP benefits.

ELIGIBILITY CRITERIA

To be determined eligible for ESAP, an individual must meet all of the following criteria:

- 1. All household members are age 60 or over,
- 2. No household members receive earned income,
- The household is not mandatory to receive SNAP benefits through the Mississippi Combined Application Project (MSCAP).

All households meeting ESAP eligibility are mandatory for ESAP and are ineligible for the regular SNAP.

INTERVIEWS

Recertification interviews are not required unless the case is being denied. No case will be denied without an attempt to schedule an interview. Interviews at initial certification are required.

CERTIFICATION PERIODS

ESAP households will be assigned a 36-month certification period.

VERIFICATION

Households will self declare information used to determine eligibility, such as identity and residence. Computer matches will be used to the greatest extent possible to verify income and social security numbers. Information must be verified if considered to be questionable.





[SPECIAL CIRCUMSTANCES: ELDERLY SIMPLIFIED APPLICATION PROJECT

Revised 01-01-20

FAIR HEARINGS

Fair hearings will be conducted by telephone with all required representatives present.

TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	—Subject
8000	APPLICATION
8000	GENERAL
8000	APPLICATION FORM
8001	RESPONSIBLE HOUSEHOLD MEMBER
8001	MAKING APPLICATION
8001	Notice of Right to File
8001	Contacting the County Office
8002	Filing an Application
8003	Withdrawing Application
8003	THE INTERVIEW
8003	Scheduling the Interview
8004	Waiving the Office Interview
8005	Interview Facilities
8005	Holding the Interview
8006	Probe Interviewing
8007	HOUSEHOLD COOPERATION
8007	JOINT APPLICATION FOR SNAP AND TANF
8007	Request for Assistance Volume V Chapter 8

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	- Subject
8007	Application and Interview
8007	Processing the Application
8009	OBTAINING ADDITIONAL INFORMATION
8009	NORMAL PROCESSING STANDARD
8010	DELAYS IN PROCESSING
8010	Determining Cause
8011	Action on Delays Caused by Household
8012	Action on Delays Caused by Worker
8013	Delays of 60 Days or Longer
8014	EXPEDITED SERVICE
8014	Identifying Households Entitled to Expedited Service
8014	Out-of-Office Interviews
8014	Processing Standards
8015	Late Determination of Households Needing Expedited Service
8015	POTENTIALLY CATEGORICALLY ELIGIBLE HOUSEHOLDS
8050	REPRESENTATIVES
8050	AUTHORIZED REPRESENTATIVE
8050	BENEFIT REPRESENTATIVE

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject
8051	EMERGENCY SNAP BENEFIT REPRESENTATIVE
8051	DRUG ADDICT-ALCOHOLIC TREATMENT CENTER REPRESENTATIVE
8051	BLIND/DISABLED GROUP HOME REPRESENTATIVE
8051	RESTRICTIONS ON REPRESENTATIVES
8051	Agency Employees and Retailers
8052	Persons Disqualified for Fraud
8052	LIABILITY FOR DESIGNATION
8052	DOCUMENTATION AND CONTROL OF REPRESENTATIVES
8052	USING BENEFITS TO PURCHASE FOOD
8100	THE ELECTRONIC BENEFIT TRANSFER CARD
8100	ISSUANCE OF ELECTRONIC BENEFIT TRANSFER CARDS
8100	Mississippi Combined Application (MSCAP) Cards
8100	Lost, Stolen or Damaged Cards
8101	Change of Representative
8101	Closing an EBT Account
8101	Claims
8101	ADJUSTMENTS TO ELECTRONIC BENEFIT TRANSFER ACCOUNTS

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject			
8102	Recipient Initiated Adjustment			
8102	Uncontested Recipient Initiated Claims			
8102	Approved Recipient Initiated Adjustment Claims			
8102	Denied Recipient Initiated Adjustment Claims			
8103	Retailer Initiated Adjustments			
8104	Fair Hearings			
8105	BENEFIT AGING			
	Analyze Aging			
	Dormant Accounts			
	Dormant Status —90 Days of Inactivity			
8150	RECERTIFICATION			
8150	GENERAL			
8150	NOTICE OF EXPIRATION			
8151	TIMELY APPLICATION FOR RECERTIFICATION			
8151	SCHEDULING INTERVIEWS			
8152	HOUSEHOLD RESPONSIBILITIES			
8153	WORKER RESPONSIBILITIES			
8153	PROCESSING STANDARDS			

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject		
8154	OBTAINING ADDITIONAL INFORMATION		
8155	EXPEDITED SERVICE		
8155	FAILURE TO APPLY BY END OF CERTIFICATION PERIOD		
8155	CATEGORICALLY ELIGIBLE HOUSEHOLDS		
8200	CHANGES WITHIN CERTIFICATION PERIODS		
8200	HOUSEHOLD RESPONSIBILITIES		
8200	Reporting Requirements		
8201	Household Cooperation		
8201	WORKER RESPONSIBILITIES		
8201	REPORTED CHANGES IN DEDUCTIBLE EXPENSES		
8202	CHANGES RESULTING IN INCREASED BENEFITS		
8202	Substantial Increases		
8205	Other Increases		
8206	CHANGES RESULTING IN DECREASED BENEFITS		
8207	OTHER CHANGES		
8208	ADDITIONAL CHANGES REPORTED IN SAME MONTH		
8210	ADDITIONAL PROVISIONS FOR ASSISTANCE HOUSEHOLDS		
8210	Sufficient Information		

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject
8211	Insufficient Information
8211	Failure to Report
8211	MASS CHANGES
8212	General
8212	Eligibility Standards, Benefit Levels, Deductions, Utility Standards
8212	Temporary Assistance for Needy Families
8212	Federal Benefits
8213	VERIFICATION
8250	VERIFICATION AND DOCUMENTATION
8250	GENERAL
8251	Categorically Eligible Households
8251	Expedited Services Households
8251	DOCUMENTATION
8251	MANDATORY VERIFICATION
8251	Identity
8252	Residency
8252	Liquid Resources and Loans

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject
8253	Gross Nonexempt Income
8253	Utility Expenses
8255	Other Shelter Costs
8255	Dependent Care Costs
8256	Child Support Payments
8256	Medical Expenses
8256	Value of Vehicles
8256	Social Security Numbers
8258	Alien Status
8264	Disability
8265	Verification for Households Terminated Due to Refusal to Cooperate with Quality Control
8266	VERIFICATION OF QUESTIONABLE INFORMATION
8266	General
8266	Categorically Eligible Household
8267	Household Size
8267	Household Composition
8268	Citizenship

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	- Subject
8269	Resources
8269	SOURCES OF VERIFICATION
8269	Documentary Evidence
8270	Collateral Contacts
8270	Home Visits
8270	SSA/SSI Verification
8271	State Online Query (SOLQ)
8271	IEVS Verification
8272	RESPONSIBILITY FOR PROVIDING VERIFICATION
8272	DISCREPANCIES
8273	CERTIFICATION WITHOUT VERIFICATION OF DEDUCTIBLE EXPENSES
8273	CERTIFICATION WITHOUT VERIFICATION OF SOCIAL SECURITY AND SSI BENEFITS
8273	EXPEDITED HOUSEHOLDS
8274	RECERTIFICATION
8275	CHANGES WITHIN CERTIFICATION PERIOD
8275	Changes in Deductible Expenses for all Households

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject		
8275	PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM (PARIS) DATA		
8276	NATIONAL NEW HIRE DATA		
8276	QUARTERLY WAGE MATCH DATA		
8277	Paris VA		
8280	PURPOSE		
8280	GENERAL PROVISIONS		
8280	MATCHES TO BE CONDUCTED		
8281	USE OF DATA		
8281	TYPES AND FREQUENCY OF MATCHES		
8281	IEVS BENDEX MATCH DATA		
8282	IEVS SDX MATCH DATA		
8282	IEVS Social Security Number Enumeration/Validation Match Data		
8283	IEVS ALERTS		
8284	VERIFICATION		
8284	Verified Upon Receipt		
8284	Unverified Upon Receipt		

Micciccippi

[TABLE OF CONTENTS FOR CHAPTER 8: THE

MISSISSIPPI CERTIFICATION PROCESS]

Page	— Subject		
8285	ACTION ON MATCHES		
8286	Action on Recipients		
8287	MONITORING AND REPORTING		
8287	SYSTEM ALERTS		
8288	MAVERICS REPORTS		
8300	CERTIFICATION PERIODS		
8300	GENERAL		
8300	CERTIFICATION PERIODS SHALL CONFORM TO CALENDAR MONTHS		
8300	HOUSEHOLDS IN WHICH ALL MEMBERS ARE IN A TANF GRANT		
8300	HOUSEHOLDS CERTIFIED FOR ONE OR TWO MONTHS		
8301	HOUSEHOLDS CERTIFIED UP TO TWELVE MONTHS		
8301	SOCIAL SECURITY NUMBER NOT PROVIDED		
8302	HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME		
8302 DISABLED	HOUSEHOLDS CONSISTING ENTIRELY OF ELDERLY OR		
DIS/ADLED	PERSONS		
8302	INTERIM REPORTS		
8303	Interim Report Registration		

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject
8303	Complete Interim Reports
8303	Incomplete Interim Reports
8305	Reminder Notice
8305	Non-receipt of Interim Reports
8350	DECISION AND NOTIFICATION
8350	GENERAL
8350	HOUSEHOLD COOPERATION
8351	ELIGIBILITY DECISION
8351	Applications
8351	Recertification's
8352	Changes Within Certification Periods
8352	BASIS OF ISSUANCE
8352	Issuance and Expungement Period
8352	NOTICES TO HOUSEHOLDS
8352	MDHS-EA-530, Rights and Responsibilities of SNAP Households
8353	Request for Information Notice
8353	Notice of Approval
8353<u>4</u>	Expedited Approval with Postponed Verification Notice

[TABLE OF CONTENTS FOR CHAPTER 8: THE CERTIFICATION PROCESS]

Page	Subject		
8354		Notice Pended Application	
8354		Notice of Denial	
8354		MDHS-EA-944, Notice of Action	
8355		MDHS-EA-945, Notice of Change	
8355		Notice of Adverse Action	
8358		Notice of Expiration	
8358		Notice of Appointment	
8358		Notice of Missed Appointment	
8358		Notice of Closure	
8358		Notice of Reinstatement	
8400	SSI/SNAP JO	SI/SNAP JOINT APPLICATION PROCESSING	
8400	GENE	RAL	
8400	SSI HC	SSI HOUSEHOLD DEFINITION	
8400	RIGHT	RIGHT TO FILE	
8400	RESP(RESPONSIBILITIES OF SOCIAL SECURITY OFFICE	
8402	RESP(RESPONSIBILITIES OF COUNTY OFFICE	
8405	RECE	RECERTIFICATION	
8405	CHAN	CHANGES	

[TABLE OF CONTENTS FOR CHAPTER MISSISSIPPI 8: THE CERTIFICATION PROCESS

Page	—— Subject
8406	CERTIFICATION PERIODS
8406	WORK REGISTRATION
8406	RESTORATION OF LOST BENEFITS
8406	NON-SSI HOUSEHOLDS REFERRED BY SSA
8406	MISSISSIPPI COMBINED APPLICATION PROJECT (MSCAP)
8406	QUALITY CONTROL
8450	CHOCTAW FOOD DISTRIBUTION PROGRAM
8450	GENERAL
8450	CHOICE OF PROGRAMS
8451	COMMUNICATION BETWEEN PROGRAMS
8453	RESPONSIBILITY OF COUNTY
8453	RESPONSIBILITY OF CHOCTAW FOOD DISTRIBUTION PROGRAM
8454	CHECKING FOR DUAL PARTICIPATION
8454	CLAIMS AS A RESULT OF DUAL PARTICIPATION
8500	TRANSFER OF CASE RECORD
8500	INTRODUCTION
8500	TRANSFER OF CASE RECORD
8500	Transfers Within the State

[TABLE OF CONTENTS FOR CHAPTER MISSISSIPPI 8: THE CERTIFICATION PROCESS

Page	Subject
8501	Responsibilities of Receiving County
8501	Transfers in Last Month of Certification
8501	Interim Reports
8502	Transfer Procedures/Add-A-Program
8503	Transfer of Combination Cases
8503	Transfers Involving Claims
8504	For Applicant Moving Out of Country
8504	When the Household Moves Out of State
8505	CHANGES WITHOUT NOTIFICATION
8505	Closed Cases Registered in New County
8505	Active Cases Add a Program
8506	NOTIFICATION FROM OTHER SOURCES OF HOUSEHOLD'S MOVE
8600	DISASTER SNAP BENEFITS
8600	ELIGIBILITY FACTORS
8600	APPLICATION PROCESS

Revised 10-01-11

CENERAL

Every household shall be given the opportunity to apply for SNAP benefits. The application process includes the household or its authorized representative completing and filing an application form, being interviewed, and having certain information verified. Application shall be made in the name of the case head and in the county in which the household resides. When a county office receives an application and later determines that the household resides in another county, the case must be transferred in "received" status to the appropriate county office, with the application scanned and the receiving county notified of the transfer. See TRANSFER OF CASE RECORD, later in this chapter.

Expedited service shall be available to households in immediate need. See provisions in this chapter and in Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

APPLICATION FORM

MDHS-EA-900, Application for Temporary Assistance for Needy Families and SNAP, is by design, a client-oriented form and is used along with the interview process to collect data for entry into MAVERICS. Therefore, MDHS-EA-900 should be provided (given or mailed) to a client who expresses an interest in applying for SNAP benefits. The MDHS-EA-900 can easily be completed by the client. At a minimum, the client must fill out Page 1 which contains the information needed to serve as a valid application. Page 2 of the application may also be filled out by the client, or the client may be assisted in completing the form. References in the remainder of this material to making the application form available to households, mailing it to the client, etc., refer to form MDHS-EA-900 Page 1, since receipt of this form, properly signed, initiates an application for SNAP benefits.

The local office shall make application forms readily accessible to potentially eligible households and to those groups and organizations involved in outreach efforts. The local office shall also provide an application form to anyone who requests the form.

Any person expressing an interest in applying for SNAP benefits will be given an application form to complete. The applicant will be told at that time that a friend, relative or agency employee may assist him in completing the form, but that he is responsible for the contents. The application may be completed in the office or submitted by mail but must be signed by the case head, spouse, a responsible household member or authorized representative. Although the application form is designed to be client-oriented, the worker will assist the applicant in completing the form if requested to do so.

Revised 10-01-11

RESPONSIBLE HOUSEHOLD MEMBER

For the purpose of applying or interviewing for SNAP benefits, a "responsible member" of the household is any member "capable of representing" the household by providing not only sufficient but accurate information concerning household circumstances. There may be circumstances where the worker has sufficient justification to question whether a household member is considered responsible in representing the household, in which case the worker may want to discuss this with the household.

If the worker determines that a household member is not responsible, that member will be prohibited from representing the household, including designating an authorized representative to act on behalf of the household. The worker will document the case record to support the decision.

It is not required that a responsible household member be an adult. Minors are subject to the same disqualification penalties and possible prosecution, perhaps with the appropriate court being a juvenile court.

MAKING APPLICATION

Notice of Right to File

Notices shall be posted in all certification offices explaining the application processing standards and the right to file an application on the day of initial contact. A household has the right and shall be encouraged to file an application form the same day the household or its representative contacts the office in person or by telephone and expresses interest in obtaining SNAP benefits. In addition, the household shall be advised that it does not have to be interviewed before filing the application.

Contacting the County Office

A household which contacts the county office by telephone and prefers to receive an application through the mail shall have MDHS-EA 900, mailed the same day the telephone request is received. An application shall also be mailed on the same day a written request is received.

When a household contacts the wrong certification office, either in person or by telephone, the household shall be given the address and telephone number of the appropriate office (if in person, the household must be given the opportunity to apply). If the certification office receives and registers an application and later determines the household resides in another county, the application must not be denied. The case should be transferred in "received" status to the appropriate county office, with the

application scanned to the appropriate electronic case folder. If the household has mailed its application to the wrong office within a county, the application must be registered on the date of receipt, the application scanned to the appropriate electronic case folder, and the case transferred in "received" status to the appropriate county office on the same day.

Persons who contact the office and indicate that they work during all or nearly all scheduled hours of certification service shall be informed of the availability of appointments for specific dates and time.

People who contact the office inquiring about certification services shall be advised of the conditions under which out-of-office certification services are available.

Filing an Application

Households must file the SNAP application by submitting the application form either online at http://www.mdhs.state.ms.us/, in person, through an authorized representative or by mail, or by fax. In addition, applications containing a handwritten or electronic signature online application transmitted by fax or other electronic transmission are acceptable and considered valid applications. Mississippi has taken the state option to accept telephonic signatures on initial applications and recertification applications. This is only being utilized by our current SNAP Outreach Partner.

When the case head or spouse cannot make application, another household member may apply or an adult nonhousehold member may be designated as the authorized representative in order to make application. The case head or spouse should complete the application form or review it whenever possible, even though either another household member or authorized representative will actually be interviewed. The household shall be informed that if the household receives benefits that it is not entitled to receive because the authorized representative gave incorrect information, the household will be held responsible.

If an authorized representative makes application on behalf of a household, MDHS-EA-918, Representative Authorization or the SNAP Authorized Representative Section of MDHS-EA-900, Part I, must be completed and received before the worker can approve the application.

The local office must provide benefits to the household within the timeliness standards outlined in this material. The date an application is filed must be documented by recording on the application the date that it is received by the local office. When a resident of an institution is jointly applying for SSI and SNAP benefits prior to leaving the institution the filing date to be recorded on the application is the date of the release of the applicant from the institution.

A properly filed application need only contain the applicant's name and address, and be signed by a

[THE CERTIFICATION PROCESS: APPLICATION]

Revised 10-01-11

responsible member of the household or the household's authorized representative. When the applicant signs by a mark, a witnesses' signature is required unless witnessed by an eligibility worker, in which case the worker's signature is sufficient.

If a client requests TANF benefits in addition to SNAP benefits at the time of the interview and did not make the requests for both at the time of application, it is not necessary for any additional application to be filed. A client may have an application filed for SNAP or TANF but decide at the interview to request both. The EW should consider all changes that have occurred between the time the application is submitted and the time of the interview; therefore, if the client requests TANF benefits at the time of the interview and is eligible the day the application is filed, benefits would begin based on the date the application was filed.

Withdrawing Application

The household may voluntarily withdraw its application at any time prior to the determination of eligibility. The worker shall document in the case record the reason for withdrawal, if any was stated by the household, and that contact was made with the household to confirm the withdrawal. The household shall be advised of its right to reapply.

THE INTERVIEW

All applicant households, including those submitting applications by mail or fax, shall have an interview with a qualified eligibility worker prior to initial certification and all recertification's. The interviewer shall not simply review the information that appears on the application, but shall explore and resolve with the household unclear and incomplete information. See Probe Interviewing later in this chapter.

Scheduling the Interview

Upon receipt of an identifiable application, the worker will either interview the household the same day the application is submitted or provide the household an appointment via MAVERICS A906, Appointment Notice, MAVERICS A925 Appointment Notice (for telephone interviews) or MDHSEA-940 if MAVERICS is not available, for an interview on the earliest possible date but no later than 10 days. If the household fails to appear for the interview, the worker must send a second notice, F902 — SNAP Missed Appointment, to notify the household of the missed appointment. Otherwise, the application will be denied in accordance with the timeliness standard as outlined later in this chapter. In the event the household requests a second appointment, it should be arranged as soon as possible.

Revised 04-01-13

The interview should be scheduled to allow sufficient time to determine eligibility and provide benefits within the timeliness standards outlined in this chapter for both the household and the worker.

If a household member or authorized representative is unable to appear for an interview without missing time from work, the appointment should be set at a time that would eliminate, if possible, or minimize the applicant's absence from work.

Waiving the Office Interview

The office interview will be waived if requested by any household which is unable to appoint an authorized representative and which has no household member able to come to the office because they are 60 years of age or older, are mentally or physically handicapped as defined in Chapter 2, DEFINITIONS, or who have transportation difficulties or similar hardships which the worker determines warrants a waiver of the office interview. These hardship conditions include but are not limited to: illness, care of a household member, hardships due to residency in a rural area, prolonged severe weather, or work or training hours which prevent the household from participating in an in-office interview.

If the waiver is granted, the worker has the option of:

- 1. Conducting a telephone interview, provided a household hardship exists.
- 2. A home visit to conduct the interview. The home visit shall be used only if scheduled in advance with the household.

For households granted a waiver of the face-to-face interview, the MDHS-EA-900 application must be provided to the household for completion. At minimum, the household must complete Part I of the application, containing the household member's name, address, and signature, and return to the worker. As needed, the remainder of the application may be completed by the worker during the telephone interview, with Parts I and II of the application returned to the household for signature. The signed, completed application must be received by the worker prior to case approval.

Waiver of the face to face interview does not exempt the household from the verification requirements as outlined in this chapter. The waiver of the face-to-face interview shall not affect the length of a household's certification period.

Interview Facilities

Facilities shall be adequate to preserve the privacy and confidentiality of the interview which is an official and confidential discussion of the household's circumstances. In order to ensure privacy and confidentiality, group interviews are not allowed.

Holding the Interview

At the time of the interview the worker shall:

- 1. Review the information that appears on the application.
- 2. Advise the applicant of:
 - a. The household's rights and responsibilities as outlined in Chapter 1, including the responsibility to report certain changes in household circumstances. Changes which must be reported during the certification period are covered in this chapter under CHANGES WITHIN CERTIFICATION PERIODS. In addition to explaining the household's rights and responsibilities, the worker must give the applicant MDHSEA-530, RIGHTS AND RESPONSIBILITIES OF SNAP HOUSEHOLDS. See Instructions in Chapter 5, Generic Forms Manual.
 - b. Explain EBT card issuance and use of the card.
- 3. If additional information and/or verification must be supplied by the household in order for eligibility to be established, provide to the household MAVERICS F905, SNAP REQUEST FOR INFORMATION. If MAVERICS is not available, provide form MDHSEA-942, REQUEST FOR INFORMATION. If the manual request for information is used, be sure to document in MAVERICS (when the system becomes available) with the F000 notice to history. See OBTAINING ADDITIONAL INFORMATION/VERIFICATION in this chapter.

- 4. Explore and resolve with the household any unclear and incomplete information.
- 5. Explain the Quality Control Process. Applicants should be informed of the responsibility to cooperate with quality control reviewers if their case is pulled for review. Cooperation may include providing verification of statements in the case record or by giving the names of persons or organizations in obtaining necessary proof. Failure of the household to cooperate in the review process will result in case closure. See Chapter 1 QUALITY CONTROL REVIEWS.

Probe Interviewing

If an applicant's responses to questions asked in order to determine eligibility are incomplete, superficial, contradictory, suspicious or only hint at an answer, probe interview type questions would appear to be appropriate. How to ask the right question in order to obtain appropriate and complete responses and posing questions in such a way that the response will fill in any gaps in existing information should result in correct eligibility determination. Probing questions should not suggest possible answers. Examples of topics to be explored via probing questions are:

1.	Shelter expense	3.	Loan payment(s)
	A. Mortgage payment B. Insurance	4.	Medical expenses
	C. Taxes		A. Doctor/hospital payment(s)
	D. Rent		B. Prescribed medicine
	E. Water		C. Insurance premiums
	F. Garbage		•
	G. Utilities	_5	Dependent care expense
2.	Household appliance(s)/furniture A. Monthly payment(s) B. Monthly rental cost	6.	Support payment(s) A. Alimony B. Child Support
7.	Vehicle(s)	8.	Incidentals
	A. Monthly payment(s)B. Monthly cost of insuranceC. Average monthly operating expenses	9.	Other major monthly expenses

Revised 10-01-10

Even though some of these expenses are not considered in the SNAP budget, they, nevertheless, are expenses for which the household is responsible and may provide clues to unreported income, resources or household circumstances.

HOUSEHOLD COOPERATION

See DECISION AND NOTIFICATION later in this chapter. For failure of household to cooperate with Quality Assurance, see Chapter 1, GENERAL.

JOINT APPLICATION FOR SNAP AND TANF

Households applying for TANF shall be allowed to apply for SNAP benefits at the same time. SNAP eligibility shall be based solely on SNAP eligibility criteria, and households shall be certified in accordance with the notice, procedural and timeliness requirements of SNAP regulations.

Request for Assistance

When the request for TANF is made in person or by telephone the receptionist will either give or mail the MDHS-EA-900, Application for TANF and SNAP. If the applicant cannot be interviewed on the day the request is made, the receptionist will schedule an interview. At a minimum, Page 1 must be completed in order for the application to be considered valid. Clients should be encouraged to fill out Page 2 at the time of application, or the client can return them at the time of the interview.

Application and Interview

The worker shall conduct a single interview at initial application for TANF and SNAP benefits.

Processing the Application

Because of differences in TANF and SNAP application processing procedures and timeliness standards, the worker may have to determine SNAP eligibility prior to determining the household's eligibility for TANF. Action on the SNAP portion of the application shall not be delayed nor the application denied because the TANF determination has not been made.

Follow these guidelines when the worker completes the SNAP portion of the case prior to determining eligibility for TANF:

a. When the signed application is received by the county office, the application is registered in

MAVERICS which controls the time frame for application processing.

b. When possible, the certification period will be assigned to coordinate with other programs that the applicant is requesting or receiving at the time of application. This is necessary to manage caseloads at the time of reevaluation.

Example: On April 10 an applicant applies for TANF and SNAP. The SNAP case is determined to be expedited and is approved on April 14. Based on the household's circumstance, the certification period assigned is April through September. The TANF case is later approved on May 1. The redetermination date for TANF will be October.

EXAMPLE: On May 5 a part-time employed applicant applies for TANF and SNAP. The simplified reporting case is approved on June 1. This case is assigned a six month certification period. Thus, the SNAP certification period will be May through October while the TANF redetermination will be effective November.

c. If the worker can anticipate the amount and the receipt date of the initial TANF payment but the payment will not be received until a subsequent month, the worker shall vary the household's SNAP benefit level (variable basis of issuance according to the anticipated receipt of the payment). Portions of initial TANF payments intended to cover retroactively a previous month shall be disregarded because they are considered lump sum payments as outlined in Chapter 4.

If the amount or date of receipt of the initial TANF payment cannot be reasonably anticipated at the time of the SNAP eligibility determination, the TANF payment shall be handled as a change in circumstances.

d. If the household is approved for TANF after the SNAP application has been approved, the worker will notify the household via MAVERICS F302, SNAP Decrease: Non-Adverse Action; or MDHS EA 945, Notice of Change, with MAVERICS FOOO documentation notice. At authorization, the reevaluation due date of the TANF case will be set to coincide with the established certification period of the SNAP case.

If the amount and receipt date of the TANF payment could be anticipated, the above would be handled via the variable basis of issuance provision at the time the application was approved. However, if the amount and receipt date of TANF could not be anticipated, the TANF payment is handled as a change in circumstances, except that the worker is not required to send a notice of adverse action if receipt of the TANF payment reduces or

terminates the household's SNAP benefits and the household is notified in advance that its benefits may be reduced or terminated when the grant is received.

e. Households whose TANF applications are denied shall not be required to file new SNAP applications. SNAP eligibility shall be determined or continued on the basis of the original applications filed jointly for TANF and SNAP purposes. Any other documented information obtained subsequent to the application which may have been used in the TANF determination and which is relevant to SNAP eligibility or level of benefits should be filed appropriately in the case record.

OBTAINING ADDITIONAL INFORMATION

If it is determined at the interview or at any time during the application process that additional information or verification is required, or that a household member is required to register for employment, the household must be given at least 10 days to comply with the request which is made via MAVERICS F905, SNAP Request for Information, or MDHS-EA-942, Request for Information. See exception under DELAYS IN PROCESSING, Determining Cause.

Even though the household must be given at least 10 days as outlined above, the case must be held open for 60 days and the household given all that time to complete the application process.

NORMAL PROCESSING STANDARD

If the household is eligible, written decision of approval must be received by the household as soon as possible but no later than 30 days after the date of receipt of application, or no later than the last issuance day before the end of the 30 day period, whichever comes first. At least 2 days mailing time must be allowed if the notice is mailed. In most instances, an EBT card should be requested, if needed, no later than the 23rd calendar day from the date of application to allow timely receipt of the card. It is the county's responsibility to ensure benefit availability and timely issuance of the EBT card so the participant has access, i.e., card in hand and benefits available, by the 30th day following application.

NOTE: The 30 day processing standard for residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from an institution begins with the date of their release from the institution.

If the household is found to be ineligible, written notice shall be provided as soon as possible but not later than 30 days following the date of receipt of application.

Delays caused by either the household or the worker will be handled in accordance with procedures outlined below.

DELAYS IN PROCESSING

If the worker cannot or does not determine eligibility and provide an eligible household the opportunity to participate within 30 days of the date the application was filed, the worker shall determine cause and take appropriate action as outlined below.

Determining Cause

If the worker has taken the following action, the delay can be considered the fault of the household:

- Offered to assist the household in completing the application.
- If a household member has failed to register for work and the worker has informed the household of the requirement and has given the household at least 10 days from the date of notification to comply.
- In cases where verification is incomplete, and the household has been provided with a statement of required verification and has been offered assistance in obtaining required verification and allowed sufficient time (10 days from the date of initial request) to provide the missing verification.
- In cases where the household failed to appear for an interview but has rescheduled the initial interview for a date within 30 days of the date the application was filed. For example:

	March		April
2	15	19	<u>1</u>
Date of	Interview	Interview	Appl.
Appli	Scheduled-	Rescheduled-	Continued
cation	Did Not Show	Did Not Show	Pending

However, if the household has failed to appear for the first interview and a second interview

is scheduled but postponed at the household's request or cannot be rescheduled until after the 20th day but before the 30th day following the date the application was filed, the household must appear for the interview, register members for work, and provide the necessary verification by the 30th day; otherwise, the delay will be the fault of the household. 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 the application was filed, the delay will be the fault of the household. If the household has missed both scheduled interviews and requests another interview, the delay shall be the fault of the household. For example:

March		April		
5	10	18	30	4
Date	Interview	Interview	Interview	Appl.
of	Scheduled,	Scheduled,	Held	Cont.
Appl.	Did Not	Household	Verif.	Pending
	Show	Postpones Interview	Requested	

Action on Delays Caused by Household

If, by the 30th day, the worker cannot take any further action on the application due to the fault of the household the client will be sent MAVERICS F103, Notice of Penned Application or form MDHSEA-944, Notice of Action, outlining the reasons eligibility has not been determined and detailing any action the household must take to complete the application process. If the 30th day falls on a weekend or holiday, the notice shall be issued the first working day following the weekend or holiday. See Volume X, MAVERICS instructions or Generic Forms Manual, form MDHS EA944 instructions.

If eligibility cannot be determined within the second 30 day period due to the fault of the household, the application will be denied without further notification to the household.

If eligibility is determined during the second 30 day period, the household will be notified via MAVERICS F101, SNAP Approval Notice or form MDHS-EA-944; however, benefits will be

prorated from the date the household took the necessary action. See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

EXAMPLE: A household applies for SNAP benefits on April 10 and is interviewed that day. The worker requests verification also on that day. The household does not provide it until May 19. The household is determined eligible, and benefits are prorated from May 19 (the date the household took the necessary action).

EXAMPLE: A household applies for SNAP benefits on April 22 and is interviewed on April 26. Required verification is requested of the household at the time of the interview. Household delays providing necessary verification until June 5. Household is determined eligible and is provided benefits prorated from June 5.

Action on Delays Caused by Worker

When a delay in the initial 30 day period is the fault of the worker, immediate corrective action must be taken. Except for aliens who have not been given a reasonable opportunity to submit acceptable documentation as specified in Alien Status material of this chapter, the worker must notify the household by the 30th day after the application was filed that the application is being held pending, the reason, and any action the household must take to complete the application process. For example:

June		July	
12	16	5	12
Household Applies	Initial Appointment	Interview Held	
	(2nd App.	and Verification	
	Requested)		Requested

On July 12, the application would enter continued pending status because the worker had not allowed the household 10 days to provide the necessary verification. MAVERICS F103, Notice of Pended Application or form MDHS-EA-944, Notice of Action would be sent to the household to show continued pending status.

1. If the household is found to be eligible during the second 30 day period, the household is entitled to benefits retroactively, to the day of application.

Revised 04-01-10

2. If the household is found to be ineligible during the second 30 day period, the worker will deny the application and notify the household using MAVERICS SNAP Denial Notice or form MDHS-EA-944. Notice of Action and MAVERICS FOOO documentation notice.

Delays of 60 Days or Longer

Delays of 60 days or longer will be handled as follows:

Delay Beyond First 60 Days Caused by Worker

The application will remain pending until an eligibility determination is made. When this determination is made, the household will be notified via form MDHS-EA-944 or MAVERICS SNAP Approval or Denial Notice. The household, if eligible, will be entitled to benefits retroactively, to the day of application.

Delay During First 60 Days Caused by Household

Because notice was provided to the household at the end of the first 30 day period, no further notice is required. Agency procedure for denying the application will be completed at the end of the 60 day period.

Delay Beyond First 30 Days Caused by Household, Second 30 Days by Worker

The application will remain pending until an eligibility determination is made, at which time the household will be notified via MAVERICS SNAP Approval or Denial Notice or MDHS-EA-944, Notice of Action. If eligible, the household will be entitled to retroactive benefits, but only back to the day the household took necessary action.

Delay Beyond First 30 Days Caused by Worker, Second 30 Days Caused by Household

The application will be denied at the end of the 60 day period. Because notice was provided to the household at the end of the first 30 day period, no further notice is required. The household shall not be entitled to retroactive benefits even if the delay in the initial 30 days was the fault of the worker. Example: The worker did not request certain required verification within the first 30 days, but did request the information on the F103/SNAP Notice of Pended Application. Because it has been more than 60 days since the application was filed and the applicant did not provide the requested verification, no retroactive benefits are due.

Revised 04-01-10

EXPEDITED SERVICE

Certain households (See Chapter 7, SPECIAL CIRCUMSTANCES) are entitled to expedited service. In addition, destitute households may be entitled to special income calculation procedures. These households do not have to request expedited service. The county is expected to provide this service regardless of whether the request is made.

Identifying Households Entitled to Expedited Service

The MDHS-EA-900 will be used to ensure that each household is screened for eligibility of expedited services.

Out-of-Office Interviews

If a household is entitled to expedited service and is entitled to a waiver of the office interview, the interview and application process shall be completed within the expedited service standards. The first day of this count is the calendar day following the application filing date. If the interview is conducted over the phone and the application needs to be mailed to the household for a signature, the mailing time will not be counted toward the seven calendar days. Mailing time for expedited service purposes means the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.

EXAMPLE: A household makes an application on February 15. On February 17, a telephone interview is conducted and the application is also mailed to the applicant for a signature. The application is received back in the office on February 21. The household must be able to receive their SNAP allotment by February 25th.

Processing Standards

Expedited households must be able to receive their SNAP benefits no later than the seventh calendar day following the date the application was filed. Request for an EBT card must be made, if needed, on the day of application or the day of the interview. Benefits must be authorized within the appropriate time frame to allow the recipient access, i.e., card in hand and benefits available, no later than the seventh day. The filing date of a resident of a public institution who applies for SSI and SNAP benefits jointly and who is entitled to expedited service is the date of release of the applicant from the institution.

NOTE: There are no exceptions to these requirements for weekends or holidays.

EXAMPLE: A household makes an application on a Friday. The benefits must be available no later than Friday of the following week. An EBT card(s) must be ordered the day of application or the day of interview. Benefits should be authorized to allow access no later than the 7th day.

EXAMPLE: A household makes an application on a Monday and the following Monday is a holiday. The EBT card is ordered on the day of the application. Benefits are authorized on Friday which allows availability on Saturday, meeting expedited requirements.

Late Determination of Households Needing Expedited Service

If the prescreening process fails to identify the household as being entitled to expedited service and the worker or supervisor subsequently discovers that the household is entitled to expedited service, the processing standards specified above apply, with the exception that the date for calculating the processing time standard begins with the date the worker or supervisor discovered the household was entitled to expedited service.

POTENTIALLY CATEGORICALLY ELIGIBLE HOUSEHOLDS

Applicant households which are potentially categorically eligible shall be handled as outlined below:

If the potentially categorically eligible household is ineligible for SNAP benefits, the application must be denied prior to the 60th day (the original 30 days plus the extended 30 days) pending a decision on the household's eligibility for TANF/SSI. The notice must be sent on the 30th day as required by ongoing policy to inform the household that the case is pending the decision of its TANF/SSI application. The notice should also instruct the household to notify the county as soon as possible when a decision is rendered on its SSI application. Obviously the worker will be aware of the determination on a TANF application so notification by the client is not necessary. In the event the worker determines that the household is not categorically eligible, i.e., the TANF/SSI application is rejected, ongoing policy for handling SNAP applications will be followed.

If a potentially categorically eligible household which has been denied because a decision has not been rendered on its TANF/SSI application by the 60th day is subsequently approved for TANF/SSI and is therefore categorically eligible for SNAP benefits, the household is therefore entitled to have its SNAP benefits determined based on the original

THE CERTIFICATION PROCESS: APPLICATION

Revised 04-01-10

SNAP application and any pertinent changes that have occurred since the application was filed. The county shall not require the household to be reinterviewed but shall update the application from other available information and/or through telephone or mail contact with the household or its authorized representative. If there are changes, the county must have the household initial changes on the original application, and resign and redate the application. Although the county cannot require the household to come in to resign and redate the application, the household may choose to do so rather than having the application mailed.

- 3. Households originally denied but later determined categorically eligible using the same application, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are paid. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later.
- 4. A household which becomes categorically eligible due to approval of an application for SSI benefits will also be entitled to the uncapped shelter and medical deductions. The entitlement to these deductions begins at the same time the household becomes categorically eligible, i.e., from the date the SSI benefits are payable or the date of the SNAP application, whichever is later. In addition, any denied household that becomes categorically eligible because of SSI approval will also have its benefits restored based on entitlement to the special deductions.

NOTE: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from the institution shall not be categorically eligible on a finding by Social Security Administration of potential SSI eligibility prior to such release. The individual shall be considered categorically eligible at such time as the final SSI eligibility determination has been made and the individual has been released from the institution.

AUTHORIZED REPRESENTATIVE

When the case head, spouse or a responsible household member cannot apply, an adult non-household member may be designated to make application on behalf of the household under the following conditions:

- The authorized representative(s) may be designated via MDHS-EA-900, Page 2, or MDHS-EA-918, Representative Authorization, by the case head, spouse or another responsible member of the household. This designation must be made prior to certifying the household. It is not valid for subsequent applications or recertifications, and does not automatically authorize the designated person as a benefit representative for the household (see below).
- The authorized representative(s) must be an adult who is familiar with the current circumstances of the household. If, during the interview, it becomes obvious that the authorized representative is not sufficiently aware of current household circumstances, the worker will document the case record accordingly and:
 - Immediately request in writing that the household designate another authorized representative; if a 2nd authorized representative is not provided. Form MDHS-EA-918 will be included with the request; or
 - Make an appointment with the 2nd authorized representative for an interview; or
 - Make an appointment to visit the household so that an interview can be held.

BENEFIT REPRESENTATIVE

Each household should be encouraged to designate a person to serve as benefit representative in accessing SNAP benefits when the case head or spouse is unable to do so because of illness, employment, etc. The person designated may be a responsible household member, the authorized representative or another non-household member. Note that it is not necessary to designate the case head or spouse because these designations are automatic. If the spouse is listed as a benefit representative they are counted as one of two representatives that can be appointed for the case. It is necessary to enter the spouse's name and other identifying information on the EBCR screen in MAVERICS.

At application, the case head or authorized representative may designate a benefit representative via MDHS-EA-918. In addition, a benefit representative may be designated via MDHS-EA-918 at any time during the certification period by the case head, spouse or responsible household member.

The benefit representative authorization is valid only for the certification period. However, the case

head, spouse or responsible household member may withdraw the authorization at any time. Withdrawal of authorization will be made upon the request either in person, telephone or in writing. If not made in writing, the case record will be documented.

The name, address, Social Security number, and date of birth of each benefit representative must be entered on the EBCR screen in MAVERICS. For aliens and others without a SSN, the case number should be used on EBCR in place of the SSN.

EMERGENCY SNAP BENEFIT REPRESENTATIVE

An emergency benefit representative may be designated in situations where the head of household dies or is otherwise unable to obtain benefits, and there is no other designated benefit representative. For example, an EBT card may be issued to and benefits accessed by a person who obtains custody of the children in situations where the case head dies and no other adults remain in the household. Documentation supporting this action should be included in the case record.

DRUG ADDICT - ALCOHOLIC TREATMENT CENTER REPRESENTATIVE

There are special provisions for drug addicts and alcoholics residing in treatment centers. See Chapter 7 for details.

BLIND/DISABLED GROUP HOME REPRESENTATIVE

See Chapter 7 for special provisions for blind/disabled individuals who reside in certain type group homes.

RESTRICTIONS ON REPRESENTATIVES

Agency Employees and Retailers

Agency employees and retailers authorized to accept SNAP benefits cannot act as representatives unless:

- 1. It is determined that no one else is available to act on behalf of the household, and
- Written approval at each designation is given by the county director. This approval must be filed in the case record.

Revised 11-01-14

Persons Disqualified for Fraud

Persons disqualified for fraud shall not act as representatives during the period of disqualification, unless the disqualified person is the only adult member of the household able to act on its behalf and the worker has determined that no one else is available to serve as representative. The worker shall determine separately whether these individuals are needed to make applications for the household and/or to obtain the SNAP benefits. Document the justification for the disqualified individual to continue to serve as authorized representative.

LIABILITY FOR DESIGNATION

It is important that the case head or spouse prepare or review the application whenever possible, even though another household member or authorized representative will actually be interviewed. The household shall be informed that it will be held liable for any overissuance which results from erroneous information given by the authorized representative, with certain exceptions. See Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS and BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

DOCUMENTATION AND CONTROL OF REPRESENTATIVES

Representatives shall be properly designated. Their names shall be contained in the case record of the household. There shall be no limit placed on the number of households a representative may represent. In the event that employers, such as those employing seasonal farm workers or migrants, are named as representatives or that a single representative has access to a large number of SNAP benefits, caution should be exercised to ensure that: the household freely requested the representative; the household's situation is correctly represented and the household is receiving the correct amount of benefits; and that the representative is using the SNAP benefits properly. Any suspected misuse of benefits by representatives should be discussed with the household and assistance given to the household in naming another representative. See Chapter 11, CLAIMS.

USING BENEFITS TO PURCHASE FOOD

The SNAP benefit representative may use benefits to purchase food for the household. When a benefit representative is given a card, they have access to all benefits in the EBT account and have full consent of the household to use the benefits.



Revised 03-01-14

ISSUANCE OF ELECTRONIC BENEFIT TRANSFER CARDS

An EBT card shall be issued to each certified household as proof of program eligibility. The EBT card will be issued in the name of the case head and in the names of individuals designated as benefit representatives. The PI and up to two representatives will receive cards. Each representative will have full access to the household's benefits. Initial card issuance occurs through the EBCR screen in **MAVERICS.**

The EBT card will be issued at the time of initial certification and replacements made in instances of loss, mutilation, destruction, or changes in persons authorized as benefit representatives. Requests for replacement cards can be made through EBCR or the customer services VRU (Voice Response Unit). These processes will deactivate any card being replaced and will order a new card. (Note: Card deactivation is immediate when processed through the VRU, while deactivation through EBCR is a twoday process). Replacement cards will be sent to the mailing address of the case.

Excessive Card Replacements

Federal law requires agencies to notify households when the number of card replacement requests is determined to be excessive.

- Households requesting four (4) or more card replacements within a 12 month period will be issued MAVERICS notice X311, Excessive Card Replacement Notice. The notice informs households that EBT transactions are monitored and provides guidelines on proper EBT card
- For households receiving monthly benefits exceeding \$300, the fourth replacement request will trigger an investigation by State Operations to determine possible reasons for excessive requests. State Operations will make two attempts by phone to contact the household to discuss household card issuance requests. If these attempts to contact the household fail, the household will be issued MAVERICS Notice F906, SNAP Request for Information. Failure of the household to respond within ten days to the request for information will require referral to the Division of Program Integrity (PI) for investigation.
- PI will have sixty days to complete the investigation and report the results to State Operations.
- Investigative findings will be documented through Case Documentation (CADM) in MAVERICS, with related documents scanned to the case record's Temporary Documents folder in Interwoven/Worksite. State Operations will maintain a spread sheet to track



Revised 03-01-14

referrals to PI and subsequent investigative results.

If a fifth EBT card replacement request occurs within a 12 month period, regardless of the household's benefit amount, the case will be referred to Program Integrity. PI will have sixty days to complete the investigation and report its findings to State Operations.

Initial cards will be activated when the client selects a PIN through the customer service VRU. Replacement cards will retain the original PIN selected by the client. EBT cards have no expiration dates.

Mississippi Combined Application (MSCAP) Cards

MSCAP cases in the EBT system are considered cases of the resident county for processing purposes. All EBT cards for MSCAP participants are mailed to the address of the household. County staff has access to MSCAP cases in the EBT system.

Lost, Stolen or Damaged Cards

Cardholders may contact the VRU to report a lost/stolen/damaged card and to request a new card. Replacement requests may also be made through the county office. The county worker may request a new card via the EBCR screen in MAVERICS. If a cardholder believes his/her PIN has been compromised, he/she may contact customer service. To further ensure security, cardholders should Be encouraged to provide additional information, such as a special password, to be used when requesting a new card. If cardholders take this option, the password should be obtained by the caseworker and provided to the Field Operations Help Desk through the usual MDHS-EA-100 process. As stated above with the Voice Response Unit (VRU), card deactivation is immediate through the customer service VRU and is a two-day process through EBCR.

Change of Representative

The household may request a benefit representative change or authorize a new benefit representative. The case worker will make the change via EBCR. When the benefit representative has misused the card, deactivation of the card may be done immediately by the household contacting the customer service VRU.



Revised 03-01-14

Closing an EBT Account

When it is determined that all household members are deceased, deactivation of the EBT account must be completed and the SNAP case closed. Contact the EBT Help Desk for account deactivation.

Claims

EBT benefits will be used to pay claims. Benefits from inactive EBT accounts and expunged benefits will be used to repay outstanding claims in certain cases. See Chapter 11, Claims, for further discussion.

ADJUSTMENTS TO ELECTRONIC BENEFIT TRANSFER ACCOUNTS

The recipient or the retailer can initiate an adjustment to a recipient's Electronic Benefit Transfer (EBT) account. The recipient may request an adjustment because they believe an error has occurred in which their EBT account was debited twice. Retailers may request an adjustment to debit the recipient's account because their equipment did not correctly complete the transaction. This is typically triggered by a communication anomaly that has the effect of the recipient becoming "unduly enriched", by receiving goods from a retailer without a debit transaction being posted to their EBT account balance.

Once an adjustment to an EBT account has been requested by either the recipient or retailer, an investigation of the claim is completed by Customer Service. A decision to approve or deny the adjustment request is made by the EPPIC Customer Service Unit, the State will be notified, and will then take appropriate action based on that decision.

Recipient Initiated Adjustment

Recipients have 90 calendar days from the date of the transaction error to initiate a credit adjustment claim. A credit adjustment is the credit of funds to the recipient's balance and the debit of funds from the retailer. The recipient will contact the Customer Service Unit to initiate the claim. Recipient initiated claims will be processed within 10 business days from the date the recipient reported the error. An adjustment request received and recorded by the Customer Service Unit will be assigned the current calendar date. The Customer Service Unit will then investigate and either approve or deny the claim.

MISSISSIPPI

[THE CERTIFICATION PROCESS: THE ELECTRONIC BENEFIT TRANSFER CARD]

Revised 03-01-14

Uncontested Recipient Initiated Adjustment Claims

Retailers and Third Party Processors (TPPs) will have 5 business days to respond to the claim. If the retailer or TPP does not respond within 5 business days, EPPIC will consider the claim uncontested and a credit will be issued to the recipient's account. The State will receive the adjustment transaction in the Daily Activity File when the transaction posts to the recipient's account. Notification to the recipient is not required regarding a credit to the EBT account.

Approved Recipient Initiated Adjustment Claims

If the recipient's adjustment request is approved by the Customer Service Unit, the client's EBT account will be credited and the State will receive the transaction in the Daily Activity file. Notification to the recipient is not required regarding a credit to the EBT account.

Denied Recipient Initiated Adjustment Claims

If the recipient's adjustment request is denied by the Customer Service Unit, no EBT account adjustment will be made. The State will also be notified of this denial via the Daily Activity File. In this instance, because it was the recipient who requested the adjustment, recipient notification will be required. When the State receives the Daily Activity File showing this transaction, the MAVERICS notice X307, EBT Adjustment Denial, will be generated by MAVERICS and mailed to the recipient.

The recipient may request a fair hearing if they disagree with the decision made on their adjustment request. Hearings based on adjustment requests will be discussed later in this chapter.

Retailer Initiated Adjustments

A retailer initiated adjustment to debit a client's account will be acted upon no later than 10 business days from the original date of the system error. The retailers will submit the adjustment requests to the EPPIC system through the eFunds Gateway Adjustment system. EPPIC will review the adjustment request and determine if it meets the time frames and appears to be a valid system error request. If the debit adjustment request is received by EPPIC outside the 10 business day time frame, the adjustment request will be denied.

If the adjustment request is received within the time frame, a decision to approve or deny the request will be made by the Customer Service Unit. If the request is denied, no transaction is reported to the

State. In this situation no adjustment is made to the retailer's account and the recipient's account	is



Revised 03-01-14

not affected.

If the adjustment is approved, EPPIC will generate an adjustment transaction on the Daily Activity File to the State. When this file is received, MAVERICS will generate notice X306, EBT Adjustment Notification to the recipient. This notice will contain all the information regarding the adjustment request including: benefit type, original transaction date, amount, tracking number, cardholder's name and the merchant information. This notice will also inform the recipient that they have 15 calendar days to dispute the debit adjustment and request a hearing.

After 15 calendar days, if no hearing has been requested by the recipient and if there are sufficient funds to cover the **full claim amount** of the adjustment request, EPPIC will automatically debit the client's account balance and settlement to the merchant will be initiated when the posting of the adjustment occurs.

If there are not sufficient funds in the recipient's account to cover the **full claim amount**, a partial adjustment **will not be processed**. The adjustment will continue to be "queued" until the end of the following month. The queue will attempt to process the adjustment for the full amount on a daily basis until the end of the calendar month following the initial attempt to process the adjustment. If the full amount of the adjustment cannot be settled by the end of the next month, the adjustment request is closed and denied due to insufficient funds. The retailer is notified of this denial through the eFunds EBT Gateway Adjustment system.

Fair Hearings

As stated earlier, the State will receive notification from EPPIC that an adjustment against the client's account has been initiated. This will allow the state to notify the client that a debit adjustment is forthcoming against their account.

If the client disputes the requested adjustment and requests a fair hearing within the 15 calendar day time frame, no further action will be taken to adjust (debit) the recipient's account until the fair hearing decision is rendered. The county will email form MDHS EA 509, EBT Adjustment Dispute Fair Hearing Form to the EBT Help Desk advising that the hearing has been requested. The EBT Help Desk will forward this information to EPPIC Customer Service to enter in the administrative terminal.

MISSISSIPPI

[THE CERTIFICATION PROCESS: THE ELECTRONIC BENEFIT TRANSFER CARD]

Revised 03-01-14

Once the fair hearing decision is rendered, the Administrative Hearings Unit will notify the Help Desk of the result. If the recipient wins the hearing, the Help Desk will notify EPPIC Customer Service to enter the fair hearing as approved in EPPIC and no future action is needed. If the recipient loses the hearing, the Help Desk will email a copy of the MDHS-EA-509 to EPPIC Customer Service in order for the funds to be removed from the recipient's account and given to the retailer, and to update status as denied. Collection activity will begin immediately against the current account balance. EPPIC will attempt daily to make the adjustment. No debit adjustment will occur unless the account has sufficient balance to complete the total amount of the adjustment by the end of the next calendar month. Partial adjustments will not be settled. If the total amount cannot be collected by the end of the next calendar month, the adjustment will not take place.

The client may request a fair hearing up to 90 calendar days from the date of the adjustment notice if they disagree with the debit adjustment. However, if the request is made outside the 15 calendar day time frame, the EPPIC system does not need to be notified of the fair hearing request.

Once this hearing has been held and a decision rendered in favor of the retailer, no further action is required. If the hearing decision is rendered in favor of the recipient, the MDHS-EA-509 will be emailed to EPPIC Customer Service by the Help Desk to reopen the adjustment and the recipient's account will be credited for the amount of the adjustment. The State will receive the adjustment transactions in the Daily Activity File when the transaction posts to the recipient's account.

Case record material directly related to the adjustment, including information supplied by EPPIC, should be scanned to the Fair Hearings folder in Interwoven/Worksite. The County will contact the Help Desk regarding the information needed from EPPIC. After the decision, Administrative Hearings will send the MDHS-EA 509 to the Help Desk and forward a copy, along with the decision, to the County Office.

BENEFIT AGING

When a client fails to access his/her SNAP benefits within a certain time frame, the account will become dormant (after 90 days of inactivity) and be expunged (after 365 days of inactivity) from the cardholder's EBT account and returned to the agency. This process is known as benefit aging. When an account is dormant, the cardholder can still access benefits until the time of expungement.



Revised 03-01-14

Analyze Aging

Analyze aging is a nightly process run by EPPIC after the day's transactions have been received and posted, to determine if benefits have reached a certain period (90 or 365 days) of cardholder inactivity (last date of activity). The EPPIC analyzing aging process tracks daily account activity and sets and maintains the aging out counter for SNAP benefits. Account activity is defined as any account debits or vendor credits. This does not include balance inquiries, account set up and maintenance (name/address/SSN corrections), PIN changes, repayments, adjustments (client or retailer) and expungements.

Dormant Accounts

Inactivity periods (90 and 365 days) are defined as the number of days between the current date and the date benefits were available or the date of the last cardholder initiated debit or vendor credit transaction. The available day of the benefit(s) is only used for new applications if no debit transaction has occurred.

EXAMPLE #1: 02/01/08 Feb. benefits available EXAMPLE #2	: 02/01/08	February benefits available
02/12/08 Debit Transaction	03/01/08	March benefits available
03/01/08 - Mar. benefits available	04/01/08	- April benefits available
04/01/08 April benefits available		(No debit transaction has occurred)
02/12/08 Benefit aging counter start date	02/01/08	Benefit aging counter start date

Dormant Status-90 Days of Inactivity

When the account has reached 90 days of inactivity (no purchases, reversals, reactivation, or returns for credit) the following will occur:

- The account status will change to dormant.
- Cardholder can access benefits from the dormant account.
- Credits (new benefits loaded and returns) are allowed, and will be accessible to the client.

Refer back to the examples above. If the account continues to remain dormant (no activity) the 90day inactivity status will occur as follows:

Example #1: 05/11/08 Example #2: 04/30/08

[THE CERTIFICATION PROCESS: RECERTIFICATION]

Revised 10-01-21

GENERAL

Households whose certification periods have expired or been terminated are no longer entitled to SNAP benefits until eligibility has again been determined by going through the application process. Essentially the same process for recertification is followed as for initial applications, i.e., an application must be completed, an interview held, the household submitting all necessary verifications, and the necessary processing steps completed. If the household meets all the necessary requirements of timely application for recertification, the household shall be approved or denied prior to the end of the household's current certification period.

NOTICE OF EXPIRATION

Each certified household must be provided a written notice of expiration for the certification period. MAVERICS provides an automatic notice of expiration for certified SNAP cases on the tenth of the month prior to the last month of the certification period. This notice however does not include an appointment for an interview. The worker shall issue an appointment notice through the normal system notice procedure (MAVERICS Notice F903, X801, A906, or X802, Telephone Appointment Notice, as needed) or in certain instances provide the household a manual notice of expiration and appointment (MDHS-EA-940). The notice must be given or mailed to the household as of the following dates:

1. If the household is certified for one month or is certified retroactively to the month of application, in the second month of a two month certification period, the notice must be given or mailed to the household on the day the current certification is completed.

EXAMPLE: A household files an application on June 12. The certification is approved on June 14 for one month, the month of June. The notice of expiration must be given or mailed to the household on June 14.

EXAMPLE: A household files an application on September 8. The certification is approved on October 2, retroactive to the month of application. The certification period is for two months, September and October. The notice of expiration must be given or mailed to the household on October 2.

All other households must receive a Notice of Expiration prior to the start of the last month
of the household's certification period. The notices are automatically generated via
MAVERICS on active cases.

NOTE: Households which are certified for a two month certification period in the first month must be authorized prior to the tenth of the month in order for the automatic notice to be sent. If the household is certified on or after the tenth of the second month, the worker is responsible for issuing the notice of expiration.

TIMELY APPLICATION FOR RECERTIFICATION

The notice of expiration will provide a deadline date by which an identifiable application must be submitted in order to be considered timely.

- 1. Households certified for one or two months during the month following application will have 15 days from the date the notice of expiration is received to file a timely application for recertification.
- 2. The deadline date for all other households will be the 15th day of the last month of the current certification period.

Note: Any application received prior to the end of the certification period must be approved or denied by the last day of the month.

SCHEDULING INTERVIEWS

At the time the Notice of Expiration (NOE), X004, is sent, the worker must send a SNAP Appointment Notice F903 (A906 for combination SNAP/TANF cases, A925 Appointment Notice for telephone interviews, X801 Appointment Notice, or X802 Telephone Appointment Notice) to provide a date and time for an appointment for the required interview. Issuance of the X801 and X802 comes via the RERA screen. The interview must be scheduled so the household is given at least 10 days after the interview to provide verification before the certification period ends. Any household receiving a notice of expiration shall attend any interview scheduled on or after the date the application is timely filed in order to retain its right to uninterrupted benefits.

The worker may schedule the interview prior to the date the application is timely filed, provided the household is not denied at that time for failing to appear for the interview.

For example: The worker assigns an appointment date of April 25. The timely application deadline is May 15 for recertifications ending May 31. The client fails to show for the appointment, but the client makes timely application on May 10. This application should not be denied based on the missed appointment. In fact, the worker should send the client another appointment notice.

The interview shall be scheduled on or after the date the application was timely filed if the interview has not been previously scheduled, or the household has failed to appear for any interviews scheduled prior to this time and has requested another interview.

If the household submits a completed MDHS EA 900 SNAP application but fails to appear for a scheduled interview, the worker must send Notice F901, SNAP Recertification — Missed Appointment. Households that do not submit an application for recertification and fail to appear for a scheduled interview must also be provided with Notice F901. The household is under no obligation to keep an appointment prior to the date an application is submitted.

EXAMPLE: The worker assigns an appointment date for June 10. The timely application deadline date is June 15. If the household has not submitted an application as of June 10, it is under no obligation to keep the appointment. However, if the household submits an application on or before June 10, the appointment should be kept.

If the household fails to keep an appointment scheduled prior to the timely application deadline date when the household had not yet submitted an application, but does later file a timely application, the worker must reschedule an appointment prior to the deadline. If the application is filed too late to do so, but is still timely, an appointment must be scheduled as soon as possible.

HOUSEHOLD RESPONSIBILITIES

The household is responsible for making timely application for recertification. The identifiable application for recertification is the MDHS EA 900, Application for TANF and SNAP.

In addition to making timely application, the household must be available for an interview and provide any required information and/or verification needed to determine eligibility.

For households granted a waiver of the face-to-face interview, the household may sign the MDHS-EA-900 application and return to the worker for processing.

WORKER RESPONSIBILITIES

It is the responsibility of the worker to check SOLQ and/or WTPQ on every household member at each recertification. The worker should not print each query response for inclusion in the case record but should check SOLQ and/or WTPQ history screen and review the data.

PROCESSING STANDARDS

The worker will process the application and notify the household according to the timeliness standards outlined below.

- 1. Timely applications submitted by households for recertification that complete all the required actions before the end of the its current certification period must be processed by the end of the certification period and benefits will not be prorated.
- 2. Households submitting a timely application for recertification but failing to appear for an interview or to provide needed information and/or verification will have their applications denied at the end of the current certification period.
- 3. All recertification applications must be processed before the end of the certification period regardless of whether the applications are submitted timely (by the 15th of the month) or late.
- 4. If the recertification process is delayed beyond the end of the expiring certification period due to a household delay, benefits will be prorated based on when the recertification application is filed.
- NOTE: If the 10 day time frame for the household to provide the verification extends past the end of the certification period, the household must be given the opportunity to participate within 5 business days after the household provides the information. If eligible, benefits cannot be prorated.

Proration of Benefits When an Application is Received Prior to Last Day of Certification

When a household files an application prior to the end of the certification period, regardless of whether the application was submitted by the 15th day of the last month, and the household completes the last outstanding action, such as providing verification, within 30 days after the end of the certification period, the State agency must revert the case and prorate benefits to the date the household took the required action.

Proration of Benefits When an Application is Received After the Last Day of Certification

When a household files an application within 30 days after the last day of the certification period and completes all required actions within those 30 days, benefits must be prorated from the date of application.

NOTE: Migrant and seasonal farmworkers are prorated only after a break of more than 30 days. Households other than migrant/seasonal farm workers which apply following the end of its certification period will be prorated from the date of application.

OBTAINING ADDITIONAL INFORMATION

When additional information/verification is needed, the worker will provide to the household the F905 Request for Information Notice, asking that the household comply with the request within the timeframe specified on the form. If the household's application for recertification is timely, the date specified by the worker should be 10 days from the date the form is initiated, regardless of the number of days remaining in the certification period. The household must be given the full 10 days to provide the requested information, even if the time period extends past the end of the certification period.

If the household provides the necessary verification within the 10-day period and is determined eligible, benefits must not be prorated. If the household fails to provide verification within the 10-day period, the application must be denied.

Note: To avoid such applications from being overdue, if the household (though allowed 10 days to return the requested information) does not provide the information by the end of the certification period, the worker must send notice F550, SNAP Denial—Pending Information, on the last working day of the month. If the household provides the information by the 10th day, the case should be reverted and, if eligible, non-prorated benefits provided. If the household is determined ineligible, the application must be denied. Recertification applications (excluding expedited cases) denied in the month following the recertification period, due to not taking all required actions, must be issued the F203, SNAP Denial—Failure to Cooperate.

See Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

EXPEDITED SERVICE

If a household applies for recertification **before** the end of its current certification period, expedited services are not required. However, any household that applies **after** the end of the certification period must be screened for expedited services.

See Chapter 7, SPECIAL CIRCUMSTANCES, Expedited Service.

Revised 10-01-21

CATEGORICALLY ELIGIBLE HOUSEHOLDS

Because TANF and SNAP are handled by the generic concept, a TANF reevaluation would likely be handled at the same time the SNAP reevaluation is handled. However, categorical eligibility is assumed in the absence of a timely TANF reevaluation and the SNAP recertification must be made at that time. In no event shall the SNAP benefits be continued beyond the end of the certification period. The provisions for the eligibility determination, the verification provisions and the benefit determination continue to apply to categorically eligible households at reevaluation.

If the household has a change in circumstances which causes it to lose its categorical eligibility status, eligibility and benefit level will be determined according to ongoing policy for SNAP households. Refer to Chapter 2, DEFINITIONS, regarding "Categorically Eligible Households".

Revised 10-01-2021

HOUSEHOLD RESPONSIBILITIES

Reporting Requirements

Households will be advised at the time of the initial certification interview and at each subsequent certification interview of their responsibility to report changes. Reporting requirements are as follows:

- Applicant Households must report all changes related to their SNAP eligibility and benefits at the application/certification interview. The household would only need to report a change if the household's total gross monthly income (earned and unearned) caused the householdto meet or exceed 130% of the poverty level.
- Change Reporting Households must report the following changes within 10 days of the dateof the change becomes known to the household:
 - Household composition—the addition or loss of a household member(s);
 - Residence and resulting shelter costs;
 - Legal child support obligation;
 - Change of more than \$125 in the amount of unearned income;
 - Change of more than \$125 in monthly earned income form the amount used to calculate the household's benefit amount;
 - Change in the source of income (example: change in employment), if it results in a change in income
 - Change in liquid resources, such as cash, stocks, bonds, or bank accounts that meets or exceeds the household's limit.



Revised 07-01-19

NOTE: Additionally, SNAP regulations require that all ABAWD households must report when their work hours fall below 20 hours per week or an average of 80 hours monthly.

NOTE: Changes may be reported by mail, telephone, or personal contact. When the report is made by mail, the determination of compliance will be based on the postmark date rather than the date of receipt in the county office. If there is no postmark date, three days mailing time will be allowed in determining compliance.

When TANF recipients residing in another's SNAP household report any change to the TANF worker, the household's requirement to report changes has been met. It is the worker's responsibility to make sure that the proper action is taken for the household. This is also true if the situation was reversed.

NOTE: Households eligible for medical deductions are not required to report changes in allowable medical expenses during the certification period. However, if the household does report these changes, the worker shall take prompt action to determine if the change affects the household's eligibility or SNAP benefits.

3. MSCAP Households should report all changes by the 10th of the month following the month of the change.

Household Cooperation

See Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

WORKER RESPONSIBILITIES

The worker shall take prompt action within 10 days on all reported changes and those known to the agency to determine if the changes affect the household's eligibility or SNAP benefit level. Documentation of the reported change shall include, but may not be limited to, the date the reported change was received and whether the change was reported by mail, telephone or personal visit. The worker must take into consideration a change in any amount, no matter how small, when it becomes known from the household or from any other source.



Revised 07-01-19

When a household reports a change, the worker should determine prospective eligibility based on the information reported. Then, the information should be carefully evaluated to determine if it is applicable to make the change effective for the following month. If it is too late to effect the change in the following month, the worker should take steps to ensure that the reported information is acted upon at the appropriate time.

The household must be notified of any change in eligibility or benefit amount. In addition, if the change is reported by the household, the worker must notify the household even if there is no change in eligibility or benefit amount.

When the TANF recipient reports a change which would affect a SNAP case, the worker will be responsible for making the change in that case and/or in the SNAP case in which the TANF group is included.

REPORTED CHANGES IN DEDUCTIBLE EXPENSES

EXAMPLE: If a household's monthly dependent care expense, currently budgeted at \$175, is reported to have increased to \$210, verification will be required in order to make the change which would result in an increase in benefits. Without verification, the \$175 amount for dependent care should remain until verification is provided. Any reported dependent care expenses must be verified, regardless of the amount, before being budgeted. See DEPENDENT CARE DEDUCTION in Chapter 4.

EXAMPLE: If a household reports an increase in rent and/or utility expense, the change can be budgeted for the next possible month based on the household's statement. See SHELTER COSTS in Chapter 4.

EXAMPLE: An elderly client reports her monthly out-of-pocket drug expenses have increased from \$50 to \$65, which would cause an increase in benefits. Verification of this change must be provided in order to allow the deduction. See EXCESS MEDICAL DEDUCTION in Chapter 4. If the reported change would result in a decrease in benefits, the change would be made without verification.

CHANGES RESULTING IN INCREASED BENEFITS

The following provisions apply for all households:

Revised 10-01-2021

Substantial Increases

Changes resulting in increased benefits will be handled in accordance with provisions outlined below. Benefit amount changes are not authorized for the month in which change is reported, regardless of whether the household has or has not participated.

Changes which result in a substantial increase in benefits are defined as:

- 1. The addition of a new household member; and/or
- 2. A decrease of \$50 or more in the household's gross monthly income and/or
- 3. A decrease of \$50 or more in the income of a new household member.

Substantial benefit increases are provided as follows:

1. Information and/or Verification Available at Time of Reported Change

If information/verification needed to effect the change is available at the time the change is reported, the worker will, within 10 days, take action to adjust the benefit amount. The change can be effective no earlier than the month following the month the change is reported, regardless of whether the household has participated at the time of the reported change. However, if the change cannot be made for the following month, the worker will authorize a supplementary benefit amount to be effective no later than the 10th day of the following month, or by the household's normal issuance cycle, whichever is later.

EXAMPLE: On July 28 a household reports a decrease of \$75 in gross monthly household income and provides all required information/verification at the same time. The worker is unable to make the change until August 4. The amount which previously had been authorized for August was \$120. Taking the change into consideration, the August benefit would be \$160. A supplement of \$40 (the difference between \$120 and \$160) will be authorized for August.

2. Additional Information/Verification Needed to Effect the Change

When additional information/verification is needed to effect the change, the worker shall issue to the household a Request for Information Notice (MAVERICS F905),_____

Volume V | Chapter 8

Revised 10-01-2021

outlining the information or verification needed and giving the household 10 days to comply with the request. Action taken to authorize increased benefits is dependent upon timing of the receiptof requested information or verification.

a. Information/Verification Provided Within the 10 Day Period

If the household provides the requested information or verification by the expiration of the 10 day period, the worker will take action to effect the change. The time frame for processing the change shall run from the date the change was reported, not the date within the 10 days the verification was received.

The increase in benefits is not provided for the month in which the change is reported but must be effected for the following month. If the change cannot be made for the following month, the worker will authorize a supplementary allotment to be effective no later than the 10th day of the following month, or by the household's normal issuance eyele, whichever is later.

b. Information/Verification Not Provided Within the 10-Day Period

When the household fails to provide requested information or verification within the 10-day period designated on the F905 Request for Information Notice, the worker will take no further action until the requested information/verification is received. In this case, the worker's timeliness standard for making the change is 10 days from the date of receipt of the requested data; and the household's entitlement to a substantial increase in benefits shall begin with the month following receipt of the requested data. If the change cannot be made for the following month, the worker will authorize a supplementary benefit to be effective no later than the 10th day of the following month, or by the household's normal issuance cycle, whichever is later.

EXAMPLE: On November 5, a household reports a change which will result in a substantial increase in benefits. However, the worker needs additional information and on the same day provides to the household the Request for Information Notice. The household fails to provide the requested data by the end of the 10 day period but the information is supplied on December 28th.

Revised 10-01-2021

Because the household failed to provide the data within 10 days, the worker has 10 days from date of receipt to effect the change which cannot be effected in the month the data is received but must be effective for January since there will be a substantial increase in benefits. If the worker cannot make the change prior to January, a supplement must be authorized for January.

Other Increases

Benefit increases, other than those classified as substantial increases, shall be provided as follows: 1. Information and/or Verification Available at Time of Reported Change

If information/verification needed to effect the change is available at the time the change is reported, the worker shall, within 10 days, take action to make the change which will be effective for the calendar month after the budget is recomputed.

EXAMPLE: On September 25, a household reports a decrease of \$30 in income, and provides all information or verification needed to effect the change. The worker makes the change on September 26, effective October 1.

However, since the worker has 10 days to make the change, if the worker does not recompute the budget until October 2, the change is effective for November. A supplement is not authorized for October.

EXAMPLE: On April 20, a household reports a decrease of \$35 in income and at the same time provides all information or verification needed to effect the change. The worker recomputes the budget on April 30, the last day of the 10 day period allowed the worker. The change is effective for May, the calendar month after the worker takes action.

Additional Information/Verification Needed to Effect the Change

When additional information/verification is needed to effect the change, the worker shall issue to the household a F905 Request For Information Notice, outlining information or verification needed, and giving the household 10 days to comply with the request. Action taken to authorize increased benefits is dependent upon timing of the receipt of requested

Volume V | Chapter 8 8205

Revised 10-01-2021

Information or verification.

a. Information/Verification Provided Within the 10 Day Period

The period allowed the worker for making the change begins with the day the change was reported and not with the day the requested data is received. Therefore, if the data is provided on the last day of the 10 day period, the worker shall rework the budget on the same day.

The change will be effective the calendar month after the worker takes action to effect the change.

b. Information/Verification Not Provided Within the 10 Day Period

When the household fails to provide requested information or verification within the 10 day period specified on the Request for Information Notice, the worker will take no further action until the requested information/verification is received. The worker's timeliness standard for making the change is 10 days from the date of receipt of requested data. The change shall be effective the month after the worker takes action to effect the change.

CHANGES RESULTING IN DECREASED BENEFITS

Changes resulting in decreased benefits will be handled in accordance with the following provisions:

Amount of Decrease Known

When there is a change which will result in reduction or termination of a household's benefits and the worker can determine the effect from the report provided by the household, the worker shall issue a notice of adverse action within 10 days of the date the change was reported. The decrease or termination of benefits will be effective the month following the expiration of the 10 day advance notice period unless the household has requested a fair hearing and continuation of benefits is in order.

Amount of Decrease Not Known

MISSISSIPPI

[THE CERTIFICATION PROCESS: CHANGES WITHIN CERTIFICATION PERIODS]

Revised 10-01-2021

When there is a change which will result in reduction of benefits but the exact amount of the reduction cannot be determined, the worker shall, within 10 days, issue to the household a F905

Request For Information Notice informing the household of information needed to determine the effect of the change, and giving the household 10 days from the date the notice is issued.

EXAMPLE: The case head reports that his wife has obtained a part time job but does not know the amount she is earning. The worker will, within 10 days of the date the change becomes known to the Agency, issue to the household a Request For Information Notice.

If the household provides the requested information within the designated 10 day period, the worker will, within 10 days of receipt, determine the effect of the change and issue notice of adverse action which will be effective the month following expiration of the 10 day advance notice.

If the household fails to provide the requested information within the designated 10 day period, the worker will, following the expiration of the 10 day period, issue notice of adverse action terminating benefits for the month following expiration of the advance notice period.

The notice of adverse action gives the household an opportunity to request a fair hearing and if the household exercises this option, continuation of benefits may be in order (See Chapter 10, HEARING PROCESS).

OTHER CHANGES

There will be instances when the worker is made aware, either by the household or another source, of information that could affect eligibility or level of benefits, but there is not enough information to determine the effect.

EXAMPLE: The household reports the addition of new household members, one of whom has income; however, the household member reporting the change has no idea of what the amount of income might be. This could result in an increase, decrease, or even possibly no change in benefits, depending upon the amount of income.

EXAMPLE: A neighbor reports that the household appears to have moved, as he has seen none of the family for two weeks.

The worker will, within 10 days, issue the F905 Request For Information Notice outlining needed information or verification and giving the household 10 days from the date the notice is issued.



Revised 07-01-19

- 1. If the household provides the requested information or verification within the designated 10-day period, the worker will take action in accordance with provisions outlined above under CHANGES RESULTING IN INCREASED BENEFITS or CHANGES RESULTING IN DECREASED BENEFITS, whichever is appropriate.
- If the household fails to provide the requested information or verification within the
 designated 10 day period, the worker will, on the first day following expiration of the 10 day
 period, issue notice of adverse action in accordance with provisions in CHANGES
 RESULTING IN DECREASED BENEFITS.

There may be instances when a second, and perhaps a third, change is reported within the same month. Appropriate handling depends on the type of change. Generally, the rule of thumb is that changes are made based on the last notice to the household unless determining substantial increases in benefits, in which case the "reality of the situation" is the primary consideration. The following examples will point out the distinction:

ADDITIONAL CHANGES REPORTED IN SAME MONTH

On May 2, a household reports a change which will result in reduction of benefits. On May 8, the worker issues notice of adverse action to reduce benefits from \$180 to \$150, effective June 1 On May 25, the household reports another change which will further reduce benefits. On May 27, the worker issues notice of adverse action to reduce benefits from \$150 to \$130, effective July 1.

On November 3, a household reports a change which will result in reduction of benefits. On November 6, the worker issues notice of adverse action to reduce benefits from \$175 to \$160, effective December 1.

On November 8, the household reports another change which will further reduce benefits. On November 18, the worker issues another notice of adverse action to further reduce benefits to \$140, effective December 1. Action taken as a result of the first change is superseded by the latest change since the effective date is the same for both.

On January 6, a household reports a change which will result in a reduction in benefits. The F905 Request or Information Notice is issued on the same day to obtain additional information needed to determine the exact amount of the reduction. The 10 day period allowed the household expires on January 16. On January 13, the household becomes aware of and reports another change which will result in further reduction of benefits.

MISSISSIPPI

[THE CERTIFICATION PROCESS: CHANGES WITHIN CERTIFICATION PERIODS]

Revised 07-01-19

Another F905 Request for Information Notice is issued on January 13 to request information needed to determine the effect of the second change. The 10 day period allowed the household for providing information for this second change is January 23.

If the household provides information requested for both changes on January 14, for example, both changes can be computed at the same time, in which case only one notice of adverse action is issued. However, if information of the first change is provided on January 7 and information for the second change is provided on January 23, the two changes must be acted on separately because of the worker's timeliness standard for acting on changes.

On August 10, a household reports a change which will result in a benefit reduction from \$190 to \$150. The worker takes action on August 13 and issues notice of adverse action. The change is to be effective September 1.

On August 25, the household reports an additional household member which will result in a monthly allotment of \$170. This is a substantial increase over the amount authorized for September because of the additional household member. If the increase cannot be effective by September 1, the worker will authorize a supplementary allotment for September.

On March 10, a household reports an increase in gross household income from \$400 to \$500. The worker issues a notice of adverse action on March 15 to reduce benefits from \$215 to \$185 effective April 1.

On March 25, the household reports a decrease in another source of income, resulting in total gross household income of \$440. This will result in an allotment of \$200. This is a decrease from the initial allotment but an increase based on the last notice to the household; therefore, the change is treated as an increase. The increase is not considered substantial because there is no substantial decrease in income when comparing \$440 to the \$400 on which the March allotment was based.

Had the second change resulted in total household income of \$380 and a resulting allotment of \$220, the change would still be treated as an increase in benefits but not a substantial increase since the decrease in income is only \$20 from the \$400 on which the March allotment was based.

On December 3, a household reports a decrease in total gross household income from \$450 to \$420. This will result in an increase in benefits but the benefit increase is not considered substantial since the decrease in income is less than \$50.

Volume V | Chapter 8

Revised 07-01-19

On December 23, the household reports a further decrease in household income to \$390. The total decrease from the \$450 on which the December allotment was based, is \$60, and the increase in benefits is now considered substantial.

ADDITIONAL PROVISIONS FOR ASSISTANCE HOUSEHOLDS

Sufficient Information

Whenever a change results in the reduction or termination of a household's TANF payments during its SNAP certification period, and the worker had sufficient information to determine how the change affects the household's SNAP eligibility and benefit level, the worker shall take the following actions:

2. If a change in household circumstances requires both a reduction or termination in the TANF payment and a reduction or termination in SNAP benefits, the worker shall issue notices of adverse action for both TANF and SNAP. If the household requests a fair hearing within the period provided by the notice of adverse action, the household's SNAP benefits shall be continued on the basis authorized immediately prior to sending the notice. If the fair hearing is requested for both programs benefits, the hearing shall be conducted according to TANF procedures and timeliness standards.

However, the household must apply for recertification for SNAP benefits if the SNAP certification period expires before the fair hearing process is completed. If the household does not appeal, the change shall be made effective for the month after the expiration of the advance notice period.

2. If the household's benefits will be increased as a result of the reduction or termination in the TANF payment, the worker shall issue the TANF notice of adverse action, but shall not take any action to increase the household's SNAP benefits until the household decides whether it will appeal the adverse action. If the household decides to appeal and its TANF benefits are continued, the household's SNAP benefits shall continue at the previous basis.

If the household does not appeal, the change shall be acted on within 10 days from the date the TANF notice expires. If the change results in a substantial increase in SNAP benefits, the increase is handled in accordance with provisions for substantial benefit increases as

Revised 07-01-19

provided for earlier in this chapter. If the change does not result in a substantial increase in benefits, the change will be effective the month following the date the worker takes action to effect the change.

Insufficient Information

When a change results in the termination of a household's TANF grant during its SNAP certification period, and the worker does not have sufficient information to determine how the change affects the household's SNAP eligibility and benefit level (such as when the absent parent returns to the household), the worker shall not terminate the household's SNAP benefits but shall instead take the following action:

- 1. When a TANF notice of adverse action has been sent, the worker shall also send a F905 Request for Information Notice which informs the household of the required information needed to determine eligibility for the household's SNAP case. If the requested information is not provided, send a notice of adverse action. If the household requests a fair hearing and its TANF payments are continued pending the appeal, the household's SNAP benefits shall be continued at the same basis.
- 2. If a TANF notice of adverse action is not required, or the household decides not to request a fair hearing and continuation of its TANF benefits, the worker shall send a F905 Request for Information Notice which informs the household of the required information needed to determined eligibility. If the requested information is not provided, send a notice of adverse action.

Failure To Report

If the Agency discovers that the household failed to report a change as required and, as a result received benefits to which it was not entitled, a claim shall be filed against the household. If the discovery is made within the certification period, the household is entitled to a notice of adverse action if the benefits are reduced. This provision also applies to changes that are reported through IEVS and considered verified upon receipt.



Revised 07-01-19

MASS CHANGES

General

Certain changes are initiated by the State or Federal government which may affect the entire caseload or significant portions of the caseload. These changes include adjustments to net income eligibility standards, shelter, dependent care deduction, basis of issuance, standard deduction, and adjustments to the utility standards; periodic cost of living adjustments to Social Security, SSI, and other Federal benefits; periodic adjustments to TANF; and other changes in the eligibility criteria on legislative or regulatory action. All mass changes will be handled as provided below.

Eligibility Standards, Benefit Levels, Deductions, Utility Standards

These adjustments shall go into effect for all households at a specific point in time. Although individual notices are not required, the county may send individual notices to households on these changes. Such changes shall be publicized through the news media; posted in certification offices, or other sites frequented by certified households; or general notices given to households. Households whose certification periods overlap the annual adjustment in the utility standard shall be advised at the time of initial certification of when the adjustment will occur and what the variation in the benefit level will be, if known.

Temporary Assistance For Needy Families

When overall adjustments in TANF payments are made, corresponding adjustments in the household's SNAP benefits shall be handled as a mass change. When the county has at least 30 days advance knowledge of the amount of the TANF adjustment, SNAP benefits will be recomputed and adjusted effective the same month as the TANF change. If the county does not have sufficient notice, the SNAP changes shall be effective no later than the month following the month in which the TANF adjustment was made.

A notice of adverse action is not required when a household's SNAP benefits are reduced or terminated as a result of a mass change in the TANF grant. However, individual notices shall be given to households to inform them of the change. If a household requests a fair hearing, benefits shall be continued at the former level only if the issue being appealed is that SNAP eligibility or benefits were improperly computed.



Revised 07-01-19

Federal Benefits

Households shall not be responsible for reporting cost-of-living and any other mass changes in federal benefits which include Social Security, SSI, VA, Railroad Retirement, and Black Lung. The Agency and/or worker are responsible for automatically adjusting a household's SNAP benefit level.

The change shall be reflected as soon as possible but must be reflected no later than the second month after the month in which the change occurred, i.e., the increase in January may be reflected in February but must be reflected in March issuance. Individual notices to households are not required for these mass changes. Notification of such changes may be provided by general notices given to households.

VERIFICATION

For verification requirements, see VERIFICATION AND DOCUMENTATION later in this chapter.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

GENERAL

Verification as defined in Chapter 2, is "the use of third party information or documentation to establish the accuracy of statements on the application."

Verification of eligibility factors which are required solely for the purpose of determining the household's eligibility for SNAP benefits must be verified in accordance with the provisions in this material. The applicant/recipient must be told in writing what verifications are needed to determine initial or continuing eligibility. Refer to Chapter 1, The Case Record, for filing instructions.

Verifications considered mandatory and required prior to initial certification include: identity, residency, gross non-exempt income, deductible expense, application for a social security number if the SSN is not otherwise provided, alien status, disability status, if such is claimed, resources and all factors of eligibility for households terminated for refusal to cooperate with a state quality control reviewer.

Other expenses not considered mandatory may be used in determining eligibility and benefit levels. Dependent care costs, legally obligated child support payments, excess medical expenses and utilities/shelter costs require verification from the household.

Other information required for eligibility determination shall be verified whenever questionable. These eligibility factors include: household size, household composition, and citizenship.

The worker shall advise the household that its eligibility and benefit level may be determined without the requested verification of a deductible expense (such as shelter, medical, or dependent care) when doing so would delay the timely certification of the household. See Decision and Notification later in this chapter.

This chapter contains the requirements for verifying and documenting routine casework decisions and should not be confused with the Income and Eligibility Verification System (IEVS) which is discussed in detail in INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS), later in this chapter.



THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

Categorically Eligible Households

Regular categorically eligible households (all members receive TANF or SSI) are exempt from certain verifications because these factors have already been considered in their other needs based entitlement to TANF and/or SSI. Chapter 6, Categorically Eligible Households. The verification exceptions include resources, social security number information other than providing the SSN, sponsored alien information, and residency.

Expedited Services Households

Refer to Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE, for special considerations for these households which allow for certain verifications to be postponed during the initial certification process. However, in all expedited cases, the identity of the applicant must be verified before the household is certified.

DOCUMENTATION

Case records must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination. Where verification is required to resolve questionable information, the worker shall document why the information was considered questionable or at a minimum indicate where in the case file the inconsistency exists, and what documentation was used to resolve the questionable information. The worker shall document the reason why an alternate source of verification such as a collateral contact or home visit was needed, except where a collateral contact is used to verify residency, household size or household composition.

MANDATORY VERIFICATION

The worker shall verify the following information prior to certification for households initially applying:

Identity

The identity of the person making application shall be verified. When an authorized representative applies on behalf of a household, the identity of both the authorized representative and the case head shall be verified.

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

Identity may be verified through readily available documentary evidence, or if this is unavailable, through a collateral contact. Examples of acceptable documentary evidence include, but are not limited to, a driver's license, a work or school ID, an ID for health benefits or for assistance or social services program, a voter registration card, wage stubs, or a birth certificate. Any document which reasonably establishes the applicant's identity must be accepted, and no requirements for a specific type of document, such as birth certificate, may be imposed.

NOTE: Currently dated identification is not necessarily required.

When the worker knows the person whose identity must be verified, no further verification is required. However, the case record must be documented. If the person presents only a Social Security card for proof of identity, the worker must attempt to secure other supporting documentation, such as would reasonably be included in establishing residency or income/expenses. The case record must be documented and signatures compared.

Residency

Residency in the county shall be verified, except in unusual cases (such as homeless households, some migrant farm worker households, or households newly arrived in a county) where verification of residency cannot reasonably be accomplished. Verification of residency should be accomplished to the extent possible in conjunction with the verification of other information such as, but not limited to, rent and mortgage payments, utility expenses, and identity. If verification cannot be accomplished in conjunction with the verification of other information, then the worker shall use a collateral contact or other readily available documentary evidence. Documents used to verify other factors of eligibility should normally suffice to verify residency as well. Any document or collateral contact which reasonably establishes the applicant's residency must be accepted and no requirement for a specific type of verification may be imposed. See Chapter 3, RESIDENCY.

Liquid Resources and Loans

The worker will verify liquid resources and whether monies received by households are loans. Verification of liquid resources may be accomplished by seeing current bank statements, using form MDHS EA 912, collateral contact, or by other documents. See Chapter 5, RESOURCES, for a full explanation of countable and excluded resources. Also, see Chapter 13, Table I for resource maximums.

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

In order to disregard the loan as income, the loan must be a bona fide loan, meaning that an agreement exists to repay the money within a specified or agreed upon time. A statement signed by both parties, which indicates that the payment is a loan and must be repaid, be sufficient verification. However, if the household receives payments on a recurrent or regular basis from the same source but claims the payments are loans, the worker may also require that the provider of the loan sign a statement which states repayments are being made or that payments will be made in accordance with an established repayment schedule.

Gross Nonexempt Income

Gross nonexempt income shall be verified for all households prior to certification. See Chapter 4, INCOME, for a full explanation of countable and excluded income. Non-exempt income, both earned and unearned, must be verified for all household members. Individuals who receive types of income which can be excluded must identify the source of the income and provide adequate information to justify the exclusion.

Verification of SSI and SSA income may be accomplished by viewing the client's authorization notice, by IEVS alerts, by use of the Third Party Query process in MAVERICS, etc. Workers must verify the possible receipt of SSI and SSA income at application, recertification or when adding a new household member even if the applicant/recipient does not report receipt of SSI/SSA, by accessing the Wire Third Party Query (WTPQ) Process in MAVERICS.

Verification of earned income must include the name and address of the employer, the frequency of payment, the day of the week or date of the month the payment is regularly received, the hours worked, gross income and deductions, etc. Verification can be accomplished by check stubs, using the MDHS-EA 910, etc.

However, where all attempts to verify the income have been unsuccessful because 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 shall determine an amount to be used for certification purposes based on the best available information.

Utility Expenses

Utility expenses may be claimed by the household in accordance with the following provisions. Refer to Chapter 4, DEDUCTIONS FROM INCOME, SHELTER COSTS and Chapter 6, UTILITY EXPENSES, for the explanation of allowable utility expenses.



THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

Actual Utility Expenses

Verified actual utility expenses may be claimed by the household when the household does not qualify for either the Standard Utility Allowance (SUA), Basic Utility Allowance (BUA), or Standard Telephone Allowance. Refer to Chapter 6, Use of Actual Utility Expenses for Unoccupied Home, later in this chapter.

Standard Utility Allowance (SUA)

In order to use the Standard Utility Allowance (SUA) in computing the budget, the household must verify that it actually incurs a heating or cooling expense (air conditioning) separate and apart from their rent or mortgage. There is no need to state the amount of the expense. The SUA may be used for households who are billed for utilities or excess charges for heating/cooling expenses by a landlord when the utility meter(s) are shared.

Basic Utility Allowance (BUA)

The Basic Utility Allowance (BUA) is allowed for households which incur out of pocket non-heating or non-cooling utility expenses other than telephone only. The household must state that non-heating or non-cooling expenses for at least 2 utilities are incurred in order to use the BUA. The BUA may be used for households who are billed for utilities or excess charges for non-heating, non-cooling expenses by a landlord when the utility meter(s) are shared. At least two utilities (telephone included) must be claimed in order to allow the BUA.

Standard Telephone Allowance

A household claiming that it incurs a telephone expense as it's only separately billed utility is entitled to receive the standard telephone allowance if the expense is verified and allowing the telephone standard would potentially result in a deduction. There is no need to determine the amount of the expense when the telephone standard is used. If a cellular phone is the only phone in the household, the telephone standard is allowed upon verification.

Shared Utility Expense

Separate households who reside together and share utility costs with other individuals shall be entitled to the full SUA, BUA, or telephone standard as applicable upon verification. Actual expense is only allowed if the household does not qualify for a standard. Do not count

> **THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION**

as income the money given by one household to the other which is passed on to pay the utility bills.

6. Utility Expenses for Unoccupied Home

If a household wishes to claim expense for an unoccupied home, the worker shall verify the household's actual utility expenses for the unoccupied home in every case and shall not use the SUA or BUA for the unoccupied home. Refer to Chapter 4, SHELTER COSTS.

Other Shelter Costs

Shelter costs other than utilities shall be allowed as reported and verified by the household if the expense could potentially result in a deduction. See Chapter 4, SHELTER COSTS, for the explanation of shelter costs and for the exceptions to a household shelter cost maximum. The maximum Excess Shelter amount is found in Chapter 13, Table I, and shall apply to all households who do not meet an exception.

Allowable shelter costs (other than utilities) may include: rent or mortgage, property taxes, and insurance on the house itself (not contents or personal property unless the expense cannot be separated and is so documented). The household must provide verification of these expenses and the case record must be documented regarding each expense allowed. If the household is paying rent, no property taxes or insurance is appropriate. If the household is paying a mortgage, which includes homeowner's insurance and property taxes, the cost should be broken out to explain any costs included with the mortgage payment. This can usually be determined from the contract or from the payment book.

Dependent Care Costs

All Dependent care costs must be verified by the household, regardless of the amount. Refer to Chapter 4, DEDUCTIONS FROM INCOME, DEPENDENT CARE for allowable expenses.

Child Support Payments

The legal obligation and actual child support payments made to or for a nonhousehold member must be verified, if allowing the expense could potentially result in a deduction. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

verification of amounts paid may include canceled checks, wage withholding statements, Child Support Enforcement data files and statements from the custodial parent. See Chapter 4, DEDUCTIONS FROM INCOME, CHILD SUPPORT DEDUCTION.

Medical Expenses

The amount of any medical expense shall be verified prior to initial certification and at recertification provided the expense would actually result in a deduction. If a portion of the expense is reimbursable, the amount to be reimbursed must be verified before the nonreimbursable portion can be allowed. Verification of other factors, such as the allow ability of services provided or the eligibility of the person incurring the cost, shall be required if questionable. Refer to Chapter 4, EXCESS MEDICAL DEDUCTION and Chapter 6, MEDICAL EXPENSES.

Households may report changes in medical expenses during the certification period but they are not required to do so. The worker will take timely action on all reported and verified changes in medical expense. If the household reports a change but fails to verify the information, the worker will take no action. If the worker learns of a change in medical expenses which is considered verified upon receipt (such as learning of entitlement to state buy-in for the Medicare premium through IEVS or the recipient brings in new medical bills), timely action must be taken to remove or include those identified expenses.

Value of Vehicles

Most vehicles, whether licensed or unlicensed, are not included in the household's resource determination. Refer to Chapter 5, RESOURCES TO BE EXCLUDED, "Vehicles" and VALUE OF RESOURCES, Vehicles, for explanation. Only certain vehicles are countable as resources. Document the case record to show the equity value of those vehicles. Equity value is the fair market value less encumbrances. In most instances, the fair market value will be verified by a dealer estimate. Also, see Chapter 5, RESOURCES, INTRODUCTION, regarding Broad-Based Categorically Eligible (BBCE) households.

Social Security Numbers

Households are required to provide the social security number(s) of each household member or apply for a number prior to certification, but the worker shall not delay the certification for or issuance of benefits to an otherwise eligible household solely to verify the social security number (SSN) of a household member. If an individual is unable to provide a SSN or does not have a SSN, the worker shall

require the individual to apply for a number in accordance with Chapter 3, NONFINANCIAL

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

CRITERIA, Social Security Numbers.

When the SSNs that are reported by the household are entered into the MAVERICS system, verification is accomplished through a monthly computer enumeration tape match with the Social Security Administration (SSA). The validation of the SSN in MAVERICS is shown as Yes or No on the CLPR screen. The worker shall accept as verified an SSN which has been verified by another program participating in IEVS.

Social Security numbers are unverified if an IEVS SSN VALIDATION MATCH DATA ALERT is received. (See VOLUME X, MAVERICS Manual.) Social Security numbers may be unverified in the system because of unmatched data such as date of birth, race/sex or surnames. If a SSN VALIDATION MATCH DATA ALERT is received, the worker shall check the case record to determine if data has been correctly entered into the system. If so, the worker shall then contact the household to determine if the information the household provided is correct and obtain the correct information if appropriate.

If SSA is unable to validate the SSN, the worker shall within 10 days from the date the IEVS SSN VALIDATION MATCH DATA ALERT is received refer the individual to SSA by means of Form MDHS-EA-949 to correct the discrepancy. The client shall be allowed 10 days to resolve the discrepancy. MDHS-EA-949 is to be returned to the county office by SSA.

If a household refuses to provide the necessary information that would allow the verification of a SSN, the household shall be determined ineligible in accordance with Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION, and terminated from the program. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrates that it will not take actions that it can take. An outright refusal to provide a formerly used name is an example. In certain circumstances the household may demonstrate that it is unwilling to cooperate by not taking action after having been given every reasonable opportunity to do so, even though the household or its members do not state that the household refuses to cooperate.

For example, if the household refuses to go to the SSA to correct the data, the household's unwillingness to cooperate has the effect of a refusal to cooperate and the household shall be ineligible. If the household fails or refuses to provide a SSN for a household member, the individual will be disqualified (DI). See Chapter 3, FAILURE TO COMPLY.

NOTE: If a household refuses on religious objections to furnish a SSN, the county must contact State Operations for further instructions.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

If a household claims it cannot cooperate for reasons beyond its control, the State agency must substantiate the household's inability to cooperate. For example, a household may claim it cannot verify a name change because official records were destroyed in a fire. The State must verify this claim to the point that the State is satisfied the claim is accurate; i.e., documentation of the name change no longer exists. In these cases a SSN match cannot be accomplished since SSA records cannot be corrected without the missing documentation. If the State agency verifies that the household is unable to cooperate in the verification of the SSN, the household shall not be terminated. The case file must adequately document the household's inability to cooperate.

Conversely, if the State agency is unable to substantiate the household's claim that it cannot cooperate, the household shall be found to have refused to cooperate and shall be terminated from the program in accordance with Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

Alien Status

Verification of the immigration status of aliens applying for SNAP benefits is required prior to their certification. The application form MDHS-EA-900 contains the citizenship declaration statement just before the signature line at the end of the form. The person making the application will sign attesting to the citizenship or alien status of all persons in the household. Based on the completion of the citizenship section on the MDHS-EA-900, the worker shall request verification of the alien status of each individual who is not a citizen of the United States or whose citizenship is questionable. See Citizenship discussion later in this chapter. The verification process requires that:

- 1. Each applicant household shall, at time of application, declare in writing, under penalty of perjury, whether he is a citizen of the United States or an alien.
- 2. Based on the application, the worker shall determine if members identified as aliens are eligible by requiring the household to present verification for each alien member. The documents listed below will establish if the applicant falls within one of the qualified alien categories. Refer to Chapter 3, CITIZENSHIP OR ALIEN STATUS for further determination of eligibility for SNAP benefits.
 - a. Alien Lawfully Admitted for Permanent Residence:
 - USCIS Form I-551, Alien Registration Receipt Card, (commonly known as a "green card"); or



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

- Unexpired Temporary I-551 stamp in foreign passport or on USCIS Form I-94.
- Form I-551, Conditional Resident Alien, is granted a 2-year period of permanent resident status based on an alien marriage to a U.S. citizen
- Permanent resident alien. Children of a U.S. citizen or permanent resident alien also may have this status. After 2 years, USCIS rules on granting permanent lawful resident status to the non-citizen.

Asylee: b.

- USCIS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA
- USCIS Form I-688B, Employment Authorization Card annotated 274a.12(a)(5)
- USCIS Form I-766, Employment Authorization Document, annotated
- Grant letter from the Asylum Office of USCIS or
- Order of an immigration judge granting asylum

Refugee:

- USCIS Form I-94 annotated with stamp showing admission under Section 207 of the INA
- USCIS Form I 688B, Employment Authorization Card, annotated 274a.12(a)(3)
- USCIS Form I-766, Employment Authorization Document, annotated "A3" or
- USCIS Form I-571, Refugee Travel Document

Alien Paroled Into U.S. for at Least One Year:

USCIS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

e. Alien Whose Deportation or Removal Was Withheld:

- USCIS Form I-688B, Employment Authorization Card, annotated 274a.12(a)(10)
- USCIS Form I-766, Employment Authorization Document, annotated "A10" or
- Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.

f. Alien Granted Conditional Entry:

- USCIS Form I-94 with stamp showing admission under Section 203
 (a)(7) of the INA or
- USCIS Form I-688B, Employment Authorization Card, annotated 274a.12(a)(3)
- USCIS Form I-766, Employment Authorization Document, annotated "A3"

g. Cuban/Haitian Entrant:

- USCIS Form I-551, Alien Registration Receipt Card; (commonly known as a "green card") with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on USCIS
 Form I-94 with the code CU6 or CU7 or
- USCIS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA

h. Amerasian Immigrants:

- USCIS Form I-551, Alien Registration Receipt Card with the code AM6, AM7. or AM8 or
- Unexpired temporary I-551 stamp in foreign passport or on USCIS From I-94 with the code AM1, AM2, or AM3
- i) The Wire Third Party Query (WTPQ) process in MAVERICS can be accessed to verify 40 quarters of coverage under Title II of the Social Security Act for

aliens who have been lawfully admitted for permanent residence.

MISSISSIPPI

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

(See Chapter 3, Citizenship and Alien Status.)

- j. Other reasonable documents may include non-USCIS documents such aspassports, marriage records or court orders that indicate the identity, immigration status, or United States residence of the holders.
- 3. The alien applicant shall be provided with a reasonable opportunity to submit acceptable documentation of his eligible alien status as of the 30th day following the date of application. A reasonable opportunity shall be at least ten (10) days from the date of the request for an acceptable document. An alien who has been given a reasonable opportunity to submit acceptable documentation and has not done so as of the 30th day following the date of application shall not be certified for benefits until acceptable documentation has been submitted; however, if the ten day reasonable opportunity period does not lapse before the 30th day following the date of application, the worker shall provide the household with benefits no later than 30 days following the date of application provided the household is otherwise eligible. Once the applicant has submitted acceptable documentation in accordance with paragraph 2(a-j), the agency cannot delay benefits to an otherwise eligible household.
- 4. The worker does not need to offer to contact USCIS on the alien's behalf when the alien does not provide a USCIS document; however, the worker is responsible for contacting USCIS when the alien does provide documentation that does not clearly indicate eligible or ineligible status or has provided non USCIS documentation.
- 5. USCIS or non-USCIS documents provided by the applicant must be validated by the worker through a system of verification known as the Systematic Alien Verification for Entitlements (SAVE) program using Secondary Verification Procedures. Pending verification from SAVE, the worker shall not delay, deny, reduce or terminate the individual's eligibility for benefits on the basis of the individual's immigration status. Written consent is not required as a condition for USCIS to verify the validity of documentation through the SAVE verification procedure. (See Secondary Verification later in this discussion.)
- 6. An alien applicant whose status is questionable shall be ineligible until he/she provides acceptable documentation and until such time, shall be considered as an ineligible household member in accordance with Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

- 7. The use of SAVE shall be documented in the case record. While the worker is waiting for a response, the case record shall contain either a notation of the date of transmission of the G-845S to USCIS or a photocopy of the USCIS Form G-845S and document attachment, and the USCIS annotated Form G-845S when it is received.
- 8. When the G 845S is returned validated from USCIS, the agency worker shall refer to Chapter 3, NONFINANCIAL CRITERIA, CITIZENSHIP AND ALIEN STATUS, to determine whether the individual is an eligible or ineligible alien for SNAP purposes.
- 9. If, after complying with the SAVE requirement, it is determined that the alien is not in an eligible alien status, the worker shall take action, including proper notices to the households, to terminate, deny or reduce benefits. The household shall be provided the opportunity to request a fair hearing prior to any adverse action.

Secondary Verification

To obtain Secondary Verification, workers in all counties will forward a completed Document Verification Request, Form G-845S with fully readable photocopies of the original immigration document (USCIS and/or NON-USCIS) to the following File Control Office for review:

USCIS Verification Division
Suite 8001
470-490 L'Enfant Plaza
Washington, DC 20024

A separate G 845S shall be completed for each applicant/recipient and shall include copies of the document(s) for that individual only. If a family unit has applied for a benefit, each member will require a separate G 845S.

Disability

Verification of disability is required to identify individuals or households who may qualify for the uncapped shelter expense allowance, for excess medical deduction, and as a condition of eligibility for residents of blind and disabled group living arrangements in accordance with the following provisions:



THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

Recipient of SSI/SSA Medicaid Benefits

The household must provide proof that the disabled individual receives:

- SSI benefits under Title XVI of the Social Security Act or
- (b) Disability or blindness payments under Titles I, II, X, XIV or XVI of the Social Security Act or
- (c) Interim assistance benefits pending the receipt of SSI if based upon disability or blindness criteria that is at least as stringent as Title XVI of the Social Security Act
- (d) Disability-related medical assistance under Title XIX of the SSA (Medicaid) if based upon disability or blindness criteria that is at least as stringent as Title XVI of the Social Security Act

Examples of acceptable documentary evidence include, but are not limited to, an award letter, SSI check, SSA check, Wire Third Party Query process, etc.

2. Recipient of Federal, State, or Local Public Disability Benefits

The household must provide proof that the individual who receives:

- A Federal, State or local public disability retirement pension has a disability considered permanent under Section 221 (I) of the Social Security Act, or
- State general assistance benefit based on a disability which has criteria at least as stringent as those used under Title XVI of the Social Security Act.

An example of acceptable documentary evidence would be a statement from the agency paying the benefit.

Recipient of Railroad Benefits

The household must provide proof that the disabled individual receives a Railroad disability annuity from the Railroad Board and has been determined to qualify for Medicare. An example of acceptable documentary evidence would be an annuity check or a statement from

THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

the Railroad Retirement Board, 500 Poydras Street, Suite 1045, New Orleans, LA 70130, Phone (877) 772-5772, Fax (504) 589-4899.

Recipient of VA Benefits

The method of verification will depend on the type of VA disability as outlined below:

- The VA benefits should be verified using INIM function 5. This data is not considered verified upon receipt. If there are any discrepancies i.e. if the client brings verification and the amount displayed on the PARIS VETERAN MATCH (PVRA) screen is different, the worker can contact the VA Administration. The toll free line for all areas in Mississippi is: 1 800 827 1000. If a call to the VA is required, the worker must provide his/her name, job title, county office name, and the VA recipient's claim number or name and SSN. Verification can also be obtained by writing to Veterans Administration, 1600 E. Woodrow Wilson Dr. Jackson MS 39216. Refer to Chapter 4 for further instructions.
- The household must provide a statement from the VA which clearly indicates that the disabled individual is receiving VA disability for a service connected disability and that the disability is rated as total or paid at the total rate by VA.
- The household must provide proof that the disabled individual receives VA benefits if he/she is a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under title 38 of the U.S. Code or if he/she is a surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the U.S. Code. Examples of acceptable documentary evidence include, but are not limited to, award letter, VA check. VA benefits can be verified by submitting a request to Veterans Affairs Division of the Veterans Administration, 1600 E. Woodrow Wilson Drive, Jackson, MS 39216 or by calling 1-800-827-1000.
- The worker shall use the SSA's most current list of disabilities considered permanent under the Social Security Act for verifying disability if the disabled individual is a surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a nonservice connected death under title 38 of the U.S. Code and has a disability

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 12-01-17

considered permanent under section 221(I) of the Social Security Act. See Chapter 13 Table XII, LISTING OF DISABILITIES CONSIDERED PERMANENT UNDER THE SOCIAL SECURITY ACT. If it is obvious to the worker that the individual has one of the listed disabilities, the household shall be considered to have verified the disability. If the disability is not obvious to the worker, the household shall provide a statement from a physician or licensed or certified psychologist certifying that the individual has one of the non-obvious disabilities listed as the means for verifying the disability.

• Workers will refer to the SSA's most current list of disabilities considered permanent under the Social Security Act for verifying disability for elderly individuals who are unable to purchase and prepare meals because he/she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease related, severe permanent disability. See Chapter 3, NON-FINANCIAL CRITERIA, Household Concept. If it is obvious to the worker that the individual is unable to purchase and prepare meals because of a severe physical or mental disability, the individual shall be considered disabled for the purpose of this provision even if the disability is not specifically mentioned on the SSA list. If the disability is not obvious to the worker, the disability will be verified by requiring a statement from a physician or licensed or certified psychologist. The physician/psychologist must state the individual is unable to purchase and prepare meals because of one of the disabilities mentioned in the SSA list or is unable to purchase and prepare meals because he suffers from some other severe permanent physical or mental disease or non-disease related disability.

Verification for Households Terminated Due to Refusal to Cooperate with Quality Control

If a household terminated due to refusal to cooperate with a State quality control reviewer reapplies after 95 days for eligibility, the worker shall verify all factors of eligibility for households who have been terminated for refusal to cooperate with a Federal quality control reviewer and reapply after seven months from the end of the annual review period (September 30). See Chapter 1, QUALITY CONTROL REVIEWS.

VERIFICATION OF QUESTIONABLE INFORMATION

General



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

The worker shall verify all other factors of eligibility prior to certification only if they are questionable and affect a household's eligibility or benefit level. To be considered questionable, the information on the application must be inconsistent with statements made by the applicant, inconsistent with other information on the application or previous application, or inconsistent with information received by the county. When determining if information is questionable, the worker shall base the decisions on each household's individual circumstances. A household's report of expenses which exceed its income may be grounds for a determination that further verification is required. Additionally, a household reporting no income prior to deductions, while still managing its financial affairs, could, in some instances, justify the requirement for additional verification. However, these circumstances shall not, in and of themselves, be grounds for a denial. The worker shall instead explore with the household how it is managing its finances, whether the household receives excluded income or has resources, and how long the household has managed under these circumstances. (Refer to Probe Interviewing Topic earlier in this Chapter.)

NOTE: On a reapplication or recertification, it is not necessary to reverify eligibility factors which do not normally change unless it appears the information previously verified has become questionable for some reason.

Questionable factors of eligibility could include but are not limited to the following:

Categorically Eligible Household

Refer to the definition of categorically eligible household and broad-based categorical eligibility (BBCE) in Chapter 2. If any of the following factors are questionable, the worker will verify that a regular categorically eligible household:

- 1. Contains only members that are TANF and/or SSI recipients
- Meets the definition of a categorically eligible household
- 3. Includes all persons who purchase and prepare food together in one SNAP household regardless of whether they are separate units for TANF and/or SSI purposes
- 4. Includes no persons who have been disqualified under any of the SNAP disqualification provisions such as Intentional Program Violation, Work Registration, etc.

Household Size

The worker will verify household size whenever information presented by the household, from other sources or from general knowledge is questionable. Verification will be done through a collateral contact, by documentary evidence, or by a home visit. Readily available documentary evidence



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

which the household may provide includes, but is not limited to, school records, health records, draft registration cards, census records, or those examples listed under verification of **Identity** under MANDATORY VERIFICATION. Any documents which reasonably establish household size must be accepted and no requirement for a specific type of document, such as a birth certificate, may be imposed. Verification of household size is not to be confused with household composition, such as ineligible student, boarder or separate household status.

Household Composition

The worker shall verify factors affecting the composition of a household, such as student, boarder or separate household status, if questionable. However, due to the difficulty in verifying whether or not a group of individuals customarily purchases and prepares meals together and, therefore, constitutes a household, the worker shall generally accept the household's statement regarding food preparation and purchasing.

For all households, changes in household composition are not reportable until the next certification interview (see exception noted below). For example, if a current household member becomes a student during the certification period, no report of the change is required until the next certification. However, if the household voluntarily reports the change, the worker must take action to determine if the student meets student eligibility criteria and make any needed changes. Even though the number of people in the family may not change, the fact that an individual becomes a student can change the number of eligible participants in that budget group. The worker should be alert during case interviews to inquire about children who could be graduating from high school to anticipate possible changes of this type. Refer to household concept and separate household status in Chapter 3, Non-Financial Criteria. Document the case regarding relationship and ages of household members to clearly establish entitlement to separate household status, medical or shelter allowances for certain individuals/households, categorical eligibility status, etc.

EXECPTION: If a new member is added to the household, the change would be reportable if it caused the household to meet or exceed the 130% poverty income level for the previously established household size.

Citizenship

The application form, MDHS EA 900, contains the citizenship declaration. One adult household member or the household's authorized representative acting on the household's behalf shall sign the application/recertification form which contains the citizenship declaration provided that the



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

citizenship status of each household member is entered on the application form in the case record. No further verification for citizenship is necessary unless the status of any individual is questionable.

When a household's statement that one or more of its members are U.S. citizens is questionable, the household shall be asked to provide acceptable verification. Acceptable forms of verification include birth certificates, religious records, voter registration cards, certificates of citizenship or naturalization provided by USCIS, such as Identification Cards for Use of Resident Citizens in the U.S. (USCIS Form I-179 or USCIS Form I-197) or U.S. Passports.

Participation in the TANF Program shall also be considered acceptable verification if verification of citizenship was obtained for that program. If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the worker shall accept a signed statement from someone who is a U.S. citizen which declares, under penalty of perjury, that the member in question is a U.S. citizen. The signed statement shall contain a warming of the penalties for helping someone commit fraud, such as, "If you intentionally give false information to help this person get SNAP, you may be fined, imprisoned, or both."

The member whose citizenship is in question shall be ineligible to participate until proof of U.S. citizenship is obtained. Until proof of U.S. citizenship is obtained, the member whose citizenship is in question will have his or her income, less a prorate share, and all of his or her resources considered available to any remaining household members as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

Citizenship status must be addressed when there is a request to add a household member during the certification period. If the client comes into the office to request that the household member be added, the current MDHS-EA-900 should be updated to add the new individual(s) and the responsible adult should sign and date the application with the citizenship declaration.

If the request to add a household member is made by phone, the actual signing of the citizenship declaration may be delayed until the next recertification is completed. However, do not add a new household member until all other eligibility factors are determined. If citizenship status appears questionable, the household must provide verification prior to the addition of the new member.

Refer to Citizenship and Alien Status in Chapter 3 and Alien Status earlier in this Chapter for acceptable verifications.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

Resources

The value of all nonexempt resources shall be determined at equity value.

If ownership of a nonexempt resource is questionable, the worker will verify. Similarly, the value of a nonexempt resource will be verified if questionable.

The worker may convert assessed value, obtain an appraisal, determine the going rate in the community, or use any other method which would reasonably establish the current market value. Subtract the amount of any encumbrance (mortgage, loan, etc.) from the current market value to determine the equity value. Refer to Chapter 5 for explanation of countable and excluded resources.

SOURCES OF VERIFICATION

Documentary Evidence

The worker shall use documentary evidence as the primary source of verification for all items except residency and household size. These items may be verified either through readily available documentary evidence or through a collateral contact, without a requirement being imposed that documentary evidence must be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Examples of documentary evidence include wage stubs, rent receipts, and utility bills. Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to anysingle type of document and may be obtained through the household or other source. Whenever documentary evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level, the eligibility worker may require collateral contacts or home visits.

For example, documentary evidence may be considered insufficient when the household presents pay stubs which do not represent an accurate picture of the household's income (such as outdated pay stubs) or identification papers that appear to be falsified.

Collateral Contacts

A collateral contact is an oral confirmation of a household's circumstances by a person outside of the household. The collateral contact may be made either in person or over the telephone. The worker generally will rely on the household to provide the name of any collateral contact. The household may request assistance in designating a collateral contact. Examples of acceptable collateral contacts



THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

are employers, landlords, social service agencies, migrant service agencies, and neighbors of the household who can be expected to provide accurate third-party verification. It is not necessary to provide written or verbal notice to the household prior to initiating the contact. The agency may select a collateral contact if the household fails to designate one or designates one that is unacceptable to the agency. Collateral contacts may be especially helpful in verifying residency, household size and composition.

The worker is responsible for obtaining verification from acceptable collateral contacts. Document the case record when necessary to show why the client's choice was not used.

Home Visits

Home visits may be used as verification only when documentary evidence is insufficient to make a firm determination of eligibility or benefit level, or cannot be obtained. The home visit must be scheduled in advance with the household.

SSA/SSI Verification

The Wire Third Party Query Process (WTPQ) is a MAVERICS on line procedure to verify Social Security and SSI information on applicants and recipients. The response provides current benefits, state buy-in status and payment history. The query process is required for all individuals at application, recertification, or when a new household member is added (except newborns) or whenever there is a question about SSA/SSI benefits. The WTPQ process will provide a message when the SSN is in error or when no benefits are paid.

The query can be sent as soon as the SSN is known for the household member during the application process, even prior to the person being added to a specific MAVERICS case. Although a worker alert will not appear when the WTPR (WTPQ Response) is received, the response will identify the case in which the individual resides if the individual is known to MAVERICS.

In some cases, this number could be different from the current application, such as the person has previously participated in a closed case or is currently in an active case. Any discrepancies must be resolved before any person can be added to the application and the case worked.

The worker must access the Wire Third Party Query (WTPQ) screen (Function 10 on INME) and enter the SSN and/or Social Security claim number if other than client's own SSN. If the client is receiving benefits on a claim number other than his own SSN, the second SSN associated with

[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

benefits will display in the lower right corner of the screen on page 3 of the WTPR (WTPQ Response) screen. In some cases, a second WTPQ request may be needed to verify both benefits.

When appointment notices are sent to households at the time of recertification, use of the Recertification/Redetermination Appointment Notice (RERA) screen automatically generates the query process for all currently participating household members. If new household members are added to the case at recertification, the worker must initiate the query process for each new member through INME.

Refer to MAVERICS procedures for the Wire Third Party Query Process to send and receive requests. If the individual is not known to MAVERICS when the SSN is entered on the WTPQ screen, the worker must also enter the person's name and date of birth to send the query.

State Online Query (SOLQ)

The SOLQ process allows the caseworker to access SSA and SSI information in real time when processing applications, reapplications, reevaluations, and when adding new persons to an existing case. Workers completing data entry on the SSDO (SSN/Date of Birth/Sex/Family Cap) screen will have access to SSA/SSI income and SSN validation match information for all household members. The process requires the worker to document SOLQ findings for all household members on the Interactive Interview Documentation (IIDO) screen, following the SOLQ screen.

SOLQ's real time processing of information will be utilized as an alternative to WTPQ. This information may also be accessed via Function 07 on the Interface Inquiry Menu (INIM) screen. See Volume X, Chapter 8 for instructions.

IEVS Verification

See the material entitled Income and Eligibility Verification System (IEVS). SDX (State Data Exchange) income match data from SSA received through IEVS is considered verified upon receipt.

Felony Conviction

Any reasonable verification will be accepted for a client that has stated he or she has been found guilty and convicted of a felony and not in compliance outlined in Chapter 3 (See Household Concept). The EW is also able to request a copy of the court order by sending the MDHS-EA-953, Request for Court Order, to the court/jurisdiction where the individual was convicted. The MDHS-EA-952, Request for Offender Information, may be sent to the probation or parole officer to obtain whether or not the client is in compliance.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

RESPONSIBILITY FOR PROVIDING VERIFICATION

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. The worker shall assist the household in obtaining this verification provided the household is cooperating with the Agency as outlined in Chapter 8, HOUSEHOLD COOPERATION. Also see the Request for Information Notice.

Households may supply documentary evidence in person, through the mail, or through an authorized representative. The household shall not be required to present verification in person at the SNAP office. The worker shall accept any reasonable documentary evidence provided by the household and shall be primarily concerned with how adequately the verification proves the statements on the application.

DISCREPANCIES

When unverified information from the household or a source other than the household contradicts statements made by the household, the household shall be allowed ten (10) days to resolve the discrepancy prior to a determination of eligibility for benefits. The worker may verify the information directly and contact the household only if such direct verification efforts are unsuccessful. See Request For Information Notice under DECISION AND NOTIFICATION in this chapter.

For unverified information received through IEVS, see INCOME AND ELIGIBILITY **VERIFICATION SYSTEM (IEVS) in this chapter.**

CERTIFICATION WITHOUT VERIFICATION OF DEDUCTIBLE EXPENSES

All deductible expense must be verified. If obtaining the verification may delay the household's certification, the worker shall advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense.

For example, benefits would be computed without allowing a medical expense deduction if the expense is not verified. If certification is authorized without allowing the deductible expense, the

THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

worker shall document in the case record the reason for not allowing the expense in the benefit computation and will notify the household that the benefit was determined without the deduction. See MAVERICS Notice F101, SNAP APPROVAL NOTICE, for check a block entry to remind the household which verification is still needed.

In no event will the worker exceed the timeliness standards in providing benefits to households, which are eligible without a deduction for the unverified expense. If, after certification, the household subsequently provides the missing verification, the worker shall redetermine the household's benefits and provide increased benefits, if any, in accordance with timeliness standards for changes within a certification period. The household shall be entitled to restoration of any benefits lost as a result of disallowance of the expense only if the expense could not be verified within the 30 day period for applications because the worker failed to allow the household the full 10 days from the date of the request for verification. If the household would be ineligible unless the expense is allowed, the household's application will, if there is a delay, be handled in accordance with DELAYS IN PROCESSING in this chapter.

CERTIFICATION WITHOUT VERIFICATION OF SOCIAL SECURITY AND SSI BENEFITS

If documentary evidence of social security and/or SSI benefits is not readily available from the applicant or from SDX, the worker can access information from the SSA via the Wire Third Party Query Process. Normally the information requested is provided within a very short time frame. However, if there is a delay in receipt, the worker will not delay the eligibility and benefit level determination beyond the normal processing standards for applications. The amount(s) reported by the household will be used pending receipt of information from SSA.

EXPEDITED HOUSEHOLDS

There are special verification requirements. See Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

RECERTIFICATION

At recertification the worker shall verify the following:

Income, Expenses, Child Support Payments

THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

- Gross non-exempt income.
- Previously unreported medical expenses and total recurring medical expenses must be verified.
- Any changes in the legal obligation to pay child support, the obligated amount, and the amount of legally obligated child support a household member pays to a nonhousehold member.
- Utility/shelter expenses and dependent care.

Resources

The worker will verify changes in previously reported resources and shall obtain verification of newly reported resources. Refer to Chapter 5, RESOURCES.

SSNs

Newly obtained social security numbers shall be entered in MAVERICS at recertification with verification procedures outlined in this chapter. The CLPR screen may be checked on each individual to validate the SSN.

4. Other Changes

Other information which has changed may be verified at recertification. Unchanged information shall not be verified unless the information is incomplete, inaccurate, inconsistent or questionable. Verification requirements shall be subject to the same procedures applicable during initial certification. For example, dependent care costs shall be verified only if the care provider has changed or the amount has changed or unless the information is incomplete, inaccurate, inconsistent or questionable.

CHANGES WITHIN CERTIFICATION PERIOD

Changes reported during the certification period shall be subject to the same verification procedures applicable at initial certification except that the worker shall not reverify unless the information is incomplete, inaccurate, inconsistent or questionable, or more than 60 days old.

THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

Changes in Deductible Expenses for all Households

When households report changes in a deductible expenses, taking action on the change depends on whether or not the change is verified, and if the change will mean an increase or decrease in household benefits. For example:

- If a household reports a change that would cause an increase in benefits, but fails to verify the change, the deduction previously verified for the current certification should remain.
- If a household reports a change that would cause a decrease in benefits, but fails to verify the change, the change should be made without the verification. The reported change information should be documented in the case record. Verification would be postponed until recertification.
- If a household reports a change and provides verification, the change should be handled as appropriate.

Note: Expenses that result in a change in residency must be verified. If not, a deduction will be allowed.

PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM (PARIS) DATA

The PARIS project is a data matching system in which Mississippi's caseload data is matched quarterly against that of other states participating in the project and selected federal data. The PARIS match serves as an indicator of information that may not have been reported. The worker is required to independently verify that the information on the PARIS match is correct before taking adverse action on the involved case.

PARIS data is generated in MAVERICS at the end of each quarter and is available through the Interface Inquiry Menu (INIM). This data should be reviewed for each household member at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the caseworker.

Upon review of the data at application, reapplication and recertification appropriate action should be taken and CADM should be documented to reflect the disposition of the data. This data must also be checked prior to case authorization.

THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION

Revised 07-01-19

The worker will determine the state in which the recipient actually resides by obtaining information from the recipient, the agency in the match state and other sources as needed. If the worker determines that the recipient is not a resident of Mississippi, the individual is not eligible for benefits in Mississippi. A potential claim exists for any month in which the non-resident participated in both Mississippi and the resident state. If the individual is a Mississippi resident, ineligibility exists in the match state and the determination regarding a claim is the responsibility of the match state.

NATIONAL NEW HIRE DATA

The National New Hire data is a matching system in which Mississippi's caseload data is matched monthly against select employers who are participating in the project. The new Hire matches serve as an indicator of information that may not have been reported. The worker is required to independently verify employer information by sending the MDHS-EA-951, Wage Verification Form for Reported Amounts, before taking action on the case.

New Hire data is updated in MAVERICS on the last Thursday of the month for individuals who were submitted for SSN matches on the last Thursday of the prior month. This data is available through the Interface Inquiry Menu (INIM) and should be reviewed for each household member at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the caseworker.

Upon review of the data at application, reapplication and recertification appropriate action should be taken and CADM should be documented to reflect the disposition of the data. This data must also be checked prior to case authorization.

QUARTERLY WAGE MATCH DATA

The Mississippi Department of Employment Security wage match information helps to identify unreported or incorrectly reported earnings. The data contained will not be current data. Rather it will represent data from the five quarters prior to the quarter in which the match is conducted. The data will be retained for a period of 3 1/2 years. It will display beginning with the most recent quarters.

For applicants, the match will be conducted twice a month.

For recipients, the match will be conducted monthly.



[THE CERTIFICATION PROCESS: VERIFICATION AND DOCUMENTATION]

Revised 07-01-19

This data should be reviewed for each household member age 16 and above at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the caseworker. Upon review of the data, appropriate action should be taken and the EMIN screen documented to reflect the disposition of the data. If the data does not match the amounts reported by the client, the worker is required to send the MDHS EA 951, Wage Verification Form for Reported Amounts, to the employer.

This data must also be checked prior to case authorization.

PARIS VA

The PARIS VA match accessed from the INIM Screen helps to identify VA benefits received by the client. The data is updated quarterly and is available to view in MAVERICS, the next working day after the 15th of each quarter.

This data should be reviewed for each household member at application, reapplication, reevaluation, and when adding a new household member (other than a new born). This online data is not considered known to the agency until the data has been retrieved by the case worker and matched with verification provided by the client. If there are discrepancies, the worker should take appropriate action as addressed earlier on Page 8265 and also in Chapter 4.

This data must also be checked prior to case authorization.





[THE CERTIFICATION PROCESS: INCOME AND ELIGIBLITY VERIFICATION SYSTEM (IVES)]

Revised 11-01-11

PURPOSE

For the Supplemental Nutrition Assistance Program (SNAP), the Income and Eligibility Verification System (IEVS) is a system which collects and exchanges income and resource data from agencies such as Mississippi Department of Employment Security (MDES) and Social Security Administration (SSA) to be used in verifying eligibility for and the amount of SNAP benefits due to eligible households. IEVS information from Internal Revenue Service (IRS) referred to as State Resource Data (SRD) is received for the TANF Program. When a combination case is involved, SRD could affect SNAP eligibility and benefit level. All security measures applicable to SRD in the TANF Program also apply to the SNAP for a combination case.

GENERAL PROVISIONS

Wage and benefit information shall be requested via IEVS from those agencies identified in the material entitled, MATCHES TO BE CONDUCTED. The method by which IEVS data is obtained is through computer matching, and the data obtained through this method will be provided to counties via IEVS ALERTS or the Interface Inquiry Menu in the MAVERICS system. The primary key to each match is the individual's social security number.

IEVS data must be requested for all household members, including any individuals considered excluded household members as outlined in Chapter 7, Households With Excluded Members, if such person's social security numbers are available. The reason is that resources and income of those individuals are treated as available to the household in their entirety or on a pro-rata basis. The rationale for including children and the homebound elderly is to identify wages earned by household members but reported under the SSN of another person.

MATCHES TO BE CONDUCTED

Management Information System (MIS) will extract the social security numbers from the MAVERICS system and match against files of the cooperating agencies to produce information necessary for determining initial or ongoing eligibility.

Prior to entering individual social security numbers in MAVERICS, IEVS data will not normally be available on applicant households. The match on applicant households will take place once the SSN has been entered in MAVERICS, therefore, SSNs for ALL household members must be entered in MAVERICS as soon as possible after receipt in the county office. For IEVS purposes, a new household member will be treated as an applicant.



[THE CERTIFICATION PROCESS: INCOME AND **ELIGIBLITY VERIFICATION SYSTEM (IVES)**

Revised 11-01-11

USE OF DATA

The information obtained through the IEVS matches shall be used for purposes of:

- 1. Verifying a household's income to establish eligibility;
- 2. Verifying the proper amount of benefits;
- 3. Investigating to determine whether participating households received benefits to which they were not entitled; and
- 4. Obtaining information which will be used in conducting criminal or civil prosecutions based on receipt of SNAP benefits to which participating households were not entitled.

TYPES AND FREQUENCY OF MATCHES

MIS will conduct the matches through the cross matching of computer tapes as outlined

below. IEVS BENDEX MATCH DATA

BENDEX is an exchange system used by the Agency to request social security benefit information on recipients which is provided via IEVS ALERTS. The worker should be aware, however, that the indicated social security payment amount is the gross amount before any deduction for Medicare and/or recoupment for overpayment and indicates the gross after any child support withholding. When a change occurs, the updated benefit amount is automatically provided to the county. Therefore, the latest ALERT should reflect current social security benefits. Additionally, when the SNAP case is closed in MAVERICS, the recipients are removed from the BENDEX tape. In situations of reapplication by these households, special care should be taken to ascertain that the BENDEX information has the amount of the current social security benefit before it is used for verification. If a closed case is activated, it will be re-entered in the BENDEX system and ALERTS will be received as changes in the social security benefit occur.

BENDEX also reflects certain wage information contained in the Earnings Reference File (ERF). Because this information is updated only once a year by SSA, the information will be data from the previous year or in some situations, from two prior years.

THE CERTIFICATION PROCESS: INCOME AND **ELIGIBLITY VERIFICATION SYSTEM (IVES)**

Revised 11-01-11

For applicants, matches will be conducted at the next scheduled BENDEX processing cycle.

For recipients, matches will be conducted monthly. ALERTS will be generated only when there is a change between data in MAVERICS and BENDEX.

For information regarding MAVERICS screens, etc. please refer to Volume X, IEVS BENDEX

MATCH DATA.

HEVS SDX MATCH DATA

SDX is a tape provided by SSA to the Agency, and contains SSI as well as social security and other unearned benefits such as VA, Black Lung, Railroad Retirement and Mandatory State Supplement (MSS).

The most current ALERT should provide the current SSI benefit level, and is a good source of verification for SSI. However, other benefit information, including social security, may not be current on SDX. SDX information is updated as received for other benefits but there may be some lag time before the information is received and can be entered into the system.

The social security amount provided through SDX is the entitlement amount, i.e., the amount before deductions such as recoupment for any prior overpayment.

For applicants, matches will be conducted at the next scheduled SDX processing cycle.

For recipients, matches will be conducted monthly; however, after the initial match, ALERTS will be provided only when there is a change between data in MAVERICS and SDX.

For additional information regarding MAVERICS screens, etc., please refer to Volume X, IEVS SDX MATCH DATA.

IEVS Social Security Number Enumeration/Validation Match Data

Social Security Numbers (SSN), entered in the MAVERICS system are verified/validated via a monthly computer enumeration tape match with the Social Security Administration (SSA). If the match produces an ALERT, the SSN is to be considered unverified and the worker shall:

THE CERTIFICATION PROCESS: INCOME AND ELIGIBLITY VERIFICATION SYSTEM (IVES)

Revised 11-01-11

- 1. Determine if the data was correctly entered into MAVERICS by comparison with the case record data.
- 2. If yes, contact the household to determine if information provided by the household is correct and, if not, obtain correct information.

If the determination is that SSA has incorrect data, refer the individual/household to SSA using MDHS-EA-949 to correct the data. MDHS-EA-949, REFERRAL FOR SOCIAL SECURITY

NUMBER APPLICATION, shall be returned to the county office by SSA.

This ALERT must be cleared immediately, as the SSN is the basis for the IEVS match. When the first SSN ALERT is received on a client with no SSN, send either MAVS A909 (used when SSN applied for on birth certificate), or MAVS A908 (to apply for SSN for anyone, including newborns). When an SSN is needed for more than one household member, a separate notice may be sent for each one, or the request may be added in the "worker comments" section at the bottom of each notice. For additional information regarding MAVERICS, refer to Volume X, IEVS SSN ENUM/VAL match data.

IEVS ALERTS

Discrepancies between client data in MAVERICS and data from SSA is relayed to the eligibility worker via an IEVS ALERT in MAVERICS. This is an automatic ALERT generated in MAVERICS to notify the worker of an identified discrepancy between the MAVERICS automated case file and the interface tape from another agency.

EXAMPLE: An IEVS BENDEX ALERT will be created when the social security income contained in the individual's case in MAVERICS does not match the information in the BENDEX file (interface tape).

The worker determines the action required as a result of the IEVS ALERT, takes the appropriate action, sends the appropriate notice(s) and resolves the alert on the applicable screen. Please refer to Volume X, IEVS ALERT for specifics in handling/resolving alerts.



[THE CERTIFICATION PROCESS: INCOME AND ELIGIBLITY VERIFICATION SYSTEM (IVES)]

Revised 11-01-11

MAVERICS provides a method to track the status of IEVS match results to assure adherence to the requirement for action on IEVS data within the required time frame. The tracking system will maintain the status of the IEVS ALERT until such time as case action is taken or determination is made that the IEVS information does not affect the case.

VERIFICATION

Verification of IEVS DATA does not replace the verification procedures used as part of the eligibility determination. Verification of the IEVS Data supplements that verification since it pursues information provided by parties other than the household.

Verified Upon Receipt

The worker shall take action to terminate, deny, or reduce benefits based on information obtained through IEVS if such information is considered verified upon receipt when obtained from the agencies administering the programs. This information is:

- 1. Social security benefit information
- 2. SSI benefit information

However, if there is information that indicates the IEVS obtained information which would generally be considered verified upon receipt is questionable, that information shall be treated as unverified upon receipt as outlined below. In other words, if a county receives what is believed to be incorrect information, no adverse action should be initiated until the discrepancy is resolved. For additional information—regarding—questionable—information,—please—refer—to—VERIFICATION—OF QUESTIONABLE INFORMATION, earlier in this chapter.

Unverified Upon Receipt

Prior to taking action to terminate, deny or reduce benefits based on information obtained through IEVS which is considered unverified upon receipt, the worker shall independently verify the information. The information must be verified through a method other than the IEVS data. Such unverified information is:

THE CERTIFICATION PROCESS: INCOME AND **ELIGIBLITY VERIFICATION SYSTEM (IVES)**

Revised 03-01-17

- Wage information from SSA, known as ERF data. This data, while even less current than the wage data from MDES, can give leads to employment not reported to the State's employment agency, such as employment in other states and self-employment.
- Death match information (SDX)
- 3. Questionable information obtained through IEVS which normally would have been treated as verified upon receipt.

Independent verification shall include verification of the amount of the asset or income involved; whether the household actually has or had access to such asset or income such that it would be countable income or resources for SNAP purposes; and the period during which such access occurred.

Independent verification of unverified information obtained through IEVS shall be obtained by discussing the information with the household at the recertification interview. If needed, the MAVERICS F905, Request for Information, shall be issued to inform the household of the need for verification in determining ongoing eligibility and for possible claims review purposes.

EXCEPTION: If a county has information which indicates that independent verification is not needed, such verification is not required. For example, if match data duplicates known and verified information in the case record, no further case action is required.

ACTION ON MATCHES

The worker must promptly initiate appropriate action on all match data upon receipt. If IEVS data is received on a closed case, the worker will indicate on the form or appropriate MAVERICS screen that a notice is not required, but follow-up must be completed on potential claim situations.

If the IEVS information is received before the notice of decision is mailed to the applicant, the information shall be used in making the eligibility determination. However, a worker may not delay the eligibility determination solely to await verification of IEVS information which has been requested if other evidence establishes eligibility for assistance.

If IEVS data or independent verification is received after approval, the same procedure will be followed as for recipients. See Action on Recipients below.

THE CERTIFICATION PROCESS: INCOME AND **ELIGIBLITY VERIFICATION SYSTEM (IVES)**

Revised 11-01-11

It is not required that IEVS data be pursued or used after a household is determined ineligible. There is no need to follow up on the data if the household received no benefits. However, if the applicant household has received benefits in the past, the IEVS data might reflect an overissuance, in which case appropriate action for a possible claim is required. When no action is required, the IEVS ALERT must be cleared with the appropriate code. Please see Volume X, IEVS MATCH.

Action On Recipients

The time frame for completing appropriate action on IEVS data is within 45 days of the date the Agency receives the data. This means that the 45 day time frame begins when MIS receives the computer tape, and that date will be reflected on all IEVS ALERT screens along with the date by which the case must be handled. The following steps must be accomplished within the 45 day period.

- 1. Compare the match data against case record information.
- Identify new, discrepant or unverified facts.
- 3. Investigate and verify information where warranted.
- 4. Determine if the change was a reportable change based on the household's circumstances.
- 5. Either send the appropriate notice, or document the case record and/or appropriate IEVS screen regarding the decision not to send one.

EXCEPTION: The 45 day timeliness standard may be waived on up to, but no more than, 20% of the matches, provided third party verification has been timely requested but has not been received. A timely request is one made early enough in the 45 day time frame to provide the third party adequate time to respond and to allow the worker time to take necessary action and send the appropriate notice within the allotted 45 days. In other words, the only acceptable "good cause" for failure to handle any match within 45 days is when the worker has timely requested and is awaiting verification from a third party about the IEVS data. No other reason constitutes good cause. Furthermore, good cause cannot be claimed on more than 20% of the total match.

[THE CERTIFICATION PROCESS: INCOME AND ELIGIBLITY VERIFICATION SYSTEM (IVES)]

Revised 11-01-11

When there is a delay, the worker should follow up on earlier requests and may require the recipient to verify the information or to assist in obtaining verification from the third party. When requested information is received after the expiration of the 45 day period, the worker will act within guidelines and timeliness standards for changes within certification periods or in conjunction with the next case action when such verification is not received, whichever is earlier.

For appropriate handling and codes, please refer to Volume X, IEVS MATCH.

MONITORING AND REPORTING

A tracking system for monitoring adherence to the IEVS requirements is mandatory. Management Information Systems (MIS) will immediately process the information received from Mississippi Department of Employment Security (MDES) and Social Security Administration (SSA). In addition, data must be collected in order to comply with the reporting requirements. The requirements will be handled as outlined below:

SYSTEM ALERTS

Matches with MDES and SSA will generate an IEVS ALERT in the MAVERICS system. With the indication of an IEVS ALERT in a case, the worker must "PF9" off the screen, (usually this will be the benefit determination screen, FSAD); access the IEVS ALERT SELECTION screen, (IVAS); make the appropriate selection by entering "X" in the "SELECT" column, press "ENTER". Then, access the unearned income to determine if the income shown in the case is correct and/or the same as that in IEVS.

If the income used in the eligibility and benefit determination for the household is correct as shown in IEVS, access the IVAS screen; change the "ACTION" code to "N"; enter PCN, then go to the next match and repeat the "ACTION" code "N"; enter PCN, then go to the next match and repeat the process. In the comments section on page 3, explain the action taken for case record documentation.

If the income used in the eligibility and benefit determination for the household is incorrect, determine if the information should have been reported based on the household's circumstances, take appropriate action to correct the case, i.e., send a MAVERICS NOTICE F905 REQUEST FOR INFORMATION or manual notice MDHS EA 942 or, resolve the discrepancy, correct the case, and clear the ALERT by entering the appropriate codes on the IEVS screen.



[THE CERTIFICATION PROCESS: INCOME AND **ELIGIBLITY VERIFICATION SYSTEM (IVES)**]

Revised 11-01-11

The IEVS SSN ENUM/VAL MATCH DATA is created when the social security number (SSN) in MAVERICS cannot be enumerated or validated by SSA. This type IEVS ALERT must be cleared immediately, as the SSN is the basis for the IEVS match. For additional procedures, refer to VOLUME X. IEVS SSN ENUM/VAL MATCH DATA.

See Volume X, IEVS for a more detailed discussion on handling/clearing IEVS ALERTS.

MAVERICS REPORTS

For additional assistance in monitoring and tracking IEVS ALERTS, MAVERICS produces Report No. IR02, IEVS REPORT FOR ALERTS DUE IN 45 DAYS, more commonly referred to as Aged Action Report HESIT510. This document should be used to report action taken on IEVS ALERTS, as well as to serve as a tool in tracking timely follow-up on IEVS DATA.

For additional information regarding the AGED ACTION REPORT, refer to VOLUME X, INCOME AND ELIGIBILITY.

THE CERTIFICATION PROCESS: CERTIFICATION PERIODS1

Revised 07-01-19

GENERAL

Definite periods of time are established within which households are eligible to receive SNAP benefits. At the expiration of each certification period, entitlement to SNAP benefits ends. Further eligibility shall be established only upon completion of a recertification based on a new application, an interview, and verification as outlined in this chapter, VERIFICATION AND DOCUMENTATION, Recertification. Under no circumstances shall benefits be continued beyond the end of a certification period without a new determination of eligibility.

CERTIFICATION PERIODS SHALL CONFORM TO CALENDAR MONTHS

Certification periods shall conform to calendar months regardless of the date of application. There is no provision for determining eligibility for benefits prior to the month of application. At initial application, the first month in the certification period shall generally be the month of application, even if the household's eligibility is not determined until a subsequent month. For example, if a household files an application in January and the application is not processed until February, a six month certification period would include January through June. Upon recertification, the certification period will begin with the month following the last month of the previous certification period (in this example, January).

HOUSEHOLDS IN WHICH ALL MEMBERS ARE IN A TANF GRANT

Households in which all members are contained in a single TANF grant shall have their SNAP recertification, to the extent possible, at the same time they are redetermined for TANF. If such households do have their SNAP recertification's scheduled for the same time as their TANF redeterminations, and the TANF redeterminations are not completed timely, the agency shall ensure that the SNAP re-certifications are timely completed. In no event shall SNAP benefits be continued beyond the end of a certification period.

HOUSEHOLDS CERTIFIED FOR ONE OR TWO MONTHS

One -two month certification periods shall be established in the following situations:

Households shall be certified for 1 or 2 months, as appropriate, when the household cannot reasonably predict what its circumstances will be in the near future, or when there is a substantial likelihood of frequent and significant changes in income or household status. The following are examples.

THE CERTIFICATION PROCESS: CERTIFICATION PERIODS1

Revised 07-01-19

- If the income of day laborers and migrant workers is uncertain and subject to large fluctuations during the work season due to the uncertainty of continuous employment or bad weather and other circumstances, the household may be certified for one or two months.
- Residents of drug/alcoholic treatment and rehabilitation programs may be certified for 1 or 2 months because of the likelihood of substantial and frequent changes and the inability to predict circumstances in the near future. If a longer certification period is warranted, a longer one must be assigned in accordance with other guidelines in this chapter.
- Residents of shelters for battered women and children, who normally stay in the shelter for short periods of time, are usually certified for 1 or 2 months.
- Households identified as homeless should generally be certified for short periods of time because of the difficulty in accurately predicting changes. When a longer certification period is given, the reason for a longer certification period should be documented.
- Households eligible for a certification period of less than two months shall, at the time of certification, have their certification periods increased by 1 month if the certification process is completed after the 15th day of the month of application and the household's circumstances warrant the longer certification period.

Example: If a household which is eligible for a 1 month certification period makes application in June and is not certified until late June or early July, the certification period would include June through July.

HOUSEHOLDS CONTAINING AN ABAWD HOUSEHOLD MEMBER

Households containing existing or potential ABAWD household members must be identified at application, interim reporting, and recertification. The worker must consider the ABAWD time limit when assigning certification periods to existing and potential ABAWD households. An existing ABAWD household includes an individual who is clearly an ABAWD at the time of certification. A potential ABAWD household includes an individual who can reasonably be anticipated to become an ABAWD during the certification period. Households including an exempt or non-exempt ABAWD at the time of certification will be assigned a certification period not to exceed four (4) months. For

[THE CERTIFICATION PROCESS: CERTIFICATION PERIODS]

Revised 07-01-19

any household including a potential ABAWD household member, the worker must "look ahead" when assigning a certification period. Because an ABAWD is subject to the ABAWD time limit, assigning a four (4) month certification period will serve to simplify administration of the time limit. The following example illustrates the "look ahead" process when assigning a certification period to a potential ABAWD household:

Example: A SNAP household consists of a 40 year old able bodied mother and her 17 year old son. The mother is subject to general work requirements and the son is a minor. The household is certified through January. At the recertification interview on January 2, the worker discovers the 17 year old son will graduate from high school in May and will turn 18 on May 30. Both household members will become subject to the ABAWD time limit the month following the month the son turns 18, and eligibility will be limited to 3 months within a 36 month period, unless they are fulfilling the ABAWD work requirement or otherwise exempt. Mindful of the time limit, the worker assigns the household a four (4) month certification period through May.

HOUSEHOLDS CERTIFIED FOR SIX MONTHS

All households, except those in which all members are elderly and/or disabled with no earned income, will be assigned certification periods of 6 months.

SOCIAL SECURITY NUMBER NOT PROVIDED

The certification period for a household which has applied for a social security number but has not been assigned one will be set at 6 months.

HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME

Simplified Reporting households whose primary source of income is from self-employment (including self-employed farmers) or from regular farm employment with the same employer shall be certified for 6 months. See Chapter 7, SELF EMPLOYMENT INCOME

HOUSEHOLDS CONSISTING ENTIRELY OF ELDERLY AND/OR DISABLED PERSONS

Households consisting entirely of elderly and/or disabled persons receiving only very stable income, such as social security, SSI, pensions or disability, will be certified for 12 months provided all other

Volume V | Chapter 8

household circumstances are expected to remain stable.

THE CERTIFICATION PROCESS: CERTIFICATION PERIODS1

Revised 07-01-19

INTERIM REPORTS

Note: Effective January 2018, a transition from Simplified Reporting (SR) to Change Reporting requirements for all households began. During this transition, certification periods were limited to either 6 or 12 months for most households, thereby eliminating the need for households to submit Interim Reports. SR households certified prior to January 2018 remain under SR rules and subject to Interim Reporting until recertification, when certification periods will be adjusted to either 6 or 12 months. Once all recipient households become subject to Change Reporting requirements, Interim Reporting will be discontinued.

Interim reports will be issued to all SNAP households at the midway point of the certification period. These reports will require households to provide information on changes in household circumstances during the first half of the certification period. Upon return of the interim reports, caseworkers will process the reports and take action to affect case changes as needed. Households certified for 12 months will be required to return interim reports by the 6th month of certification, while households certified for 24 months will be required to return interim reports by the 12th month of certification. Failure of households to return completed interim reports will result in case closure.

- For households certified for 12 months, the interim report will be mailed on the 22nd day of the 5th month of certification. This report will be due by the 5th of the next (6th) month. Issuance of interim reports will be documented on the Notice History (NOHS) screen in MAVERICS.
- For households certified for 24 months, the interim report will be mailed on the 22nd day of the 11th month of certification. This report will be due by the 5th of the next (12th) month. Issuance of interim reports will be documented on the NOHS screen in MAVERICS.

Information to be reported and verified includes changes in income, household size, and any changes in countable resources for households containing certain disqualified members (These are clients with specified convictions or persons sanctioned for Intentional Program Violation [IPV] as listed in Chapter 3, see Household Concept). Also, households consisting entirely of elderly and disabled members who fail the gross income test but pass the net income test are subject to a resource test. Any changes in resources for such households must be reported and verified.

Should the household report the addition of a household member to be included in the case, the name, relationship, social security number, date of birth, declaration of citizenship, and date the new person was added to the household must be noted on the form. If all necessary information is provided on the interim report, use of the 900 supplement form to add a person to the case will not be

[THE CERTIFICATION PROCESS: CERTIFICATION PERIODS]

Revised 07-01-19

Interim Report Registration

Upon receipt of the household's interim report, workers will register the report through the Interim Report Registration (INRR) screen in MAVERICS. This screen will allow workers to register up to 16 interim reports at a time by entering the date the report was received and the case number. Based on the status of the received interim reports, workers will process the changes or notify the household of further information or verification required. Interim reports should be scanned to the Interim Report folder in Interwoven/Worksite.

Complete Interim Reports

Returned interim reports containing all necessary, verified information will be processed to determine the household's benefit level for the remainder of the certification period. Based on reported changes, workers will rework budgets and authorize adjusted benefits, with notification of the change being provided to the household. Workers will send MAVERICS notice **F301**, **SNAP Change Notice Interim Reporting**, to inform the household of the change in benefit amount for the remainder of the certification period (7th through the 12th month for households certified for 12 months, the 13th through the 24th month for households certified for 24 months.)

Incomplete Interim Reports

Based on coding entered by the worker on INRR, returned but incomplete interim reports will require a notice informing the household of the specific reason for incompleteness of the report and instructions on what information is required for processing and continuation of benefits. To ensure uninterrupted benefits, complete interim reports must be returned in time for processing prior to the end of the 6th or 12th month, depending on the length of the household's certification period. Incomplete reasons/INRR codes include the following:

- No signature (NS)
- Income Verification Not Received (IV)
- Non-Categorically Eligible Resource Verification Not Received (RV)
- All Questions Not Answered (QA)
- Shelter Expense Verification Not Received on Reported Change (SV)
- Child Support Deduction Verification Not Received (CS)
- Other (OT)

[THE CERTIFICATION PROCESS: CERTIFICATION PERIODS]

Revised 07-01-19

Use of the NS, IV, RV, and QA codes will automatically generate MAVERICS notice X419, SNAP/TANF Closure - Incomplete Interim Report form.

In the event that the worker initially registers the interim report as complete on INRR but later determines the report to be incomplete, INRR may be accessed again to code the report as incomplete. Depending on the incomplete reason code used as noted above, either MAVERICS will send the incomplete notice or the worker will be required to access NORE to send a request for verification.

Incomplete interim reports containing all necessary information that are returned during the 7th month (for cases certified for 12 months) or 13th month (for cases certified for 24 months) of certification will be registered through INRR and processed by the worker, allowing the household's benefits to be reinstated. Benefits authorized during the 7th or 13th month will be prorated based on the date of receipt. For reinstatement of the case, the worker will send MAVERICS notice **F509**, **Reinstatement - Interim Reporting**, to inform the household of eligibility and benefit level for the remainder of the review period.

Reminder Notice

Workers must use the "Interim Reports Due" listing to monitor the receipt/non-receipt of IR's due by the 5th day of the due month. For households not returning an IR by the due date, workers must issue a "Reminder—Notice" no later than the next business day following the 5th of the month. When issuing the Reminder Notice, workers must use MAVERICS Notice F906—Other Notice, and enter the following message:

"We have not received the Interim Report form that was due on the 5th of this month. This notice is a reminder for your household to return a completed Interim Report form within 10 days of the date of this notice. If you do not respond to this notice, your benefits could be or may be delayed or stopped."

Non-receipt of Interim Report

After issuance of the Reminder Notice, if the household fails to return the interim report within 10 days, MAVERICS notice **X003**, Notice of No Return of Interim Report, will be generated, informing the household that the case will close if a completed report is not returned by the end of the month. Non-return of the interim report places the case in "frozen" status. The notice will also state that the household's case may be reinstated during the 7th or 13th month of certification, with

Volume V | Chapter 8

[THE CERTIFICATION PROCESS: CERTIFICATION PERIODS]

Revised 07-01-19

benefits being prorated for the month of receipt, provided the interim report is determined to be complete. The **X003** will be sent to the household on the 15th day of the month in which the interim report is due. For reinstatement of the case, the worker will send MAVERICS notice **F509**, **Reinstatement - Interim Reporting**, to inform the household of eligibility and benefit level for the remainder of the certification period.



[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

GENERAL

The worker is required to make an eligibility decision based on criteria and on timeliness standards outlined in this manual. The household must be notified in writing of all decisions.

All households will be given the option to receive and view their notices online by registering and activating a MYMDHS Account. Households will be able to subscribe to online notices, paper notices received through regular mail, or both after the account is activated and registered with the exception of all claim overpayment tax offset notices that will continue to be received through regular mail. Households who successfully register and activate their accounts will receive an email notification each time a new notice is added to their account. The households will be responsible for viewing all notices to ensure they are aware of all case changes, interviews, appointments, etc.

HOUSEHOLD COOPERATION

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 the household refuses to cooperate with the local office in completing this process, the application shall be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrates that it will not take actions that it can take and that are required to complete the application process. For example, to be denied for refusal to cooperate, a household must refuse to be interviewed, not merely fail to appear for the interview. If there is any question as to whether the household has merely failed to cooperate, as opposed to refused to cooperate, the household shall not be denied. The household shall also be determined ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes and applications for recertification. Once denied or terminated for refusal to cooperate, the household may reapply but shall not be determined eligible until it cooperates.

The household shall not be determined ineligible when a person outside the household fails to cooperate with a request for verification. This provision does not consider the following nonhousehold members as individuals outside the household:

- (1) Ineligible students,
- (2) Ineligible aliens,
- (3) Persons who fail to attest to their citizenship or alien status,
- (4) Persons disqualified for Intentional Program Violation,



[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

- (5) Persons disqualified for failure to provide a social security number,
- (6) Persons disqualified for noncompliance with work requirements,
- (7) Persons disqualified for noncompliance with child support requirements,
- (8) Persons disqualified as a fleeing felon or probation or parole violator,
- (9) Persons disqualified for a sexual crime committed and convicted since February 7, 2014 and not in compliance with the terms of the sentence (e.g. aggravated sexual abuse, sexual exploitation and other abuse of children, sexual assault),
- (10) Persons disqualified for murder committed and convicted since February 7, 2014 and not in compliance with the terms of the sentence,
- (11) Persons disqualified for the sale of firearms, ammunition, explosives for benefits, or trafficking SNAP of \$500 or more.
- (12) Persons disqualified for the sale of illegal drugs for benefits, or
- (13) Persons disqualified, if determined by a court or State agency, to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

NOTE: Refer to Chapter 1, QUALITY CONTROL REVIEWS, for a more detailed discussion on failure to cooperate with a Quality Control Reviewer.

ELIGIBILITY DECISION

Applications

Eligibility and benefit level must be determined for the entire month in which the household files its application, even if the application is submitted late in that month, as well as for the remaining months in the certification period. If the household is eligible, benefits shall be provided retroactively, to the month of application, even though approved in a subsequent month. Exceptions are outlined in this chapter under APPLICATION, Delays in Processing.

Similarly, a household may be ineligible for the month of application, but eligible in the subsequent month due to anticipated changes in circumstances. Even though denied for the month of application, the household does not have to reapply in the subsequent month. The same application shall be used for the denial for the month of application and the determination of eligibility for subsequent months, within the timeliness standards outlined in this chapter.

Recertification's

Eligibility for recertification is determined based on circumstances anticipated, starting the month

THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION

Revised 07-01-19

month of the current certification period.

The level of benefits shall be determined prospectively. If the household is certified during the last month of the current certification period the effective date of the new certification period will be the first of the month following the last month of the certification period.

If an application for recertification is not received until one day or more after the current certification period has expired, eligibility and benefits will be determined for the month in which the household files the application, as for initial applications.

Changes Within Certification Periods

Refer to CHANGES WITHIN CERTIFICATION PERIODS in this chapter.

BASIS OF ISSUANCE

After eligibility is established, the household will be assigned a monthly benefit amount based on the household's net monthly income. Refer to Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

Issuance and Expungement Period

As applications are approved in MAVERICS an EBT benefit account is set up in the EBT System and the initial month's benefits will be available the day after authorization. Benefits in subsequent months will be issued on a 15-day cycle based on the last 2 digits of the case number, starting with the 5th calendar day of each month.

Benefit accounts with no activity for 90 days become dormant, though cardholders retain access to account benefits. Benefits will be expunged from the account after 365 days of inactivity.

NOTICES TO HOUSEHOLDS

Refer to Volume X, Chapter 4 for the specific SNAP notice used to notify the household of an approval, denial, pending application, change, etc. Certain forms are required to be provided to each household at the time of application/recertification. In some circumstances, due to timeliness and/or system limitations, a manual notice must be provided. Anytime a manual notice is provided, documentation in MAVERICS must be done by Notice F000. Note: The SNAP "Other" Notice F906 should only be used in rare situations and should not be used instead of a specific notice such

[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

as, but not limited to, the Request for Information Notice F905.

Certain notices have timeliness standards and provide other required information to the household.

MDHS-EA-530, Rights and Responsibilities of Supplemental Nutrition Assistance Program (SNAP) Households

This form is issued to the applicant at the time of the application interview and at every recertification interview. It outlines the household's rights and responsibilities and serves as documentation of the explanations/forms given at the time of application/recertification. The Forms/Explanations/Screens Documentation (FOES) Screen in MAVS must be documented to indicate a copy of the MDHS-EA-530 was given to the applicant/recipient; however there is no requirement for the applicant/recipient to sign the form or for a copy to be filed in the case record. (Refer to Generic Forms Manual.)

Request for Information Notice

When it is determined that additional information and/or verification must be supplied by the household in order for eligibility to be established, the worker will prepare and give to the applicant MAVERICS Notice F905. This form provides notification in writing of the applicant's responsibility in supplying needed information, the worker's obligation to assist the household in obtaining information, and of the time limit in which requested information should be provided. The request, if complied with, will facilitate disposition but failure by the applicant to respond within the requested time limit does not give the worker the right to deny the application or close the case at that point in time. Denial or closure for failure to respond is dictated by the application standard of promptness or by the appropriate effective date following an advance notice of adverse action.

Notice of Approval

The household shall be provided with written notice of the amount of benefits and the beginning and ending dates of the certification period via MAVERICS Notice F101. For households containing an Able Bodied Adult without Dependents (ABAWD), MAVERICS Notice F107, SNAP Approval Notice ABAWD Households, must be provided. (Refer to Expedited Approval Notices with special circumstances below.) The household shall also be advised of variations in the benefit level based on changes anticipated at the time of certification. The notice shall explain if the initial benefit amount includes more than one month's benefits and shall indicate the monthly benefit amount for the remainder of the certification period. The notice shall also advise the household of



[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

its right to a fair hearing, the telephone number of the office, and, if possible, the name of the person to contact for additional information. The back of the notice provides information on household reporting requirements.

Expedited Approval With Postponed Verification Notice

Households, approved for expedited services for which verification was postponed, must be provided a notice explaining the verification which was waived via MAVERICS Notice F102, FS Approval/Expedited. For households containing an ABAWD, MAVERICS Notice F108, SNAP Approval/Expedited ABAWD Households, must be provided.

If a longer certification period is assigned but only the first month is authorized, the notice shall explain the consequence for failure to provide the postponed verification. (Refer to Chapter 7, SPECIAL CIRCUMSTANCES, EXPEDITED SERVICE.)

Notice of Pended Application

If the application is held pending as of the 30th day in which the application was filed, regardless of the reason for the delay (agency or the household), a written notice, MAVERICS F103 or MDHSEA944, Notice of Action, which informs the household that its application has not been completed but is being processed shall be provided. If some action by the household is also needed to complete the application process, the notice shall also explain what action the household must take and that its application will be denied if the household fails to take the required action within 60 days of the date the application was filed.

Notice of Denial

If the application is denied, the household shall be provided written notice explaining the basis for the denial, the right to request a fair hearing, the telephone number of the office and, if possible, the name of the person to contact for additional information. Refer to Volume X, SNAP, Denial Notices. The manual notice is MDHS-EA-944, Notice of Action.

MDHS-EA-944, Notice of Action

The manual Notice of Action, MDHS EA 944, is used to notify the household of the action taken on the household's application or recertification and to notify the household if the application is pending beyond the 30 days processing standards. (Refer to Generic Forms Manual, Chapter 6.)



ITHE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

MDHS-EA-945, Notice of Change

The manual notice MDHS-EA-945, Notice of Change, is used to notify the household of the actiontaken based on changes known to the agency or those reported by the household, and of actions taken within a certification period which may result in an increase, decrease or termination of benefits. Italso provides the household an opportunity to request a fair hearing. (Refer to Generic

Forms Manual, Chapter 8)

Notice of Adverse Action

Prior to any action to reduce or terminate a household's benefits within the certification period, the worker shall, except as provided below, provide the household timely and adequate advance notice before the adverse action is taken.

Please refer to Volume X, MAVERICS Notices, for the specific notice of decrease, closure or other adverse action. The manual notice is MDHS-EA-945, Notice of Change.

Timing of Notice

The notice of adverse action shall be considered timely if the advance notice period includes at least 10 calendar days from the date the notice is mailed or electronically posted to the dateupon which the action becomes effective. The first day of the 10 day period is the day after the notice is dated and mailed or E mailed. If the adverse notice ends on a weekend or holiday, the local office shall take the appropriate action on the next working day. If a request for a fairhearing and continuation of benefits is received the day after the weekend or holiday, the local office shall consider the request timely received.

- Exemptions from Notice of Adverse Action Individual notices of adverse action are not required when:
 - A mass change is involved as described under CHANGES WITHIN **CERTIFICATION PERIOD.**
 - b. The worker determines that all members of a household have died.
 - The household's benefit amount varies from month to month within the certification period

to take into account changes which were anticipated at the time of certification, and the

[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

the household was so notified at the time of certification.

- d. The household jointly applied for TANF and SNAP benefits and has been receiving SNAP benefits pending the approval of the TANF grant; and was notified at the time of certification that SNAP benefits would be reduced upon approval of the TANF grant.
- e. A household member is disqualified for Intentional Program Violation in accordance with Chapter 11, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
- f. Benefit reduction is applied because the household failed to make the agreed upon payment on an agency error, inadvertent household error or Intentional Program Violation claim.
- g. The household voluntarily requests, in writing or in the presence of the worker, that its participation be terminated. If the household does not provide a written request, the household shall be sent a written notice confirming the withdrawal. The written confirmation does not entail the same rights as a notice of adverse action except the household may request a fair hearing.
- h. The household has been receiving an increased benefit amount to restore lost benefits, the restoration is complete, and the household was previously notified in writing of when the increased benefit amount would terminate.
- i. A longer certification period has been assigned to a household certified on an expedited basis and for whom verification was postponed, provided the household has received written notice that the receipt of benefits beyond the month the application was contingent upon the household providing verification that was initially postponed, and that the worker may act on the verified information without further notice to the household.
- j. The eligibility of a resident of a drug or alcohol treatment center or group living arrangement is being terminated if the facility loses either its certification from the appropriate state agency or has its status as an authorized representative suspended due to FNS disqualifying it as a retailer. In these instances, residents of group living arrangements applying on their on behalf would still be eligible.
- k. The worker determines, based on reliable information, such as verification provided by the household or returned mail indicating a change of address that the household will not be residing in the state. The household must be informed of its termination no later than its next

[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

- scheduled benefit availability date; however, the worker should not delay terminating the household's participation in order to provide advance notice.
- l. The county office initiates recoupment of a claim against a household which has previously received a notice of adverse action with respect to such claim.
- 3. Provisions for Voiding or Reversing Notice of Adverse Action

Once a notice of adverse action is initiated, there are only five instances in which it can be voided or reversed. These are:

- a. When the adverse action notice is sent in error.
- b. When an adverse action notice is sent to the household because a member did not comply with the TANF Work Program (TWP), but the household member cures the non-compliance within the 10 day period of the adverse action for TWP.
- c. When the hearing decision is rendered in favor of the household, the action is reversed.
- d. When an individual cooperates with Child Support Enforcement within the 10-day advance action period.
- e. When an adverse action is sent because of failure to comply with Quality Control but the household complies within the 10 day period of the adverse action. If the action is to result in reduction, but not termination of benefits, another change or additional information provided by the household or obtained from another source could result in recomputing the SNAP budget prior to the effective date of the proposed reduction.

Refer to Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, ADDITIONAL CHANGE OCCURRING BEFORE EFFECTIVE DATE OF FIRST CHANGE.

If the action is to result in termination of benefits, the action cannot be voided or reversed except under the conditions cited above. The household must file another application and have eligibility determined before resuming participation.





[THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION]

Revised 07-01-19

Notice of Expiration

The MAVERICS generated notice X004 is used to provide each household with a notice of the expiration of its certification period. Timing of this notice is in accordance with timeliness standards discussed in RECERTIFICATION in this chapter. The notice shall provide the household the date the certification period ends; the date by which the household must file an application to receive uninterrupted benefits; a statement to keep the appointment for an interview; and the address and telephone number of the office where the application must be filed. The printed form also contains the household's right to request an application and have it accepted as long as it is signed and contains a legible name and address; the consequences of failure to comply with the notice; the household's right to file the application by mail or through an authorized representative; and the household's right to a fair hearing. The manual notice of expiration is included on MDHS EA 940, Notice of Appointment for Determination of Eligibility.

Notice of Appointment

This notice is used to provide appointments to households which have submitted an identifiable application or are due for recertification. The MAVERICS notices are F903, SNAP Appointment Notice, X801, Appointment Notice or A906, Generic Appointment Notice. The manual notice is MDHS-EA-940, Notice of Appointment for Determination of Eligibility. (Refer to Volume X and Generic Forms Manual.)

Notice of Missed Appointment

F901, SNAP Recert Missed Appointment or F902, SNAP Missed Appointment notice is sent only when the first appointment is missed for recertification or application, respectively. The case record must be documented when the second or subsequent appointment is missed.

Notice of Closure

Refer to Volume X, TABLE OF NOTICES, for the specific SNAP closure notice in MAVERICS or MDHS-EA-944, Notice of Action, in the Generic Forms Manual.

Notice of Reinstatement

The F707, Reinstatement Employment & Training E&T notice is sent when a Notice of Adverse Action (NOAA) has been issued following non-compliance with Employment and Training (E&T), if compliance is met prior to the effective month of the sanction.

THE CERTIFICATION PROCESS: DECISION AND NOTIFICATION

Revised 07-01-19

If the noncompliant individual is head of household and meets compliance prior to the effective month of the sanction, the household's SNAP eligibility may be reinstated. If the noncompliant individual is not the head of household but meets compliance prior to the effective month of the sanction, the individual's SNAP participation may be reinstated.

[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

GENERAL

Households in which all members are applying for and/or receiving SSI payments will be allowed to apply for SNAP benefits at the social security office. However, households which prefer to submit applications through the county office will be allowed to do so, in which case the social security office is absolved of any responsibility in the application and eligibility determination process.

SSI HOUSEHOLD DEFINITION

For purposes of the SSI/SNAP provision, SSI households are defined as those in which all household members are applying for or receiving payments under:

- 1. Title XVI of the Social Security Act, and/or
- 2. Federally administered optional supplementary payments under section 1616 of the Social Security Act, and/or
- 3. Federally administered mandatory supplementary payments made under 212(a) of P.L. 93-66.

RIGHT TO FILE

An SSI household, as defined above, has the right to file a SNAP application in the social security office provided:

- 1. The household is not participating in the SNAP; and
- The household has not applied for SNAP benefits in the 30 preceding days; and
- The household does not have a pending application for SNAP benefits.

RESPONSIBILITIES OF SOCIAL SECURITY OFFICE

The social security office has certain responsibilities:

1. When a member of a household consisting only of SSI applicants or recipients transacts business at an SSA office, SSA shall inform the household of:



[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

- a. Its right to apply for SNAP benefits at the SSA office without going to the county office; and
- b. Its right to apply at a county office if it chooses to do so.
- 2. SSA shall send to SSI recipients redetermined for SSI by mail a stuffer informing them of their right to file a SNAP application at the SSA office (if they are members of a pure SSI household) or at their local county office, and their right to an out-of-office SNAP interview to be performed by a worker from their local county office if the household is unable to appoint an authorized representative.
- 3. SSA shall refer non SSI households, including those in which not all members have applied for or receive SSI, to the appropriate county office where applications will be processed in accordance with ongoing policy.
- 4. If a pure SSI household elects to make application at the SSA office, SSA shall:
 - a. Accept and complete the application form, and obtain the applicant's signature. The form to be used is the application form MDHS EA 900. Applications will be accepted in SSA main offices, branch offices and other contact stations.
 - If SSA takes an SSI application by telephone from a member of a pure SSI household, a SNAP application shall also be completed during the telephone interview. In this case, the application form shall be mailed to the household for signature. The applicant will be requested to return the form to SSA. The date of application for SNAP purposes for such cases is the date the signed application is received by SSA.
 - b. Prescreen the application for entitlement to expedited services on the day the application is received at the SSA office, and enter "Expedited Processing" on the first page of the application form if the household appears to be entitled to such processing. In addition, SSA will, if expedited service appears to be in order, inform the household that benefits may be issued a few days sooner if the household applies directly at the appropriate county office. The household will be allowed to take the SNAP application from SSA to the county for screening, an interview and processing of the application.

[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

- 5. If an SSI resident of a public institution makes a joint SSI and SNAP application prior to his or her release from a public institution, SSA shall:
 - a. Accept and complete the application form MDHS-EA-900, and obtain the applicant's signature.
 - b. Notify the appropriate county office of the date of the release of the applicant from the institution.
- 6. SSA shall complete Form SSA 4233, Social Security Transmittal For SNAP Applications, and forward, with the SNAP application attached, to the appropriate county office within one working day after receipt of the signed application. In addition, verification required only for the SNAP Program will, if obtained by SSA, be forwarded with the application form.
- 7. SSA shall provide the household with an information sheet which informs the household of the address and telephone number of the household's correct county office; remaining actions to be taken in the application process; the household's rights and responsibilities (including fair hearings, authorized representative, out of office interviews, reporting changes and timely application for recertification); how to obtain an EBT card; how to use SNAP benefits (including the food items households can purchase with SNAP benefits). In addition, the information sheet will contain a statement that the household should be notified of the SNAP determination within 30 days; and that the household can contact the county office if it receives no notification within 30 days, or has other questions or problems.
- 8. SSA will maintain a record of all SNAP applications taken by SSA and transmitted to the SNAP office.
- 9. For SSA responsibilities at recertification for SNAP benefits, see RECERTIFICATION below.

RESPONSIBILITIES OF COUNTY OFFICE

Responsibilities of the county office are outlined below:

4. The county office will, upon request, provide SSA local offices with SNAP application forms and with information forms to be used by SSA.

[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

- 2. SNAP applications and supporting documentation sent by SSA to the wrong office will be sent to the appropriate office no later than the next working day.
- 3. Upon receipt of an application and supporting documents from SSA, the county is responsible for determining whether the household was eligible to file a SNAP application through SSA. See DEFINITION and RIGHT TO FILE in this chapter.

If a pure SSI household is currently certified, has applied within the 30 days preceding application at SSA, or has an application pending at the county office, the worker will record on the application transmitted from SSA the reason the application is not accepted, sign and date. The form and supporting documents will be filed in the case record. In addition, the worker will notify the household by letter, giving the reason the application from SSA is not accepted. If an application was taken and denied within the 30 days preceding application at SSA, the worker will include an application form and inform the household of its right to reapply.

If it is determined the household is not pure SSI, the worker will accept the application if the household is not currently certified or does not have an application pending at the county office. The household will be provided an appointment for an interview which is required even though one has been held by the SSA worker. The processing time period will begin with the day the application is received in the correct county office.

- 4. If it is determined a pure SSI household is eligible to apply through SSA, the worker will determine eligibility in accordance with ongoing policy, bearing in mind the following provisions and exceptions:
 - a. The county shall prescreen all SNAP applications received from SSA on the day the application is received to determine entitlement to expedited service. All pure SSI households entitled to expedited service shall be certified in accordance with procedures outlined in Chapter 7, SPECIAL CIRCUMSTANCES, except that the expedited processing standard shall begin on the date the application is received in the correct county office. If the applicant is a resident of a public institution, expedited processing time standards shall begin on the date of release from the institution for a prerelease applicant who has jointly applied for SNAP benefits and SSI.



[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

- b. Households not entitled to expedited service will be certified in accordance with normal processing standards. For these households, the processing time begins with the date the signed application was received by SSA.
 - EXCEPTION: The normal processing time of a resident of a public institution who applies jointly for SSI and SNAP benefits prior to his or her release begins with the date of the applicant's release from the institution.
- c. The household will not be required to see an eligibility worker or otherwise be subjected to an additional interview, regardless of whether SSA completed the application and interview in person or by phone. In addition, the worker will not contact the household further in order to obtain information for certification for SNAP benefits unless:
 - (1) The application is improperly complete; and/or
 - (2) Mandatory verification, as required by ongoing policy, is missing; and/or
 - (3) The worker determines that certain information on the application is questionable.

In no event, however, will the applicant be required to appear at the county office to finalize the eligibility determination. Further contact, if necessary for one of the reasons given above, shall not constitute a second certification interview, but rather should serve to obtain only the needed information.

- d. The worker should review carefully the SSA transmittal form which is self-explanatory. Note that SSA will indicate on the form if verification of a SNAP eligibility factor is contained in the SSA file. Verification documents required only for the SNAP program will, if obtained by SSA, be forwarded to the appropriate county office along with the application and transmittal form.
- e. Ongoing verification policy, including verification policy for expedited households, will apply. Factors of eligibility verified by social security will be accepted as verified by the EW.

The worker may verify SSI benefit payments through SDX (State Data Exchange), BENDEX (Beneficiary Data Exchange), WTPQ and/or through verification provided by the household.

[THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING]

Revised 05-01-06

Information verified through SDX or BENDEX shall not be reverified unless it is questionable. Households shall be given the opportunity to provide verification from another source if all necessary information is not available on SDX or BENDEX, or if the SDX/BENDEX information is contradictory to other household information.

RECERTIFICATION

The worker is responsible for providing SSI households with a notice of expiration of the certification period in accordance with ongoing policy except that such notification shall inform households consisting entirely of SSI recipients and/or applicants that they are entitled to a waiver of a face-to-face interview if the household is unable to appoint an authorized representative.

SSI/SNAP jointly processed households which have received a SNAP notice of expiration shall be entitled to make a timely application for recertification at the SSA office. SSA shall accept the application of a pure SSI household and forward the completed application, transmittal form and any available verification to the appropriate county office.

When SSA accepts and refers the application in recertification situations, the household shall not be required to appear at a second office interview, although the eligibility worker may conduct an out-of-office interview, if necessary.

The worker will complete the application process in accordance with ongoing policy for recertification's.

CHANGES

Households are required to report changes to the appropriate SNAP office in accordance with ongoing policy. In addition, the worker is required to act on known changes, including mass changes, in accordance with ongoing policy.

In cases jointly processed in which the SSI determination results in denial, and the worker believes the SNAP eligibility or benefit levels may be affected, the worker shall send the household a notice of expiration advising that the certification period will expire at the end of the month following the month in which the notice is sent and that the household must reapply if it wishes to continue to participate. The notice of expiration shall also explain that the certification is expiring because of changes in circumstances which may affect SNAP eligibility or benefit levels and that the household may be entitled to an out-of office interview, in accordance with waiver of

THE CERTIFICATION PROCESS: SSI/ SNAP JOINT APPLICATION PROCESSING

Revised 05-01-06

interview policy as outlined in this chapter.

CERTIFICATION PERIODS

See CERTIFICATION PERIODS in this chapter.

WORK REGISTRATION

See Chapter 3, WORK REGISTRATION, SPECIAL SITUATIONS.

RESTORATION OF LOST BENEFITS

The county office shall restore to the household benefits which were lost whenever the loss was caused by error on the part of the agency or by SSA through joint processing. Such an error shall include, but may not be limited to, the loss of an applicant's SNAP application after it has been filed with SSA.

Lost benefits shall be restored in accordance with ongoing policy. If, for any reason, the agency is not notified on a timely basis of the release date of a resident of an institution who has made a prerelease application, benefits shall be restored back to the date of the release.

NON-SSI HOUSEHOLDS REFERRED BY SSA

Applications from such households are considered filed on the date the identifiable application is received at the correct county office, and the normal and expedited processing time standards shall begin on that date.

MISSISSIPPI COMBINED APPLICATION PROJECT (MSCAP)

MSCAP is a demonstration project and a cooperative effort between MDHS, Food and Nutrition Service (FNS) and the Social Security Administration (SSA). For further details, see Chapter 7, Special Circumstances, Mississippi Combined Application Project.

QUALITY CONTROL

Incorrect information obtained through SSA's processing of applications will not be included in the determination of the State's error rate.



[THE CERTIFICATION PROCESS: CHOCTAW **FOOD DISTRIBUTION PROGRAM**

Revised 05-01-06

GENERAL

The Mississippi Band of Choctaw Indians is authorized by USDA/FNS, under provisions of the SNAP Act of 1977, to administer a Food Distribution Program whereby commodity assistance will be available to all eligible residents of Choctaw Indian Reservation lands and to all eligible Choctaw Indian households living near Choctaw Reservation lands. The Choctaw Food Distribution Program is a separate agency with separate certification and issuance procedures unique to the commodity program. The Food Distribution Program offers a commodity package based on household size, consisting of monthly quantities of food from each of the four food groups and is intended to be an acceptable alternative to the SNAP Program. The Food Distribution Program will operate concurrently with the SNAP Program in counties affected by this provision; however, simultaneous participation in both programs by any household is prohibited.

The Choctaw Food Distribution Program will serve all eligible reservation residents, Indian and non-Indian alike. However, off-reservation commodity assistance is limited to Choctaw Indian households. A Choctaw Indian household is defined as a household containing at least one adult, age 18 or over, who is a member of the Choctaw tribe. All known members of the Choctaw tribe are listed with the Choctaw Indian Agency, located in Neshoba County, where an up-to-date listing of enrolled tribal members is maintained. Any county office with any question as to whether or not an adult household member is a Choctaw Indian should contact the main office of the Choctaw Food Distribution Program as discussed in COMMUNICATION BETWEEN PROGRAMS later in this material.

CHOICE OF PROGRAMS

Households eligible for either program may elect to participate in either program. An eligible household may elect to participate in one program and subsequently elect the other program at the end of the certification period. Also, an eligible household may elect to switch from one program to the other program within a certification period. This is permissible; however, eligibility in one program does not necessarily mean the household is eligible for the other program. Since this possibility exists, in order for the household to switch programs within a certification period the household must first request termination of certification in the current program by notifying the appropriate office in writing of the household's intention to switch programs. Any household that chooses to switch programs will be required to complete and sign a Notice of Household Request for Termination. The program in which the household is currently certified will terminate the household's certification period at the end of the month in which the written notice is received. No ten day advance notice is required when a household currently certified for SNAP elects to

[THE CERTIFICATION PROCESS: CHOCTAW FOOD DISTRIBUTION PROGRAM]

Revised 05-01-06

withdraw from the SNAP Program with the intent to apply for the Food Distribution Program. When a currently certified SNAP household requests the closure of its SNAP case for the express purpose of applying for commodity assistance, the worker will have the case head, spouse, responsible household member, or authorized representative complete and sign an original and one copy of MDHS-EA-591, Notice of Household Request For Termination. The original will be filed in the case record and the copy will be forwarded to the main Food Distribution Program office along with MDHS-EA-590, Choctaw Food Distribution Program Communication Form, as outlined below in COMMUNICATION BETWEEN PROGRAMS. A Notice of Closure will be provided to the household unit to reflect closure the following month.

When a currently certified commodity household requests the closure of its commodity case in order to apply for SNAP benefits, the food distribution worker will have the case head or authorized representative complete and sign the Food Distribution Program's equivalent of MDHS-EA-591, also called the Notice of Household Request for Termination. The food distribution worker will forward a copy of the termination request along with MDHS-EA-590, as outlined below in COMMUNICATION BETWEEN PROGRAMS.

COMMUNICATION BETWEEN PROGRAMS

In order to avoid dual participation in the SNAP Program and the Food Distribution Program and to prevent an individual found guilty of fraud in the SNAP Program from participating in the Food Distribution Program during the period of mandatory disqualification, it is required that communication on a continuing basis be established between the two programs. MDHS-EA-590, Choctaw Food Distribution Program Communication Form, will be used to verify certification in either program and to exchange information concerning reservation residents and Choctaw Indian households living near reservation lands in all of the following situations:

1. Applications Which Require Normal Processing

The office receiving an initial application, reapplication, or application for recertification which requires normal processing will initiate MDHS-EA-590 to the other program office by the end of the first working day following receipt of the application. The initiating office will not certify the applicant household until the receiving office responds to the form. The receiving office will respond to the MDHS-EA-590 by the end of the first working day following receipt of the form.

THE CERTIFICATION PROCESS: CHOCTAW FOOD DISTRIBUTION PROGRAM

Revised 05-01-06

Applications Which Qualify For Expedited Service

The office receiving an initial application, reapplication, or application for recertification which qualifies for expedited service will telephone the other program office prior to certifying the household to verify whether any household member is currently certified in the other program or included in a pending application for the other program. The telephone conversation will be documented in the applicant's case record and the household's application will be processed in accordance with ongoing policy for destitute households. However, MDHS-EA-590 will be submitted by the office receiving the application as a written followup to the telephone conversation by the end of the first working day following receipt of the application. The program office receiving MDHS-EA-590 will respond by the end of the first working day following receipt of the form. Although it is likely the household will have been certified by the time MDHS-EA-590 is returned to the initiating office, the form is required in expedited service situations to serve as a written follow-up to the telephone call.

Program Switchovers Occurring Within A Certification Period

When a household voluntarily withdraws from one program within a certification period in order to make application for the other program, the program office receiving the request will ensure that the household completes and signs Notice of Household Request For Termination, as outline above in CHOICE OF PROGRAMS. The copy of the notice that is forwarded to the other program office will be transmitted with MDHS EA 590 listing the current household members, address, and other pertinent household information.

Individuals Disqualified For SNAP Fraud

At any time an individual is disqualified for fraud in the SNAP Program and this individual is included in a reservation resident household or Choctaw Indian household living off reservation, the county office will notify the main office of the Food Distribution Program, via MDHS-EA-590, of the individual's name, length of the mandatory disqualification period, and the date mandatory disqualification is due to expire. MDHS EA590 will be submitted on all disqualified individuals who fall into this category, regardless of the current status of the individual's household in the SNAP Program. No person disqualified for fraud will be allowed to participate in either program during the mandatory disqualification period. When the mandatory disqualification period has ended, the Food

[THE CERTIFICATION PROCESS: CHOCTAW FOOD DISTRIBUTION PROGRAM]

Revised 05-01-06

Stamp Program cannot authorize continued disqualification for failure to execute a repayment agreement for a commodity program applicant. The repayment requirements for SNAP fraud cannot be enforced unless or until the fraudulent individual reapplies for SNAP benefits.

RESPONSIBILITY OF COUNTY

The county office responsibilities are as follows:

- 1. Workers in the county offices affected by the food distribution provision will inform current SNAP benefit recipients and potential applicants who fall into the category of reservation residents or Choctaw Indian households of the availability of commodity assistance in lieu of SNAP benefits. An objective explanation of each program by the county worker will allow applicants who are potentially eligible for either program to freely choose between the two programs.
- 2. The county director in each of the counties affected by the food distribution provision will submit, on a monthly basis, an alphabetized list of certified individuals who are categorized as residents of Choctaw Reservation lands and/or Choctaw Indian households. The list, due at the end of the first full month of operation of the Food Distribution Program and each month thereafter, will be submitted to the Director, Choctaw Food Distribution Program.
- 3. The county will maintain an up-to-date list, in alphabetical order, of all certified Choctaw individuals and/or reservation residents. The name of the case head in which the individual resides will be shown beneath the individual's name on the list. The list will be maintained in order to compile the monthly listing of certified individuals submitted to the Choctaw Food Distribution Program.

RESPONSIBILITY OF CHOCTAW FOOD DISTRIBUTION PROGRAM

The director of the Choctaw Food Distribution Program will submit, on a monthly basis, an alphabetized list of all participants. The list will be submitted to each of the county offices involved in the two programs and will be due at the end of the first full month of operation of the Food Distribution Program and each month thereafter.

[THE CERTIFICATION PROCESS: CHOCTAW FOOD DISTRIBUTION PROGRAM

Revised 05-01-06

CHECKING FOR DUAL PARTICIPATION

The two sets of lists exchanged monthly will be checked for any instance of dual participation. Should a claim situation be discovered, a claim for the overissuance will be required as discussed below.

CLAIMS AS A RESULT OF DUAL PARTICIPATION

In the event dual participation occurs, whether through agency or client error, the Program office responsible for the last certification will be responsible for filing a claim against the household for the overissuance. The date the applicant was certified by the worker will be the determining factor in assigning responsibility for the last certification. Communication between the two programs will be necessary to determine which program is responsible for the second certification.



[THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD]

Revised 02-01-11

INTRODUCTION

Households find it necessary to change their place of residence from time to time. The following procedures will apply when a SNAP household moves from the county.

TRANSFER OF CASE RECORD

Often the first knowledge the county of former residence has of a household's move is notification from the county of new residence that the household has applied for SNAP benefits. In other instances, the household itself may request transfer of the case to the new county. The following steps will be taken.

Transfers Within the State

The transferring county (county of former residence) will:

- Document the contact which requested transfer of the case.
- Ensure that the current month is on CAP2 (Case Profile).
- Clear all alerts reflected on the ETAL (ET Alerts) screen. Also, clear all alerts on the IVAS (IEVS Alert Selection) screens for which the appropriate action has been completed. Outstanding alerts will be transferred to the worker in the county of new residence upon case transfer and reassignment. However, the worker in the transferring county is responsible for handling all alerts possible.
- If the household has not participated for the current benefit month, benefits for the month must be authorized on AUSP (Authorization of Supervisor) prior to case transfer.

Ensure that the Case Documentation (CADM) screen in MAVERICS is documented and the receiving county notified regarding any pending action, such as an outstanding request for information, prior to transfer (see "Note" below). Whenever the transferring county has an outstanding pending action requiring additional information at the time of case transfer, if the verification is received at any time by the transferring county, that office must scan documents related to the request to the appropriate folder in Interwoven/Worksite. The receiving county must be notified that the requested verification is in the electronic record.



THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD

Revised 02-01-11

- Process address changes on the ADDR screen. Send to the household MAVERICS notice F801, **SNAP Transfer Between Counties.**
- Transfer the case to the new county in "open" or "received" status (refer to "Transfer Procedures/Add-a-Program", later in this section). The supervisor will access the Case Record Control (CARC) screen and change the county office number to that of the new county.

Responsibilities of Receiving County

When a system alert is received indicating a case has been transferred, the county director or his/her designee in the receiving county must conduct a desk review of the case, accessing case information through MAVERICS and Interwoven/Worksite. The review should aid in determining what actions, if any, should be taken or what changes may be anticipated prior to assigning the case to the appropriate case worker. Anticipated changes in income, interim reports due, or an upcoming full case review may be discovered during the desk review. Any other required actions, such as handling pending actions not completed by the transferring county, should be handled as necessary. See "Note" below.

Transfers in Last Month of Certification

When transfer of the SNAP case is requested during the last month of the certification period and an application for recertification has not been received, neither the transferring county nor the receiving county should take steps to close the case. MAVERICS will automatically close the case at the end of the certification period when no recertification application has been registered.

Interim Reports

In instances when a household moving to a new county within the state reports the move by returning an interim report to the first/transferring county, the first county must process the report prior to case transfer, if possible. Generally, the same procedures for interim report processing will apply. If the household's report of changes requires verification, normal interim report procedures for requesting information will be required. If the transferring county receives the requested verification, the report should be processed and the case transferred to the new county, following normal transfer procedures.

[THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD]

Revised 02-01-11

Should the transferring county not receive requested verification, resulting in case closure, or the case closes due to no return of the interim report, the case status should be documented on CADM and the receiving county notified. All possible action should be taken by the transferring county prior to case transfer.

Transfer Procedures/Add-a-Program

When a report is received that a TANF-only household is moving to another county and intends to apply for SNAP, the transferring county should handle all pending actions (claims, IEVS, and other alerts), document the change of address on the ADDR screen in MAVERICS, and ensure that all steps for transfer are followed according to instructions noted above under "Responsibilities of Transferring County". Regardless of the timing of the request/application, the receiving county must handle eligibility determination for the new program.

EXAMPLE: The Jones household receives TANF benefits, reports to their worker in County "A" that the family is moving to another county and wants to apply for SNAP. No SNAP application is submitted at the time of the reported move. County A will ensure that all necessary transfer procedures and any pending actions are handled, then CARC the case to County "B". In turn, County B will be responsible for handling the household's request to add SNAP, such as providing the household an appointment, conducting the interview, and obtaining necessary verification to determine eligibility for SNAP.

EXAMPLE: The Jones household, receiving TANF benefits, submits an application for SNAP in County A on April 5. County A schedules the add-a-program appointment for April 11. On April 9, Ms. Jones reports the household has moved to County "B". County A must ensure that the application and all documents are scanned to Interwoven/Worksite and that all necessary transfer actions are handled prior to case transfer. County A must notify County B of the transfer and pending SNAP application. County B must provide the household with a rescheduled appointment, adhering to timeliness standards of the application submitted April 5. Communication between each county is essential to ensure that transfer procedures are handled timely.

NOTE: In add a program situations, whether handling a new TANF or new SNAP application, normal timeliness standards will apply.

[THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD]

Revised 02-01-11

Transfer of Combination Cases

When a household receiving both SNAP and TANF reports a move to another county, the usual procedures for transfer must take place, with all pending actions handled and the case address changed on ADDR. The worker should send to the household the A801 Transfer Between counties notice for the TANF case and the F801, SNAP Transfer Between Counties notice for the SNAP case. Once all necessary transfer action has been taken, the case should be CARC'ed to the new county.

Transfers Involving Claims

Discovering/identifying a claim means that necessary information has been obtained in order to work the claim. Therefore, in a transfer situation, claims identified by a transferring county must always be completed by that county prior to transferring a case to a new county. When a request for information has been issued for the purpose of obtaining information to identify a claim, when/if the information is provided will determine which county will be responsible for working the claim.

EXAMPLE: A worker in County "A" requests wage information from an employer for a possible claim and receives the necessary verification. The worker in County A then identifies the claim. While the claim is in ID'd status, a request for case transfer is received from County "B". Prior to taking the necessary steps to transfer the case to County B, the County A worker must process the claim. However, if the requested verification for working the claim had not been received by County A at the time of the case transfer request, the County A worker should document the case record and notify County B regarding the pending request prior to case transfer. If/when the requested verification is submitted, the worker in County B would be responsible for identifying and working the claim.

NOTE: Pending actions must be handled as efficiently as possible by the first/transferring county prior to any case transfer.

EXAMPLE: Ms. Jones reports she has started a new job and her case worker provides her a request for information the same day. Four days later, Ms. Jones reports her household is moving to another county. If Ms. Jones provides the requested verification prior to her report of the household's move, the first/transferring county must make the appropriate changes to the case and notify the household of the change, prior to transferring the case. However, if the verification is not provided prior to or at the time of the report of the move, the transferring county should document the case record regarding

[THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD]

Revised 02-01-11

the pending request, then take the usual steps to transfer the case to the receiving county. The transferring county must notify the receiving county of the pending request for information at the time of case transfer. Should the transferring county receive documents related to the pending request after case transfer, the verification should be scanned to the electronic case record and the receiving county notified. The receiving county will then be responsible for handling the case change based on if/when the verification is received.

Please refer to Volume X, Chapter 11, Transfer of Cases Between Counties, for further information on transfer of cases in MAVERICS.

For Applicant Moving Out of County

In instances when an application is submitted but disposition is not completed, and the household reports a move to another county, the first county must ensure that all documents related to the application are scanned to the appropriate electronic folder in Interwoven/Worksite. Once as many required transfer actions as possible have been completed (handling any claims, IEVS, or other alerts, changing the household's address on ADDR, etc.) the first/transferring county must notify the new/receiving county of the transfer, send the F801 SNAP Transfer Between Counties notice, and use the Case Record Control (CARC) screen in MAVERICS to send the case to the new county. The receiving county will be responsible for completing the eligibility process and notifying the household of the decision.

When the Household Moves Out-of-State

- Document the contact which reported the move.
- Ensure that the current month of the case is equal to the desired effective date of closure. The case shall be closed effective the first day of the following month without benefit of a ten day notice.
- If the household wishes to participate for the current benefit month prior to the move, ensure that benefits for the month are authorized prior to case closure.
- Prepare and mail notice F401 (FS Closure: Non-Advance Notice) for the appropriate month.

 Release of this notice will trigger the nightly batch process to close the SNAP case.

Please refer to Volume X, Case/Program Closures for a detailed discussion of case/program closures.

[THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD]

Revised 08-01-12

NOTE: When the household moves during the last month of the certification period and an application for recertification has not been received, do not take steps to close the case since the current month of the SNAP case will not be equal to the desired effective month of closure. MAVERICS will automatically close the case at the end of the certification period when no recertification application has been registered.

Please refer to Volume X, Case/Program Closures for a detailed discussion of case/program closures.

CHANGES WITHOUT NOTIFICATION

When households relocate and the former county is not made aware of the change, closed and currently active cases may be registered in the following manner:

Closed Cases - Registered in New County

For households that move to a new county and reapply for benefits, the application may be registered in the new county, with MAVERICS automatically CARCing the case to the new county. The case will be ready for processing in the new county the same day it is registered.

EXAMPLE: The Smith household moves from County A to County B and applies for SNAP. The household's previous SNAP case closed 6 months ago. When the application is registered, the case will be automatically CARCed from County A to County B. The application will be available for processing the same day.

Active Cases - Add-a-Program

For households participating in one program that move to another county and apply for a new program, an application may be registered in the new county. Upon registration, the currently active case in the former county will be automatically CARCed to the new county. MAVERICS will issue notice X820, SNAP/TANF Transfer, informing the household that the currently active case has been transferred to the new county of residence. At case transfer, the former county of residence will be notified via system alerts issued to the case worker and director in that county.

EXAMPLE: The Jones household, currently receiving SNAP benefits in County A, moves to County B and applies for TANF. At registration of the TANF application, the household's SNAP case will be automatically CARCed to County B. This action will generate system notice X820, SNAP/TANF Transfer, notifying the household that the SNAP case is being transferred to County B. The case will be available for processing the same day.

THE CERTIFICATION PROCESS: TRANSFER OF CASE RECORD

Revised 08-01-12

EXAMPLE: A TANF Work Program (TWP) household in County A moves to County B and applies for SNAP. The household's relocation is not reported to County A. At registration of the SNAP application, the currently open TWP case will be transferred to County B. The SNAP application will be available for processing the day after registration. County B will be responsible for assessing the availability of TWP placements and supportive services in County B.

At the time of such case transfers, there may be instances where pending actions on currently active cases remain unresolved by the former county of residence, such as, but not limited to, claims, IEVS, alerts, cases returned to workers for correction, TWP-related issues, etc. Upon discovery of outstanding case actions, communication between the former and new county of residence is required in order to resolve issues, as needed.

NOTIFICATION FROM OTHER SOURCES OF HOUSEHOLD'S MOVE

If the county receives notification from someone other than a household member or from a source other than another SNAP office that the household has moved, the worker will attempt to verify the reported change before taking any action to close the case. See CHANGES WITHIN CERTIFICATION PERIODS, OTHER CHANGES.

If a change of address is indicated by returned mail, the worker should take action based on the information provided. If the returned mail label shows an out-of-state address, this verifies the household has moved and the case should be closed. If the returned mail label shows an address in another county, the address should be changed on the ADDR screen in MAVERICS and the case transferred in open status to the new county with notification to the household. If returned mail is marked with a different address within the county, the address should be changed on the ADDR screen in MAVERICS and the letter re-mailed to the household. If the letter is marked "undeliverable", the worker should take no action, and address the discrepancy at the next recertification.

[THE CERTIFICATION PROCESS: DISASTER SNAP BENEFITS]

Revised 07-01-19

In the event of a natural disaster in Mississippi, eligible counties in the state will be authorized to provide food assistance through the Disaster SNAP Program (DFSP). Upon approval by the Food and Nutrition Service (FNS), participating counties will accept applications from residents affected by the disaster.

Eligibility Factors

Households must meet the following criteria in order to qualify for DFSP benefits:

- Must have resided in the county in which the disaster was declared
- Must not be a current recipient of SNAP benefits
- Applicant must not be currently serving a SNAP disqualification or be convicted a felony and not in compliance in Chapter 3 (see Household concept)
- Special income and resource tests must be passed

Application Process

DFSP applications will be accepted at a designated location in each disaster county, and will be processed either at the application site or an alternate processing site, depending on the nature and severity of the disaster. Applications will be registered in MAVERICS with the "DF" program code. The MDHS EA 500, Application for Disaster SNAP Assistance, will be used for processing household requests for assistance. The application will provide the household the means for reporting its circumstances as a result of the disaster, including household size, access to financial resources, and disaster related expenses. Eligibility for benefits will be based on a comparison of the household's "adjusted income" (income and resources less expenses) to disaster income limits for the household size.

Households determined eligible for DFSP benefits will be issued a special Electronic Benefits Transfer (EBT) card for access to a disaster SNAP benefits account. Benefits will be made available within three days of application. Households approved for benefits will not receive an approval notice, instead, the loading of benefits on to the special disaster benefits card will serve as notification of approval. Recipients may call the toll-free Customer Service number, 1-866-512-5087, for account information.

THE CERTIFICATION PROCESS: DISASTER SNAP BENEFITS

Revised 07-01-19

If a household is determined ineligible for disaster benefits, MAVERICS will generate the X504, Disaster SNAP Denial Notice, based on the program denial code entered on the Disaster SNAP Determination (DIFS) screen. It is possible that when applications are processed, households initially determined ineligible will subsequently be found eligible for benefits. In these instances, MAVERICS will allow the application to be reverted to "open" status using the Revert Program to Open (REPT) screen. Benefits will then be authorized, and the EBT Help Desk will be contacted to issue a disaster SNAP benefits card to the household.

See Volume X for instructions in processing Disaster SNAP Program applications.

[TABLE OF CONTENTS FOR CHAPTER 10: HEARING PROCESS]

Revised 12-01-10

Page	Subject
10000	GENERAL
10000	INTRODUCTION
10000	Complaint Review
10000	Agency Conference
10000	State Hearing
10000	Administrative Disqualification Hearing
10100	AGENCY CONFERENCE
10100	PURPOSE
10100	TIME FRAME FOR HOLDING AN AGENCY CONFERENCE
10100	AGENCY CONFERENCE PROCEDURES
10150	STATE HEARINGS
10150	PURPOSE
10150	TIME LIMIT FOR FILING HEARING REQUESTS
10150	THE HEARING REQUEST
10150	Requests Filed at the County Office
10151	Requests Filed By Telephone to the County Office
10151	Requests Filed By Letter to the County Office
10151	Requests Made to the State Office
10151	RESPONSIBILITY OF COUNTY OFFICE
10152	Hearing Request to Contest a Claim
10152	The Hearing Record

[TABLE OF CONTENTS FOR CHAPTER 10: HEARING PROCESS]

Revised 12-01-10

Page	Subject
10153	Expedited Hearings
10153	Reporting Changes to State Office
10153	Implementation of Final Hearing Decision
10153	PARTICIPATION DURING PENDENCY OF APPEAL
10154	Hearing Requests on Points Other Than Case Actions
10154	Continuation of Benefits on Hearing Requests
10155	Hearing Requests on Case Actions That Do Not Require a Formal Notice of Decision
10155	CHANGES DURING THE HEARING PROCESS
10155	CLIENT'S RIGHTS
10157	RESPONSIBILITY OF STATE OFFICE
10157	Scheduling the Hearing
10158	Notice to Client
10158	Expedited Hearings
10158	Postponement of the Hearing
10158	Hearing Request Abandoned
10159	Withdrawal of Hearing Request Before or After Hearing Is Held
10160	Duties of the Hearing Official
10160	Attendance at the Hearing
10159	Holding the Hearing
10160	Hearing to Contest Employment and Training Program's Determination of Failure to Comply

[TABLE OF CONTENTS FOR CHAPTER 10: HEARING PROCESS]

Revised 12-01-10

Page	-Subject
10161	Decision
10161	Time Limit for Completion of the Hearing
10161	SECOND REQUEST
10162	GROUP HEARINGS
10200	ADMINISTRATIVE DISQUALIFICATION HEARINGS
10200	PURPOSE
10200	TIME LIMIT FOR COMPLETION OF ADMINISTRATIVE DISQUALIFICATION HEARING
10200	RESPONSIBILITY OF COUNTY IN PREPARING FOR THE HEARING
10200	The Hearing Record
10201	CLIENT'S RIGHTS
10201	RESPONSIBILITY OF STATE OFFICE
10201	Advance Notice to Client
10203	Scheduling the Administrative Disqualification Hearing
10203	Holding the Hearing
10204	Attendance at the Hearing
10204	Decision
10205	RESPONSIBILITY OF COUNTY IN IMPLEMENTING ADVERSE HEARING DECISION
10205	RETENTION OF THE ADMINISTRATIVE DISQUALIFICATION HEARING RECORD

INTRODUCTION

A complaint or expression of dissatisfaction may be made concerning the administration of the Supplemental Nutrition Assistance Program (SNAP) by, on behalf of, or about an individual household, or about a retailer authorized to accept SNAP benefits. All complaints shall receive prompt attention and will be handled as outlined in this chapter under: AGENCY CONFERENCE OR STATE HEARING.

When dissatisfaction is expressed by an individual household, appeal may be made through any or all of the appeal methods cited above. One is not a prerequisite for another. Requests for appeals may be made in writing, by telephone, or in person.

It is the responsibility of the state and county department to inform applicants and recipients in writing and, if practical, orally, of their right to request a review, an agency conference, or a state hearing at the time of application and at any time of dissatisfaction with the action or failure to act on the part of the state or county department. The State agency meets this responsibility first by including statements about the right to appeal on the application form and on the notification form. A printed pamphlet on agency conferences and state hearings is also provided to applicants, recipients, and persons assisting or representing them at appropriate times, as well as all interested parties. In addition, if there is an individual or organization available that provides free legal representation, the household is informed of the availability of that service.

Complaint Review

A complaint review is an informal review at the local level of a client complaint. The complaint review process is discussed in Chapter 1. Any complaints of discrimination will be handled in accordance with provisions outlined in Chapter 1.

Agency Conference

An agency conference is a formal review at the local level of a client complaint. The agency conference is conducted by the county director and/or his designee. See detailed discussion in this chapter.

State Hearing

A state hearing is a formal review of a client complaint conducted by a state hearings officer. See detailed discussion in this chapter.

Administrative Disqualification Hearing

Another type of formal hearing which may be held in connection with SNAP is the administrative disqualification hearing. The hearing will be initiated by the Department whenever the Department has documented evidence to substantiate that a member of the SNAP household intentionally made a

MISSISSIPPI [HEARING PROCESS: GENERAL]

Revised 11-01-08

false or misleading statement, or misrepresented, concealed or withheld facts, or committed any act that constitutes a violation of the SNAP Regulation, or any other state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP benefits. See Chapter 11, CLAIMS, for further discussion.

The administrative disqualification hearing will be initiated by the agency only; the household cannot request such a hearing. However, the household has the option under ongoing policy to request a fair hearing if it wishes to contest the amount of the claim.

A printed pamphlet on the administrative disqualification hearing procedure and the rights of the accused is provided by Administrative Hearings to each subject of a hearing at the time such a hearing is scheduled. In addition, a supply of these pamphlets is available in the county office for all interested persons. If a free legal representative is available, the person accused of Intentional Program Violation will be advised of the availability of that service.

Revised 11-01-08

PURPOSE

The agency conference is available to applicants and recipients who wish to have a prompt opportunity to protest any action of the agency which affects the participation of the household in the program. It provides an opportunity for a formal review by an impartial person appointed to hold this type hearing at the local level.

If the client expresses a desire to have a formal review to discuss any action of which he is aggrieved, he will be offered both an agency conference and a fair hearing. The household should be advised that the use of an agency conference is optional and that it is not intended to delay or replace the fair hearing process. The advantage of the agency conference is that it may lead to an informal resolution of the dispute well before a fair hearing decision can be received. However, a fair hearing must still be held unless the household withdraws its request for a hearing.

TIME FRAME FOR HOLDING AN AGENCY CONFERENCE

For households contesting a denial of expedited service, an agency conference shall be held within two (2) working days of the day of appeal unless the household requests that it be scheduled later or states that it does not want an agency conference.

For households contesting any other action by the agency, an agency conference shall be held within ten (10) days, unless the household requests that it be scheduled later or states that it does not want an agency conference.

AGENCY CONFERENCE PROCEDURES

The agency conference shall be conducted by the county director and/or his designee and shall be attended by the claimant and/or his representative and by the eligibility worker responsible for the agency action.

The household may elect to have only the agency conference, only the fair hearing, or both the fair hearing and the agency conference.

Whenever an agency conference is offered, the worker will so notate, along with the household's decision, in the case record. If the household chooses to have an agency conference, the time and place will be recorded in the case record.

If the household elects to have only the agency conference and does not wish to request a fair hearing, this will be recorded in the case record.

a. If the issue is resolved to the household's satisfaction at the agency conference, a short summary will be included in the case record to indicate how the issue was resolved and what action, if any, that the agency will take.

[HEARING PROCESS: AGENCY CONFERENCE]

Revised 11-01-08

b. If the issue is not resolved to the household's satisfaction at the agency conference, the opportunity to request a fair hearing will again be offered. The summary of the agency conference will not be a part of the hearing record.

If the household elects to have only the fair hearing, the case record should be documented that the household did not wish to have an agency conference.

If the household elects to have both the agency conference and the fair hearing, the worker will proceed with the steps outlined in the fair hearing procedure as detailed in the STATE HEARINGS material later in this chapter, while arranging the agency conference within the time frames discussed above.

If the issue is resolved at the agency conference, the county will obtain from the claimant a written withdrawal of the request for a fair hearing. The claimant may orally withdraw the request for a fair hearing. The withdrawal, with the notation that the issue was resolved in an agency conference, will be sent immediately to the Administrative Hearings Office which will in turn send the claimant an acknowledgment of the withdrawal. If the withdrawal is an oral request, the notice must also provide the household with another opportunity to request a hearing.

The county will document the case record that the issue was resolved and what action, if any, the agency will take.

If the issue is not resolved at the agency conference, the county will notate in the case record that the issue was not resolved and that the fair hearing process will continue. Administrative Hearings will not be notified if the issue is not resolved at an agency conference, as this will have no effect upon the fair hearing process and the summary of the agency conference is not a part of the hearing record.

PURPOSE

The state hearing is available for any applicant or recipient upon request and provides an opportunity for a more formal review by a state hearings officer of the point(s) surrounding the expressed dissatisfaction. It may be granted after a complaint review and/or an agency conference or may be granted without the benefit of either if the complainant so desires. A formal state hearing consists of a presentation to the state hearings officer by the complainant of the facts surrounding the point(s) of dissatisfaction. The facts and information brought forward in a hearing is limited to circumstances known at the time the eligibility decision was made. New or additional information not known or reported at the time of the case action is not allowed to be presented during a hearing. After the hearing has been granted and a decision rendered, that decision is final and a second appeal cannot be granted on the same issue(s).

TIME LIMIT FOR FILING HEARING REQUESTS

An applicant or recipient shall be allowed to request a hearing on any loss of benefits or other action by the agency which occurred in the prior 90 days. A hearing request will also be honored if it is to contest a denial of a request for restoration of benefits lost more than 90 days but less than a year prior to the hearing request. In addition, at any time within a certification period a household may request a fair hearing to dispute its current level of benefits.

THE HEARING REQUEST

A request for a state hearing is defined as any clear expression, oral or written, by the household or its representative, to the effect that an opportunity to present the case to a higher authority is desired. The request may be made orally, by letter, by telephone, or on MDHS-EA-551, Request for a Hearing, or on any other form which provides opportunity for making such a request. Freedom to make such a request must not be limited or interfered with in any way. The agency's emphasis must be on helping the client to submit and process the request. Requests may be made on case actions requiring a formal notice of decision or on points other than case actions, such as not being served quickly at issuance, politely, etc.

When an applicant or recipient requests a state hearing, the worker will supply him with the name, address and telephone number of an agency or individual in the community which can provide free legal representation if available.

The claimant will ordinarily file his appeal in the county department which is responsible for the action or the delay in action. If the claimant has moved to another county at the time he decides to appeal, it is possible for the county in which he is currently living to act for the former county department. However, the hearings officer may request the attendance of the worker in the

county in which the action was taken if, in his judgment, it is necessary or advisable.

Requests Filed at the County Office

When an applicant or recipient comes to the county office and requests a hearing, the worker will assist him in completing the hearing request, setting forth his reasons for believing that his case should be reviewed by the state hearings officer. If MDHS-EA-551 is used, see Generic Forms Manual for instructions. If the request is made in the office, the County Director or Supervisor will initiate the fair hearing request from the Fair Hearing Request screen (FHRE) in MAVERICS no later than the next working day. The County Director or Supervisor must not wait for the claimant to submit a signed request since he has made an oral request, and the 60 day limit on timely action on hearings begins on the day the oral request is made. This procedure ensures that timely action is taken for the processing of fair hearing requests.

Requests Filed By Telephone to the County Office

When the claimant makes a request for a fair hearing by telephone, the County Director or Supervisor will, no later than the next working day, enter the hearing request in MAVERICS on the FAIR HEARING REQUEST (FHRE) screen. This procedure ensures that timely action is taken for the processing of fair hearing requests.

Requests Filed By Letter to the County Office

There will be situations in which the claimant cannot or does not wish to come to the office to file a request for a hearing. If a form for making the request is not available to him or his representative, he may make the request by letter. If this is done, the County Director or Supervisor must, no later than the next working day, initiate the fair hearing request from the Fair Hearing Request (FHRE) screen in MAVERICS. This procedure ensures that timely action is taken for the processing of fair hearing requests.

Requests Made to the State Office

An appeal may be made directly to the State Office, without prior knowledge of the county, by any of the above methods. In such cases, Administrative Hearings staff will enter the request into MAVERICS on the Fair Hearing Request (FHRE) screen. An alert will be generated to the worker and supervisor based on the unit, caseload assignment in MAVERICS.

RESPONSIBILITY OF COUNTY OFFICE

As soon as the county department is aware that the claimant wishes to file or has filed an appeal, the county director or his designee will:

1. Immediately review the record and re-examine the action of the county and the circumstances of the household in order to determine whether an adjustment can be made.

- If the county department finds that the previous decision can and should be changed, at any date before the holding of the hearing, the county will take the necessary action to initiate the change.

 Offer the household an agency conference. The claimant will be advised that the agency conference is optional and will not delay or replace the fair hearing process. An agency conference may lead to an informal resolution of the dispute. If a mutually satisfactory understanding is reached, the claimant may not wish to file an appeal or may withdraw his request for a hearing if this request has already been filed. See the discussion on withdrawal of hearing request before the hearing is held later in this chapter.
- Notify the claimant in writing of the status of his participation during the pendency of the appeal, using the criteria set forth in PARTICIPATION DURING PENDENCY OF APPEAL later in this chapter.

Hearing Request to Contest a Claim

If a fair hearing is requested in MAVERICS to contest a claim of overissuance against the household, the demand letters will cease pending receipt of the hearing decision. The Claims Management Unit will be notified by a daily report. The agency should not continue making demand for repayment of a claim contested by the household until the issue is settled by a fair hearing decision. Note that CMU will not be notified of a fair hearing request if the required number of demand letters has been sent or the household is contesting an issue other than a claim for an overissuance.

The Hearing Record

When a hearing request is made, it should be documented by entering it on the Fair Hearing Request (FHRE) screen. If the hearing request is submitted in writing, the document should also be scanned to the Fair Hearing folder in Interwoven/Worksite. The request for a fair hearing should be documented in the case record on the Case Documentation (CADM) screen in MAVERICS. The narrative on CADM should include a summary of the action taken which caused the request, along with the document type and scan date of any verification used to validate the case action taken which prompted the fair hearing request, and documentation of the receipt of the hearing request and immediate notification of the supervisor or County Director.

Case record material that may be involved in the hearings process may include the following:

	SNAP Application, MDHS-EA-900
_	* *
_	Resource verification (if applicable)
	Income verification (if applicable)
	Applicable notices of expiration and/or action takes
_	Applicable notices of expiration and/or action taken

[HEARING PROCESS: STATE HEARINGS]

Revised 04-01-15

- Report of improper issuance (if applicable)

Other forms applicable to the hearing which do not contain confidential information.

Expedited Hearings

If a household, such as one consisting of migrant farm workers, plans to move from the state before the hearing decision would normally be reached, Administrative Hearings should be advised by the county so that the hearing request will be processed faster than other requests.

Reporting Changes to State Office

Any change in the claimant's request, address, circumstances, and/or actions taken by the county must be reported immediately to Administrative Hearings.

Implementation of Final Hearing Decision

The county is responsible for ensuring that all final hearing decisions are reflected in the household's benefit amount within the time limits outlined below:

- 1. Decisions which result in an increase in benefits will be reflected in the benefit amount no later than the month following receipt of the hearing decision, even if a supplementary issuance must be authorized.
- 2. Decisions which result in a decrease in benefits will be reflected in the benefit amount in the next month's issuance following receipt of the hearing decision, without further notice to the household.
- 3. If the client has taken a postponement, the time limit for notification of the hearing decision may be extended for as many days as the hearing is postponed. For example, if the hearing is postponed by the household for 15 days, notification of the hearing will be required within 75 days of the date of the receipt of the request for a hearing. Once the notification of the hearing decision is received, the timetable described in 1 or 2, whichever is appropriate, will be applied.

The hearing decision may call for one of the following actions:

- 1. When the hearing decision indicates that a household has been improperly denied program benefits or has been issued a lesser benefit amount than was due, lost benefits will be restored to the household in accordance with ongoing policy.
- 2. When the hearing decision indicates that the agency's action was correct, a claim against the household for any overissuances will be prepared in accordance with policy in Chapter 11, CLAIMS.

PARTICIPATION DURING PENDENCY OF APPEAL

Upon receipt of the request for a hearing, the county will notify the household in writing of the status of its participation during the pendency of the appeal, using the criteria set forth below.

Hearing Requests On Points Other Than Case Actions

If a state hearing is requested on points other than case actions which require a formal notice of decision, such as not being served quickly at issuance, politely, etc., the household may, if eligible, participate at the correct basis of issuance because eligibility and/or basis of issuance is not being questioned.

Continuation of Benefits on Hearing Requests

If a state hearing is requested within 10 days of the date of the change/closure notice, and the certification period has not expired, the household's participation in the program shall be continued on the basis of issuance authorized immediately prior to the action being appealed until a hearing decision is made, unless the household specifically waives continuation of benefits. If the household does not positively waive continuation of benefits in writing, it will be assumed that continuation of benefits is desired and the benefits will be issued accordingly. Regardless of any decision the claimant makes by telephone on continuation of benefits, the worker must continue benefits unless a written waiver is received from the household.

If a household requests a hearing and continuation of benefits as a result of the normal expiration of the certification period, or as a result of action(s) at initial certification or recertification, benefits will not be reinstated or continued except as authorized at an initial certification or recertification.

If the claimant mails to the state office a statement concerning continuation of benefits or a form on which he has completed any portion of the section on continuation of benefits, a copy should be scanned into Worksite no later than the next working day.

The worker will explain to the claimant or his representative that if the decision on the hearing is adverse, demand will be made for the value of any benefits over issued prior to or during the period such benefits are continued. A determination will be made of the type of overissuance. See Chapter 11, CLAIMS.

It will be remembered that the 10-day limit applies to continuing participation. The household has additional time in which to request a fair hearing. See TIME LIMIT FOR FILING HEARING REQUESTS in this chapter. However, if the household establishes that its failure to request a fair hearing within 10 days of the date of the notice was for good cause, benefits will be reinstated to the basis of issuance authorized immediately prior to the action being appealed unless the household chooses to waive participation at the prior basis.

Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the hearing decision unless:

- 1. The certification period expires. The household may reapply and may be determined eligible for a new certification period with a benefit amount as determined by the county office.
- 2. The hearings officer rules, in writing, at the hearing that the point in question is based on the Food and Nutrition Act, Regulations or federal procedures rather than fact or judgment relating to the individual case, and that the household's claim that the county office improperly computed the benefits or misinterpreted or misapplied such law or regulation is invalid. Benefits will be reduced or terminated immediately as set out in the notice of adverse action.
- 3. A change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and the household fails to request a hearing within the subsequent 10-day advance notice period. Benefits will be reduced or terminated as set out in the notice of adverse action. See CHANGES DURING THE HEARING PROCESS.
- 4. A mass change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending.

The household will be promptly informed in writing if benefits are to be reduced or terminated in the above situations.

Hearing Request On Case Actions That Do Not Require a Formal Notice of Decision

Mass changes resulting in reduction of benefits or ineligibility do not generally require individual notices of action. When a state hearing is requested on this type action, benefits will be continued on, or reinstated to, the prior basis of issuance only if the issue being appealed is that eligibility or benefits were improperly computed, or that federal law or regulation is being misapplied or misinterpreted by the agency.

However, participation at the prior basis of issuance during pendency of the decision on the state hearing may be waived on the appropriate form or in a written statement.

CHANGES DURING THE HEARING PROCESS

If changes occur during the pendency of an appeal which results in further reduction of benefits or ineligibility, the household or its representative will be given the opportunity to request a hearing on the new issue and such a request will be treated as a new hearing.

CLIENT'S RIGHTS

The following is a list of the client's rights in connection with the formal state hearing:

- 1. To have the hearing procedures explained in such a way that he understands how the hearing will be conducted:
- 2. To have information on any legal services available in the community and to be referred to such services, if available. This includes aid sponsored by county and state bar associations, Legal Aid, etc.;
- 3. To present his case or have it presented by a legal counsel or another representative;
- 4. To advance arguments without undue interference;
- 5. To question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses;
- 6. To bring witnesses;
- 7. To submit evidence for establishing his eligibility, basis of issuance, or other circumstances at issue.
- 8. To examine all records and documents to be used at the hearing.
 - a. The claimant and/or his representative will be given the right to examine the contents of the hearing folder including the application form and documents of verification used by the agency to establish the household's ineligibility or eligibility and benefit amount. Confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the status of pending criminal prosecutions, will not be made available in the hearing folder. This does not mean that decisions on eligibility have been made on material which the worker cannot discuss with the claimant and/or his representative. It is not possible to take action on information which cannot be discussed with the claimant. For example, if a person in the community gives information to the county department that makes the claimant's eligibility questionable but is unwilling for the worker to use his name, the worker must discuss the information with the claimant without giving the source of the information. If the claimant denies the statement, the worker must either take action on sources of verification which can be identified or continue participation until substantiating information can be found.
 - b. If requested by the claimant and/or his representative, the county will provide free copies of materials contained in the hearing folder. This material is relevant to the hearing only and does not contain confidential information. The county office should explain to the claimant and/or his representative that no materials will be introduced at the hearing or affect the hearing decision which they do not have an opportunity to contest.

- c. The examination of the hearing folder in preparation for the hearing will take place at a reasonable time prior to the hearing unless otherwise agreed to by the claimant and/or his representative. The material in the hearing folder may be examined by the client before, during, or after the hearing.
- d. The hearing folder may be examined in either the county office or state office. In addition, any examination must be made during regular office hours. The claimant and/or his representative shall have a reasonable period of time to make examination of material in the hearing folder to adequately prepare for the hearing. An employee of the agency should be present throughout the examination. No original material may be removed from the office.

See Chapter 1, regarding additional circumstances in which clients and/or their representatives may have access to case information.

RESPONSIBILITY OF STATE OFFICE

Administrative Hearings will register the hearing request and review the material which the county department prepares and sends in to be used as the hearing record.

If the action of the county department appears to be in order, Administrative Hearings will proceed with setting up the hearing. Additional information that appears to be needed in holding the hearing may be requested from the county department.

Scheduling the Hearing

The hearing will be set with as little delay as possible. Responsibility for scheduling the time and place of the hearing rests with Administrative Hearings. The Administrative Hearings Officer will notify the client by sending a Fair Hearing Appointment Notice (A091) through the MAVERICS (MAVS) System. Once the notice is sent, it will generate an alert to the county worker and director informing the county that an appointment has been scheduled. A copy of the notice can be viewed on the notice history screen (NOHS) in MAVERICS. All state hearings are scheduled to be conducted by telephone; however, the household may request a face to face hearing which would be scheduled at a later date. If a face-to-face hearing is requested, arrangements will be made for a suitable room in which the hearing can be held in privacy and a transcript made. Usually, the hearing will be held in the county office, although it may be necessary to engage another room if a number of persons are to be present. If the claimant is incapacitated and unable to come to the office and wants to be present at the hearing himself rather than have someone represent him, arrangements will be made for the hearing to be held in the home.

NOTE: The County Director, Supervisors and Workers must check alerts daily, in order to know the correct dates of all appointments scheduled on the county's calendar by Program Integrity. The county's calendar can be accessed from SEOO menu, function 5 (HFNO) and then select function 12 (Hearing Appointment Calendar).

Notice to Client

The notice of time and place must be received by the claimant at least ten (10) days before the date for which the hearing is scheduled. However, the household may request less advance notice to expedite scheduling of the hearing. The notice will also advise the client that a **Fair Hearing Other Notice** (A093) will be sent advising that the hearing request will be dismissed if the household or its representative fails to appear for the scheduled hearing without having good cause. The hearing officer will send a stamped envelope with the address and phone number of Administrative Hearings, with a request for the claimant to answer at once whether or not the client will be able to attend. The notice will also advise the client that all hearings are scheduled to be conducted by telephone; however, the household may request a face to face hearing which would be scheduled at a later date. A copy of this notice can be viewed on the notice history screen (NOHS) in MAVS and a copy to the representative of the claimant, if any.

The notice will also advise the claimant when to expect a decision after the hearing, from whom the decision will come, and of the client's rights in connection with the formal state hearing.

Expedited Hearings

Administrative Hearings shall expedite hearing requests from households, such as migrant farm workers, that plan to move from the state before the hearing decision would normally be reached. Hearing requests from these households shall be processed faster than others if necessary to enable them to receive a decision and a restoration of benefits if the decision so indicates before the household leaves the area.

Postponement of the Hearing

The claimant or his representative may request and is entitled to receive a postponement of the scheduled hearing. This postponement may not exceed thirty (30) days but may be for a lesser amount of time. The time limit for notification of the hearing decision may be extended for as many days as the hearing is postponed. For example, if the hearing is postponed by the household for 15 days, notification of the hearing decision will be required within 75 days from the date of the receipt of the request for a hearing.

Hearing Request Abandoned

A request for a hearing may be considered abandoned if neither the claimant nor his representative appears at the time and place agreed upon for the hearing, and has not requested a postponement or notified the agency that he has good cause for being unable to appear. The Administrative Hearing Officer will send the claimant a **Fair Hearing Other Notice** (A093) through MAVS. The hearing will be rescheduled only if the client can show good cause for the abandonment.

Withdrawal of Hearing Request Before or After Hearing Is Held

The appeal process can be stopped by a voluntary withdrawal given orally or in writing by the household or its representative. If the household's request for withdrawal is made orally, the case record must be documented on the Case Documentation (CADM) screen in MAVERICS stating the household orally requested a withdrawal of the hearing request. The hearing request may be withdrawn at any time before the hearing is held or after the hearing is held and before a decision is given to the household either because the county department has made a satisfactory adjustment or for any other reason.

If an agency conference is held and leads to an informal resolution of the dispute, a fair hearing must still be held unless the claimant or his representative requests orally or makes a written withdrawal of the request for a hearing.

The withdrawal may be submitted by the claimant directly to Administrative Hearings. However, if the withdrawal is submitted to the county office, it will be forwarded immediately to Administrative Hearings. Administrative Hearings must provide the claimant a Fair Hearing Other Notice (A093) confirming the request and, if the request is given orally, provide the household with another opportunity to request a hearing. A copy can be viewed on the notice history screen (NOHS) in MAVS.

Duties of the Hearing Official

The responsibility for the conduct of hearings has been delegated to Administrative Hearings and will be held by an impartial official of that office. Impartial means that the hearings officer has not been involved in any way with the action or decision on the case. Duties of the hearings officer include, but are not limited to:

- Ensuring that all relevant issues are considered;
- Requesting, receiving, and making a part of the hearing record all evidence determined necessary to decide the issue being raised;
- Regulating the conduct and course of the hearing consistent with due process to ensure an orderly hearing;
- Ordering, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the agency;
- 5. Providing a record of the hearing and the final decision.

Attendance at the Hearing

The hearing will be attended by the hearings officer and the claimant and/or his representative. Also, a county office representative (if at all possible, the worker who took the action on which the hearing is based) should be present. Other persons designated by the claimant and/or his representative may also attend the hearing.

The hearings officer has the authority to limit the number of persons in attendance at the hearing if either space limitations exist or local fire code regulations will be violated.

Holding the Hearing

The formal state hearing is an orderly proceeding much in the nature of a conference. Regular court procedures, such as swearing in, formal procedures for presenting and taking testimony, and the like, are not followed because every effort must be made to ensure that the claimant be allowed to present his case without the restrictions and formalities of court proceedings.

Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or become part of the hearing record.

The hearings officer will open the hearing with an explanation of the purpose, the manner in which it will be conducted, the availability of the hearing information, the confidential nature of information presented at the hearing and the fraudulent provision of the Food and Nutrition Act. He will follow this with information that the final decision will be made on the basis of facts brought out in the hearing, and that the Administrative Hearings Office will notify the claimant by letter giving him the decision and the reason why the decision was reached.

The hearings officer will make a general statement as to eligibility requirements of SNAP and its purposes. He will define the issue(s) involved in the hearing in such a way that the claimant will understand all that is involved.

The claimant will be given an opportunity to make a full statement concerning his claim and will be given assistance in bringing out all information on which he bases his claim. All persons representing the claimant and those representing the county department will have the opportunity to state all facts pertinent to the points at issue and to correct or modify statements made by themselves and others testifying. The claimant and his representative will have the right to examine written evidence, of questioning or refuting oral and written testimony, examining witnesses and of otherwise developing facts relevant to the issue(s) at hand, under the active leadership of the hearings officer.

Hearing to Contest Employment and Training Program's Determination of Failure to Comply

When a household requests a fair hearing to contest a denial or termination of benefits due to an

Employment and Training Program determination of failure to comply with work registration requirements as outlined in Chapter 3, ongoing policy will be applied regarding scheduling the hearing.

Decision

The hearings officer will have the responsibility for recording the hearing, for preparing a statement summarizing the facts brought out in the hearing, indicating the policy governing the issue at hand and making a decision based exclusively on the testimony and documents introduced at the hearing.

The hearings officer will notify the claimant sending a Fair Hearing Decision Notice (A092) through MAVS within seven (7) days from the time of the review of the completed hearing material. The letter will specify the reasons for the decision, identify the supporting evidence and the pertinent federal regulations, advice the claimant of the right to pursue judicial review of the decision in a court of appropriate jurisdiction. A copy may be viewed on the Notice History Screen (NOHS) and an alert will be generated to the county's director/supervisor and eligibility worker to notify the county that a decision has been rendered. The decision will be based exclusively on the evidence, testimony, and documents used at the time of the hearing. The hearings officer's decision is final and binding upon the county and state offices.

The decision must not be in conflict with federal law, regulations, or policies. All hearing decisions will be accessible to the public for inspection or copying, subject to regulations regarding disclosure of information.

Time Limit for Completion of the Hearing

Not more than sixty (60) days shall elapse between the time the request is filed and the date the claimant and county office receive notice of the hearing decision.

EXCEPTION: When the household request a postponement, the time limit for completion would include the postponement.

SECOND REQUEST

Once the hearing has been held, the decision of the Administrative Hearings Officer is final. Should a claimant appeal a second time without a change in his circumstances or agency policy, the Administrative Hearings Office will write to him explaining that since there has been no change, second appeal cannot be granted. The claimant will be advised of his right to request a judicial review. If the claimant's circumstance or state policy has changed, the second request will be granted.

GROUP HEARINGS

The Agency may consolidate cases and conduct a single group hearing for a number of claimants only when individual issues of fact are not disputed and when state and/or federal law, regulation, or policy are the sole issues being raised.

In all group hearings, whether initiated by the Agency or by the claimant, the policies governing individual hearings must be followed. Each individual claimant in a group hearing must be permitted to present his/her own case or have his/her case presented by a representative, or to withdraw from the group hearing and have his/her appeal heard individually.

As in individual hearings, the hearing will be conducted on the issue being appealed, and each claimant is expected to keep his/her testimony within a reasonable time as a matter of consideration to the other claimants involved.

[HEARING PROCESS: ADMINISTRATIVE DISQUALIFICATION HEARINGS]

Revised 12-01-10

PURPOSE

The application form will carry a warning of the disqualification penalties for committing Intentional Program Violation (IPV). An administrative disqualification hearing will be initiated by the Agency whenever the Agency has documented evidence to substantiate that a household member has committed one or more acts of IPV as defined in Chapter 11, CLAIMS. The burden of proving IPV is on the agency.

The agency may initiate an administrative disqualification hearing regardless of whether or not the household member is currently certified. The disqualification period for the household member who is not currently certified will not be deferred until the household containing the individual responsible for IPV applies and is determined eligible.

TIME LIMIT FOR COMPLETION OF ADMINISTRATIVE DISQUALIFICATION HEARING

Within 90 days of the date the household member is notified in writing that an administrative disqualification hearing initiated by the agency has been scheduled, the agency will conduct the hearing, arrive at a decision, and notify the household member and the county of the decision. The household member or representative is entitled to a postponement of up to 30 days provided postponement is made at least 10 days in advance of the date of the scheduled hearing. If the hearing is postponed, the above time limit will be extended for as many days as the hearing is postponed.

RESPONSIBILITY OF COUNTY IN PREPARING FOR THE HEARING

When the county is notified that a suspected IPV claim has been referred to an Administrative Hearings Officer for an administrative disqualification hearing, the county should promptly report any change in circumstances of the household member accused of IPV to the Administrative Hearings Office. Changes which should be reported include, but are not limited to; change of address, as such information is needed for scheduling the hearing.

The Hearing Record

For claims submitted as Suspected Intentional Program Violation (SIPV), documentation necessary for inclusion in an Administrative Disqualification Hearing (ADH) may consist of documents contained in physical case records or documents that have been scanned to the appropriate EA Case Record folders in Interwoven/Worksite. Any change affecting the claim, such as changes in claim amount, type, household address, household member accused, or any change affecting the claim must be promptly reported to the Claims Management Unit (CMU) via form MDHS-EA-540A, CLAIM/DRS STATUS REPORT or memorandum.

Upon approval of the claim, county staff shall review the hearing documents for accuracy, as hanges which occur during review and approval of the claim may necessitate additional and/or

Revised 12-01-10

revised documents be added. New/revised documents should be scanned to the appropriate folder in the EA case record and referenced in the claims narrative as needed.

If documents validating the claim are pulled from a physical/hard copy case record, the documents should be scanned to the Claims section of Interwoven/Worksite. New or current information validating the claim should be scanned to the appropriate document folder in the EA Case Record section in Interwoven/Worksite. Documentation in the claims narrative should reference these documents by noting the document type and scan date. This narrative documentation will assist claims and hearings unit staff in locating materials involved in the hearings process. Documents involved in an ADH include but may not be limited to the following:

MDHS-EA-900, APPLICATION (s);

MDHS-EA-910, REQUEST FOR INFORMATION VERIFICATION;

MDHS-EA-912, REQUEST FOR INFORMATION, Bank-Savings and Loan-

Other Financial Institution (if applicable)

MDHS-EA-914, OUT-OF-STATE INQUIRY;

OTHER EVIDENCE which relate specifically to the claim.

NOTE: Confidential information will not be included in the hearing record, including State Resource Data, more commonly known as confidential IEVS.

CLIENT S RIGHTS

The household member who is the subject of the administrative disqualification hearing will be advised by the Administrative Hearings Officer of his rights in connection with the hearing at the time the advance notice scheduling the hearing is mailed. His rights are the same as those provided claimants in fair hearings as specified in STATE HEARINGS material. In addition, he has the right to waive the administrative disqualification hearing.

At the disqualification hearing, the hearings officer shall advise the household member or representative that he may refuse to answer questions during the hearing.

RESPONSIBILITY OF STATE OFFICE

The administrative disqualification hearing will be initiated and conducted by the Administrative Hearings Officer.

Advance Notice to Client

The Administrative Hearings Officer will provide written notice, **Disqualification Hearing Appointment (F090)**, to the household member suspected of IPV at least 30 calendar days in advance of the date an administrative disqualification hearing has been scheduled. The notice will contain:



[HEARING PROCESS: ADMINISTRATIVE DISQUALIFICATION HEARINGS]

Revised 11-01-08

- 1. The date, time, and place of the hearing;
- 2. The charge(s) against the household member(s);
- 3. A summary of the evidence, and how and where the evidence can be examined;
- 4. A warning that a decision will be based solely on information provided by the SNAP office if the household member fails to appear at the hearing;
- 5. A statement that the household member or representative will have 10 days from the date of the scheduled hearing to show good cause for failure to appear in order to receive a new hearing;
- 6. A warning that a determination of IPV will result in a one year disqualification for the first violation, two years disqualification for the second violation, permanent disqualification for the third violation, and ten (10) years disqualification if found to have made a fraudulent statement or misrepresentation regarding identity and/or residence in order to receive multiple SNAP benefits simultaneously.
- 7. A listing of the household member's rights as contained in Chapter 10, STATE HEARINGS;
- 8. A statement that the hearing does not preclude the State or Federal Government from prosecuting the household member for IPV in a civil or criminal court action, or from collecting the overissuance;
- 9. A statement that the individual can call the SNAP office to get the name and phone number (if available) of someone who can give free legal advice. If free legal advice is not available, the SNAP office shall provide, when called, the phone number of a lawyer referral service of the local bar association if available.

A copy of the administrative disqualification hearing procedure and a copy of the waiver, **Disqualification Hearing Waiver** (F091), of the right to an administrative disqualification hearing will be attached to the thirty day advance notice.

[HEARING PROCESS: ADMINISTRATIVE DISQUALIFICATION HEARINGS]

Revised 11-01-08

the time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of IPV. All administrative disqualification hearings are scheduled to be conducted by telephone; however, the household member may request a face to face hearing which would be scheduled at a later date.

Scheduling the Administrative Disqualification Hearing

If the household member or his representative cannot be located or fails to appear at an administrative disqualification hearing without good cause, the hearing will be conducted without the household member represented. In other words, when the other participants are present for the hearing, it will be held unless the household has let the agency know that it has good cause for being unable to appear. Even though the household member is not represented, the hearings officer is required to carefully consider the evidence and determine if IPV was committed base on clear and convincing evidence. If the household member is found to have committed an act of IPV but a hearings officer later determines that the household member or representative had good cause for not appearing, the previous decision shall no longer remain valid and a new hearing will be held. The household member has 10 days from the date of the scheduled hearing to present reasons indicating a good cause for failure to appear. A hearings officer must enter the good cause decision into the record.

Holding the Hearing

The responsibility for the conducting of administrative disqualification hearings has been delegated to the Administrative Hearings Officer who is an impartial official. Impartial means that the hearings officer has not been involved in any way with the action or decision on the case. Duties of the hearings officer include, but are not limited to:

- Ensuring that all relevant issues are considered;
- 2. Requesting, receiving, and making a part of the hearing record all evidence determined necessary to decide the issues being raised;
- Regulating the conduct and course of the hearing consistent with due process to ensure an orderly hearing;





[HEARING PROCESS: ADMINISTRATIVE DISQUALIFICATION HEARINGS]

Revised 11-01-08

- 5. Ordering, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the agency;
- **5.** Providing a record of the hearing and the final decision.

Attendance at the Hearing

The hearing will be attended by the hearings officer and the person(s) accused of IPV and/or his representative. The county office will have in attendance at the hearing a representative who is familiar with the circumstances surrounding the claim. The person who investigated the claim will be present, if requested. The hearing may also be attended by friends or relatives of the person accused of IPV if he wishes.

NOTE: If the hearing is related to a trafficking claim, a policy unit representative will attend the hearing since all trafficking claims are processed by the Policy Unit.

The hearings officer has the authority to limit the number of persons in attendance at the hearing if either space limitations exist or local fire code regulations will be violated.

Decision

The hearings officer will have the responsibility for preparing a statement summarizing the facts and identifying the supporting evidence brought out in the hearing, indicating the policy governing the issue at hand and making a decision based exclusively on the testimony and documents introduced at the hearing. The hearings officer will respond to arguments made by the household member or representative.

The determination of IPV will be based on clear and convincing evidence which demonstrates that the household member committed, and intended to commit an act of IPV.

The decision must not be in conflict with federal law, regulations, or policies. The administrative disqualification hearing decision will be accessible to the household or its representative for inspection or copying at any reasonable time.

The hearings officer will notify the household member of the decision by sending an **Administrative Disqualification Decision Notice** (F092) through MAVS, within seven (7) days from the time of the review of the completed hearing material, specifying the reasons for



[HEARING PROCESS: ADMINISTRATIVE **DISQUALIFICATION HEARINGS**

Revised 11-01-08

the decision and identifying the supporting evidence and the pertinent federal regulations. A copy can be viewed on the notice history screen (NOHS) in MAVS and an alert will be generated to alert the county's director/supervisor(s) and eligibility workers that a decision has been made. The decision will be based exclusively on the evidence, testimony, and documents used at the time of the hearing. No further agency administrative appeal procedure exists after an adverse administrative disqualification hearing. The determination of IPV made in an administrative disqualification hearing cannot be reversed by a subsequent fair hearing decision. The household member, however, has the right to appeal the amount of the claim via the fair hearing process. Also, the household member is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay or other injunctive remedy. In cases where the determination of IPV is reversed by a court of appropriate jurisdiction, the individual will be reinstated in the Program if the household is eligible. Any benefits that were lost as a result of the disqualification will be restored in accordance with policy in effect at the time benefits were lost.

RESPONSIBILITY OF COUNTY IN IMPLEMENTING ADVERSE HEARING **DECISION**

Upon receipt of notice of an adverse hearing decision, the worker will mail the household notice F600, Notice of IPV Disqualification or the manual notice MDHS-EA-542. The procedures for handling the income and resources of the disqualified member are described in Chapter 7, SPECIAL CIRCUMSTANCES.

For a discussion of the administrative disqualification penalties, refer to the IPV material in Chapter 11, CLAIMS.

RETENTION OF THE ADMINISTRATIVE DISQUALIFICATION HEARING **RECORD**

The county will retain the administrative disqualification hearing record intact for three months following the final decision during which time the claimant or his representative may upon request examine and copy the material.

At the end of the three month period the administrative disqualification hearing record will be discontinued; however, the hearings officer's decision will be filed in the regular case record with the original documents pertaining to the household.

[HEARING PROCESS: ADMINISTRATIVE DISQUALIFICATION HEARINGS]

Revised 11-01-08

NOTE: All cases handled by Program Integrity Fraud Investigation Unit and Administrative Hearing Unit will be handled through the MAVERICS System. All Appointments, Notices, and Decisions sent can be viewed on NOHS in MAVS.

CMU will receive a report each week for all decisions made by Administrative Hearings.

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Revised 11-01-08

Page	— Subject
11000	GENERAL
11000	INTRODUCTION
11001	INSTANCES WHICH DO NOT REQUIRE A CLAIM
11002	INSTANCES REQUIRING A CLAIM
11003	CLAIMS THRESHOLD
11003	STANDARD OF PROMPTNESS FOR CLAIM COMPLETION
11004	TYPES OF OVERISSUANCE
11005	TRAFFICKING CLAIMS
11006	Investigations by FNS
11007	Investigations by Program Integrity
11007	State Operations
11008	Retailer Disqualification
11009	CREDIT ACCOUNTS
11009	TRANSFER OF CLAIMS
11009	Transfer Within The County or Between Counties
11050	PREPARING THE CLAIM
11050	DETERMINING THE FIRST MONTH OF THE CLAIM

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Revised 11-01-08

Page	Subject
11050	Overissuance Occurring At Time Of Initial Application or Recertification
11050	Overissuance Occurring Within the Certification Period
11052	DETERMINING THE CLAIM AMOUNT
11052	PREPARING THE NARRATIVE
11057	Approval of Inadvertent Household Error and Agency Error Claims
11058	REVISED CLAIMS
11100	SUSPECTED INTENTIONAL PROGRAM VIOLATION
11100	DEFINITION OF INTENTIONAL PROGRAM VIOLATION
11101	METHODS OF REPORTING SUSPECTED INTENTIONAL PROGRAM VIOLATION
11101	DISQUALIFICATION OF REPRESENTATIVES
11102	DETERMINING THE HOUSEHOLD MEMBER RESPONSIBLE
11103	CRITERIA FOR ESTABLISHING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM
11103	DETERMINING THE FIRST MONTH OF THE SUSPECTED INTENTIONAL PROGRAM VIOLATION
11103	Household Fails to Report Accurate Information at Application, Recertification or During Interview
11104	Household Fails to Report a Change Within the Certification Period

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Revised 11-01-08

Page	Subject
11105	Household Fails to Report a Change Within the Certification Period and During Interview
11105	DETERMINING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM AMOUNT
11106	OFFSETTING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM
11150	CLAIMS REQUIRING SPECIAL HANDLING
11150	PURPOSE
11150	SUSPECTED INTENTIONAL PROGRAM VIOLATION COMMITTED BY AN AUTHORIZED REPRESENTATIVE WHO IS NOT A MEMBER OF THE SNAP HOUSEHOLD
11150	ADDITIONAL CLAIM SITUATIONS INVOLVING MONTHS WITH BENEFIT REDUCTION
11151	PREPARATION OF CLAIM INVOLVING ANY COMBINATION OF ADMINISTRATIVE ERROR, INADVERTENT HOUSEHOLD ERROR AND SUSPECTED IPV OCCURRING IN THE SAME MONTH
11151	PREPARATION OF CLAIM WHEN EXACT AMOUNT OF OVER- ISSUANCE CANNOT BE DETERMINED
11152	CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS
11154	PREPARATION OF IHE AND SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) CLAIMS INVOLVING UNREPORTED EARNED INCOME
11154	CLAIMS INVOLVING VOLUNTARY QUIT
11154	Household Certified as Expedited Pending Verification of Voluntary Quit

MISSISSIPPI

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject
11154	CLAIMS INVOLVING GROUP HOMES
11155	CLAIMS INVOLVING AGENCY EMPLOYEES AS RECIPIENTS
11155	DISQUALIFICATION OF REPRESENTATIVES
11156	INTENT AND TRAFFICKING CLAIMS
11156	SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS AGAINST DECEASED CLIENTS
11157	OTHER POSSIBLE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS
11200	HEARINGS AND DISQUALIFICATION PROCEDURES
11200	ADMINISTRATIVE ACTION ON SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS
11200	SUSPECTED INTENTIONAL PROGRAM VIOLATION WHICH IS NOT DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION
11201	OUT OF COURT SETTLEMENTS
11201	VOLUNTARY REPAYMENT OF SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS SUBMITTED TO FRAUDINVESTIGATIONS
11201	PARTICIPATION WHILE AWAITING A DISQUALIFICATION HEARING AND/OR COURT ACTION
11202	SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION (IPV)

Volume V | Chapter 11 4

MISSISSIPPI

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject PURPOSES
11204	SPECIAL SITUATIONS
11204	ONE VIOLATION - Error or Change in Claim Discovered And/Or Handled After the Hearing/Waiver
11205	TWO OR MORE VIOLATIONS - The Latter Violation(s) - Discovered Before Approval by the Claims Management Unit or Before the Hearing is Scheduled
11205	TWO OR MORE VIOLATIONS - All Occurring Prior to The Hearing/Waiver But One Or More Discovered After the Hearing or Waiver
11205	INTENTIONAL PROGRAM VIOLATION PENALTIES
11205	Violations Which Occurred after June 1, 1983, But Prior to September 22, 1996
11205	Violations Which Occurred on or after September 22, 1996, But Prior to April 2, 2001
11208	IMPOSING DISQUALIFICATION
11208	Disqualification as a Result of an Administrative Disqualification Hearing or an Individual Signing the Waiver of Right to an Administrative Disqualification Hearing
11209	Court Imposed Disqualification
11209	Disqualification When Court Fails to Specify
11210	APPLICANTS WITH CURRENT DISQUALIFICATION
11211	Disqualification Pended by Court Order

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject
11211	Current (Ongoing) Disqualification
11212	Reporting Individuals Found Guilty of IPV
11212	SPECIAL HANDLING OF CASES WITH HOUSEHOLD MEMBER(S) DISQUALIFIED FOR INTENTIONAL PROGRAM VIOLATION
11213	Disqualification of One Person Households and Disqualification Which Results in Ineligibility for Remaining Household Members
11213	Household With a Disqualified Member in Which Remaining Household Members Remain Eligible
11213	Disqualified Member Who Moves to Another Household During the Disqualification Period
11250	COURT-ORDERED RESTITUTION CASES
11250	PURPOSE
11250	COURT-ORDERED DISQUALIFICATION PERIODS
11250	COURT ORDERED RESTITUTION
11300	REPAYMENT OF CLAIMS
11300	DEMAND FOR REPAYMENT
11301	OVERISSUANCE REPAYMENT AGREEMENT IHE/AE
11301	NOTICE TO CLAIMS MANAGEMENT UNIT, CLAIMS STATUS REPORT (MDHS-EA-540A)
11302	SUSPENSION OF COLLECTION ACTION

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject
11302	REPAYMENT PROCEDURES
11302	MAVERICS
11303	Claims Management Unit (CMU)
11303	OUTSTANDING CLAIM BALANCE AT APPLICATION
11304	REPAYMENT PROCEDURES FOR AE, IHE, SIPV AND IPV
11304	Repayment Schedules
11308	REPAYMENT PROCEDURES FOR HOUSEHOLDS WITH MULTIPLE CLAIM TYPES AND/OR MULTIPLE CLAIMS (AE, IHE, SIPV AND/OR IPV)
11309	ENFORCED BENEFIT REDUCTION FOR FAILURE TO TIMELY RESPOND OR REPAY
11310	Renegotiating Repayment Agreement
11311	MAVERICS NOTICES
11311	PAYMENTS
11312	VOLUNTARY REPAYMENT FROM EBT ACCOUNTS
11312	REPAYMENT FROM STATE EBT ACCOUNTS
11312	CLAIM ADJUSTMENTS FROM EXPUNGED BENEFITS
11313	Expungement Documentation in MAVERICS
11313	Claims Adjustment Process

[TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject
11313	TREASURY OFFSET PROGRAM
11314	PAYMENT RECEIVED PRIOR TO PREPARATION/APPROVAL OF CLAIM
11314	OUTSTANDING CLAIMS AND BANKRUPTCY
11315	OVERPAYMENTS ON CLAIMS
11316	When Overpayment Is in Cash
11316	When Overpayment Is Debited from the Appropriate EBT Account
11316	When Overpayment Is a Combination of Cash and Benefits
11350	DISQUALIFIED RECIPIENT SUBSYSTEM (DRS)
11350	INTRODUCTION
11350	DRS MATCH ON APPLICANT HOUSEHOLDS
11351	Applicant Households Entitled to Expedited Service
11351	All Other Applicant Households
11352	DRS MATCH AGAINST PARTICIPATING HOUSEHOLDS
11353	DISQUALIFICATION PERIOD ENDED WHEN VERIFICATION RECEIVED
11353	DISQUALIFICATION PERIOD NOT ENDED WHEN VERIFICATION RECEIVED
11353	FAIR HEARING
11353	1353NOTIFICATION TO PARTICIPATING HOUSEHOLDS

MISSISSIPPI [TABLE OF CONTENTS FOR CHAPTER 11: CLAIMS]

Page	Subject
11353	CLAIMS
11450	CLAIMS DATA BASE
11450	GENERAL
11450	INTRODUCTION
11450	IDENTIFYING/PREPARING A CLAIM
11451	SPECIAL HANDLING
11451	Combination Claims
11452	Supplements/Restorations

INTRODUCTION

The Supplemental Nutrition Assistance Program (SNAP) claims are State administered Federal debts. A recipient claim is the result of the household being over paid in benefits or benefits that were trafficked. This abuse undermines the integrity of the Program. Therefore, the effective establishment and collection of recipient claims is essential to the Program's integrity.

All households are required to report its circumstances at each application and recertification interviews. Simplified Reporting (SR) households are only required to report when the household's total gross monthly income meets or exceeds 130% of the federal poverty level for the household size at the time of its current certification period. Such changes must be reported by the 10th day of the month following the month in which the change occurred. Change Reporting households must report all changes within 10 days of the date the change becomes known to the household (refer to "Reporting Requirements" under THE CERTIFICATION PROCESS: CHANGES WITHIN CERTIFICATION PERIODS in Chapter 8).

NOTE: For cases certified prior to January 2018 and subject to SR requirements, SR rules will apply for the duration of the household's certification period. When such household are recertified after January 2018, Change Reporting rules will apply. Claims must be processed under the SNAP policy in effect at the time of the overissuance.

For all households, eligibility workers must act on any change that becomes known to the agency. If it is discovered that a household failed to report a change as required or provided false information at any time which resulted in an overissuance of benefits, a claim must be processed.

A claim will be established against any household that received more benefits than it was entitled to receive. A household is responsible for reporting ALL changes which could affect its SNAP eligibility regardless of whether the change is otherwise received by the agency, such as, IEVS/matches alerts considered verified upon receipt. The only exception is the Cost of Living crease in Social Security and SSI benefits, COLA, mass change in January. SNAP claims resulting from unreported information received from IEVS matches (except COLA or from other sources will not be considered Agency Error (AE), even when the agency fails to act timely on the report.

Once a claim has been established, all household members age 18 or older during the months of the claim are held responsible for repayment. If the individual was not 18 during the initial month of the claim, but later turns 18 during any claim month, he shall be held responsible for the claim beginning with the month after he turns 18. His responsibility (proportionate share) for

the claim shall continue for any overissuance month in which he was a household member. A recoupment of benefits may be established against any household which contains an adult member who was an adult member of another household during any month of the overissuance period.

Note: There may be instances of Suspected Intentional Program Violation (SIPV) not resulting from an overissuance of benefits which will require preparation of a claim. Refer to SUSPECTED INTENTIONAL PROGRAM VIOLATION, Methods of Reporting Suspected IPV, in this chapter for discussion.

INSTANCES WHICH DO NOT REQUIRE A CLAIM

A claim will not be prepared if an overissuance occurred as a direct result of any one of the following errors.

- 1. The county failed to ensure that a household fulfilled the following procedural requirements:
 - Signed the application form,
 - Completed a current work registration form or
 - Was certified in the county of residence.
- 2. The county failed to enforce benefit reduction as required in policy.
- 3. The household was receiving benefits solely because of categorical eligibility and the reason the household was subsequently declared ineligible for TANF or SSI related ONLY to excess household resources. An overissuance claim will not be established for the months in which the household received TANF or SSI payments for which it was not eligible. If the overissuance for SSI is the result of fraud, an overissuance report shall be prepared.
- 4. If a household requests a hearing based on a sanction and chooses to continue benefits during that period, no claim will be prepared if the household loses the hearing, as the sanction will then go into effect.
- 5. If a certified SR household moves to another state during an established certification period, no claim is required because the change is not reportable. However, should the household become certified for benefits in the new state within the certification period established in Mississippi, a claim would be required.

In any of the above instances, the appropriate records will be documented when the error is discovered and immediate corrective action taken, if necessary.

INSTANCES REQUIRING A CLAIM

Instances which may result in a claim include, but are not limited to, the following:

- 1. The household failed to provide the county with correct or complete information.
- 2. The household failed to report to the county changes in its household circumstances as required.
- 3. The county failed to take prompt action on a change reported by the household.
- 4. The county incorrectly computed the household's income or deductions, or otherwise assigned an incorrect benefit amount.
- 5. The household received continued benefits pending a fair hearing decision and is found to be ineligible or eligible for fewer benefits than it received.
- 6. The county failed to follow through with the IPV disqualification procedures as required in policy.
- 7. The county failed to provide a household a reduced level of SNAP benefits because its public assistance grant changed.
- 8. The county continued to provide a household SNAP benefits after its certification period had expired without benefit of a reapplication determination.
- 9. The county incorrectly computed or authorized a restoration.
- 10. The household was receiving SNAP benefits solely because of categorical eligibility and the household was subsequently determined ineligible for the public assistance (TANF) and/or SSI that had already been received. For additional information, refer to TYPES OF OVERISSUANCES and CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS, both later in this chapter.

NOTE: A claim cannot be established if the reason the household was subsequently declared ineligible for TANF or SSI payment is related to excess household resources. A claim to correct "improper benefit level" can be established against a categorically eligible household whose TANF or SSI eligibility is subsequently determined improper if the reason for the

subsequent TANF or SSI ineligibility was additional household income or changes in household size and/or deductions which directly affect the calculation of the SNAP benefit amount.

- 11. The household was certified under expedited procedures pending verification of a voluntary quit, and the worker later verifies that voluntary quit without good cause did occur 60 days or less prior to the date of the application for SNAP benefits.
- 12. Trafficking has occurred. Trafficking means SNAP benefits are bought or sold for cash or consideration other than eligible food items; or the exchange of SNAP benefits for firearms, ammunition, explosives, or a controlled substance. See TRAFFICKING CLAIMS later in this chapter.

NOTE: For handling claims involving the voluntary quit situation in item 11 above, refer to CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING VOLUNTARY **QUIT**, later in this chapter.

CLAIMS THRESHOLD

Federal regulations allow states not to pursue claims when it is not cost-effective to establish and collect on them. If the worker determines the claim amount is \$125 or less, a claim will not be prepared. (Exception: Claims must be established, regardless of the claim amount, when overpayments are discovered in a Quality Control review.) The threshold is applicable to all claim types involving an overissuance of benefits. If it is determined a claim is not required due to the threshold provision, the case should be documented that the amount of the claim is \$125 or less. The threshold includes all claim types except "intent" to commit IPV claims.

STANDARD OF PROMPTNESS FOR CLAIM COMPLETION

Upon determination that a claim is required, the county must establish and complete Agency Error (AE) and Inadvertent Household Error (IHE) claims within six months (180 days) of discovery. Suspected Intentional Program Violation (SIPV) claims must be completed within eighty (80) days of discovery. This will allow for the Claims Management Unit's review/approval and for disposition through the Administrative Hearings/Program Integrity process and still meet timeliness standards.

TYPES OF OVERISSUANCE

The following is a list of the types of overissuance which may occur:



Agency Error (AE) - Overissuance of benefits caused by an action, or failure to take action by the State agency.

1. Inadvertent Household Error (IHE) - Overissuance of benefits which results from a misunderstanding or unintended error on the part of the household. This includes the household's failure to report changes as required or correct information due to misunderstanding of program policy or regulations.

A claim resulting from continued benefits pending a fair hearing decision will be labeled as IHE and handled as non-IPV. However, if a suspected IPV claim is prepared by the county and a portion of the claim includes an overissuance resulting from continued benefits, the entire claim will be labeled suspected IPV. In the event IPV is later determined, any overissuance as a result of continued benefits becomes part of the IPV computation.

2. Suspected Intentional Program Violation (SIPV) The SIPV claim type will change to IPV only if an administrative disqualification hearing or a Federal, State or local court of appropriate jurisdiction has found a household member guilty of IPV or if an individual signed a waiver of right to an administrative disqualification hearing.

A claim should not be submitted as Suspected Intentional Program Violation (SIPV) unless it appears one of the situations defined below as IPV can be substantiated. A failure on the part of the household to report a change should be carefully evaluated for intent to commit IPV before the claim is reported as Suspected Intentional Program Violation (SIPV). To support the county's claim of SIPV, a notice requesting a statement is automatically generated by MAVS when an SIPV claim is identified. The response must be documented in the claims narrative. If the client fails to respond to the request, such statement must be documented.

The SIPV claim type will change to IHE if the household member is not found guilty by one of the above means, with the exception of trafficking claims. If the household member is found not guilty of trafficking, the claim must be voided.

For purposes of determining at an Administrative Disqualification Hearing or court proceedings ether an Intentional Program Violation was committed, IPV will consist of any action by an individual to intentionally:

a. Misrepresent, withhold information, or make a false or misleading statement to the county, either orally or in writing, to obtain or attempt to obtain benefits to which the household is not entitled or

Revised 12-01-17

- b. Use SNAP benefits to buy ineligible items such as, but not limited to, alcohol, eigarettes, etc.
- c. Misuse the Electronic Benefit Transfer (EBT) card to trade, sell or intend to sell SNAP benefits (through Web sites and social media outlets such as Craig's List, Facebook, Twitter, EBay, etc.) or
- d. Commit any acts that constitute a violation of SNAP Regulations, the Food Nutrition Act, or any State statute relating to the use, presentation, transfer, acquisition, receipt or possession of SNAP benefits.
- 4. Intentional Program Violation (IPV) Overissuance of benefits resulting from the household making a false or misleading statement, or misrepresenting, concealing or withholding facts, or committing any acts that constitute a violation of the SNAP Regulations, or any other State statute relating to the use, presentation, transfer, acquisition, receipt, possession or trafficking of benefits or EBT cards. This must be determined by an Administrative Disqualification Hearing or by the Court that an individual did so intentionally, or when an individual has waived his right to an Administrative Disqualification Hearing by signing a Waiver of Right to an Administrative Disqualification Hearing. A determination of IPV cannot be made by the county office level.

Should the household member responsible for a claim die **after** having been found guilty of IPV through an Administrative Disqualification Hearing or signing a waiver, but prior to implementation of the disqualification, the claim **will** remain as IPV, provided there were additional adult household members during the period of overissuance who will be considered responsible for repayment. If this was a one person household or no other adults participated during the period of overissuance, the claim will be terminated by the Claims Management Unit.

TRAFFICKING CLAIMS

SNAP benefit trafficking is defined as 1) benefits bought or sold online and publicly (in person) for eash or exchanged for considerations other than eligible food items; 2) exchanging benefits for firearms, ammunition, explosives, or controlled substances; 3) purchasing products such as beverage containers with returnable deposits, discarding the contents, and returning the empty containers for eash; 4) using SNAP benefits to purchase a product, then reselling the product to obtain eash or considerations other than eligible food;

5) intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food; 6) attempting to buy or sell benefits online and in public for cash or exchange for considerations other than eligible food items. The processing of claims involving the suspected trafficking of benefits originates from investigations conducted by the Food and Nutrition Service (FNS) and/or the Mississippi Department of Human Services Division of Program Integrity. Trafficking claims that are determined to be Intentional Program Violation (IPV) claims must be supported by a finding of fraud. Factors supporting a finding of fraud include the disqualification of the retailer, EBT card printouts containing detailed documentation of transactions, and statements from recipients indicating benefit misuse or admittance of trafficking activity.

Investigations by FNS

FNS conducts investigations involving suspicious activities of food retailers. Investigators will examine such factors as retailer transactions, store inventory, and customer spending patterns. FNS will analyze these findings in producing a charge letter which identifies alleged SNAP violations by the retailer, including documentation of suspicious transactions that indicate patterns of benefit trafficking. The letter will contain the retailer's response to the allegations. If found in violation of Program rules, the retailer will be disqualified as an FNS retailer. Information in the charge letter is provided to the Policy Unit and forwarded to the Claims Unit in State Operations, after the retailer has been disqualified, to use in claim preparation.

NOTE: When identifying trafficking claims, the Claims Unit adheres to policy regarding claims thresholds, i.e., a claim will not be worked if the total claim amount is \$125 or less. However, in some instances, trafficking claims will be identified and processed regardless of the final claim amount. For example, in one instance, investigators determined that a retailer had closed his food store while an investigation was ongoing. Later, it was determined that the retailer had processed EBT transactions for several months after store closure. These transactions were therefore found to have been in violation of the Supplemental Nutrition Assistance Program rules, and a trafficking claim will be processed.

Financial reports generated through the EBT Financial Interface Tracking System (FITS) are used by State Operations to identify unusual patterns in EBT transactions. These transactions involve benefit recipients who used their EBT cards at the retailers disqualified by FNS. Transaction patterns found in the examination of EBT records include high dollar purchases inconsistent with the retailer's inventory, multiple even-dollar amount purchases, and transactions made in denominations of former SNAP coupon books (\$2, \$7, \$10, \$40, \$50 and \$65). State Operations will identify claims based on established transaction patterns, the inventory of the store, and information provided by FNS.

Claim narratives will be prepared, including the client's statement, if available (see PREPARING THE NARRATIVE later in this chapter) by State Office Claims Unit. Financial reports of EBT transactions will be the basis for the claim amount and will be included in the hearing folder for an Administrative Disqualification Hearing decision prior to disqualification and collection on the claim.

Investigations by Program Integrity

In the course of retailer or other types of investigations, the Division of Program Integrity may discover misconduct by food retailers. Investigators use Global Information System (GIS) technology to examine high dollar transactions, same cents transactions, and sales trends of retailers, and pinpoint customer and retailer locations to determine the average distance clients travel when using their EBT card. Through interviews with EBT cardholders, Program Integrity staff will obtain statements from individuals admitting to trafficking activity. These statements will include the amount of benefits trafficked. Should this information concur with the patterns established through examination of EBT transactions, this documentation will serve as the basis for the claim (even though claim amounts as determined by transaction patterns may differ) and will be included in the material sent to Fraud Investigations prior to the disqualification and collection on the claim.

NOTE: Reports received in the county office of suspected retailer misconduct should be forwarded to the Economic Assistance Division Director's office. No further investigation at the county level would be required. However, claims may be identified based on Division of Program Integrity investigations of suspected benefit misuse by clients. See Claims Requiring Special Handling later in this chapter.

As part of the Program Integrity investigation, investigators will review FITS reports listing all EBT history for a client prior to scheduling an interview. Therefore, documentation will reflect the amount of the claim which is processed when the retailer is disqualified. This will ensure amounts are accurate and give FNS appropriate documentation to finalize their investigation of the retailer. Once the store is disqualified the Claims Unit will review FITS reports for all other clients and determine if a claim should be processed.

State Operations

Upon receipt of the charge letter from FNS, the Claims Management Unit (CMU) in State-Operations will access the Financial Interface Tracking System (FITS) to examine transactions by EBT cardholders with each disqualified retailer.

Although the investigations by FNS and/or Program Integrity usually cover a period from 4–6 months, State Operations will examine transactions from the beginning of the EBT program in Mississippi (2002) to the last month of transactions noted in the charge letter to detect established patterns of trafficking. Such patterns include high dollar purchases inconsistent with retailer inventory, even dollar amount purchases, purchases in increments of former coupon book amounts, patterns showing continual monthly purchases on the same date each month for similar transaction amounts and transactions identified in the FNS charge letter. The CMU will identify and prepare claims based on the evidence provided by FNS and the clear and consistent patterns of trafficking as detailed by the reports generated by FITS.

The CMU will request the client's statement for inclusion in the claim narrative, allowing ten days for a response. Printouts of EBT transactions will be attached to each narrative. Once the narratives are completed, claims are placed in pending status for CMU approval. The appropriate county office will prepare documents for an Administrative Disqualification Hearing (ADH) folder. Documents validating the claim should be scanned to the appropriate document folder in the EA Case Record section in Interwoven/Worksite. Documentation in the claims narrative should reference these documents by noting the document type and scan date.

Retailer Disqualification

As previously stated, FNS provides a charge letter to each retailer suspected of violating the Supplemental Nutrition Assistance Program (SNAP) regulations. The letter provides documentation of suspicious transactions that indicate patterns of benefit trafficking, including such actions as the processing of transactions in exchange for cash (for example, the retailer processing a \$100 transaction and giving the cardholder \$50 cash in return) or accepting SNAP benefits for the purchase of ineligible items such as alcohol, tobacco, gasoline, etc. Retailers face permanent disqualification from participation in the SNAP if found guilty of the allegations. In addition, the retailer may be subject to possible civil action by the United States Attorney or may be assessed a fiscal claim to recover monetary losses resulting from benefit trafficking. Under certain conditions, retailers may qualify to pay a Civil Money Penalty, in lieu of permanent disqualification. In either instance, retailers have ten days from the date of the charge letter to provide evidence proving that the violations listed in the charge letter were not trafficking, or, if petitioning to qualify for the money penalty, to provide documentation showing that the retailer had an effective policy and program in effect to prevent violations. If the retailer does not provide such information within the ten day time frame, FNS will consider the available evidence and advise the retailer in writing of its decision.

NOTE: If the county office receives reports of possible retailer misconduct, the county should forward all pertinent information to the Economic Assistance Division Director's office. This information will then be forwarded to the Division of Program Integrity and the local USDA FNS officer-in-charge. No further investigation by the county office would be required in this situation.

CREDIT ACCOUNTS

It is a violation of SNAP rules for recipients to use benefits to pay credit accounts or bills. Should the county office become aware of the possibility of such activity, the county should forward all related information to the Field Operations Division Director's office, who will in turn forward the information to the Division of Program Integrity and the local USDA FNS officer in charge. As claims are established based on such use of benefits, they should be processed as "intent only" claims with no dollar amount noted. Such claims will be approved by the CMU, with subsequent referral to the Administrative Hearings Unit, to determine possible disqualification of the client.

TRANSFER OF CLAIMS

Transfer Within the County or Between Counties

When the county staff becomes aware that an individual responsible for repayment of an **unpaid** claim **balance** is participating in a SNAP case, the Claims Management Unit **MUST** be notified via an e100 to transfer the claim to the active case. The status of the claim on OVCA and REHI in the original case will then be "**TK**".

Revised 12-01-15

PREPARING THE CLAIM

When an overissuance is discovered, the claim must be identified in MAVERICS. Identification of a claim means the worker has obtained sufficient information to determine that a claim is due. Claims must be identified within ten days of the date the need for a claim is discovered. The day after a claim is identified; the worker should be able to access MNCLMS (Claims Database) to work the claim. A separate claim must be identified for each type of claim to be worked. For example, if the worker determines that a claim is to cover the period of January 2014 October 2014, but the months of January 2014 July 2014 will be worked as SIPV and August 2014 October 2014 will be worked as AE, then two claims must be identified in MAVERICS.

The following section will explain what information is needed in working the claim.

DETERMINING THE FIRST MONTH OF THE CLAIM

After excluding any months that are more than six years prior to the date the overissuance was discovered, the worker will determine the first month of overpayment. The month of discovery will not be included in the six-year count, but will be included as part of the overissuance.

Overissuance Occurring At Time of Initial Application or Recertification

When information provided or action taken at the time of application (application, reapplication or application for recertification) results in a non-IPV overissuance, the first month reported as an overissuance will be the beginning month of the certification period for which that application is approved.

EXAMPLE: A household submitted an application in March and was certified from March through August. At the time the application was made, the household failed to report all of the household's income. Had the household reported the income at the time of application, it would have been included in March. Therefore, the first month reported as an overissuance will be March.

EXAMPLE: A certified household was recertified from December through May. At the time of recertification interview on November 11th, the household failed to report a new source of income that was received beginning November 1st. The first month reported as an overissuance will be December.

Overissuance Occurring Within the Certification Period

When the overissuance occurs as a result of a change within a certification period, the worker will

determine the initial month of overissuance as follows:

1. If, due to a misunderstanding or unintended error on the part of the household, the household failed to timely report a change in its circumstances, the first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported. However, in no event will the county determine as the first month in which the change would have been effective any month later than two months from the month in which the change in household circumstances occurred.

All households must report when household income meets or exceeds the 130% poverty level income limit for the household size. This change must be reported by the 10th of the month following the month of change. If the 10th falls on a weekend or holiday, the change must be reported by the next business day.

See Chapter 8, Changes Within Certification Periods, for household reporting requirements.

- EXAMPLE: A household member began a new job in June. The June income resulting from this employment exceeded the poverty level limit for the household, which failed to report the change. The new employment was discovered by the county worker the first week of October. Action was taken to close the case effective November. Had the household timely reported, the SNAP case would have been closed effective August with no claim due. Because the household did not report the change, a claim is prepared for the overissuance months of August through October.
 - 2. If a change is reported, but the county does not timely act on the change, the first month reported as an overissuance will be the first month the county should have made the change effective. Therefore, if a notice of adverse action was required, but was not sent, the worker will consider the 10 days the worker had to effect the change and will assume that the maximum notice of adverse action period would have expired without the household requesting a fair hearing.
- EXAMPLE: On September 4th, a household called to report that a household member left the home on September 3rd. (This change resulted in a decrease in benefits for the household.) The county failed to timely act on the change and the change was not made until December. Allowing the worker 10 days to incorporate the change into the budget (September 14th) and 10 days for the notice of adverse action (September 24th), the change should have been effective October 1st, which will be the first month reported as an overissuance.

Revised 12-01-15

DETERMINING THE CLAIM AMOUNT

After determining the first month of overissuance, the county will determine the correct amount of SNAP benefits the household should have received for those months the household participated while the overissuance was in effect.

EXAMPLE: The PI in a household of four begins a new job April 21st. The income received for the month of May exceeds the 130% poverty level amount. The change in income is not reported until the recertification interview July 7th, and the change is made for August. Had the change been reported timely by the household (no later than June 10th), the change would have been made and the case closed for July, with no claim due. However, with the change not reported until July, a claim is due for July.

If actual income is not available, the wage information from the Quarterly Wage Match Data (QWMD) should be used by dividing the amount verified in the QWMD over the quarter it was reported to have been received and budgeting the claim prospectively with the averaged monthly amount. Every effort should be used to contact the client for a statement and to ensure that the individual reported by QWMD is our client.

NOTE: Use QWMD as the source of earned income only when wage verification has been requested from the employer but not received, or income verification is otherwise not available. Workers should send to the employer the MDHS-EA 910, Request for Employment Verification, and allow twenty (20) days for a response. If the employer returns the employment verification form within that time frame, the worker has ten (10) days from receipt of the form to identify the claim. If the employer fails to return the form within that time frame, the worker must identify the claim on the 20th day. The worker must set a tickler for the 20th day from the date the employment verification form was mailed.

EXAMPLE: A one person household failed to report income. QWMD showed wages

received from the same employer in the quarter ending 12/07 of \$3800. When divided by 3, the averaged monthly amount for the quarter equals \$1266, which exceeds the 130% poverty level amount for a one person household. With the possibility that income received in the first month of the quarter (October) exceeded the income limit for the household, the household would have had until the 10th of November to report the income, with action taken to close the case effective December 2007. If the household failed to report the income as required, December would be the only month of overissuance.

PREPARING THE NARRATIVE

The following information must be included in the claim narrative. This information must be clear

and concise in order for the claim to be approved by the Claims Unit. The county must remember that the information entered in MNCLMS is the ONLY information the courts will have if the claim gets referred to them by Program Integrity. The narrative should be written as though the individual who is reviewing the information has no knowledge about the Supplemental Nutrition Assistance Program. Proper names must be used in the narrative.

Trafficking claims are prepared without budgets; therefore, the Claims Unit must include in the Claim Narrative the following:

- (1) Date(s) each event of trafficking occurred on
- (2) Amount(s) of benefits trafficked for each specific date; and
- (3) Total value of trafficked benefits.

Upon approval, the Claims Unit will enter on OVCA the total value of trafficked benefits indicated in the narrative as the amount of the claim.

The following list is in the same order as the fields in MNCLMS.

REASON FOR CLM TYPE: This entry should be a simple, concise phrase describing the reason for the claim.

CATEGORY: This entry will identify the claim as a new or initial (NEW) claim, any additional claims (ADD), or a revision to the claim (REV).

CLAIM TYPE: This entry will identify the type of claim that the county has determined this claim to be (AE, SIPV, IHE).

SOURCE OF DISCOVERY: Description of how the county discovered that a claim existed. Examples include: Income and Eligibility Verification System (IEVS), case review, check stubs, OWMD, etc.

DATE OF DISCOVERY: The date the county obtained the evidence used to determine a claim needed to be worked. Identification of a claim must occur within ten days of this date.

DATE OF CHANGE: The date the change occurred that led to the claim.

DATE CLIENT REPORTED THE CHANGE: If the household reported the change, enter the date it was reported. If the household did not report the change, enter 9's.

BENEFITS TERM: If the case closed based on information used to work this claim, enter the effective date of closure. This date should be the month after the month listed in the field OVERISSUANCE/OVERPAYMENT MONTHS THRU. Or, if the case did not close, enter 9's.

BENEFIT CORRECTED: If the case remained open, enter the month that the benefits were corrected in MAVERICS. This should be the month after the month listed under the field OVERISSUANCE/OVERPAYMENT MONTHS THRU. Or, if the case closed, enter 9's.

OVERISSUANCE/OVERPAYMENT MONTHS:

FROM: The first month of the claim. **THRU:** The last month of the claim.

If the claim covers two or more separate time frames, list the first and last months in these fields, then list the periods not included and explain why the months were not included on OVN5 under OTHER. The entries in these should match the information on **FSSU**.

EXPLAIN THE REASON AND JUSTIFICATION FOR THE CLAIM: A simple explanation including who, what, when and where, that describes why the claim is being worked.

EXAMPLES: SIPV Ms. Jane Doe failed to report that she was employed at Wal Mart.

SIPV Ms. Jane Doe used SNAP benefits on her EBT card to make ineligible purchases and receive cash back. The EBT card transaction history shows a clear and discernible pattern of benefit trafficking.

AE Ms. Jane Doe reported that her son had moved out of the home but the information was not acted upon by the county.

IHE - Ms. Jane Doe failed to provide a check stub of severance pay received in December that would have been included in determining actual income for the application month of December.

EXPLAIN THE DISCOVERY OF THE CLAIM: An explanation of how the claim was discovered. Examples include: **Income and Eligibility Verification System (IEVS)**, Ms. Jane Doe reported the information untimely, anonymous tip, case review, etc.

EXPLAIN VERIFICATION OBTAINED: A description of the verification that the county has to support the claim. The description must include who, what, when and where. If **QWMD** is the only source, the case and claim must be documented on the attempts to obtain other verification.

SIPV Employment verification form completed by Wal-Mart showing a hire date of January 9, 2014, a termination date of April 16, 2014, first check received January 17, 2014, last check received April 25, 2014 and gross wages for the weeks of January 17, 2014 thru April 25, 2014.

SIPV - Print out of EBT card activity was used to determine a pattern of multiple even dollar transactions on the household's availability date each month. Multiple large dollar purchases are not consistent with those normally made at a convenience store.

IHE - Copy of check stub dated December 30, 2014. This check would have normally been issued on January 2, 2015.

AE - Ms. Jane Doe reported on August 5, 2014 that her son, John was leaving her home to go live with his father. This was documented in the case record, but action was not taken by the county.

CLIENT S STATEMENT AND SUPPORTING EVIDENCE: An explanation of the error that caused a claim to be needed. The county must be very specific in describing the error, justifying the error type and listing all pertinent information including the client's statement or explanation or the worker's attempts to contact the client. See the examples below for the specific information that is to be included, noting that SIPV claims require a client's statement.

SIPV - Be very specific. Document the dates of the MDHS-EA-900 and when the MDHS-EA530, Right and Responsibilities of SNAP Households, was provided to the household prior to the claim, followed by all of the 900s during the claim period, including whose signature appears on each form. An explanation should be made about how long the case has been active and any other information the county has to substantiate the claim. This part of the narrative should back up the county's belief that the household is suspected of intentional program violation.

EXMPLE: Ms. Jane Doe failed to report that she had accepted employment at Wal-Mart. Ms. Jane Doe signed the MDHS-EA-900 and was provided the MDHS-EA-530 at application on March 2, 2014. Ms. Jane Doe signed the MDHS-EA-900 again at recertification on May 20, 2014 and August 12, 2014.

EXAMPLE: Ms. Jane Doe knew or should have known that receiving cash for SNAP benefits was a program violation. The proper use of SNAP benefits was explained to her at application and when she received her EBT card. She signed the MDHS-EA-900 and was provided the MDHSEA530 on March 9, 2014 and she signed the MDHS-EA-919 on March 24, 2014.

Client's Statement: If the county has not previously discussed the claim with the household, a

Request for Information was mailed. T	he county must explain in the	notice that a claim is being

worked and ask for a statement explaining why they did not timely report the information being used in the claim. The county will also need to explain who will be responsible for the repayment. The statement that is given by the household must be included in this section of the claim.

AE This claim is being worked as an agency error because Ms. Jane Doe reported timely that her son, John, was moving out of her home and in with his father. However, the county failed to act on this information and remove John from the case. The household has been informed that an overissuance occurred.

IHE—On February 2nd, Ms. Jane Doe turned in a check stub received after the application interview in January that would have been budgeted as actual mon-continuing income in the application month of January.

OTHER: This field can be used to list any other information needed for the claim such as the claim type and the amount of the claim, any months within the claim that are not months of overissuance, any cross-references to other claims narratives, budgeting method and any additional information that substantiates the claim. The county may also use OTHER to finish fields in which they ran out of space in the narrative. If OTHER is needed for this, make a reference to OTHER from that field.

OVERPAYMENT CLIENT RESPONSIBILITY SCREEN (OVC2): The following are responsible for paying a claim:

- each person who was an adult (age 18 or older) member of the SNAP household during the period of overpayment or when trafficking occurred;
- a sponsor of an alien household member if the sponsor is at fault;
- a person connected to the household such as an authorized representative who actually trafficked benefits or otherwise caused the overpayment or trafficking to occur.

The correct coding of the screen is:

- Y Primary individual responsible, usually the PI or individual who signed the MDHSEA-901/900. Only one individual can be coded "Y".
- R Individuals responsible if the primary individual is not available. This will include all other case members age 18 and a member of the SNAP household during the period of overissuance.

Any individuals who were not in the case at the time of the overissuance, minors and HH members who moved into the household and should have been added to the case. but were not will be coded "N".

ACCUSED/GUILTY: This field will identify the individual or individuals accused of SIPV. This should be the individual the county feels deliberately failed to give correct information in order to receive benefits that they were not entitled to. If the claim is not being worked as SIPV, an "A" is not required. The coding is as follows:

- A Accused The primary individual or individuals responsible.
- R Responsible Other individuals responsible for the case.
- N Not responsible Case members not held responsible.

Approval of Inadvertent Household Error and Agency Error Claims

Inadvertent Household Error (IHE) and Agency Error (AE) claims involving SNAP and TANF are approved at the county level by the director or supervisor, as are TANF claims classified as "Other" (OTHE). The Claims Management Unit processes Suspected Intentional Program Violation (SIPV) claims for both programs.

The local level reviewer will not place IHE, AE or OTHE claims in pending (PE) status in the Claims Database, but will take action to approve or deny those claim types after review. SIPV claims referred to the Claims Unit will be placed in PE status by the director or supervisor. For combination claims, the local reviewer should take action to approve or deny the IHE, AE or OTHER claim prior to placing the SIPV claim in PE status for referral to Claims staff.

The county reviewer will read and review the claim narrative, FSSU, AFSU and OVN2 for accuracy before entering the authorization PCN on the OVN1 screen and completing the OVCA screen in the Claims Database as follows:

For approval, enter:

- AUTHORIZATION Enter reviewer's PCN
- NEW Status Enter "AC"
- PLAN Enter "%" for SNAP and "MN" for TANF
- Percent Enter "10" for SNAP and leave blank for TANF

Revised 03-01-16

To deny, enter:

- Reviewer's Authorization PCN
- Status Code " D E "

REVISED CLAIMS

Revised claims are generated when there is additional information received for months of overissuance on a previously established claim. The worker must **ID** a new claim and only include the months of overissuance that are affected by the additional information from the previous claim.

The worker must complete the narrative and budgets for this recoupment. The county staff should contact the **Claims Management Unit** to make any adjustments needed for **OVCA**.

CHANGES TO OVERPAYMENT/CLAIMS AUTHORIZATION SCREEN (OVCA)

The Claim Reason code for trafficking claims (TR) on the Overpayment/Claims Authorization Screen (OVCA) will now contain a subcategory field to identify and track each type of benefit trafficking claim. TR1 will indicate the claim is a result of excessive EBT card replacements; TR2 will indicate the claim is a result of a PI fraud tip investigation; and TR3 will indicate the claim is a result of retailer trafficking.

The Program Integrity/Fraud Investigations field (PI) will assist in tracking all claims that are processed as a result of PI fraud investigations. The system will require the PI/FI: field to be populated with a Y or N to indicate whether or not a PI fraud investigation was involved.

This coding will be used by the Claims Management Unit (CMU) during the authorization process to obtain an accurate count of all SNAP claims resulting from benefit trafficking and Program Integrity fraud investigations.

Revised 12-01-06

DEFINITION OF INTENTIONAL PROGRAM VIOLATION

For purposes of determining at an Administrative Disqualification Hearing or court proceedings whether an Intentional Program Violation (IPV) was committed, IPV will consist of any action by an individual to intentionally:

- 1. Misrepresent, withhold information, or make a false or misleading statement to the county, either orally or in writing, to obtain or attempt to obtain benefits to which the household is not entitled; or
- 2. Use SNAP benefits to buy ineligible items such as, but not limited to, alcohol or cigarettes;
- 3. Use or possess improperly obtained EBT SNAP benefit cards; or
- 4. Trade, sell or intend to sell SNAP benefits; or
- 5. Commit any acts that constitute a violation of the Food and Nutrition Act, the SNAP Program Regulations, or any State statute relating to the use, presentation, transfer, acquisition, receipt or possession of SNAP benefits.

A claim will be handled as an IPV claim only if an Administrative Disqualification Hearing or a court of appropriate jurisdiction has found a household member guilty of IPV or if an individual signed a waiver of right of his Administrative Disqualification Hearing.

A claim should not be submitted as Suspected Intentional Program Violation (SIPV) unless it appears that one of the situations defined above as IPV can be substantiated. A failure on the part of the household to report a change should be carefully evaluated for evidence of intent to commit IPV before the claim is reported as Suspected Intentional Program Violation (SIPV).

EXAMPLE: Charles, a member of a 3 person household, moves out of the home and subsequently gains employment. The county office later receives information from New Hire data that Charles had earnings. The household did not report that Charles had left the home, so the income, which would exceed the income limit for a 3 person household, appears to be associated with the household. Because the household's actual income did not increase and the change in household composition was not reportable, no claim is due.

Revised 12-01-06

Care should be taken to ensure that the narrative portion of the claim is concise, clearly worded and contains sufficient information, including the client's statement where possible, to justify a determination of IPV. If the client's statement is not included, the preparer should explain why it is not. Refer to PREPARING THE CLAIM, PREPARING THE NARRATIVE, earlier in this Chapter.

METHODS OF REPORTING SUSPECTED INTENTIONAL PROGRAM VIOLATION

Instances of Suspected Intentional Program Violation (SIPV) will be reported to the Claims Management Unit by using one of the following methods:

- 1. If an instance of Suspected Intentional Program Violation (SIPV) results in an actual overissuance of benefits to a household, as cited in item 1 above under **Definition of Intentional Program Violation**, the claim will be prepared in the Claims Data Base.
- 2. If an action cited in item 1 above did not result in an actual overissuance of benefits to a household, the suspected act of IPV (SIPV) will be reported using only the narrative portion (OVN1, 2, 3, 4) in the Claims Data Base.
- 3. If an instance of Suspected Intentional Program Violation (SIPV) results not from the overissuance of benefits to a household, but instead when an individual in a SNAP household performs an act as cited in 2-5 listed above under **Definition of Intentional Program Violation**, this will be reported via letter detailing the circumstances to the Claims Management Unit. The claim will not be completed in the Claims Data Base in such situations.

DISQUALIFICATION OF REPRESENTATIVES

When there is evidence that an Authorized Representative has misrepresented the household's circumstances and knowingly provided false information pertaining to the household, a memorandum will be prepared and submitted to the Claims Management Unit reporting the Representative for Suspected Intentional Program Violation (SIPV), if the representative, not the household, retained the benefits in question.

When there is evidence that a Benefit Representative (including Emergency Benefit Representative) has improperly obtained and /or used benefits, a memorandum will be prepared and submitted as SIPV against the Representative.



MISSISSIPPI

[CLAIMS: SUSPECTED INTENTIONAL PROGRAM VIOLATION]

Revised 12-01-06

These provisions apply to nonrecipients as well as recipients. Thus, these acts can and should be prosecuted under appropriate Mississippi Law, or handled with an Administrative Disqualification Hearing. If found guilty, the Representative would be subject to the appropriate level of disqualification.

As to restitution, the court could order the Representative to refund the benefit amount used illegally. However, as this is not a claims situation, the ongoing retention rate will apply to any funds collected.

DETERMINING THE HOUSEHOLD MEMBER RESPONSIBLE

The intent to commit IPV must be determined against the individual(s) who committed the suspected act of IPV. In most instances this would be the individual who completed and signed the application and to whom the Rights and Responsibilities of participating in the SNAP Program were explained.

EXAMPLE: The county has verified that Mr. Smith, the head of the household, who has been reported as unemployed, is actually employed. However, Mr. Smith has never been interviewed for SNAP and has never had his Rights and Responsibilities explained to him. Mr. Smith cannot be held responsible. The household member who completed the applications reporting Mr. Smith as unemployed and to whom Rights and Responsibilities were explained, is the individual who should be reported as the household member responsible.

NOTE: There is a difference in a household member being responsible for reporting changes and an adult household member being liable for repayment.

However, there could be extenuating circumstances when the person responsible is someone other than the individual who completed and signed the application. Instances include, but are not limited to the following:

EXAMPLE: Mr. and Mrs. Jones, husband and wife, always come to the office together to be interviewed and complete their application for SNAP. Mrs. Jones provides all of the information and answers all the questions, but Mr. Jones signs the application and has the Rights and Responsibilities form explained to him. If incorrect information is given at the time of application that results in an overissuance, Mrs. Jones could be the person responsible as well as Mr. Jones,

Revised 09-01-10

provided the case record is sufficiently documented to show Mrs. Jones answered the questions.

In such cases, the county should ensure that the narrative portion of the claim contains sufficient information to justify the reason the individual is believed to be responsible for the overissuance.

CRITERIA FOR ESTABLISHING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM

The months affected by the Suspected IPV overissuance will be calculated back to the month that the overissuance occurred, not to exceed more than six years prior to the date that the overissuance was discovered. The month of discovery will not be included in the six-year count, but will be included as part of the overissuance.

EXAMPLE: If the overissuance is discovered in July 2006, the six-year period is July 2000 through July 2006. Any of those months may be reported as an overissuance.

In the event an overissuance is discovered too late to prepare a claim as outlined above, the case will be documented on CADM in MAVERICS as to the date the overissuance was discovered, the most recent month that the household received more benefits than it was entitled to receive, and the reason for no claim being reported.

NOTE: The date of discovery is the date the county receives verification/evidence that an overissuance occurred.

DETERMINING THE FIRST MONTH OF THE SUSPECTED INTENTIONAL PROGRAM VIOLATION

After excluding those months that are more than six years prior to the month the overissuance was discovered, the county will determine the first month of overissuance as outlined below:

Household Fails to Report Accurate Information at Application, Recertification or During Interview

If the household is suspected of intentionally failing to provide accurate information when filing or interviewing for an application (initial, reapplication or application for recertification) and the failure to provide that information results in an overissuance, the first month reported as an

Revised 01-01-07

overissuance will be the beginning month of the certification period for which that application is approved.

- EXAMPLE: A Simplified Reporting household was certified from May through August. At the time the application was filed, a household member was working but this fact was not reported. The first month reported as an overissuance will be May.
- EXAMPLE: A Simplified Reporting household was certified from May through August. At the time of application for recertification in April, a new source of earned income which began in March was not reported. If the household remained eligible, the first month reported as an overissuance would be May.

Household Fails to Report a Change Within the Certification Period

If a change in household circumstances is not timely reported as required within a certification period, and the failure to report that change results in an overissuance, the first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported.

Timely reporting is determined from the date the household becomes aware of the change for Change Reporting households. Simplified Reporting (SR) households are required to report by the 10th of the month following the month of change when the household's total gross monthly income meets or exceeds 130% of the poverty level for the household size at the time of its current certification. See **Chapter 8**, **Changes Within Certification Periods**, for reporting requirements.

- EXAMPLE: A Change Reporting household reported on July 15 a new household member with income moved in on June 29, therefore failing to report the change timely. Because the household was required to report the change by July 10, the first month reported as an overissuance will be August.
- EXAMPLE: A member of an SR household obtained employment February 1 and received his first check February 14. Household income exceeded the 130% poverty level limit during the month of March. Therefore, the household was required to report the change by the 10th day of April, which was a work day. The county became aware of the change in June, and verified that the income exceeded the limit for the household size. Action was taken to close the case effective July. The months reported as an overissuance would be May through June.



Revised 01-01-07

Household Fails to Report a Change Within the Certification Period and During Interview

A household may fail to report a change during a certification period and also fail to report that same change when making application for recertification. The first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported. In addition, any months of overissuance beginning with the first month of the certification period will be reported.

EXAMPLE: A Change Reporting household is certified from January through December. The household begins receiving an extra \$100 in monthly income beginning September 3rd. The household fails to report the new source of income. Therefore, because the household did not properly report the change within the certification period, the claim for the overissuance will begin with the month of November. In addition, Because the household did not accurately report circumstances at the time of the application for recertification, there is a claim for any months in which benefits were over issued beginning with the first month of the new certification period.

NOTE: For determining the first month of a claim for a Categorically Eligible Household, refer to CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS, later in this chapter.

DETERMINING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM AMOUNT

NOTE: The earned income deduction will not be allowed when determining an overissuance amount due to failure of a household to report earned income in a timely manner.

After determining the first month of overissuance, the county will determine the correct amount of SNAP benefits the household should have received for those months the household participated while the overissuance was in effect.

1. —When determining the amount of SNAP benefits the household should have received, all known facts related to the overissuance will be considered even though they may not Have been reported or known at the time the benefit amount was determined.

EXAMPLE: A Change Reporting household was over issued benefits from July to

12-01-06

December because the household failed to report a new source of income which exceeded \$50 per month. At the time the household reported the new source of income, it also provided verification of an allowable medical expense which was incurred during the period of overissuance but was not reported. The county should include the medical expense when calculating the amount of SNAP benefits the household should have received during the period of overissuance.

NOTE: Had the household not told the worker of the medical expense and not provided verification, the worker would not have been responsible for requesting any additional information other than the income verification to complete the claim.

- 2. When the correct information is entered in the Claims Data Base regarding budgets worked for the appropriate months of the claim, the amount the household should have received will be calculated.
- 3. The amount the household received, the amount the household should have received and the difference between the two (the overissuance) will be displayed on FSSU.

Only months of overissuance will be reported in the Claims Data Base (FSSU). When an overissuance and an under issuance occur in different months and are discovered at the same time, the months resulting in an overissuance will be reported in the Claims Data Base (FSSU) and the months resulting in an under issuance will be determined using MDHS-EA-521, SNAP Worksheet, **provided** the under issuance is due to administrative error.

EXAMPLE: Due to Administrative Error, a household was under issued a total of \$50 for the months January, March and May, and over issued a total of \$150 for the months February, April and June. MDHS-EA-521 will be used to determine months of under issuance (January, March and May) in the amount of \$50, and overissuance prepared in the Claims Data Base for the months of overissuance (February, April and June) in the amount of \$150. The under issuance amount of \$50 will then be applied to the total amount of the claim leaving a balance due of \$100. The procedure to follow for offsetting a restoration is outlined in **Chapter 12, RESTORATION, Offsetting The Restoration.**

OFFSETTING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM

If more than one error, whether as a result of an error by the household or the Agency, occurs in the same month the computations will be combined in arriving at one total. If the difference results

12-01-06

in an overissuance, this will be reported in the Claims Data Base. If the difference results in an under issuance, MDHS-EA-521, SNAP Worksheet, will be prepared **provided** the under issuance is due to Administrative Error. Since IPV is suspected, it **will** be reported **in** the Claims Data Base as outlined in **METHODS OF REPORTING SUSPECTED** INTENTIONAL **PROGRAM VIOLATION**, earlier in this chapter. (In some instances this may result in an "Intent" only claim.)

The amount of a claim may be offset against restored benefits owed to any household which contains a member who was an adult member of the original household at the time the overissuance occurred. (MAVERICS will only recoup up to the amount of the claim.)

Restorations are **not** worked into **SIPV** claims to offset overpayment amounts. In an SIPV claim situation, the restoration is not processed into the claim because budgets for those claim months were based on income reported by the household. Even though actual income is used to determine months of overissuance, the claim months were originally worked based on income the household reported, and therefore no restoration would be due.

EXAMPLE:

Original allotment:	APRIL \$200	MAY \$200	JUNE \$200	JULY \$200
	Overpayment	Underpayment	Partial Overpayment	Overpayment
Recalculation:	\$200	\$200	\$100	\$200
Monthly Claim Amount:	\$0	\$ 200	\$100	\$200

Total Claim

Amount: \$500

In the above example, the claim starts in May. An underpayment occurred in April based on actual income. Because April benefits had been determined based on income the household reported, no restoration is due.

PURPOSE

This material contains procedures to be followed when preparing a claim involving a unique situation, and may not be limited to the following situations:

SUSPECTED INTENTIONAL PROGRAM VIOLATION COMMITTED BY AN AUTHORIZED REPRESENTATIVE WHO IS NOT A MEMBER OF THE SNAP HOUSEHOLD

If an authorized representative who is not a member of the SNAP household is suspected of committing IPV, the county will establish a non-IPV claim against the household for the overissuance provided the household retained the benefits in question. The narrative section in the Claims Data Base or the MDHS-EA-540 will detail the circumstances involved and name the Representative responsible. The claim cannot be pursued as IPV unless collaboration can be established as defined below

If it can be determined that a household member collaborated with the authorized representative to commit IPV, the claim narrative will detail the circumstances involved and the household member may be subjected to an administrative Disqualification Hearing or court action. If the hearing or the courts find that IPV was committed, the household member will be disqualified as outlined in the INTENTIONAL PROGRAM VIOLATION material, later in this chapter.

For correct procedures when a representative, not the household, retains the benefits in question, refer to DISQUALIFICATION OF REPRESENTATIVES, later in this chapter.

ADDITIONAL CLAIM SITUATIONS INVOLVING MONTHS WITH BENEFIT REDUCTION

When the county discovers an additional claim situation which involves months in which benefit reduction has been in effect the claim will be calculated in the Claims Data Base as though benefit reduction was not involved.

EXAMPLE: If the household's benefits were \$50 before benefit reduction and \$40 after benefit reduction, show the amount of \$50.

The Claims Data Base, SNAP Summary (FSSU) screen, will show the benefits the household was entitled to receive **prior** to recoupment.

PREPARATION OF CLAIM INVOLVING ANY COMBINATION OF ADMINISTRATIVE ERROR, INADVERTENT HOUSEHOLD ERROR AND SUSPECTED IPV OCCURRING IN THE SAME MONTH

When any combination of Administrative Error (AE), Inadvertent Household Error (IHE), and/or Suspected Intentional Program Violation (SIPV) occurs during the same month, AE budgets must be completed prior to including either of the other types; if AE is not involved, prepare IHE first, then IHE with SIPV. Each claim type must be assigned a separate recoupment number.

EXAMPLE: In June, the worker failed to include VA income reported by the household. Also, the household failed to report a household member, who had income which put the household over 130% in June. First, complete a budget reflecting the VA income only (this is the AE budget). Then, complete a second budget including both the new household size and the VA income. This is the combination AE/SIPV budget.

NOTE: If all three (3) overissuance types, AE, IHE, and SIPV, occur in the same month, complete as outlined in the example above, completing the SIPV last.

PREPARATION OF CLAIM WHEN EXACT AMOUNT OF OVERISSUANCE CANNOT BE DETERMINED

The county may discover that an overissuance occurred, but may not be able to determine the exact amount of the overissuance. This may be due to the household's failure to respond to the county's request for information or the employer's refusal to search past records to supply wage verification. However, when the exact amount of the overissuance cannot be determined, the worker must make an estimate based on the best available information and document fully the steps taken to determine the estimate. Examples include but are not limited to:

1. The household is willing to cooperate, but does not have records. Neither the household nor the worker can obtain information from the employer who says he does not have time to review records for a prior period. A figure might be obtained by requesting that the employer provide an estimate; asking the household to make an estimate; and/or obtaining an estimate from another case record in which there was employment of the same type during the period in question, etc. When the household is willing to cooperate, as in this example, both the household and the worker should be in agreement that the figure to be used is reasonable and based on the best available information.

- 2. The household does not respond to the worker's request to come in to discuss the overissuance and/or to provide the information necessary to determine the exact amount of overissuance. In this situation, the worker must still make every effort to arrive at a reasonable estimate. Methods to use might be, but are not limited to, one or more of the following:
 - a. Contact the employer to obtain the needed information. If unavailable, request an estimate of hours and hourly wages for the same type work performed for the client.
 - b. Contact another employer who has the same type work available and pays the going rate in the community.
 - c. Make an estimate from available records in the county for a person performing the same type work.

A claim based on an estimated amount is subject to revision at a later date if additional information is obtained.

If the county has exhausted all available sources and still cannot make an estimate, a request should be sent directly to Fraud and Investigation for further investigation. This will be done on a very limited basis because it is not the responsibility of Fraud and Investigation to establish a claim amount.

CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS

For regular categorically eligible households (all members receive either TANF or SSI), a claim will only be determined when it can be computed on the basis of changed household net income and/or household size. A claim shall not be established if there was not a change in net income and/or household size. The type of claim will be decided on the facts and circumstances of the overissuance.

After determining that a household should not have received TANF or SSI, the worker must then determine what caused the ineligibility. The "cause of ineligibility" will determine whether or not a claim can be established and whether the agency is entitled to retain any portion of the value of the claim and how much. For specifics, please see INSTANCES REQUIRING A CLAIM; INSTANCES WHICH DO NOT REQUIRE A CLAIM; and, TYPES OF OVERISSUANCE, all earlier in this chapter.

For claims purposes, Categorical Eligibility cannot be rescinded retroactively. As long as each household member received TANF and/or SSI during a given period of time, the household would be considered to have been eligible for SNAP benefits, for claims purposes, even if its eligibility for TANF and/or SSI was later determined improper. A claim can be established against a categorically eligible household whose TANF and/or SSI eligibility is subsequently determined improper if the reason for TANF or SSI ineligibility was additional household income or changes in household size and/or deductions which directly affect the calculation of the SNAP benefit amount. A claim cannot be established if the reason for TANF and/or SSI ineligibility is related to excess resources.

In cases of suspected recipient fraud involving categorically eligible household, the type SIPV, (Suspected Intentional Program Violation) can be used. However, this type claim can ONLY be used when the Agency is pursuing a separate and distinct SNAP action via Administrative Disqualification Hearing or court (legal) action, based on investigative findings. A fraudulent act to obtain TANF or SSI benefits cannot automatically be considered a fraudulent act to obtain SNAP benefits. The above policy statements apply, provided a claim could be calculated based on a change in net income and/or household size. Until a client is found guilty via Administrative Disqualification Hearing or court action, the case will be reported as IHE on FNS-209, Status of Claims Against Households.

EXAMPLE: Ms. Smith received TANF and SNAP benefits for herself and her 3 children from October through March. There were no other reported household members so the household was categorically eligible for SNAP benefits. At the time of the evaluation in March the worker learned that Ms. Smith had gone to work November 1 and failed to report the change. Had she reported this change, the worker would have closed both the TANF and SNAP cases for January 1 as her income caused total ineligibility. The TANF and SNAP cases are closed effective April 1. This household continued to be categorically eligible because the TANF benefit was received through March even though it was received in error. However, because the earnings were not included in the benefit determination, the household was over issued benefits. A claim should be prepared for the months of overissuance to report that the household was eligible for "0" benefits. Please refer to the appropriate material, DETERMINING THE FIRST MONTH OF THE NON-INTENTIONAL, OR SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM, elsewhere in this chapter.

EXAMPLE: Mr. and Mrs. Jones received SSI and were determined categorically eligible for SNAP benefits beginning January. On June 3 the eligibility worker learned that their SSI benefits were terminated May 1 (last check received in May) because of a

\$5000 savings account which the Jones' had at the time of application in January, and sent a notice of adverse action to close the case effective July 1. A claim should be prepared for June showing total ineligibility due to resources over the maximum allowed which caused the SSI benefits to end May 1.

EXAMPLE: In the example above the worker later learned that another person who did not qualify for TANF or SSI had moved into the household in December and this was not reported. A claim can be established for the difference between the benefits the household received and the benefits the household should have received as a non-categorically eligible household had the additional household member been properly reported and included in the calculation of the benefit amount based on household size and net income.

PREPARATION OF THE AND SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) CLAIMS INVOLVING UNREPORTED EARNED INCOME

The earned income deduction is not an allowable deduction when computing the budget for a claim due to failure of a household to report earned income in a timely manner. When preparing a claim (IHE or SIPV) involving unreported earned income the "UR" code MUST be entered on the EAIN screen.

CLAIMS INVOLVING VOLUNTARY QUIT

Household Certified As Expedited Pending Verification of Voluntary Quit

A claim shall be completed if a household which is entitled to Expedited Service is certified pending verification of a voluntary quit and the worker later verifies that the head of household quit a job without good cause within 60 days prior to the date of application or between the date of application and certification. For additional information regarding VOLUNTARY QUIT, please refer to Chapter 3 earlier in Volume V.

CLAIMS INVOLVING GROUP HOMES

When a worker suspects a claim has occurred involving a resident of any Group Living Arrangement, please refer to **Chapter 7**, **SPECIAL CIRCUMSTANCES**, for specifics involving the following:

- 1. RESIDENT ADDICTS AND ALCOHOLICS
- 2. BLIND AND DISABLED GROUP LIVING ARRANGEMENTS
- 3. RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND CHILDREN

Claims may be established against group homes and/or authorized representatives even though such individuals are not known to MAVERICS. Special procedures must be implemented in order to establish such claims.

For claims involving a group home, the county must first register a case in MAVERICS in the name and address of the group home. The name and social security number of the responsible individual will be entered for tracking purposes. For a claim against an authorized representative, register that person as the PI. In either instance, the case should be denied using the "F213 Denial-Other Reasons" notice, with the notice sent to history. The free text portion of the notice may be used to document information on the claim. After registration and denial of the case, a claim should be identified and processed. Contact the Claims Management Unit for further information on the processing of such claims.

CLAIMS INVOLVING AGENCY EMPLOYEES AS RECIPIENTS

When an overissuance occurs in a case in which an agency employee is a recipient, either as a head, or a member of, a SNAP household, a claim shall be prepared by the supervisor who is assigned the responsibility of handling the employee's case. Upon approval by the county director, or designee, the claim and hearing material must be submitted in an envelope marked confidential and addressed to DIRECTOR, CLAIMS MANAGEMENT UNIT. No other claims or unrelated material may be submitted in the same envelope.

After approval by the Claims Management Unit, the claim will be submitted to Fraud and Investigation for possible Court action.

DISQUALIFICATION OF REPRESENTATIVES

When there is evidence that an Authorized Representative has misrepresented a household's circumstances and knowingly provided false information pertaining to the household, a memorandum will be prepared and submitted to the Claims Management Unit reporting the Representative for Suspected Intentional Program Violation (SIPV), if the representative, not the household, retained the benefits in question.

When there is evidence that a Benefit Representative has improperly obtained and/or used benefits, a memorandum will be prepared and submitted as SIPV against the Representative.

These provisions apply to non-recipients as well as recipients. Thus, these acts can and should be prosecuted under appropriate Mississippi Law, or handled with an Administrative Disqualification

Hearing. If found guilty, the Representative would be subject to the appropriate level of disqualification.

The court could order the Representative to refund the benefit amount used illegally. However, as this is not a claims situation, the ongoing retention rate will apply to any funds collected.

Examples of this type violation:

- 1. A client was admitted to a nursing home in August. The representative continued to use the benefits through February, without reporting that the client was no longer in her home.
- 2. A client died in May and the representative continued to use the SNAP benefits for several months after the client's death.
- 3. A client and her three children receive SNAP benefits. The client was arrested and incarcerated on May 12. The client's sister took the children to live with her in another county on June 27. The representative continued to use the benefits through July, with none of the benefits benefitting the remaining household members and any report made regarding the client being out of the home.

INTENT AND TRAFFICKING CLAIMS

INTENT AND TRAFFICKING claims are identified in the system on OVN 1-4 and OVC2 screens. The narrative must include documentation for the INTENT ONLY or the TRAFFICKING claim. Budgets are not necessary.

SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS AGAINST DECEASED CLIENTS

If while preparing an SIPV claim the county discovers the household member responsible is deceased, the claim type must be changed from SIPV to IHE and an explanation included in the narrative.

Should death occur **AFTER** the Administrative Disqualification Hearing decision is rendered, **OR** waiver signed, but prior to implementation of disqualification, the claim **will** be handled as IPV. If there were additional adult household members during the period of overissuance they will be considered responsible for repayment. If this was a one person household or no other adults participated during the period of overissuance, the claim will be terminated by the Claims Unit.

OTHER POSSIBLE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS

SIPV claims may be established through reports received in the county office, or in some cases by program investigators, concerning findings of client misuse of benefits. As county offices prepare such claims, the Claims Management Unit (CMU) should be contacted for assistance in entering the amount of these claims into the claims data base. For more information, refer to the discussions under Claims, General earlier in this chapter.

Revised 05-01-18

ADMINISTRATIVE ACTION ON SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS

After the amount of the claim has been calculated, the **narrative** completed and the claim pended in the Claims Data Base by the Supervisor/Director, it is available for review by the Claims Management Unit (CMU). If the reviewer determines the claim is correct and agrees with the Suspected Intentional Program Violation determination, the claim will be approved and referred to Fraud Investigations (FI) for further investigation and possible court action, or Administrative Hearings for an administrative disqualification hearing.

The purpose of referrals to Fraud Investigations for possible court action or Administrative Hearings for an administrative disqualification hearing is to determine if an IPV occurred and to determine the appropriate claim amount and disqualification penalty if applicable.

NOTE: Demand for repayment will not be sent to the household at the time a claim is referred to Fraud Investigations (for "FI" claim amounts of \$10,000 and above) or any SIPV claims until a determination of IPV is rendered. See VOLUNTARY REPAYMENT of SIPV CLAIMS SUBMITTED TO FRAUD AND INVESTIGATION later in this chapter. After a decision is rendered, repayment will be handled in the same manner as that outlined in REPAYMENT later in this chapter.

SUSPECTED INTENTIONAL PROGRAM VIOLATION WHICH IS NOT DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION

There will be instances in which Program Integrity (Administrative Hearings or Fraud and Investigation) determines IPV cannot be substantiated. One example is the death of the responsible household member prior to signing a waiver or receiving an administrative disqualification hearing.

Based on an investigator's report, Fraud Investigations will determine if it is likely that intent to commit an IPV can be proven. If the decision is made that it appears unlikely that intent to commit an IPV can be proven, the claim will be handled as an IHE claim. Fraud Investigations will provide the Claims Management Unit (CMU) with a copy of the report of this decision. The CMU will notify the county of this decision.



MISSISSIPPI

[CLAIMS: HEARINGS AND DISQUALIFICATION PROCEDURES]

Revised 11-01-08

If it is determined in an administrative disqualification hearing or in court that IPV was not committed or that intent to commit IPV cannot be proven, the SIPV claim will be handled as an IHE claim, as discussed in the paragraph above. If the decision results from an administrative disqualification hearing, the Hearings Officer will provide written notice to the household with a copy to the county and the Claims Management Unit. If the decision result is from court action, the Fraud investigator's report will so indicate and the county and the Claims Management Unit will receive a copy of the report. The exception is trafficking. If IPV is not determined, the claim will be voided. Federal regulations do not allow states to establish collection on claims for benefit trafficking due to SIPV or IHE.

OUT OF COURT SETTLEMENTS

When a suspected IPV claim is referred for prosecution and the prosecuting attorney and/or Court agrees not to prosecute or render final judgment in exchange for an agreement by the individual responsible for the overissuance to make full restitution, the claim should continue to be handled as an SIPV claim. No disqualification period will be imposed against the household since a determination of IPV was not made. However, there will be no enforced benefit reduction should the individual fail to repay in accordance with the out of court agreement. The worker will need to notify Fraud Investigations in writing, who in turn will notify the court when the individual fails to adhere to the agreement. The Agency will accept payments in accordance with the court agreement.

VOLUNTARY REPAYMENT OF SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS SUBMITTED TO FRAUD INVESTIGATIONS

Although the Claims Management Unit will not issue a demand letter for repayment of an SIPV claim which was submitted to Fraud Investigations for possible court action or on trafficking claims, this will not prevent the household from voluntarily repaying a portion or the entire balance of the SIPV claim prior to the time an IPV determination is made or on trafficking claims. The Agency may accept full repayment either in one lump sum or in monthly installments or through voluntarily returned benefits. Refer to **REPAYMENT** later in this chapter for further discussion. Voluntary repayment of an SIPV claim prior to a determination of IPV by the Court will not prevent prosecution of the individual suspected of committing IPV.

PARTICIPATION WHILE AWAITING A DISQUALIFICATION HEARING AND/OR COURT ACTION

A pending disqualification hearing or pending court action will not affect the individual's or

A pending disquantication hearing of pending court action with not affect the individual's c

MISSISSIPPI

[CLAIMS: HEARINGS AND DISQUALIFICATION PROCEDURES]

Revised 11-01-08

household's right to be certified and participate in SNAP. Since the household member cannot be disqualified for IPV until the hearing official or the court finds that the individual has committed IPV, the county will determine the eligibility and benefit level of the household in the same manner as for any other household.

EXAMPLE: If the action for which the household member is suspected of IPV does not affect the household's current circumstances, the household will continue to receive benefits based on the latest certification action or it will be recertified based on a new application and its current circumstances.

However, the household's benefits will be terminated if the certification period has expired and the household, after receiving its notice of expiration, fails to reapply.

The county will also reduce or terminate the household's benefits if the county has documentation which substantiates that the household is ineligible or eligible for fewer benefits (even if these facts lead to the suspicion of IPV and the resulting disqualification hearing) and the household fails to request, within the ten day time frame, a fair hearing and continuation of benefits pending the fair hearing.

The county may have facts which substantiate that a household failed to report a change in its circumstances as required even though the county has not yet demonstrated that the failure to report involved an IPV act. However, if the household does, within the appropriate ten day time frame, request a fair hearing and continuation of benefits, procedures discussed in **Chapter 10**, **HEARINGS**, will be followed.

NOTE: Continued benefits do not have to be requested for a client to continue to participate; but, in order **not** to receive continued benefits, the client must request that benefits not continue.

The fair hearing procedure will not address whether an act of IPV has or has not been committed.

SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION (IPV)

A claim will be handled as an IPV if:

1. —As a result of an administrative disqualification hearing, there is a determination that an individual(s) committed IPV; or



Revised 11-01-08

- An individual has signed a waiver of right to an administrative disqualification hearing or
- 3. A court of appropriate jurisdiction has determined that an individual(s) committed IPV.

DEFINITION OF AN OFFENSE FOR DISQUALIFICATION PURPOSES

All violations which occur prior to a hearing (court or administrative) or which occur prior to the signing of the waiver of hearing must be considered one offense. This definition holds true regardless of where the IPV decision is made.

EXAMPLE: A client signs a waiver in Mississippi in 2010 for a violation that occurred in 2008. However, the client was found guilty of IPV in Tennessee in 2009. Because the Mississippi violation occurred prior to the Tennessee IPV decision, there is only one disqualification offense and disqualification will not apply for the Mississippi violation.

An offense is directly related to the disqualification penalty. There may be several violations involved in one disqualification offense, and the determining factor is the timing of the hearing or waiver. All violations prior to June 1, 1983, are considered as one offense.

EXAMPLE: A household was certified through September. A client did not report receipt of earned income which exceeded the household's gross income limit for the months of January and February. The EW discovered the overissuance at a later date and submitted a Suspected Intentional Program Violation claim. The hearing was held on July 10. In the meantime the EW discovered that the client had also failed to report the receipt of excess unearned income beginning March 1. An additional Suspected Intentional Program Violation claim was submitted to reflect the overissuance resulting from this violation. Even though there are two claims and two violations involved, there is only one disqualification offense, regardless of whether IPV is determined. Had the worker not discovered the unreported income until after the hearing on July 10, there would still be only one disqualification offense, because the violation occurred prior to the date the hearing was held.

EXAMPLE: A client failed to report that a household member had left her household in March 2001. This was later discovered by the EW and a SIPV claim was submitted and approved. The hearing was held on December 19, 2001. In May 2002, the EW discovered that the client obtained employment and started to work on December 1, 2001. This was not a monthly reporting household at the

Revised 11-01-08

time, thus the change should have been reported no later than December 11. Because the violation occurred prior to the hearing, this was not an additional disqualification offense even though the actual months of overissuance for the additional claim encompassed months after the hearing. This would still be true even if the household was subsequently recertified and did not report the change, because the violation occurred prior to the hearing.

EXAMPLE: Client failed to report in August, 2004, the receipt of earned income. Upon discovery, the EW submitted a SIPV claim, and the approved claim was submitted for possible court action. The Court hearing began on February 12, 2005, and the Judge rendered a decision of IPV in February. In June, 2005, the EW discovered that the client also failed to report at recertification in March the receipt of unearned income beginning March 2005. Since this was after the initiation of the hearing (February 12), there would be an additional claim and additional offense.

SPECIAL SITUATIONS

1. ONE VIOLATION - Error or Change in Claim Discovered And/Or Handled After the Hearing/Waiver

When there is a change or error in the claim amount but it is the same act of IPV, submit a revised claim for the months previously submitted, and an additional claim for any additional months.

If the IPV determination is by administrative disqualification hearing or waiver, the additional amount is merely a revised overissuance amount which is handled as IPV. The reason is that the waiver or administrative disqualification hearing is based on the violation and not on the amount of the claim.

If the IPV determination is made by the court, the court order dictates the policy to be followed:

- a. If the court rules only on the violation, the revised claim is handled accordingly.
- b. If the court rules on the amount for which the individual is responsible, that amount cannot be changed without approaching the court again. In this event, a revised claim should be prepared, but with full explanation in the narrative. The Claims Management Unit will submit the revised claim to Fraud and Investigation. Fraud and Investigation will determine if the claim will go to court. If the court rules the

Revised 11-01-08

additional amount cannot be allowed, the claim will be voided. However, if the court rules that the additional amount is to be allowed, it is handled as dictated by the court. In other words, the court could rule that the additional amount is Administrative Error or Inadvertent Household Error rather than IPV.

2. TWO OR MORE VIOLATIONS - The Latter Violation(s) Discovered Before Approval by the Claims Management Unit Or Before the Hearing is Scheduled

If the initial claim has not been approved, a corrected claim should be submitted, with full explanation. However, if the claim encompassing the first violation has already been approved, it will be necessary to follow the procedures for revised claims, and if other months are involved, follow procedures for additional claims. Depending upon the timing, an effort will be made to delay the hearing through notification to Fraud and Investigation pending approval of the revised and/or additional claims. This will allow all violations to be heard at the same time.

3. TWO OR MORE VIOLATIONS - All Occurring Prior to The Hearing/Waiver But One Or More Discovered After the Hearing or Waiver

Once a hearing has been held or a waiver signed, all violations that occurred prior to the hearing/waiver do not constitute additional disqualification offenses. However, revised and/or additional claims must be established to encompass the violations which were not covered by the hearing or waiver. The additional claim amount generated by the additional violation(s) will be handled as Agency Error, Inadvertent Household Error or SIPV as appropriate. If the additional amount is SIPV, it will be handled as such for collection purposes unless or until determined IPV through an administrative disqualification hearing, signing the waiver, or court action.

INTENTIONAL PROGRAM VIOLATION PENALTIES

Violations Which Occurred after June 1, 1983, But Prior to September 22, 1996

Recipients to be disqualified for penalties which occurred prior to September 22, 1996, shall be ineligible to participate in the Program for six (6) months for the first offense, twelve (12) months for the second offense and permanently for the third offense.

Violations Which Occurred on or after September 22, 1996, But Prior to April 2, 2001

felons and probation/parole violators are ineligible to participate in SNAP.

Revised 11-01-08

Individ	uals found to h	ave committed IPV shall be ineligible to participate in the Program for:
1)	12 Months	First Offense.
2)	24 Months	Second Offense; or First Offense for Trading SNAP benefits for a controlled substance.
3)	10 Years	Fraudulent misrepresentation of identity or residence in order to receive multiple SNAP benefits simultaneously.
4)	Permanently	Third Offense; or, Trafficking SNAP benefits of \$500 or more. Fleeing

These penalties will be applied for Program violations which occurred or continued on or after September 22, 1996, but prior to April 2, 2001. However, one or more violations of the SNAP Act of 1977 (i.e., violations on or after March 1, 1979) which occurred prior to June 1, 1983, shall be considered as one offense when determining the appropriate penalty to impose in a case under consideration. Disqualification will apply only to the individual found to have committed IPV or who signed the waiver of right to an administrative disqualification hearing, and not to the entire household.

Duplicate Participation defined as fraudulent statements or representations with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously.

1 _{st} Offense	120 Months
2 _{nd} Offense	120 Months
3rd-Offense	Permanently Ineligible

EXAMPLE: A man applies in Mississippi and states that he and his family have moved from Illinois. The local office verifies the current identity and Mississippi residence of the applicant, and a duplicate participation check reveals that the applicant has a case or was a participant in another case in Illinois. The applicant did not report the change to the office in Illinois. The ten-year disqualification would not apply in this situation because the applicant did not make a fraudulent statement with respect to residency or identity in order to receive multiple SNAP benefits simultaneously. The fact that the applicant did not report the change to the Illinois office does not constitute an attempt at duplicate participation. The ten-year penalty would apply if recertification was due for the case in Illinois and the applicant also attempted to participate in that location.

EXAMPLE: A father applies for benefits for himself and his two children. However, the



Revised 11-01-08

children actually live apart from their father and are included in another SNAP household. The ten-year penalty would not apply here because the father did not give false statements regarding his identity or residence (he was only participating once). However, by including the children in his application, he would be subject to a 12-month disqualification (provided it is the first offense) if found guilty of IPV. If the father was included in both SNAP households, then the ten-year penalty would apply if there is a finding of IPV.

Conviction by a court for using or receiving benefits in a transaction involving the sale of a controlled substance.

1_{st-Offense} 24 months

2_{nd} Offense Permanently Ineligible

Any Trafficking Conviction (including Drugs) Involving \$500 or More - conviction by a court of having trafficked benefits for an aggregate amount of \$500 or more.

1_{st} Offense Permanently Ineligible

Firearms Trafficking Conviction of any Amount - conviction by a court of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives.

1_{st}Offense Permanently Ineligible

Violations Which Occurred on or after April 2, 2001:

Individuals found to have committed IPV, either through an administrative disqualification hearing or by a Federal, State or local court, or who have signed a waiver of right to an administrative hearing shall be ineligible to participate in the program as follows:

Application Fraud Including Non-Report of Changes
SNAP Trafficking Determined by Administrative Finding - ADH or waiver of ADH
Other Intentional Program Violation

1st Offense12 Months2nd Offense24 Months

3_{rd} Offense Permanently Ineligible

Revised 11-01-08

IMPOSING DISQUALIFICATION

When the county receives notice that the individual has been found guilty of IPV through an Administrative Disqualification Hearing or by the signing of a waiver for the hearing, the worker will send the individual's household written notice via MAVERICS Notice F600, Notice of IPV Disqualification. The notice will advise the individual of the disqualification period (beginning and ending dates). The disqualification period shall begin the month following the guilty decision whether or not the household is certified.

NOTE: If the client signs a waiver, the decision of IPV from administrative hearings must be received before disqualification can be imposed.

Once a disqualification penalty has been imposed, the period of disqualification shall continue uninterrupted until completed regardless of the eligibility of the disqualified member's household. The procedures for handling the income and resources of the individual disqualified for IPV are outlined in Chapter 7, SPECIAL CIRCUMSTANCES, Households With Excluded Members.

Disqualification as a Result of an Administrative Disqualification Hearing or an Individual Signing the Waiver of Right to an Administrative Disqualification Hearing

If an individual is found guilty of IPV as a result of an administrative disqualification hearing, or if an individual signs the waiver of right to an administrative disqualification hearing, the individual will be notified of the decision by the Hearings Officer. If the client signed an Administrative Disqualification Hearing Waiver, the hearing office will send the client an Administrative Disqualification Waiver Decision (F093) through MAVS. When the county receives notice that the individual has committed IPV, the individual shall be disqualified in accordance with the disqualification penalties specified above. The worker will send the individual's household written notice via MAVS Notice F600, or MDHS-EA-542, FS Notice of Disqualification.

The notice will be sent by the worker **immediately** upon receipt of the hearing decision and **will not allow for a 10-day advance notice period,** but will advise the individual that disqualification begins with the very next month regardless of whether the individual or household is eligible or participating.

EXAMPLE: If the IPV determination is received in the county on June 27, the individual will be notified and the period of disqualification will begin July 1. If disqualification is not imposed in a timely manner, a claim due to agency error will be established for





Revised 11-01-08

the months(s) the individual was not properly disqualified.

As outlined in **Chapter 10**, **ADMINISTRATIVE DISQUALIFICATION HEARINGS**, no further Agency administrative appeal procedure exists after an adverse hearing (other than the household's right to appeal the **amount** of the overissuance via the fair hearing process). However, the individual found to have committed IPV through an administrative disqualification hearing may appeal the decision to the courts. When an appeal to the courts is made, penalties for IPV resulting from the adverse Administrative Disqualification Hearing will not be imposed during the appeal process. The county will postpone disqualification and the repayment requirement until the appeal is heard by a court of appropriate jurisdiction and a decision rendered. The county shall then abide by the court's ruling.

No further administrative appeal procedure exists after a waiver to an administrative disqualification hearing has been signed and a disqualification penalty has been imposed. However, when an individual who has signed a waiver requests an administrative disqualification hearing prior to the day the disqualification period begins, he does have the right to a hearing. When such a request is made, the county will immediately notify the Hearings Unit of the request. The penalties for IPV will not be imposed during the hearing process. The county will postpone disqualification until a decision is rendered. The county shall then abide by the ruling of the hearing.

Court Imposed Disqualification

Fraud and Investigation will encourage prosecutors to recommend to the courts that a disqualification penalty as provided in the Food and Nutrition Act be imposed in addition to any other civil or criminal IPV penalties. A court of appropriate jurisdiction may order an individual disqualified from participation in SNAP for any number of months if the court finds that individual guilty of civil or criminal IPV.

If the court fails to address disqualification, the county will impose disqualification as outlined in **Disqualification When Court Fails to Specify**. In instances where the court orders a jail sentence and disqualification, the mandatory disqualification period will run concurrently with the jail sentence unless the court order specifies otherwise.

If the individual found guilty of IPV by the court appeals the court's decision to a higher court, the penalties for IPV as imposed by the lower court will not be enforced during the appeal process. The county will postpone imposing disqualification until the appeal is heard by the appropriate court and a decision is rendered. The county shall then abide by the ruling of the court of Appeals.

MISSISSIPPI

[CLAIMS: HEARINGS AND DISQUALIFICATION PROCEDURES]

Revised 11-01-08

When the county receives notice that an individual has been found guilty of IPV through court proceedings and that the court has ordered disqualification, the worker will send the individual's household written notice via MAVS F600, SNAP NOTICE OF DISQUALIFICATION, advising that the individual who committed IPV will be disqualified for the number of months specified by the court order. However, the county will only impose the remaining months of the disqualification period.

EXAMPLE: If a court ordered a two-year disqualification period to begin July 8, 2005, but the court order was not received until July 26, 2005, the county should disqualify the currently certified individual from August 1, 2005 through July 2007. The month of July will not be a claim.

NOTE: When the court order designates a specific date for the disqualification period to begin, the disqualification period must begin with that date. When the court sets a beginning date and a time limit, an ending date is implied and followed when imposing disqualification. Disqualification does not depend upon certification in any case unless ordered by the court.

If the beginning date of disqualification is not specified in the court order, the worker will issue **MAVS F600**, imposing disqualification within 45 days of the date the disqualification was ordered. The notice will not allow for a 10 day advance notice period.

Disqualification When Court Fails to Specify

If the court fails to address or specify a disqualification period, the county will impose a disqualification period in accordance with provisions in this material unless disqualification is prohibited by court order. When the county receives notice that the individual has been found guilty of IPV through court proceedings, the worker will send the individual's household written notice via MAVERICS Notice F600 advising that the individual found to have committed IPV will be disqualified for a specified period. The disqualification shall begin within 45 days of the date the court found an individual guilty of IPV and will not allow for a 10 day advance notice period, but will advise the individual that disqualification begins the very next month.

APPLICANTS WITH CURRENT DISQUALIFICATION

At application or reapplication, the eligibility worker must inquire on CLIM or CLIN screens in MAVERICS. This inquiry will display the CLRE screen which shows if the individual subject to the inquiry is associated with a claim. Following the CLRE screen, the Client Profile (CLPR) screen will be displayed, indicating possible disqualification of all adult household members. If



CLAIMS: HEARINGS AND MISSISSIPPI DISQUALIFICATION PROCEDURES

Revised 11-01-08

CLPR screen indicates a disqualification or notification of a decision of IPV is received involving a pended application, hold the notice of IPV until disposition of the application.

Upon notification that an individual has been found guilty of IPV through an administrative disqualification hearing or by signing a waiver for the hearing, the eligibility worker will send the individual's household written notice via MAVERICS notice F600 or manual notice MDHS-EA542. The notice will advise the individual of the disqualification period even though the individual may no longer be receiving SNAP benefits.

Disqualification Pended by Court Order

If, at application, an individual has a court-ordered pending disqualification, the first month of eligibility will be the first month of the disqualification.

- EXAMPLE: On May 15, 2006, an individual applies for SNAP. CLPR screen shows a courtordered pending disqualification from November 2002. The application is approved in June and May is the first month of eligibility. Disqualification will begin with May.
- EXAMPLE: On May 15, 2006, an individual applies for SNAP. CLPR screen shows a six (6) month court ordered pending disqualification from March 2002. The application is approved in June. The household was ineligible for May benefits and eligibility begins with June. Disqualification will begin with June.

Current (Ongoing) Disqualification

Disqualification shall be considered served if the time elapsed from the decision date is greater than or equal to the disqualification period. If the time elapsed from the decision date is less than the length of disqualification period, the individual shall be considered disqualified until the time elapsed is equal to the length of the disqualification period.

- EXAMPLE: The client applied on June 15. The county received notification of the IPV decision on June 20. The application was approved on July 12. June will be the first month of disqualification. NOTE: The county should contact the CMU to correct CLPR.
- EXAMPLE: The client applied on May 28, 2006. Data on the CLPR screen indicated a twelve (12) month disqualification period imposed in January 2006, with February 2006



Revised 11-01-08

the first month of disqualification. The application was approved in June with May the first month of eligibility. The disqualification should run concurrently through January 2007, therefore, May 2006 through January 2007 is the remaining period of disqualification.

Reporting Individuals Found Guilty of IPV

The disqualification periods, as outlined in INTENTIONAL PROGRAM VIOLATION PENALTIES earlier in this chapter, are based on previous offenses anywhere SNAP is operating; that is, previous offenses are not only those which occurred in the county or state of current residence of the individuals(s).

EXAMPLE: A person was disqualified in Alabama for 12 months, later moved to Mississippi and was found guilty of IPV. The individual would be subject to a 24-month disqualification.

EXAMPLE: An individual was disqualified in Florida for 12 months beginning in June 2006 and moved to Mississippi in August 2006. The individual would remain disqualified in Mississippi through May 2007.

In order to assist with determining if an individual was previously or currently disqualified, or subject to disqualification, FNS developed the National Disqualification Reporting Network (DRS). Claims Management staff enters SNAP disqualification data into MAVERICS via CLMA (Client Maintenance) screen, for newly disqualified individuals. This data is displayed on CLPR (Client Profile) screen and an alert is generated to the eligibility worker to recompute the case using the new data. Refer to **Disqualified Recipient Subsystem (DRS)** later in this chapter.

NOTE: For those clients with court pended disqualifications, the county shall notify the Claims Management Unit when a client with a pending disqualification is approved for benefits, so disqualification data can be entered on CLMA screen. When an individual with a court pended disqualification reapplies and is approved, the CMU must be notified via memorandum or mailbox.

SPECIAL HANDLING OF CASES WITH HOUSEHOLD MEMBER(S) DISQUALIFIED FOR INTENTIONAL PROGRAM VIOLATION

Procedures for handling the income and resources of a disqualified individual are outlined in Chapter 7, SPECIAL CIRCUMSTANCES, EXCLUDED HOUSEHOLD MEMBERS. A



Revised 11-01-08

one person household disqualified for IPV and a household that becomes ineligible as a result of a household member being disqualified are handled as discussed below.

Disqualification of One Person Households and Disqualification Which Results in Ineligibility for Remaining Household Members

When a one person household is disqualified for IPV or when an individual is disqualified for IPV and as a result the remaining household members are ineligible, the case will be closed. Once started, the disqualification period would continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household.

EXAMPLE: A member of a 4 person household is found guilty of IPV. As a 4 person

household, the adjusted net income was less than the maximum. However, as a 3-person household the adjusted net income exceeds the maximum, making the remaining household members ineligible. When the individual who committed IPV is notified of disqualification, the remaining household members are notified on the same notice that they are no longer eligible during the period of disqualification. The case will be closed without a 10 day advance notice, and the individual who committed IPV will continue to serve the period of disqualification uninterrupted.

Household With a Disqualified Member in Which Remaining Household Members Remain Eligible

When the head of the household is disqualified for IPV and the remaining household members remain eligible, it is not necessary to close the existing case and reopen in the name of another household member. However, policy prohibits a person disqualified for IPV from acting as a representative or having access to benefits unless the disqualified person is the only adult member of the household to act on behalf of the household, and the worker has determined that no one else is available to serve as Representative. In these instances, the case record should be documented. Refer to Chapter 8, REPRESENTATIVES.

Disqualified Member Who Moves to Another Household During the Disqualification Period

If the disqualified household member moves to another certified household during the disqualification period and as a result, the new household's benefits are reduced due to adding the disqualified individual's income, the worker shall issue a notice of adverse action to the household of new residence to affect the change in benefits.





Revised 11-01-08

If a balance remains on the claim and no recoupment/payment is presently being recovered, the claim should than be transferred to this certified household for recoupment.

PURPOSE

Suspected IPV cases referred for prosecution which are determined to be IPV by the court and ordered to make restitution must be handled differently from cases determined to be IPV as outlined in the preceding material. This is due to the fact that a court order supersedes regulations issued by USDA. This material outlines the procedures the county must follow in handling court cases in which restitution has been ordered.

COURT-ORDERED DISQUALIFICATION PERIODS

A court of appropriate jurisdiction may order a mandatory disqualification period of any number of months. The court may prohibit disqualification, in which case the county will not impose a disqualification period. However, if the court fails to address disqualification, the county will take action to disqualify the individual found guilty of IPV for twelve (12) months for the first offense, twenty four (24) months for the second offense and permanently for the third offense as outlined previously under INTENTIONAL PROGRAM VIOLATION PENALTIES.

Procedures for handling the income and resources of the individual disqualified for IPV are outlined in Chapter 7, SPECIAL CIRCUMSTANCES, Households With Excluded Members.

COURT-ORDERED RESTITUTION

Demand for Repayment is not made on an individual that has been court ordered to make restitution. However, a Repayment Notice is sent to the responsible household member notifying the individual of the guilty decision and claim amount.

The court may or may not order restitution. If the court finds the individual guilty of IPV, but fails to address restitution or if the individual agrees to repay after being found guilty of IPV but has not been ordered by the court to make restitution, then court ordered restitution does not exist. In these cases, the claim will be handled in the usual manner, i.e., a demand letter will be issued and an agreement to repay completed, etc. However, if the court orders the individual to make restitution, either through the court or through the Agency, the claim will be handled as follows:

1. If disqualification is in order, MAVS F600, Notice of IPV Disqualification, will be issued. However, no demand letter will be issued for cases with court ordered restitution, nor will the household be asked to sign MDHS-EA-921, Overissuance Repayment Agreement. The court order replaces this step.

- 2. Benefit reduction will not be applied to court-ordered restitution cases unless:
 - a. The court order provides for benefit reduction; or
 - b. The court notifies the Agency that benefit reduction is permissible; or
 - c. The household voluntarily chooses benefit reduction and it is not prohibited by the court order.

NOTE: The court may order benefit reduction in an amount in excess or less than the amount specified in policy which is 20% or \$10, whichever is greater. In court cases such as this, the Agency will adhere to the court order and reduce the benefit by the amount specified in the court order.

3. A court order which specifies restitution made through the court cannot be subject to agency enforced benefit reduction for failure to repay. If the individual who committed IPV fails to abide by the court order, Fraud Investigations will notify the Court of the individual's failure to repay in accordance with the Court Order.

NOTE: Although benefit reduction is not enforced, the individual may voluntarily debit the EBT account toward repayment of the debt.

4. The court may order repayment of less than the full amount of the overissuance. In cases such as this, the Agency will abide by the court order.

Note the following examples of court ordered restitution cases:

The court orders restitution and specifies a monthly repayment amount payable through the
court system, the due date for the first payment, and the length of time repayment will cover.
A demand letter will be issued and the Agency will not attempt to obtain a written agreement.
The court order replaces both. If payment is not made in accordance with the court order,
Fraud Investigations will notify the court.
·
The Assumption of sectors the bounded and sold and sold and sold and sectors benefit and self-in Francisco

The Agency will not contact the household and will not enforce benefit reduction. Fraud Investigations must monitor such cases to ensure the household complies with the court order.

The court orders restitution and specifies a monthly installment amount and the length of
time restitution will cover, but no due date for the first payment. A demand letter will not be
sent. However, it is permissible to contact the household to ask when repayment will begin.
In accordance with ongoing policy, all contacts will be documented. If the household fails to
make the initial payment within a reasonable time period, (usually

MISSISSIPPI

[CLAIMS: COURT ORDERED RESTITUTION CASES]

Revised 12-01-06

within one month), Fraud Investigations will notify the court. No further action will be taken unless instructed by the court.

If the household makes the initial payment and thereafter fails to keep payments current on a monthly basis, Fraud Investigations will notify the court.

The court orders restitution of the full amount of the claim and specifies a time limit in which full restitution is to be made, e.g., within 12 months. There is no due date, nor is a monthly schedule established. If the full amount has not been paid by the end of the 12 month period, Fraud Investigations will notify the court. No further action will be taken unless specifically authorized by the court.

The court orders restitution but does not specify the amount due; nor does the court specify repayment terms. In this situation, the full amount of the claim is considered the amount due. A demand letter will not be sent. The household should be contacted to arrange repayment terms. It is permissible to ask the household to sign an agreement. If the household fails to make an agreement within a reasonable time period, (usually within one month), or fails to live up to an agreement, Fraud Investigations will notify the court.

Fraud Investigations (FI) is responsible for monitoring the progress of cases referred to court for prosecution of SIPV. In instances when no action has been taken by a court "within a reasonable period of time", Federal regulations allow for such cases to be referred back to state agencies to conduct administrative disqualification hearings. After a period of 9 months of inaction by the court, FI will petition the court in writing to have such cases returned for referral to Administrative Hearings for a determination of Intentional Program Violation.

NOTE: For case documentation purposes, Fraud Investigations must provide a copy of the court order to the Claims Management Unit (CMU) for scanning into the case record.

DEMAND FOR REPAYMENT

Upon approval of the claim, MAVERICS will generate a demand letter to the household which received the over issuance. This demand letter, which is considered the notice of adverse action, is available to the county on Notice History (NOHS) in MAVERICS.

Collection action may be pursued against any or all of the individuals who were adult members of the household at the time the over issuance began.

For purposes of this provision, an adult is any household member who was age 18 or older for at least one month during the period of over issuance. (Coded Y or R on OVC2)

If a change in household membership occurs, the Claims Management Unit must be notified via MDHS-EA-540A, Claim Status Report, or memorandum of the current address and SNAP case number of the household or the individual so that collection action will be initiated against the household or individual responsible for repayment of the over issuance.

A demand letter will be issued unless:

- 1. The Agency has documentation which shows that the household responsible for repayment cannot be located; or
- 2. The household has repaid the total over issuance amount.

In the event the household responsible for repayment is located after the county was initially unable to locate the household, the Claims Management Unit will be notified of the current mailing address via MDHS-EA-540A, Claim Status Report, or memorandum so that a demand letter may be mailed, if appropriate.

The demand letter, issued by MAVERICS, will inform the responsible household regarding:

- 1. The amount of the claim;
- 2. The intent to collect from all adults in the household when the overpayment occurred;
- 3. The type (IPV, IHE, AE) of claim and the reason for the claim;
- 4. The time period associated with the claim;
- That the month-by-month claim calculations are available upon request;
- 6. The telephone number to call for more information about the claim;
- 7. The opportunity to inspect and copy records related to the claim;

- 8. That, if not paid, the claim will be referred to the Federal government for Federal collection;
- 9. That the household can make a written agreement to repay the amount of the claim prior to it being referred for Federal collection action;
- 10. That, if the claim becomes delinquent, the household may be subject to additional processing charges;
- 11. Unless the amount of the claim was established at a hearing, the opportunity for a fair hearing on the decision related to the claim. The household will have 90 days to request a fair hearing;
- 12. That the State agency may at its discretion reduce any part of the claim if the agency believes that the household is not able to repay the claim;
- 13. A due date or time frame to either repay or make arrangements to repay the claim, unless the State agency is to impose benefit reduction;
- 14. If benefit reduction is to be imposed, the percentage to be used and the effective date.

OVERISSUANCE REPAYMENT AGREEMENT - IHE/AE

A repayment agreement for IHE/AE over issuances consists of the following provisions:

- 1. The household must return the demand letter, signed by the head of the household or a responsible household member and indicate its preferred methods of repayment in the space provided, within 10 days as specified, or may call the telephone number (given in the top right portion of the letter) and arrange repayment with their worker.
- 2. In addition to the signed demand letter which states the individual's household agrees to repay, the household must agree to an acceptable repayment amount or benefit reduction amount as outlined in **REPAYMENT OF CLAIMS**. A month and year in which repayment or benefit reduction will begin will be designated. If the repayment agreement is made by telephone contact with the household, the worker will prepare a notice to the client detailing the repayment agreement and retain a copy for the case record.

The worker will inform the household that cash payment(s) for IHE or AE claims are due prior to the 16th day of each month in order to avoid enforced benefit reduction.

NOTICE TO CLAIMS MANAGEMENT UNIT, CLAIMS STATUS REPORT (MDHS-EA-540A)

MDHS-EA-540A, CLAIMS STATUS REPORT, or memorandum will be submitted to the Claims Management Unit when any of the following occurs:

- 1. Any information which may affect a claim or collection, etc., such as, but not limited to the household or client moves out of the state.
- 2. Change of address on inactive cases unless the change has been entered on ADDR screen in MAVERICS.

SUSPENSION OF COLLECTION ACTION

Suspension of collection efforts does not mean that repayment cannot be accepted. Suspension of collection action simply means that demand letters will not continue to be sent. The county is encouraged to personally discuss repayment of the claim with the household whenever repayment again seems feasible for the household. If at any time the household does agree to pay the claim, MDHS-EA-540A, or memorandum with this information should be submitted to the Claims Management Unit.

Demand/Delinquent Notices will be suspended after three have been issued, but the claim will be available for offsetting against future restoration, Federal Tax Offset, or other Federal benefits.

Regardless of whether the claim is being repaid, any restoration of benefits due the household must be applied first against any outstanding IPV claim; if no IPV claim exists, offset against any existing Inadvertent Household Error and Agency Error claim.

Although a claim may be terminated after it has been in suspended (SU) status for three years, collection action will be pursued through the Treasury Offset Program. This Program allows for a time frame of ten years from the date demand for payment was issued. The Claims Management Unit will notify the county via a claims termination list when a claim is terminated. Once terminated, it will not be used to offset against a restoration of lost benefits nor will payments be accepted.

REPAYMENT PROCEDURES

MAVERICS

MAVERICS is programmed to complete the required computations/reductions once proper codes are entered on the appropriate screen to initiate BENEFIT REDUCTION, as outlined in Volume X, SNAP CLAIMS PROCESSING. MAVERICS will compute the household's benefit reduction amount each time an issuance transaction occurs.

Claims Management Unit (CMU)

Following approval of all claims except those referred to Fraud and Investigations and SIPV claims referred to Administrative Hearings, CMU staff will enter the recoupment plan and the percentage of recoupment on the OVCA screen. If recoupment is already in place for a prior claim, MAVERICS will enter a code automatically that effectively blocks recoupment for the second claim until the first claim is paid out. At the point the first claim is repaid, recoupment will begin on the second claim, and so on until all claims are recouped in full. If a certified household fails to respond within ten days to the demand letter, responds but fails to make an acceptable agreement, agrees to repay and subsequently fails to make a payment, or makes repayment of a lesser amount than originally agreed upon, benefit reduction will be automatic for the month following the month of the lesser payment, etc..

OUTSTANDING CLAIM BALANCE AT APPLICATION

When inquiry in MAVERICS at application indicates an outstanding claim balance on the CLRE screen, Claims Management Unit (CMU) must be notified immediately via **email** or MDHS-EA-540A. The CMU will transfer the claim if the responsible individual is participating in another case number. If the individual remains in the case containing the claim, the supervisor or County Director must access OVCA and enter a plan for benefit reduction to begin in the appropriate month.

Households identified as having an unpaid claim balance at the time of application, or those households which contain a member with an unpaid claim, shall have benefits issued in the second month of the certification period reduced for repayment of the claim. If the responsible person was in an active case in the prior month and recoupment was in progress, recoupment will continue uninterrupted in the new household even though the responsible person is not the head of household.

EXAMPLE: A household with an outstanding claim balance reapplied for SNAP benefits on August 20. The requested information was furnished and the case approved on September 15 for prorated benefits of \$50 for August and regular benefits of \$175 for September. The combined August/September amount of \$225 was issued in September. Recoupment may not begin until the regular benefit amount of \$175 is issued in October, the second month of the certification period in which benefits are issued. In this same case, if requested information was provided, the case approved and prorated benefits of \$50 were issued in August, recoupment of the regular benefit amount of \$175 would begin in September, the second month of the certification period in which benefits were issued.

- EXAMPLE: John is a responsible person for suspected IPV in Mary's case and recoupment is in progress. Mary reported John moved from her home October 20. John's mother applied November 4 including him in her household. Via MDHS-EA-540A or Mail Box, the county must notify Claims Management Unit immediately to transfer the claim to the new case for recoupment. Recoupment should continue uninterrupted.
- NOTE: Communication between the county and the Claims Management Unit (CMU) is critical in timing the transfer of a claim in order to prevent the loss of recouped funds and in determining in which case the claim should be placed, considering the person(s) responsible. Very often there is more than one household member responsible for repayment of a claim. If the claim is currently being recouped from a household which contains a member responsible, the claim will not be transferred to the new applicant's case for recoupment, but rather recoupment from the case currently being recouped will continue. However, if the new household contains the member found guilty of IPV, the claim will be transferred to the new household containing the guilty individual for recoupment.

REPAYMENT PROCEDURES FOR AE, IHE, SIPV AND IPV

The Agency will collect payment for administrative error (AE), inadvertent household error (IHE), and IPV claims, by cash or benefit reduction. The household has an option as to the method of repayment. If, prior to the tenth day, the household comes to the county office and requests benefit reduction, the eligibility worker can enter the plan. See **Volume X**, for MAVERICS instructions, etc. If the household failed to respond to the demand letter within the ten-day time frame, fails to make the required payment, etc., the plan entered at the time of approval of the claim will take effect automatically the following month.

Repayment Schedules

The Agency will collect payment for AE and IHE in one of the following ways:

- Lump Sum Cash Payments
 - a.—If the household is financially able to pay the claim at one time, the Agency shall-collect a lump sum cash payment. (The household shall not be required to liquidate all of its resources to make one payment).

- b. The Agency shall accept a lump sum cash payment for part of the claim if the household is financially unable to pay the entire claim.
- c. The Agency shall accept a lump sum payment of SNAP benefits through deduction from the EBT account as partial or total payment of a claim.

2. Installment Cash Payments

- a. For amounts which cannot be collected through a lump sum payment, the Agency shall negotiate a payment schedule with the household.
- b. Payments shall be accepted in regular installments.
- c. The household may use SNAP benefits as full or partial payment for any installment.
- d. For certified households, the Agency shall ensure that the amount to be repaid each month is not less than the minimum monthly payment amount which could be recovered through benefit reduction (see below).
- e. Once negotiated, the amount to be repaid each month shall remain unchanged, regardless of changes in the household's monthly benefits.
- f. Both the Agency and the household shall have the option to initiate renegotiation of the payment schedule if it is believed the household's economic circumstances have changed enough to warrant such action, i.e., for the month the Agency will begin claim collection, the Agency must determine the amount that would be retained if the household's benefit amount was being reduced. If this amount is greater than the amount the household has agreed to pay in monthly installments, the household must agree to higher monthly installments or the household will be subject to benefit reduction. This assessment need only be done in the first month even if the household's benefit amount varies in subsequent months. The amount of the household's monthly cash installment will be renegotiated only if the Agency or the household requests renegotiation.

Voluntary Benefit Reduction

If currently certified, the household may choose to have their monthly SNAP benefits reduced as repayment of the claim. The household is required to make the minimum

monthly payment of \$10 or 10% of the household's benefit amount, whichever is greater, as outlined below. The Agency may only reduce the allotment by \$10 or 10%, whichever is appropriate, via benefit reduction. However, if the household wishes to pay more, the additional payment must be debited to the EBT account. If completed manually, the worker's computation of the reduction will be shown in the space provided on MDHS-EA521, SNAP Worksheet, in accordance with instructions for the form found in the GENERIC FORMS MANUAL.

For the AE and IHE:

- The amount to be retained each month shall be the greater of 10 percent of the household's entitlement amount (the benefit the household would receive if the disqualified member(s) was included in determining household size) or \$10. NOTE: Always round calculations ending in 1 through 99 cents up to the nearest dollar.
- A household's benefits are \$188. Ten percent is \$18.80 which is rounded EXAMPLE: to \$19. This amount is greater than \$10, therefore, \$19 is the recoupment amount. If the benefit amount was \$181, 10% is \$18.10, which rounded is still \$19, still greater than \$10, making the recoupment amount \$19.
- The requirement for a \$10 minimum benefit level for one and two person households shall apply to the benefits before reduction.
- If a one or two person household is eligible and only entitled to a \$10 EXAMPLE: benefit per month, the minimum monthly payment is \$10.00. Benefits due the household is zero.
- MAVERICS will compute the household's benefit reduction each time the budget has been reworked, at the time an issuance is transacted. For additional information involving these procedures, refer to the Volume X, OVER AND UNDER PAYMENT.

For IPV:

For IPV claims the amount to be retained each month shall be the greater of 20percent of the household's entitlement (i.e., the benefits the household would be receiving if the disqualified member(s) was included in determining household

size) or \$10, whichever is more. **NOTE**: Always round calculations ending in 1 through 99 cents **up** to the nearest dollar.

EXAMPLE: The household normally consists of four people. The household is beginning to repay the claim during the period of disqualification for one household member, so the household size is three for this period.

Assume the household's net income (including the disqualified member's income and deductions) is \$400 a month. The household's entitlement is \$250, (this is the benefit level for a four-person household with \$400 income.) The household's actual benefits for a three person household is \$172.

The amount of the benefit reduction is calculated on the entitlement as follows:

Twenty percent of \$250 = \$50, this is greater than \$10; therefore, this is the amount retained. This amount is subtracted from the \$172 benefit level so the benefits the household is authorized for this month is \$122.

NOTE: When determining the minimum monthly payment, always round calculations ending in 1 through 99 cents **up** to the nearest dollar.

The amount reduced may vary monthly if the household's entitlement and/or benefit amount changes. If benefit reduction brings the benefit level down to 1, 3 or 5 dollars, round to the nearest 2, 4 or 6 dollar amount. If proration is involved, prorate first, then compute the benefit reduction.

MAVERICS will compute the household's benefit reduction each time the budget has been reworked, at the time an issuance is transacted. For additional information involving these procedures, refer to **Volume X**, **OVER AND UNDERPAYMENT**.

If the household agrees to repay the AE, or IHE, the worker will complete AND have the client sign the demand letter and place a copy in the case folder.

4. Involuntary Benefit Reduction

If currently certified and the household fails to respond to the demand for repayment within the 10 day time frame, responds but fails to make an acceptable agreement, agrees to repay

and subsequently fails to make a payment, or makes repayment of a lesser amount than originally agreed upon, the plan for recoupment entered by Claims Management Unit will automatically enforce benefit reduction effective the following month. For additional discussion, see ENFORCED BENEFIT REDUCTION FOR FAILURE TO TIMELY **RESPOND OR REPAY** later in this chapter. The reduction will be the minimum monthly payment or a percentage of the household's benefits, whichever is greater. If the household wishes to pay more, the additional payment must be debited from the appropriate EBT account. The minimum monthly payment will be computed as outlined above for Voluntary Benefit Reduction.

NOTE: For IPV claims, if 20% of the household's entitlement with the disqualified household member in the budget is greater than the household's benefits, the Agency can ask for cash payment of the excess, but cannot force payment of the excess, i.e., 20% of the entitlement with the disqualified member included is \$12; the actual benefits, after rounding, with the member removed is \$10. Payment of the \$2 excess can be requested but not forced. The only exception would be a court-ordered payment.

MAVERICS will make the correct calculation when the participation code of the disqualified individual is "DF." MAVERICS will compute the household's benefit reduction each time the budget is reworked, at the time an issuance is transacted.

REPAYMENT PROCEDURES FOR HOUSEHOLDS WITH MULTIPLE CLAIM TYPES AND/OR MULTIPLE CLAIMS (AE, IHE AND/OR IPV)

Benefit reduction will NOT be enforced on more than one claim at a time, nor may voluntary benefit reduction be done on more than one at a time. However, the household may voluntarily repay through cash or EBT payments.

If a household has more than one claim type, e.g., AE and IPV, collection of the IPV claim will take priority (see exception later in this discussion). This is also true for combination claims, i.e., claims which include more than one type of over issuance, such as AE and/or IHE or IPV, on the same claim. See REPAYMENT PROCEDURES for the appropriate claim type for detailed instructions on repayment of claims, earlier in this chapter. Under no circumstances shall the recoupment be a total of more than \$10 per month or twenty percent (20%) of the original entitlement amount, whichever is greater.

EXAMPLE: If a household has both an IHE and an IPV, once the member serves the disqualification period the reduction should be as follows: The household's monthly benefits are greater than \$10. The IPV formula is applied to the household's original benefit yielding \$18 (20% or \$18 is greater than \$10) to be recouped against the IPV claim and zero to be recouped against the IHE claim.

NOTE: The results for the example given above could be different while the disqualified member is excluded since the IPV formula during that time is based on the household's entitlement, not the benefits.

Some households may have more than one AE, IHE or IPV claim. IHE claims shall be recouped in sequence. Where two or more claims exist, recoupment of an IPV claim takes priority. However, if recoupment of a non-IPV claim is already in progress, the recoupment will not be stopped until the full amount of that claim is paid.

When there are multiple claims of the same receivable type, recoupment will be made on the oldest claim first.

ENFORCED BENEFIT REDUCTION FOR FAILURE TO TIMELY RESPOND OR REPAY

The county will enforce benefit reduction for AE, IHE and IPV claims (not court ordered) when the household is currently certified and fails to respond within the allotted time frame or fails to make timely payment on the claim. Benefit reduction will be applied when the household:

Fails to respond within 10 days to Demand for Repayment of AE, IHE or IPV

If a household is currently participating and fails to respond to the demand letter within 10 days of the date the notice is mailed, the Agency will collect through enforced benefit reduction.

EXAMPLE: If a demand letter is sent to the household on July 5, the household has until July 15 to respond or benefit reduction will be imposed by the Claims-Management Unit to be effective August 1, without further notice.

Fails to Meet an Arranged Payment Schedule for either AE, IHE or IPV

When the household agrees to repay the AE, IHE, or IPV claim either in a lump sum or installments and subsequently fails to make a payment, or makes repayment of a lesser

amount than originally agreed upon before the 16th day of the month in which the payment is due, the Claims Management Unit will take appropriate action to affect benefit reduction for the following month.

The Agency is not required to send a notice of adverse action, i.e., a 10-day advance notice is not required.

Any cash payments made after the due date can be accepted and credited to the AE, IHE or IPV account. However, benefit reduction will continue unless the worker agrees to renegotiate the agreement. Renegotiation (completing a new MDHS-EA-921, Over issuance Repayment Agreement) is required before benefit reduction authorization is withdrawn even though renegotiation may result in accepting the original payment plan.

The worker has the option of accepting the renegotiated plan or continuing the benefit reduction.

Renegotiating Repayment Agreement

- 1. Benefit reduction will continue until the month in which the first payment, based on the renegotiated agreement, is due.
- 2. If the household wishes to make the delinquent payment during the month in which the payment was due (i.e., payment due prior to October 16 but not made until October 23) the payment can be accepted. However, benefit reduction will still be applied beginning with the following month unless a repayment agreement is renegotiated to be effective the following month.

If the delinquent payment is made, as outlined above, and the worker accepts a renegotiated agreement to be effective in the following month, the worker will authorize the full benefit amount to which the household is entitled, to be effective the first of the following month. If it is so late in the month that the change cannot be completed by the last day of the month, the worker will authorize a supplement for the amount of the previously authorized benefit reduction. Note that the worker has an option in renegotiation, and if it is late in the month, the new agreement may be effective a month later.

1. There may be instances when a household makes an initial agreement to make cash installment payments and does so for a period of time until no longer certified for some reason. If the agreed upon payments are not made in the months the household is not

certified, the household responsible for the over issuance will be asked to make all delinquent payments, in which case the initial agreement remains in effect. If these payments are not made prior to certification, the worker has the option of:

- a. Enforcing benefit reduction at the time of certification, or
- b. Renegotiating the agreement prior to certification. In renegotiating, the worker should make an effort to obtain an agreement for larger payments in order to recover the repayment missed provided the household's circumstances are such that larger payments will not create undue hardship on the household.

MAVERICS NOTICES

The MAVERICS notices listed below include a check-a-block statement which informs the household that the SNAP benefit will be reduced due to recoupment of an over issuance. No further notice of adverse action is required after MAVERICS X020, SNAP Repayment Notice has been sent. When the claim is approved and recoupment is involved or when there is a change in benefit amount, the eligibility worker will check the block for this statement and enter the 10% or 20% recoupment, whichever is appropriate. If recoupment is via court order, the dollar amount specified by the court will be entered.

F101, SNAP Approval

F102, FS Application Approval/Expedited

F300, FS Change Notice-Decrease in Benefits

F302, FS Decrease: Non-Adverse Action

PAYMENTS

All cash payments must be in the form of a money order or cashier's check made payable to **Treasurer**, **State of Mississippi**. The money order or cashier's check cannot be altered in any way. This includes white-outs, cross throughs, or erasures. If the money order or cashier's check is made payable to the SNAP office, it can be accepted but must be endorsed on the back exactly as it is worded on the front, with the county stamp below the endorsement.

If payment by money order or cashier's check is received in the county, an addressed envelope will be provided for the client to mail to Budgets and Accounting or the county will forward the envelope via the State Office mail if the client wishes. A MAVERICS generated receipt will be issued to the client the month after the month the payment is posted. This receipt will include the amount paid and balance remaining on that claim/recoupment number only.

Revised 05-01-18

VOLUNTARY REPAYMENT FROM EBT ACCOUNTS

The household may request a voluntary payment to be debited from the SNAP EBT account. The MDHS-EA-921, Over issuance Repayment Agreement, will be completed for voluntary repayment.

REPAYMENT FROM STATE EBT ACCOUNTS

A report will be generated for the Claims Management Unit (CMU) listing the cases with an outstanding claim balance. The system-generated notice, the **X061**, **SNAP Inactive EBT Account/Claim Payment**, will be issued to notify the households that the balance in their accounts will be applied to a SNAP claim if no written objection is received.

If the client objects in writing to this repayment process, it will not be performed. Individuals issued the X061 will have 10 days from the date of the notice to object to the process by signing and returning the notice to the CMU. The CMU address and telephone number is listed on the notice; however, clients may still send responses to the county office. If this occurs, the response must be faxed to the CMU on the same day it is received.

If no objection is received from the client during the 10 day period, MAVERICS will transfer the funds and apply them to the outstanding claim. An amount up to the balance on the claim may be transferred. Any balance remaining in the EBT account will be expunged after 365 days of inactivity. Once it is posted in MAVERICS, the transaction can be viewed on the Recoupment History (REHI) screen.

If no response is received from the client during the 10-day period, but it is determined that the EBT account has been reactivated or the case status in MAVERICS is open or received, the claim repayment will not be completed. Whenever a client wishes to make a voluntary claim repayment, county staff should follow procedures already in place for these repayments.

Repayment of claims from EBT accounts will improve claims collections and retention. The county must promptly notify the CMU if a client returns a signed notice to the county office.

CLAIM ADJUSTMENTS FROM EXPUNCED BENEFITS

After 365 days of inactivity on a SNAP Electronic Benefit Transfer (EBT) account, benefits



will be expunged (removed) from that account. If there is an outstanding claim in active (AC) status, the expunged benefits will be used to adjust the claim amount.

Expungement Documentation in MAVERICS

As EBT account benefits are expunged, the information is reflected on the Issuance History (ISHI) screen in MAVERICS. The "Issuance Status" field will show "EXPUNGED" to indicate that some or all of that month's SNAP benefits have been removed from the EBT account. The "Status Date" filed will show the date that benefits were expunged in the EBT account.

Claims Adjustment Process

The daily expungement file from the EBT system will be matched with information on the Recoupment History (REHI) screen in MAVERICS. The Claims Management Unit (CMU) will receive a report of the match cases. CMU staff will process a claims adjustment by accessing the Over issuance/Claims Authorization (OVCA) screen and entering the amount of the adjustment and expungement code in the Adjustment Reason field. This information will then be reflected on the Recoupment History (REHI) screen along with the new claim balance.

TREASURY OFFSET PROGRAM

The Treasury Offset Program (TOP), amended by the Debt Collection Improvement Act of 1996, collects on delinquent SNAP debts. A SNAP claim is a Federal debt. TOP encompasses several collection methods including offsetting Federal payments such as Federal income tax refunds, Federal salaries, retirement benefits and other payments. States are required to refer claims which are delinquent for at least six months to TOP. All claim types are subject to TOP referral including Agency Error claims. Claims in which collection is coordinated through the court system are not subject to the requirements for delinquent debts.

Prior to a claim being referred to TOP, a sixty day notice is mailed to the delinquent household, which affords them an opportunity to initiate a repayment agreement with the CMU to avoid TOP offsets. TOP is intended to collect on closed cases. Claims should be transferred when a responsible member moves from a closed case to an active one so benefit reduction can be implemented. When a closed case which has been referred to TOP becomes active, benefit reduction should be implemented to collect on the claim. For the period that benefit reduction is in force on any referred claim, TOP activity is suspended. If the case closes, the claim will become active in TOP, unless the household pays the claim in full.

Prompt repayment of claims should be discussed with every household on which a claim is established. Individuals referred to TOP are subject to additional administrative fees charged for collection on the claim. If Federal payments are received monthly, the administrative fees are charged monthly. This results in the individual paying much more than the original claim amount.

PAYMENT RECEIVED PRIOR TO PREPARATION/APPROVAL OF CLAIM

When payment is made before a claim has been approved by the Claims Management Unit, the payment will be transmitted daily to the Claims Management Unit.

NOTE: When this situation occurs, the Claims Management Unit must be notified immediately via Mail Box to ensure that this claim is handled as soon as possible. Payment on a claim will include a restoration offset against the claim.

A county warrant or designated county official's check may be accepted in payment of court-ordered repayment of IPV.

OUTSTANDING CLAIMS AND BANKRUPTCY

When the County Office becomes aware that bankruptcy has been filed by a client/household with an outstanding claim balance, the following action should be taken immediately:

- 1. If collection action has not been initiated, delay initiation of collection action until receipt of notification of final court action.
- If collection action has been initiated, stop all collection action on all claims, AE, IHE, and/or IPV; this includes payments via benefit reduction, offset of benefits and/or cash payments, voluntary or otherwise, as well as court ordered payments.

To stop benefit reduction, the Claims/Restitution Unit must access OVCA screen and make the appropriate adjustments. The county, using MAVERICS Notice F303, FS CHANGE NOTICE-INCREASE, should notify the client of the action taken and document the case record accordingly.

EXAMPLE: If the notification of bankruptcy is received on August 10, the Claims-Restitution Unit shall, within ten days, follow the procedures outlined above and stop collection action **effective September 1.**

In the event notification is received too late in the month to stop benefit reduction effective the first of the following month, action shall be taken to stop benefit reduction the first of the second month which follows the month in which notification was received.

EXAMPLE: On August 28, the county receives notice that a household which is repaying a claim via benefit reduction has filed for bankruptcy. Allowing the worker 10 days to make the change, the change must be completed by September 7, to be effective October 1.

Failure to act within appropriate time frames may require a restoration of benefits.

- EXAMPLE: Failure to stop benefit reduction for October 1 (in the example given above), will require a restoration of the amount of the recoupment for October and all months following until recoupment is stopped or notification to continue the recoupment is received.
- Immediately notify the Claims Management Unit via memorandum and attach a copy of the notification of bankruptcy received by the county. Place a copy of both in the case record.

The Claims Management Unit will notify the Attorney General's Office and take any steps necessary to cease any collection notices or other action which involves the Claims Management Unit in collection of the claim(s). The Attorney General's Office will represent the interests of USDA/FNS/MDHS in court and notify the Claims Management Unit when collection activity may be resumed. The Claims Management Unit will then notify the county office of the action taken by the Bankruptcy Court and provide any needed changes.

Any amounts collected on claims through bankruptcy proceeding will be handled in the same manner as other collections on claims.

OVERPAYMENTS ON CLAIMS

There may be instances when a SNAP household overpays the total over issuance amount due. This may be the result of the household overpaying in cash via money order or cashier's check.

Revised 07-01-10

When Overpayment Is in Cash

When the overpayment is made in cash, i.e., cashier's check or money order, the CMU will initiate a request for a refund for the household via memorandum to Budgets and Accounting.

When Overpayment Is Debited from The Appropriate EBT Account

A restoration will be issued to households who overpay the total over issuance amount due by returning too many benefits or the Agency inadvertently overpays the account via benefit reduction.

When Overpayment Is a Combination of Cash and Benefits

In the event the over issuance is overpaid with a combination of cash and/or benefit reduction, a restoration will be issued.

NOTE: Prior to authorization of a restoration the worker shall ensure that the amount overpaid and the amount due the household is correct.

In addition, whenever a restoration is authorized for reasons outlined above, the CMU will notify **Budgets and Accounting** via memorandum of the amount restored to the household.

At this time **Budgets and Accounting** must make an adjustment in MAVERICS to reflect the restoration made to offset the overpayment. This adjustment must be reflected on the recoupment history (**REHI**) screen.

[CLAIMS: DISQUALIFIED RECIPIENT SUBSYSTEM (cDRS)]

Revised 02-01-15

INTRODUCTION

Electronic Disqualified Recipient Subsystem (eDRS) is a web based national reporting system to which individuals found guilty of an IPV are reported. MAVERICS will be the primary source of information necessary for reporting, and, as much as possible, handling verification of matches from other states will be contained in the Claims Management Unit (CMU). Action on matches and notification to the client will remain a county responsibility. The eDRS will enable staff to determine the appropriate period of disqualification an individual should serve, as well as prevent the certification or participation of individuals who are currently in a disqualified status imposed by another state.

Prior to taking action to disqualify any individual, verification of the disqualification must be obtained from the state in which the individual was found guilty of Intentional Program Violation.

The CMU will provide verification of disqualification matches found through eDRS. The CMU is responsible for furnishing to other states copies of documents that verify and support Mississippi's disqualification decisions. This includes documents such as, but not limited to, signed disqualification consent agreements, court determinations, waivers signed by the client which waive the right to an Administrative Disqualification Hearing, the hearing officer's decision, and the notification of disqualification.

The CMU is responsible for contacting the state which reported the disqualification to eDRS to obtain the documentation necessary for taking action to disqualify, and upon receipt of documentation will notify the county that the individual may or may not be disqualified.

A record of the disqualification must be contained either in Interwoven/Worksite or notice history in MAVERICS. Otherwise, if documentation is not available to properly verify the disqualification, the information for that particular individual and disqualification will be deleted from eDRS.

Any delay in timely disqualification will result in preparation of a claim. Therefore, it is important to inquire on each adult household member included in an applicant/reapplication as well as each adult added as a new member to current certified households.

eDRS MATCH ON APPLICANT HOUSEHOLDS

If, on inquiring into eDRS prior to or during the interview, an ongoing disqualification is discovered, the eligibility worker must discuss the match with the household during the



MISSISSIPPI

[CLAIMS: DISQUALIFIED RECIPIENT SUBSYSTEM (eDRS)]

Revised 02-01-15

interview. At this time, the applicant may choose to sign form MDHS-EA-542A, ACKNOWLEDGMENT OF IPV DISQUALIFICATION, to acknowledge that a disqualification for IPV did occur in another state, thus agreeing to implementing disqualification. In addition to having the client sign MDHS-EA-542A, the worker must also have verification from the CMU that this is indeed the necessary hard copy documentation. In order to obtain this information, the EW must print the MAVERICS screen, either DRIS or DRPR, and send it, attached to MDHS-EA-540A, to the CMU. The CMU will secure the necessary verification and return the forms to the county. At this time, the county will take the necessary action to impose a disqualification, if appropriate. When the hard copy verification is received from the other state, copies will be transmitted to the county. All these verifications must be filed and/or documented in the case record.

Applicant Households Entitled to Expedited Service

Applicant households entitled to expedited service shall not have their benefits delayed beyond the timeframes allowed for expedited service while awaiting verifying documentation. If the individual is a member of an applicant household entitled to expedited service, the request will be for the other state to fax the material to the CMU. Upon receipt of the documentation, the CMU will notify the county office that the individual may or may not be disqualified. Verification of eDRS match information shall not delay expedited service beyond the time frame allowed. A claim shall be established against the household for any benefits over issued prior to imposing a disqualification which was delayed pending receipt of verification. Ongoing policy for postponed verification involving expedited service shall be applied.

All Other Applicant Households

When eDRS produces a match on a member of a household applying for SNAP benefits, the Claims Management Unit may give **verbal** verification of the disqualification which the Eligibility Worker MUST document in the case record. If not discussed with the client and handled during the interview, the worker will inform the household of the information by sending notice MDHS-EA942, REQUEST FOR INFORMATION, with MDHS-EA-542A attached, to give the household a reasonable opportunity to respond, possibly by signing MDHS-EA-542A.

If the household member agrees with the verbal verification from the CMU and signs MDHS-EA-542A; and the case is documented to reflect the verification by the Claims Management Unit, the worker then has the necessary verification to make a determination on the member's eligibility without waiting for the written documentation. Even so, the hard copy

[CLAIMS: DISQUALIFIED RECIPIENT SUBSYSTEM (eDRS)]

Revised 02-01-15

documentation must be obtained from the CMU to ensure sufficient evidence of verification is available should the household member request a fair hearing on the action taken to impose disqualification.

If all the steps outlined above are completed, implementation of a disqualification shall **NOT** be delayed while awaiting hard copy documentation for verification.

If the member denies the verbal information received from the CMU, the written documentation must be obtained prior to taking further action to impose disqualification. While waiting for the written documentation, the application must be held pending. As is the case with any application held pending receipt of additional information that affects eligibility and benefit level, by the 30th day following the date of application the household must be notified that its application is pending and why. The CMU will have notified the county of the date of the request to the other state for written documentation verifying the disqualification. If the information has not been received by the 30th day following the date of application, the application may be held for an additional 30 days from the date the CMU contacted the other state to request the written documentation which will verify the eDRS match. Please refer to ongoing policy in Chapter 8, Action on Delays Caused by Worker and Delays of 60 days or longer, item 1, as both are applicable in these situations and proration does not apply.

If the member is found to be ineligible due to a disqualification, but the household as a whole is eligible, the Eligibility Worker must inform the household via MAVERICS F600, NOTICE OF DISQUALIFICATION, that a member will be ineligible until the appropriate period of disqualification has been served. The Eligibility Worker then should determine the remaining household's SNAP benefit level according to ongoing policy.

eDRS MATCH AGAINST PARTICIPATING HOUSEHOLDS

When a eDRS match indicates a member of a participating household should be serving a disqualification imposed by another state, the procedure outlined above for obtaining verification will be followed. Once the penalty is imposed, the disqualification period shall continue uninterrupted until completed. If the household member affirms that he/she is currently serving a disqualification imposed by another state, the Eligibility Worker must calculate the time remaining in the individual's disqualification period.

[CLAIMS: DISQUALIFIED RECIPIENT SUBSYSTEM (eDRS)]

Revised 02-01-15

DISQUALIFICATION PERIOD ENDED WHEN VERIFICATION RECEIVED

If the disqualification has ended by the time the Eligibility Worker receives the verification, the member shall continue to receive benefits, provided he/she remains otherwise eligible. A claim against the household will be completed for any benefits over issued as a result of the disqualified individual's participation during the period of disqualification.

DISQUALIFICATION PERIOD NOT ENDED WHEN VERIFICATION RECEIVED

If a month or more remains in the disqualification period, the Eligibility Worker will notify the household member that he/she is no longer eligible for SNAP benefits for the remainder of the disqualification period. The remaining household members will be informed of their eligibility and benefit level. A claim against the household will be completed for any benefits over issued as a result of the disqualified member's participation during the disqualification period.

FAIR HEARING

The individual and the household do have the right to request a Fair Hearing to dispute the information/documentation and/or to contest the decision of the action taken in the case. Although the Fair Hearing cannot overturn the decision that an Intentional Program Violation (IPV) was committed by the household member, the client does retain the right to seek to have the IPV guilty decision overturned in a Court of appropriate jurisdiction. The Fair Hearing will be conducted and a decision rendered by the National Office of USDA/FNS. During this period, the household will NOT be entitled to continued benefits.

NOTIFICATION TO PARTICIPATING HOUSEHOLDS

When the Eligibility Worker becomes aware through eDRS that a participating household contains a member who would be serving a penalty for a disqualification imposed by another state, a Notice of Adverse Action (10 day notice) is required. Current policy does not allow for 10 day Adverse Action notification for a disqualification imposed in the State of Mississippi. The 10-day notice is required ONLY on DRS disqualifications.

CLAIMS

Ongoing policy will be applied when preparing a claim for months of participation when the client should have been disqualified. In these situations, claims will be established as Inadvertent Household Error (IHE). However, if staff can prove the intent necessary for an Intentional

MISSISSIPPI

[CLAIMS: DISQUALIFIED RECIPIENT SUBSYSTEM (DRS)]

Revised 02-01-15

Program Violation (IPV), the claim can be established as Suspected Intentional Program Violation (SIPV).

INTRODUCTION

The Claims Data Base was created to allow TANF and SNAP overpayments to be identified, worked and tracked via automation, using a combination of MAVERICS and a new data base.

The Claims Data Base allows entry of household members, income, resources, and/or expenses necessary to calculate the correct monthly benefit, i.e., the benefit level that should have been issued as well as the claim narrative. MAVERICS retains the information originally entered to

determine the benefit actually received by the household.

IDENTIFYING/PREPARING A CLAIM

When a claim is discovered, the Eligibility Worker will access **OVCA** screen and enter the code signifying discovery of a claim, following instructions given below.

The claim must be prepared or coded deleted (**DE**) in the Claims Data Base within 6 months of the date of discovery, following the guidelines listed below:

- 1. Identify the claim in MAVERICS by entering the code **ID** on **OVCA** screen.
- 2. An overnight process will automatically cause all case data and paid benefits to be copied into the Claims Data Base and change the claim status on OVCA screen to WK in MAVERICS as well as in the Claims Data Base. At this point the claim is available for calculation of overissuance in the Claims Data Base. Paid benefits will continue to be copied into the Claims Data Base by a weekend process as long as the claim remains in WK status.
- 3. Enter the case number, correct recoupment number and program type on **SEOO** to ensure proper claim preparation. Complete OVN1 prior to working the budget.
- 4. In calculating the claim, work through each month of the claim, entering the information required. Overissuance details will be displayed on FSSU screen, i.e., months of overissuance, amount household received, amount household should have received and amount of overissuance. In the Claims Data Base only, code earned income which was not reported timely as UR on EAIN screen.
- 5. Complete the narrative portion using the screen(s) **OVN 1-5**.

- 6. OVC2 is the tracking screen for all individuals responsible for repayment of a claim. All members associated with the case will be displayed on this screen. It is necessary to correctly identify all adults, age 18 or older in at least one month during the overissuance period, to insure correct collection procedures. (For instructions and correct codes see Volume X.)
- 7. When the AE or IHE claim is prepared the County Director or Supervisor must complete a second party review for accurate policy application and, either approve or delete the claim in the Claims Data Base. SIPV claims should be reviewed and pended (PE).
- 8. When the SIPV claim is pended it is available for the Claims Management Unit to provide a **third party review**. The Claims Management Unit will approve or deny the claim and make the appropriate referral for either an administrative disqualification hearing or fraud investigation.
- 9. Except for SIPV claims submitted to Fraud Investigations and trafficking claims, upon approval of AE, IHE or SIPV claims, the supervisor or County Director or the Claims Management Unit will enter appropriate codes on OVCA screen for automatic benefit reduction to be effective the first month following expiration of the 10 day notice, X-020, MAVERICS SNAP Repayment Notice. If the client responds within the 10 day time frame and prefers to repay the claim in cash, the Supervisor/Director must remove the recoupment plan and amount from OVCA screen.

NOTE: Preparation of claims should be considered an important responsibility of county staff. It is imperative that **ALL FACTS** of a suspected overissuance are investigated, verified and the claim thoroughly reviewed prior to submittal for approval to the Claims Management Unit. Approval of a claim and a guilty decision for a client may have serious consequences to the client such as: felonies, incarceration, permanent disqualification, fines and/or loss of employment. (A SNAP claim is a federal debt). Collection may be pursued on **ALL** adult household members, (except those involving court orders) through various means and it is important that adult members are properly identified on **OVC2** screen.

SPECIAL HANDLING

Combination Claims

Cases with an overpayment in both TANF and SNAP must be identified by program and worked simultaneously for cost effectiveness.

SNAP combination claims are those having different types of overissuances for the same time period, i.e., AE, IHE and/or SIPV occurring during the same time period. If an SIPV is included in the combination claim, it must be identified first as recoupment 001 or the next available recoupment number with other claim types, IHE, AE, following.

If two SNAP claim types are identified and one is a strong case for SIPV and the other is AE or IHE, the worker must complete the narrative explanation, basic data and responsible person(s) entries for the SIPV claim type first. The narrative for the second claim type may then be cross referenced to the SIPV recoupment number since this claim type, if approved, is most likely to become permanent data in the case when connected to DRS. Do not attempt to cross-reference narratives unless the time periods of the overissuance are the same and the claims are prepared together.

NOTE: Anytime there is a combination of AE with an IHE and/or SIPV claim in SNAP, the AE claim budgets must be worked first before the other type(s) in order to calculate the correct overpayment for each affected month.

Supplements/Restorations

When two benefits are issued for the same month only ONE ISSUANCE is copied from MAVERICS into the Claims Data Base during the overnight process. The MAVERICS Help Desk must be notified via the E-100, Help Desk Control Form, to move the second issuance into the Claims Data Base.

MISSISSIPPI

[TABLE OF CONTENTS FOR CHAPTER 12: RESTORATION]

Revised 04-01-06

Page	Subject
12000	DETERMINING IF BENEFITS WERE LOST
12000	GENERAL
12000	CRITERIA FOR ESTABLISHING THE RESTORATION
12001	CALCULATING THE RESTORATION
12003	OFFSETTING THE RESTORATION
12004	ROUNDING UP OF RESTORATION AMOUNT
12004	DISPUTED RESTORATION OF BENEFITS
12050	METHOD OF RESTORATION
12050	GENERAL
12050	NOTICE TO HOUSEHOLD AND ISSUANCE
12050	CHANGES IN HOUSEHOLD COMPOSITION

[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

Revised 10-01-10

GENERAL

SNAP benefits will be restored for specific month(s) in which it is determined that due to agency error the household did not receive the SNAP benefits to which it was entitled for any one of the following reasons:

- 1. SNAP benefits were erroneously delayed, denied, or terminated.
- 2. The county issued an incorrect benefit which was less than the amount the household was entitled to receive.
- 3. A fair hearing decision is in the claimant's favor, and the claimant participated at an adjusted basis of issuance while awaiting the decision.
- 4. An IPV disqualification is subsequently reversed by a court of appropriate jurisdiction.
- 5. State Operations indicates that certain households in special situations are eligible for restoration of lost benefits.

CRITERIA FOR ESTABLISHING THE RESTORATION

Benefits shall be restored for not more than twelve months prior to whichever of the following occurred first:

- 1. The date the agency receives a request for restoration from a household; or
- 2. The date the agency is notified or otherwise discovers that a loss to the household has occurred.

EXCEPTION

For Categorically Eligible Households (all members receive TANF or SSI) ONLY, a restoration may be authorized for longer than 12 months, if appropriate. Refer to Chapter 7, CATEGORICALLY ELIGIBLE HOUSEHOLDS, for additional information for determining the amount of restored benefits due these households.

The agency shall restore to the household benefits which were found by any judicial action to have been wrongfully withheld. If the judicial action is the first action the recipient has taken to obtain restoration of lost benefits, then benefits shall be restored for a period of not more than twelve months from the date the court action was initiated. When the judicial action is a review of the agency action, the benefits shall be restored for a period of not more than twelve months from the first of the following dates:

1. The date the agency receives a request for restoration; or

MISSISSIPPI

[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

Revised 09-01-06

- 2. If no request for restoration is received, the date the fair hearing action was initiated; but
- 3. Never more than one year from when the agency is notified of, or discovers, the loss.

The twelve-month count will not include the month of discovery of the possible loss or the month the fair hearing was requested.

If the agency determines that a loss of benefits has occurred, and the household is entitled to restoration of those benefits, the agency will automatically take action to restore any lost benefits. No action by the household is necessary. However, benefits will not be restored if the benefits were lost more than 12 months prior to the month the loss was discovered by the agency in the normal course of business, or were lost more than 12 months prior to the month the agency was notified in writing or orally of a possible loss to a specific household. Benefits will be restored even if the household is currently ineligible.

EXAMPLE: Due to agency error, a household was issued a smaller benefit amount from January through June than it should have received. This is discovered the following year in March by a worker reviewing that certification. The household is entitled to restoration for each month it participated from March through June. Lost benefits will not be restored for January and February as it exceeds the 12 months.

For each month affected by the loss, the worker will determine if the household was actually eligible. In cases where there is no information in the household's case file to document that the household was actually eligible, the worker will advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household shall be considered ineligible.

CALCULATING THE RESTORATION

After excluding those months that cannot be considered due to the 12 month time limit, the worker will calculate on Form MDHS-EA-521, SNAP Worksheet, the benefit the household should have received. If the household received a smaller benefit amount than it was eligible to receive, the difference between the correct benefit and the benefit amount actually issued equals the amount to be restored.

The worker will calculate the month(s) affected by the loss as follows:

- 1. Benefits are considered to be erroneously delayed, denied, or terminated when a benefit amount is not received by an eligible household for the month(s) of entitlement due to agency error. The month(s) affected by the loss will be calculated as follows:
 - a. If an eligible household's application for recertification was erroneously delayed,

MISSISSIPPI

[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

Revised 04-01-06

the first month the loss occurred will be the month following the expiration of the certification period.

Example: The household's certification period expired March 31. The household made timely application for recertification on March 14. Through error of the agency, the certification was not completed until May 3. Benefits should be restored for April.

If an eligible household's initial application or application for recertification filed after the expiration of the certification period was erroneously delayed by the agency, benefits will be retroactive to the month of application. No restoration is in order.

- b. If an eligible household's application was erroneously denied, the first month the loss occurred will be the month of application; or for an eligible household filing a timely application, the first month the loss occurred will be the month following the expiration of its certification period.
 - EXAMPLE: The household's application was made on March 20 and denied in error. Benefits will be restored beginning with the month of March. If the household had been certified through March 31 and had filed a timely application for recertification which was denied in error, benefits will be restored beginning with the month of April.
- c. If an eligible household's benefits were erroneously terminated, the first month the loss occurred will be the first month benefits were not received as a result of the erroneous action.
 - EXAMPLE: The household was certified January through June. In error, the case was closed effective April 1. Benefits will be restored for the months of April through June.
- 2. If the household was eligible but received an incorrect benefit amount, the loss of benefits will be calculated only for those months the household was certified.
 - Example: The household was approved for a SNAP benefit of \$100 monthly beginning in April through September. The correct benefit should have been \$150 per month. The household did not participate in June and August. For the months of April, May, July and September, the household is due a restoration of \$50 per month, or a total of \$200. No restoration is in order for June and August.
- 3. If a fair hearing decision is in the claimant's favor, and prior to the decision the household had been participating at an adjusted basis of issuance (so that if the decision is not in the claimant's favor the household will not owe an overissuance), the household will be due a

[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

MISSISSIPPI

Revised 09-01-06

restoration of benefits for any increase in benefits it should have received during those months the household participated while awaiting the hearing decision.

EXAMPLE: The household was certified January through December and assigned a benefit of \$200. The agency obtained information which indicated that the benefit should be decreased to \$150 as a result of additional income; and the benefit was decreased effective April since the household waived continuation of benefits. On May 27, the hearing decision was found in favor of the household, who had maintained it was not receiving the additional income. The household had participated at an adjusted basis of issuance for April and May. Therefore, a restoration of \$50 per month, or a total of \$100, is due the household.

4. Individuals disqualified for IPV are entitled to restoration of any benefits lost during the months that they were disqualified, not to exceed twelve months prior to the date of agency notification, only if the decision which resulted in disqualification is reversed in a court of appropriate jurisdiction.

EXAMPLE: While an individual would not be entitled to restoration of lost benefits for the period he was disqualified based solely on the fact that criminal conviction could not be obtained, he would be entitled to restoration if he successfully challenged the disqualification in a separate court action.

For each month the individual was disqualified, not to exceed twelve months prior to agency notification, the amount to be restored, if any, shall be determined by comparing the benefit amount the household received with the benefit amount the household would have received had the disqualified member been allowed to participate. If the household received a smaller benefit amount than it should have received, the difference equals the amount to be restored. Participation in an administrative disqualification hearing in which the household contests the agency decision of IPV shall be considered notification that the household is requesting restored benefits.

5. At times the county may be advised by State Operations that restoration of lost benefits may be in order for certain categories of households. When this occurs, the county will be instructed as to how the months affected should be calculated.

OFFSETTING THE RESTORATION

As outlined in Chapter 11, months of overissuance will be reported through the Claims Database or on MDHS-EA-540, Overissuance Report, and months of under issuance will be calculated on MDHS-EA-521, SNAP Worksheet, provided the under issuance is due to administrative error. If an overissuance and an under issuance, whether as a result of error by the household or agency, occur in the same month, the computation will be combined in arriving at one total. If the difference results in an overissuance a claim will be prepared. If an under issuance results, the difference will be entered into MAVERICS, provided the under issuance is due to administrative

[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

Revised 04-01-06

error. If IPV is suspected, a claim will be completed as outlined in Chapter 11.

If a previously established claim against a household is unpaid, or held in suspense, the amount to be restored will be offset against the amount due on the claim before the balance, if any, is restored to the household.

Suspension of collection action does not void the claim. It merely means that no further effort will be made to collect the claim at this point. If, at a later date, a household is entitled to restoration of benefits and has an outstanding claim on which collection action has been suspended, the restoration is offset against the claim. An outstanding claim is available for offset unless the claim is terminated by Claims Management Unit.

ROUNDING UP OF RESTORATION AMOUNT

There may be instances when the amount of restoration calculated results in other than a whole dollar amount or in amounts of \$1, \$3, or \$5. In this event, round up to the next whole dollar.

EXAMPLE: A household has been under issued \$300.00, but owes a balance of \$215.75 on a claim. Applying the restoration amount against the claim balance satisfies the claim and leaves a balance of \$84.25 to be restored. This amount will be rounded up to \$85.00.

In instances when the amount of restoration calculated results in amounts of \$1, \$3, or \$5, these amounts should be rounded up to even-dollar amounts of \$2, \$4, or \$6 unless this restoration amount is being offset against a claim balance. This rounding up of \$1, \$3, and \$5 amounts to the next even dollar amount does not apply to offsetting situations. If a restoration amount is calculated to be \$1, \$3, or \$5 that is the actual amount that will be offset against the claim. The only time such amounts will be rounded up to the next even dollar is when the benefit will actually be issued to the household, rather than applied against a claim balance.

DISPUTED RESTORATION OF BENEFITS

If the household is found to be entitled to restoration of lost benefits, but the household disagrees with the amount to be restored as calculated by the county or with any other action taken by the county to restore lost benefits, the household may request a fair hearing within 90 days of the date it is notified of its entitlement to restoration of lost benefits. If a fair hearing is requested prior to or during the time lost benefits are being restored, the household shall receive the lost benefits as determined by the county pending the results of a fair hearing. If the fair hearing decision is favorable to the household, the lost benefits will be restored in accordance with that decision.

If the household believes it is entitled to restoration of lost benefits, but the county, after reviewing the case file, does not agree, the household has 90 days from the date of the disputed determination to request a fair hearing. The county will restore lost benefits to the household only if the fair hearing decision is favorable to the household.

Revised 12-01-14

GENERAL

Regardless of whether a household is currently eligible or ineligible, the county will restore lost benefits to a household by issuing a benefit amount equal to the amount of benefits that were lost. The amount restored will be issued in addition to the benefit amount currently eligible households are entitled to receive. All benefits will be restored in full in one lump-sum benefit.

NOTICE TO HOUSEHOLD AND ISSUANCE

The worker will notify the household, via the F502, Notice of Restoration/Supplement, of its entitlement, the amount of benefits to be restored, and any offsetting that was done. The notice must also inform the household that benefits will be credited to their EBT account. The household will be reminded of its right to appeal through the fair hearing process if it disagrees with any aspect of the proposed restoration. The restoration will be authorized according to MAVERICS instructions in Volume X, SNAP Restorations (UNAU screen).

CHANGES IN HOUSEHOLD COMPOSITION

Whenever lost benefits are due a household and the household's membership has changed, the county will restore the lost benefits to the household containing a majority of the individuals who were household members at the time the loss occurred. If the county cannot locate or determine the household which contains a majority of household members, the county will restore the lost benefits to the household containing the head of the household at the time the loss occurred.

[TABLE OF CONTENTS: TABLES]

Revised 05-01-06

Page	Subject
13000	TABLE I, DEDUCTION STANDARDS
13100	TABLE II, INCOME AND RESOURCE MAXIMUMS/ALLOTMENTS
13200	TABLE III, MONTHLY INCOME MAXIMUMS (165% of Net)
13300	TABLE IV, ALLOTMENT PRORATION MULTIPLICATION FACTORS
13400	TABLE V, BASIS OF ISSUANCE (County file copy only)
13500	TABLE VI, MSCAP SHELTER DEDUCTIONS

1. Standard Utility Allowance (SUA)	2. Basic Utility Allowance (BUA)	3. Standard Telephone Allowance	4. Stanc Dedu c	lard	5. Maximum Excess Shelter	6. Homeless Shelter deduction
\$277 For All Households	\$206 For All Households	\$34 For All Households	House-hold Size 1-3 4 5	\$177 \$184 \$215 \$246	\$597 For All Households Except Those Noted Below	\$159.73 For Homeless Households

- 1. A household that shares a residence and utility expenses with other individuals is entitled to the full amount of the SUA or BUA, whichever is appropriate.
- 2. Households not entitled to use the SUA who are billed separately for at least **two non-heating or non-cooling** utility expenses other than telephone only, are entitled to Basic Utility Allowance (BUA).
- 3. The standard telephone allowance is not used if the SUA or BUA is used (included in the combined standard).
- 4. Disqualified individuals (DI, DF, DC, DW) or persons coded out (OU) are not included in the determination of household size.
- 5. For wholesale changes or other CWCP actions effective 10/01/21 and after, the maximum excess shelter is \$597.
- 6. Homeless households that incur and verify shelter expenses may claim a deduction in the amount of \$159.73, regardless of the actual billed expense. Volume V | Chapter 13

[TABLE II: INCOME AND RESOURCE MAXIMUMS/BENEFITS]

Revised 10-01-2021

Household Size	Monthly- Gross Income Maximum 1/ (130% of Poverty)	Monthly- Net Income- Maximum 2/ (100% of Poverty)	Monthly- Maximum- Allotment 3/
1	\$1396	\$1074	\$250
2	1888	1452	459
3	2379	1830	658
4	2871	2209	835
5	3363	2587	992
6	3855	2965	1190
7	4347	3344	1316
8	4839	3722	1504
9	5331	4101	1692
10	5823	4480	1880
11	6315	4859	2068
12	6807	5238	2256
13	7299	5617	2444
14	7791	5996	2632
15	8283	6375	2820
16	8775	675 4	3008
17	9267	7133	3196
18	9759	7512	3384
19	10251	7891	3572
20	10743	8270	3760
21	11235	8649	3948
22	11727	9028	4136
23	12219	9407	4324
24	12711	9786	4512
25	13203	10165	4700

^{1/} For households of 25 members, add \$492 for each person in excess of 25.

^{2/} For households of 25 members, add \$379 for each person in excess of 25.

^{3/} For households of 25 members, add \$188 for each person in excess of 25.

[TABLE II: INCOME AND RESOURCE **MAXIMUMS/BENEFITS**]

Revised 10-01-2021

Monthly Resource Maximums

The following monthly resource maximums will apply to SNAP households:

- Households which contain at least one person 60 or older and/or a disabled individual: \$3750
- All other households: \$2500

NOTE: Categorically eligible households (all members receive TANF and/or SSI) are not subject to:

- Monthly gross income maximums,
- Monthly net income maximums,
- Resource maximums

[TABLE III: MONTHLY INCOME MAXIMUMS (165% OF NET)]

Revised 10-01-2021

Household Size	Monthly Income Maximum	
1	\$1771	
2	2396	
3	3020	
4	3644	
5	4 268	
6	4893	
7	5517	This table should be used when determining
8	6141	eligibility for separate household status for
9	6766	elderly/disabled individual(s) living with others.
10	7391	elderly/disabled marvidual(s) fiving with others.
11	8016	
12	8641	
13	9266	
14	9891	NOTE: Do not consider the elderly/disabled
15	10516	person and his/her spouse as household members
16	11141	for this comparison.
17	11766	
18	12391	
19	13016	
20	13641	
21	14266	
22	14891	
23	15516	
2 4	16141	
25	16766	

For households of over 25 members, add \$625 for each person in excess of 25.

[TABLE VI: MSCAP SHELTER DEDUCTIONS]

Revised 01-01-2022

Low Shelter Deduction	High Shelter Deduction	Excess Shelter
\$335	\$490	\$490.01
For MSCAP Households With Actual Shelter Expenses \$335 or Less	For MSCAP Households With Actual Shelter Expenses Greater Than \$335	If a Household Has Actual—Shelter Expenses Greater than—\$490, the Household Has the Option to Participate in MSCAP.
		If a Household With Excess Shelter Expense Chooses to Participate in MSCAP, the Household Will be Entitled to the High Shelter

NOTE: These deductions are only for MSCAP cases, they are not to be used in a regular SNAP case.

MSCAP MEDICAL EXPENSE

If an individual has out of pocket medical expense in excess of \$35, the individual can opt out of the MSCAP program and receive benefits at the county level, if otherwise eligible.

If an individual who has excess medical expenses chooses to participate in the MSCAP program, no medical deduction will be allowed.

MSCAP CHILD SUPPORT DEDUCTION

If an individual is eligible for the child support deduction for child support paid outside the home, the individual can opt out of the MSCAP program and receive benefits at the county level, if otherwise eligible.

If an individual who is eligible for the child support deduction chooses to participate in the MSCAP program, no child support deduction will be allowed.

Revised 01-01-2022

CALCULATION FOR MSCAP BENEFIT LEVELS

Income	Shelter Deduction	Benefit Level
\$861 (Combination)	\$335	\$ 44
\$841 (SSI)	\$335	\$51
\$861 (Combination)	\$ 490	\$89
\$841 (SSI)	\$490	\$98

FINDEX: SNAP TERMINOLOGY

Revised 05-01-07

A

ABLE-BODIED ADULTS WITHOUT DEPENDENTS

Definition, 3350

Exemptions, Client, 3350 Exemptions, County, 3350

"WA" Waived County, 3350

ABSENT PARENT (AP)

Child Support Enforcement Requirements, 3400

Cooperation with Child Support

Enforcement, 3400

Disqualification of Absent Parent from

SNAP, 3400

ACTUAL INCOME

Non-Continuing income, 6103, 6191

ADDICT OR ALCOHOLIC REPRESENTATIVE

Definition, 2000, 8051

Centers as representatives, 7601

ADMINISTRATIVE
DISQUALIFICATION HEARING

Definition, 2000, 10200-10204

ADULT ATTENDANT CARE

Medical Expense, 4152-4153

ADVANCES

Earned Income, 6051

ADVERSE ACTION

Definition, 2000,

Notice of Adverse Action, 8354-8357

AGENCY CONFERENCE

Definition, 2000

Agency Conference Procedures, 10100

AGRICULTURAL STABILIZATION AND CONSERVATION SERVICE-PROGRAM PAYMENTS (ASCS)

Unearned Income, 4002

ALIENS

Aliens Eligible as Citizens, 3150

Budgeting, ineligible aliens, 7452-7455

Definition, 3150

Determination of Qualified Alien Status, 3151

Expedited Service, 3155

40 Ouarters, 3152

Ineligible Aliens, 3000, 3153

Qualified Aliens-Unlimited Eligibility Period,

3151-3152

Qualified Aliens-Limited Eligibility Period,

3152-3153

Reporting Illegal Aliens, 3155

Sponsored Aliens, 3155, 7800-7804

Verification and Documentation, 3153-3155

Work registration, 3254

ALIMONY

Unearned Income, 4002

AMERICORPS

Excluded Income, 4057

AND JUSTICE FOR ALL POSTER

Definition, 2000

Program Information Activities, 1002

ANIMALS, SERVICE

Medical Expense, 4151

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

ANNUITIES

Unearned Income, 4002

ANTICIPATED INCOME

Determining Income, 4100-4103, 6050

APPLICATION PROCESS

Decision and Notification,

8351 General, 6000

Expedited, 8013-8014

General information, 8013

Identifying Households, 8013 Late

Determination of Status, 8014 Out

of Office Interviews, 8013

Processing Standards, 8013-8014

Form, Application, 2000, 8000

Interview, 8003-8006

Facilities, 8004

Holding the Interview, 8004-

8005 Probe Interviews, 8005-

8006 Scheduling, 8003

Waiving Office Interview, 8003-8004

Limits to Waiving, 8004

Joint TANF and SNAP Application,

8006-8008

Making Application, 8001

Contacting County Office, 8001

Filing an Application, 8002

Right to File, 8001

Valid Application, 8002

Withdrawing an Application, 8002

Obtaining Additional Information, 8008

Potentially Categorically Eligible

Households, 8014-8015

Processing the Application, 8006-8008

Processing Standards, 8008-8009

Delays, 8009-8013

Determining Cause of Delay,

8009-8010

Household Delay, 8010-

8011

Worker Delay, 80011-8012

Longer than 60 Days, 8012-8013

Proration from Date of Application,

6000

Request for Assistance, 8006

Responsible Household Member, 8000-

8001

Staff members, Relatives, Personal

Interest, 1250

ASSISTANCE HOUSEHOLD

Definition, 2000

AUTHORIZED REPRESENTATIVES

Benefit Representative, 8050-8051

Definition, 2000

Resident of Chemical Treatment or

Rehabilitation Program, 7600

B

BANK ACCOUNTS

Liquid Resources, 5050, 5051

BASIC UTILITY ALLOWNACE (BUA)

Definition, 2000

Shelter Expense, 6125, 6126

Verification and Documentation, 8253-8254

BLIND AND DISABLED GROUP LIVING ARRANGEMENTS

Authorized Retailer, 7651

Disqualification of Group Home as Retailer,

7654-7655

County Office Responsibilities, 7651-7652

Definition, 2001

General Information, 7650

Revised 05-01-07

Loss of Certification, __

7655 Making Application, 7650-7651 Medical Expenses, 7652
Over issuance, 7653-7654
Residents Leave Facility, 7654
Rights of Certified Recipients,
7652 Shelter Expenses, 7652
Technical Eligibility, 7650

BLOOD, SALE OF

Earned Income, 4001

BONDS

Resources, 5050

BOARDERS

Commercial Enterprise, 7100
Definition, 2001
Foster Children, 7250
Ineligible to Participate, 3100, 7250
Non-Commercial Situation, 3001, 7250-7251
Self-Employment Income, 7100

BOARDING HOUSES

Commercial Boarding Houses, 3001, 3100, 7100-7103
Definition, 2001
Non-Commercial Boarding Houses, 7300-7301

BUDGET MONTH

Definition, 2001

BURIAL PLOT

Excluded Resource, 5101

C

CAFETERIA PLAN

Excluded Resources, 2108

Money Diverted from Gross Earnings, 4000

CAPITAL GAINS

Definition, 2001

Self-Employment, 7101-7102

CASE HEAD

Definition, 2001-2002

CASE RECORD

Arrangement of Material, 1155

Generic/Combination Case Folders,

1155

Left Side, 1155

Right Side, 1155

Case Numbers, 1152

Confidential Nature, 1151

Subpoenas, 1204

Content of Case Record, 1150

Destruction and Disposal of Closed Records,

1153-1155

Documentation in Case Records, 1151

Filing of Case Material, 1156-1157

Individual Numbers, 1152

Labeling Inactive File Folders, 1153-1154

Case closure dots, 1154

Maintenance of Individual Record, 1152

Multiple Volumes, 1153

Notices to Clients, 1156

Permanent Material, 1156

Purpose of Case Records, 1150

Purpose of Case Record Forms, 1152

Regulations Safeguarding Information, 1200

Information to be Safeguarded, 1200

Penalties for Breaking Confidentiality,

1200-01

Restriction of Staff in Handling Certain Cases,

1250

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Related and/or Personal Interest Cases, 1250

Retention after Case Closure, 1154-1155 Transfer of Cases Between Counties, 8500-8503

Responsibilities of First County,

8500-8501

Responsibilities of Second County,

8501-8502

Household Moves Out-of-State, 8502-

8503

CASH ON HAND

Liquid Resources, 5050

CATEGORICALLY ELIGIBLE HOUSEHOLDS

Benefit Levels, 7851-7852

Definition, 2002, 7850

Eligibility, 7850-7851

Exempt from Resource and Gross Income

Tests, 7850

MSCAP, Mississippi Combined Application

Project, 7950-7956

Potentially Categorically Eligible Households,

7852-53, 8014-8015

Proration of Benefits, Previously Denied, 6001

Recertification and Changes, 7853-7854, 8154

Restorations, 7854

Special Situations, 7851

Verification and Documentation, 7852, 8250,

8264-8265

Zero allotment, 6193

CENSUS BUREAU

Excluded Income, 4052

CERTIFICATE OF DEPOSITS (CD)

Liquid Resources, 5050

CERTIFICATION

Definition, 2002

Certification Process, 8000-

8503 Loss of certification, 7655

CERTIFICATION PERIODS

Assigning Period Lengths, 8300-8301

One or Two months, 8300-8301

MSCAP, 7956

Up to Six Months, 8301

One year, 8302

Certification Period and Notices,

7002-7003

Conform to Calendar Months, 8300

Definition, 2002

Elderly or Disabled, 8302

General Information, 8300

Self-Employed, 8301

Shortening Certification Periods, 8302

Social Security Number not Provided, 8301

TANF and SNAP, 8300

Certification Period, 7105, 7552

CHANGE REPORTING HOUSEHOLDS

Definitions, 2002

Household Composition, 8265

Responsibilities, 8200-8201

CHANGES WITHIN CERTIFICATION PERIOD (CWCP)

Additional Changes Reported, 8208-8211

Examples, 8208-8209

Insufficient Information, 8211

Sufficient Information, 8210

Decrease Benefits, 8206-8207

Expenses, 8202

Failure to Report, 8211

Increase Benefits, 8202-8206

Substantial Increase, 8203-8205

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Other Increase, 8205-8206

Household Requirements for Reporting, 8200-

8201

Applicants, 8200

Certified Change Reporting, 8200-8201

Methods of Reporting, 8201

MSCAP, 8201

TANF, 8201

Other Changes, 8207-8208

Mass Changes, 8211

Benefit Levels, 8212

Deductions, 8212

Eligibility Standards, 8212

Federal Benefits, 8212

General Information, 8211

TANF, 8212

Utility Standards, 8212

Verification, 8272

Worker Responsibilities, 8201-8202

CHARITABLE DONATIONS

Earned Income, 4052

CHILD CARE EXPENSE (CC)

Age of Eligible Children, 6130

Expenses from Income, 4152-4153, 6130

Maximum Expense Deductions from Income,

13000

Verification and Documentation, 8255

CHILD SUPPORT ENFORCEMENT REQUIREMENTS

Cooperation, Required to, 3400

Absent parent Requirements, 3400

Custodial Parent Requirements, 3400

Penalties for Non-Cooperation, 3401

Court Orders, 3402

Ending Disqualification, 3402

General Information, 3400

Referral to Child Support Enforcement, 3400-

3401

CHILD SUPPORT INCOME

Unearned income, 4002

CHILD SUPPORT PAYMENT EXPENSE

Arrearage, 4155

Fees, 4155

Legally Obligated Payments, 4050

MAVS Coding, SD, 4155

CHILD TAX CREDIT, INCOME TAX

REFUND

Liquid Resources, 5051

CHOCTAW FOOD DISTRIBUTION **PROGRAM**

Definition, 2002

General, 8450-8453

CHOCTAW INDIANS

Counties with Established Reservations Distribution Plan, Unearned Income, 4003 4004

Food Distribution Program, 2002, 8450-8453

Choice of Programs, 8450-8451

Claims for Dual Participation, 8453

Communication Between Programs,

8451-8452

Dual Participation, 8453

General Information, 8450

Responsibilities of Choctaw Programs,

8453

Responsibilities of County, 8452-8453

CITIZENSHIP

General Information, 3150

Verification, 8266

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

CLAIMS

Administrative Action on SIPV, 11200

Agency Employees, 11155

Authorized Representative Committed Claim,

11150

Bankruptcy, 11313-11315

Categorically Eligible Households, 11152-

11154

Claim Threshold, 11003

Claims Database, 11450-11452

Combination of Claim Types, Same Month,

11151

Court Ordered Restitution, 11250-11252

Credit Account Claims, 11008

Criteria for Establishing SIPV Claims, 11102-

11103

Deceased Clients, 11156

Definition of a Disqualified Offense, 11203-

11205

Determining Responsible Household

Members, 11102

Disqualification of Representatives, 11101,

11155-11156

DRS Subsystem, 11350-11354

Exact Claim Amount Cannot be Determined,

11151-52

Group Homes, 11154-11155

Instances Which Do Not Require Claims,

11001

Intentional Program Violation, 11100

Intentional Program Violation Penalties,

11206-11209

Methods of Reporting SIPV, 11101

Offsetting Claim, 11106-11107-

Out of Court Settlements, 11201

Participating While Awaiting Fraud Hearing,

11202

Preparing the Claim, 11050-11058

Determining Claim Amount, 11052,

11105-11106

Determining First Month, 11050-11052,

11103-11105

Narrative, 11053-11058

Repayment, 11300-11313-

Standards of Promptness, 11003

Trafficking Claims, 11005-11008, 11156

Transfer of Claims, 11008-11109

Types of Claims, 11003-11005-

Unreported Income, IHE or SIPV, 11154

Voluntary Quit, 11154

CLOSURE STICKERS

Colors by Closure Year, 1154

COINS, VALUABLE

Liquid Resources, 5050

COLLATERAL CONTACT

Definition, 2002

Verification and Documentation, 8267-8268

COLLEGE STUDENTS, see students

COMMIMGLED FUNDS

Definition, 2002

Excluded Resource, 5109

COMMUNAL DINING FACILITY

Definition, 2002-2003, 3501

COMPLAINT REVIEW

Definition, 2003

Complaint Review, 1055-1057

COMPLAINTS

Complaint Made By Client or On Behalf of Client

To County Office, 1055

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

To State Office, 1055
Complaint Made About Applicants/Recipients, 1055
Complaint Made About Retailer, 1056
Complaint Review, 2003, 1055-1057
Discrimination Complaints, 1050-1053
General Complaints about FS Program, 1056 Handling of Complaint Letters, 1204 Records, 1056

COMPOSITION, HOUSEHOLD, see household composition

CONFIEDNTIALITY

Agencies Providing assistance or Services, 1202

Confidential Nature of Case Record, 1151 Disclosure

> Client or Client Representatives, 1203 Elected Officials, 1204 Grand Juries, 1202

Inter Agency Departments, 1203

Law Enforcement, 1202

County/District prosecuting Attorney, 1202

Legislative Officials, 1204

Social Security Administration, 1203

Information to be Disclosed, 1201–1202
Nature of Information to be Safeguarded,
1200 Other Information to be Disclosed, 1202
Penalties for Violation of Confidentiality,
1200–1201

Persons Authorized to Disclose Information, 1201

Regulations Safeguarding Information, 1200 Subpoenas, 1204

COST OF LIVING ALLOWANCE,

(COLA), see mass change

Ð

DECISION AND NOTIFICATION

Basis of Issuance, 8351 Eligibility Decision, 8351

Application, 8351

Recertification, 8351

General Information, 8350

Household Cooperation, 8350-51

Issuance and Expungement Period, 8352

Notice to Households, 8352-57

Action, Notice of, 8353

Adverse Action, 8354-8357

Exemption From, 8354-8355

Provisions for Reversing, 8356

Appointment, 8357

Approval, 8353

Expedite Verification, 8251

Pended, 8353

Change, 8354

Closure, 8357

Denial, 8353

Expiration, 8357

Request for Information, 8352

Rights and Responsibilities, 8352

DEDICATED ACCOUNTS,

SSI Excluded Income, 4055 Excluded Resources, 4055

Adult Attendant Care, Medical, 4152

Child Support Payments, 4155,

6131 Arrearage, 4155

Fees, 4155

Legally Obligated Payments, 6131

MAVS Coding, SD, 6131

Verification and Documentation, 8255

MISSISSIPPI [INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Dependent Care, 4152-4153, 6130-6131, 8255	4153, 6130
Minor Children Child Care Expense,	Age of Eligible Children, 6130
6130	Allowable Expense from Income, 6130
Age of Eligible Children, 6130	Kindergarten Expense, 4152,
Kindergarten Expense, 4152, 6130	6130
Maximum Expense, 4152, 6130	Maximum Expense Deduction,
TCC and TWP Co-Payments, 4153,	13000 TCC and TWP Co-
6131	Payments, 4153, 6131-
Transportation to Provider, 6130	Transportation to Provider, 6130
Verification, 8255	Verification, 8255
Earned Income Deduction, 4150	Adult Attendant care, see Medical Expense
General Information, 4150	
Medical Expenses, 4150-4152, 6120-6124	DESTITUTE STATUS FOR MIGRANTS
Allowable Expense List, 4150-4152	AND SEASONAL FARM WORKERS
Budgeting, 6120-6124	Applications, 7201
One Time Expense, 6123	Benefit Levels, 7022
Recurring Expense, 6121-6122	Definition, 2003
General Information, 4150	Determining Destitute Status, 7020-7021
Verification and Documentation,	Eligibility, 7022
8255 Standard Deduction	General Information, 7020
Chart, 13000	Income, 7022-7023
Definition, 4150	New Source Income, 7020
Shelter Costs, 4153-4154, 6124-6130	Recertification, 7021, 7023
Actual Utility Expense, 4153-4154, 6127	Resources, 7022
Allowable Expense List, 4153-4154	Special Situations, 7021-7022
Basic Utility Allowance (BUA), 6125-	Travel Advance, 7021
6126	Change in Jobs or Source of Income,
Standard Utility Allowance (SUA),	7022
6124-6125	
Utility Expense, 6124	DISABLED INDIVIDUAL
Verification and	Definition, 2003-2004
Documentation, 8253 8254	
	DISASTER
DELIVERED MEALS	Farm Payments, 7104
Definition, 2003	FNS Declared Disaster, 7701
General, 3500-3501	Household Disasters, 7700 Income
	Excluded by Law, 4057 Insurance
DEPENDENT CARE	Payments, Excluded Income,
Minor Children Child Care Expense, 4152	4057,4059

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Resources, Excluded by Federal

Law, 5103, 5105

Shelter Expenses, 4154

DISCRIMINATION

Age Discrimination Complaints, 1052
Complaint Involving Other Agencies, 1052
Federal Laws Prohibiting Discrimination, 1050
How to File a Discrimination Complaint, 10501052

County Office, 1051
Office of Civil Rights, 1051
State Office, 1051-1052
USDA Office, 1051

Where to File a Discrimination Complaint,

1051

DIVIDENDS INCOME

Unearned Income, 4002

DOCUMENTARY INCOME

Definition, 2005, 8267

DOCUMENTATION, see verification

DOMESTIC VOLUNTEER SERVICE

ACT OF 1973

Excluded Resources, 5104

Foster Grandparent Program, 5104

DRUG ADDISCTION OR ALCOHOLIC TRATMENT AND REHABILITATION PROGRAMS, see also resident addicts and

alcoholics

Definition, 2005, 7600

EARNED INCOME Blood, Sale of, 4001

Cafeteria Plans, 4000

Definitions, 4000

Jury Duty, 4001 Military Pay, Non-Combat Zone, 4001

Military Personnel Allowances, 4001 On the Job Training Programs, 4001

Other Pay Included in Taxable Gross, 4001

E

Rental Properties, 20 + Hours Weekly, 4000-

4001

Salaries, 4000

Self-Employment, 4000-4001, 7100-7105

Sick Pay, from Employer, 4000

Tips, 4000

Training Allowances, 4001

Verification and Documentation, 8252-8253

Wages, 4000

EARNED INCOME DEDUCTION

Definition, 4150

Manual Calculation, 6192

EARNED INCOME TAX

CREDITS (EITC)

Excluded Income, Advance Payments, 4052

Excluded Resource, 5105

EDUCATIONAL ASSISTANCE

PAYMENTS

Excluded Income, 4052, 7355

ELDERLY INDIVIDUAL

Communal Dining Facility, 2002-2003

Definition, 2005

Delivered meals, 2003

Household Composition, 3000

EQUITY ELECTRIC BENEFIT TRANSFER CARD

(EBT)

Adjustment to Accounts, 8101-8103

Benefit Aging, 8104-8106

Change of Benefit Representative, 8101

Claims, 8101

Closing Account, 8101

Definition, 2005

Fair Hearing, 8103-8104

Issuance of Card, 8100

Replacement of Cards, 8100

ELIGIBLE FOODS

Definition, 2005

Prohibited Items, 3500

EMPLOYMENT AND TRAINING PROGRAM (E & T)

Definition, 2006

Work Registration/ABAWDS, 3350

ENCUMBRANCE

Definition, 2006

ENERGY ASSISTANCE

PAYMENTS Excluded Income, 4055

Excluded Resource, 5103

ENUMERATION

Ending Disqualification, 3202

Expedited Service, 3203, 7001

Failure to Comply, 3201

Good Cause, 3201-3202

Newborns, 3200

Obtaining SSNs for Household Members,

3200-3201

SSN Validation Match Alerts, 3202

Use of SSNs, 3202

Verification, 3202

Definition, 2006

Resources, 5051

EXCLUDED HOUSEHOLD MEMBERS

Definition, 2006, 3002-3003

Fleeing Felon, 7450

Felony Convictions, 7450

Ineligible Aliens, 7450

Intentional Program Violation, 7450

Fraud, 7450

Duplicate Participation, 7450

Trafficking Conviction, 7450

Non-Compliance with Child Support, 7450

Non-Compliance with Work Registration,

7450

Lists of Foods, 3500

SSN Disqualified, 7450

EXCLUDED INCOME

AmeriCorp, 4057

Census Bureau Income, 4052

Charitable Donations, 4052

Child Care Payments

Reimbursements, 4053

TCC, 4057

Combat Pay, Military, 4053

Dedicated Accounts, SSI, 4055

Disaster Relief, 4057

Domestic Volunteer Services, 4056

Earned Income Tax Credit (EITC), 4052

Educational Income, 4052

Energy Assistance Payments, 4055

Federal Law Exclusions, 4056-4059

Flexible Employee Benefits, 4052

Gift Cards, 4055

Green Thumb, 4056

Infrequent and Irregular Income, 4051

HUD Family Self-Sufficiency Program, 4055

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Loans, 4052

Purchasing Lot for Building Home, 5100

National Commellian

National Council on Aging, 4056

Non-Monetary Gains or Benefits, 4050

Non-Recurring Lump Sum Payments, 4054

Payments to Qualified SSI Representative

Payee, 4051

Plan for Achieving Self-Support (PASS), 4052

Reimbursements, 4053-4054

SSI Installment Payments, 4055

Student Under 18 Earned, 4054

Third Party Payments, 4054

Trust Fund, Unavailable Income from, 4055-

4056

Vendor Payments, 4050

Vista Volunteers, 4056

Workforce Investment Act (WIA), 4057

EXCLUDED RESOURCES

Burial Plot, 5101

Commingled Funds, 5109

Disaster Relief, 5103

Earned Income Tax Credit (EITC), 5105

Energy Assistance Payments, 5103

Federal Law Exclusions, 5104-5106

Funeral Arrangements, Pre-Paid, 5101

Government Grants, 5103

Home, 5100

Household Goods, 5101

Inaccessible Resources, 5106-5108

Income Producing Property, 5102

Indian Lands, 5104

Installment Contracts, 5103

Life Insurance Policies, 5101

Livestock and Poultry, 5101

Non-Household Members, 5106

Personal Effects, 5101

Proceeds from Sale of Home, 5104

Prorated Money, 5104

Retention of, Unlimited, 5100 Retirement Plans, 5101 Deferred Compensation Plans, 5101 Keogh Plans, 5050 IRA's, 5050 Supplemental Retirement

Plans, 5101 Self Employment-Property, 5102 Vehicles, 5102 Structures on the Home Property, 5100 Temporarily Unoccupied Home, 5100 Vehicles, 5101, 5150

EXPEDITED

Application Process, 7000, 8013
Card Issuance, 7000
Certification Periods, 7003

Criteria, 7000

Definition, 2006

Determining Expedited Status, 7000, 8013,

8014

General Information, 7000, 8013

Identity, 8251

Late Determination of Expedited Status, 7000,

8014

Loss of Entitlement, 7002

Migrant Workers, 7020

Notices, 8353

Out-of-Office Interview, 8013

Processing Standard, 7000, 8013-8014

Recertification, 7003

Scheduling Interviews, 7000

Seasonal Workers, 7020

Social Security Numbers, 7001

Verification and Documentation, 7001–7002,

8251

Work Registration, 7002

EXPENSES, see deductions from income

EXPUNGEMENT

Period, 8352

GENERAL ASSISTANCE

G

 \mathbf{F}

FAIR MARKET VALUE

Rental Property, 5102
Value of Resources, 5150

FEDERAL POVERTY LEVEL

Table II, Net Income Monthly, 13100

FELONY DRUG

CONVICTION Definition, 3003

MAVS Coding "DF", 3003

Special Circumstances, 7450-7452

FLEXIBLE EMPLOYEE BENEFIT PLANS

Excluded Income, 4052

FLUCTUATING INCOME

Exploration, 4102

FOOD AND NUTRITION SERVICES

(FNS)

Definition, 2006

FOOD STAMP ACT

Definition, 2007

FOSTER CARE CHILDREN

Boarders, 3001, 7250 Payments for Foster Care. 4002

FOSTER CARE PAYMENTS

Unearned Income, 4002

Definition, 2007

GIFT CARDS

Excluded Income, 4055

GREEN THUMB

Excluded Income, 4056

GROUP HOME RESIDENTS

Definition, 2007

Medical Expenses, 6124

H

HEAD OF HOUSEHOLD (H-HH)

Determination, 2007Limits to Designation, 3256-3257

Primary Wage Earner, 3256

Voluntary Quit Penalties, 3304, 3306

Work Registration, 3258

Work Registration Penalties, 3257, 3264

HEARINGS

Abandonment of Hearing, 10158

Administrative Disqualification Hearing,

10000-10001

Client's Rights, 10201

Hearing Record, 10200-10201

Purpose, 10200

Responsibility of County, 10200, 10204

Responsibility of State Office, 10201-

10204

Retention of Hearing Record, 10204

Time Limit, 10200

Agency Conference, 10000, 10100 Procedures, 10100

FINDEX: SNAP TERMINOLOGY

Revised 05-01-07

Purpose, 10100

Time Frames, 10100

Appeal of Hearing Decision, 10161

Attendance, 10159

Case Actions, That Do Not Require Formal

Notice, 10155

Changes During Hearing Process, 10155

Client's Rights, 10155-10156

Complaint Review, 10000

Contest a Claim, 10151-10152

Continuation of Benefits, 10154-10155

Decision, 10160-10161

Definition, 2007

Expedited Hearings, 10153, 10157

Final Hearing Decision, 10160

General Information, 10000

Group Hearings, 10160-10161

Hearing Officer, 2008, 10158-10159

Hearing Record, 10152, 10200

Material Forwarded to State

Office, 10152 Retention of

Hearing Record, 10153,

10204

Hearing Requests, 2008, 10150-10151

Holding the Hearing, 10159-10160-

Participation During Pending Appeal,

10154 Postponement, 10158

Requests on Points Other than Case

Action, 10154

Responsibility of State Office, 10157

State Hearings, 10000

Hearing Request, 10150-10151

Filed at County Office, 10150

Filed by Letter, 10151 Filed to

State Office, 10151

Filed by Telephone, 10151

Responsibility of County Office,

10151 Purpose, 10150

Withdrawal of Hearing Request, 10158

Volume V | Chapter 14 14011

HOME

Definition, 2008

HOME VISITS

Definition, 8268

HOMELESS INDIVIDUAL

Definition, 2008
HOMELESS MEAL
PROVID Definition, 2008

HOMESTEAD

Information, 5100, 5300

HOUSEHOLD

Definition, 2009 Household Concept, 3000

HOUSEHOLD COMPOSITION

Boarders, 3001, 7250-7251

Foster Children, 3001, 7250

Budgeting for New Household Members, 6104 Commercial Boarding Houses, 3001

Definition, 3000

Residents of Institutions, 3001

Temporary Residence, 3001

Excluded Household Members, 3002-3003

Intent to Establish Separate Households,

3002 Persons in 2 or More Households in

Same Month, 3002

Non-Household Members, 3002 Non-

Household Status, 3002

Prohibited Separate Household Status, 3000-3001

Spouse, 3000

Children Under Age 22, 3000

Children Under Age 18, 3000-3001

Other Non-Household Members, 3004

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Residents of Shelters for Battered Women and Children, 3002, 7750-7752 Residents of Shelters for Alcohol or Chemical Dependency, 3002, 7600,7602 Separate Household Status, 3002 Temporary Residence, 3001 Verification and Documentation, 8265 When a Household Member Moves, 3001

Fluctuating Income, 4102

HOUSEHOLD GOODS

Excluded Resource, 5101

I

IDENTIFIABLE APPLICATION Definition, 2009

INACCESSIBLE RESOURCES

Cafeteria Plans, Funds Held in, 5108 Collateral for Business Loans, 5107 Definition, 5106 Jointly Owned Resources, 5107 Subdivided, Unable to, 5107 Without Access, 5107 Life Estate, 5107, 5302

Probate, Property in, 5107
Remainderman Rights to Property, 5107, 5302

Security Deposits, 5107

Selling, Good Faith Effort, 5107

Shelter for Battered Women, Resident's

Property, 5107

Trust Funds, 5107-5108

Unable to Sell for Reasonable Price, 5107

Unknown to Household, 5108

INCOME

Actual Income, 6103 Anticipated Income, 4100-4103, 6050 Non-Regular, 4102

Annualizing Income

Self-Employed, 7100-7105

School Employee, 7400

Manual Calculations, 6190-6191

Definition, 2009

Earned Income, 4000-4001

Excluded Income, 4050-4060

Fluctuating Income, 4102, 6103-6104

Limits, 6190

Elderly &/or Disabled, 13200, 14100

Gross Income, 14100

Net Income, 14100

Maximums, 6190

Net Income Calculated Manually, 6191-6192

Non-Continuing Income, 6103

Non-Regular Income, 4102-4103

Payment not Considered Income, 4059-4060

Prospectively Budgeting Income, 6101-6106

Unearned, 4002-4004

Verification and Documentation, 8252-8253

INCOME AND ELIGIBILITY

VERIFICATION

SYSTEM (IEVS) (IVAS)

General Provisions, 8280

Matches to be Conducted, 8280

Maverics Reports, 8288-8289

Monitoring and Reporting,

8288 Purpose, 8280

Required Action on Matches, 8286

Required Action on Recipients, 8287

System Alerts, 8288

Types and Frequency, 8281-8284

Alerts, 8284

Bendex, 8281-8282

SDX, 8282

SSN Enumeration, 8283-8284

Unemployment, 8283

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Wage, 8282-83

Unverified Upon Receipt, 8285-8286

Use of Data, 8281

Verified Upon Receipt, 8284-8285

INDIVIDUAL RETIREMENT PLANS (IRA)

Liquid Resources, 5050

INDUSTRIAL VEHICLES

Income Producing, 5102
Non-Liquid Resource, 5101

INELIGIBLE ALIEN

Definition, 2009

Excluded Household Member, 3002, 3153

INELIGIBLE APPLICATION

MONTHS Eligible

Application Month, Ineligible Subsequent Month, 6102 Ineligible Application Month, Eligible Subsequent Month, 6102

INFREQUENT AND IRREGULAR

INCOME

Excluded Income, 4051

INITIAL MONTH

Definition, 2009

Proration of Benefits, 2013, 6000

INSTALLMENT CONTRACTS

Excluded Resource, 5103

INSTITUTION OF HIGHER EDUCATION

Definitions, 2010 Students, 7350 **INSTITUTION, POST-SECONDARY**

EDUCATION

Definitions, 2010

INSTITUTIONS

Definitions, 2010

INSURANCE

Business Insurance, Self-Employment

Expense, 7102

Crop Insurance, Self-Employment

Expense, 7105

Disaster Insurance, Excluded Income, 4057

Disaster Insurance, Excluded Resource,

5105 Health Insurance, Medical Deduction,

4151 Home Insurance, Shelter Deduction,

4154 Life Insurance, Excluded Resource,

5101 National Flood Insurance, Excluded

Income, 4059

Sick Pay, Unearned Income, 4000, 4002

INTERACTIVE INTERVIEW

Definition, 2010

INTEREST INCOME

Unearned income, 4002-4003

ISSUANCE CYCLE

Definition, 2010

ISSUANCE MONTH

Definition, 2010

J

JTPA-see Workforce Investment Act

Volume V | Chapter 14 14013

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

JOINTLY OWNED RESOURCES

Unable to Subdivide, Inaccessible Resource, 5107

Without Access, Inaccessible Resource, 5107

JURY DUTY

Earned Income, 4001

K

KEOGH PLANS

Definition, 2011

Liquid Resources, 5050

KINDERGARTEN

Dependent Care Expenses, 4152, 6130

Ł

LIFE ESTATES

Excluded Resource, 5107

LIFE INSURANCE POLICIES

Excluded Resource, 5101

LIOUID RESOURCES

Bank Accounts, 5050

Jointly Owned Accounts, 5051

Belonging to Alien's Sponsor, 5052

Belonging to Excluded Household Member,

5051

Bonds, 5050

Cash, 5050

Certificates of Deposit, 5050

Child Tax Credits, Income Tax Refunds, 5051

Coins, Valuable, 5050

Individual Retirement Accounts (IRA), 5050

Keogh Plans, 5050

Loans 5050

Non-Recurring Lump Sum Payments,

4054, 5050

Savings Certificates, 5050

Stocks, 5050

Student Under Age 18 Accumulated Earnings,

5050

Vacation Pay, Received After Employment

Ends, 5050

LIVE-IN ATTENDANT

Definition, 2011

Medical Expense, 4151-4152

Non-Household Member, 3004

LIVESTOCK AND POULTRY

Excluded Resource, 5101

LOANS

Excluded Income, 4052 Liquid Resources, 5050

Medical Expenses, 6124

LOSS OF LAND FOR UNPAID TAXES

Determination of Ownership, 5302

LOW-INCOME HOME ENERGY

ASSISTANCE

PROGRAM (LIHEAP)

Definition, 2011

Entitlement to Standard Utility Allowance,

6124

Expense Exceeds Reimbursement, 6126

Vendor Payment, 4050

LOW-INCOME

HOUSEHOLD Definition, 2011

LUMP SUM PAYMENTS

Excluded Income, 4054

Prorated Over Certification

Revised 05-01-07

M -Period, 6123 Recurring Monthly Expenses, 6121 **MANAGEMENT EVALUATION** Actual Expense, 6121 REVIEWS (ME) Averaged Expense, 6121 Definition, 2011 Reporting Changes, 6120 MASS CHANGE, see also CWCP Special Situations, 6124 Decision and Notification, 8211-8212 \$35 Reduction, 6120 Eligibility Standards, 8212 Verification and Documentation, 8255 Federal Benefits, 8212 Contact Lens, 4151 General Information, 8211 Dental Care, 4150 TANF, 8212 Dentures, 4151 Utility Standards, 8212 Eye Glasses, 4151 Food Products, 4151 **MEAL SERVICE** General Information, 4150 Group Home Residents, 6124 AUTHORIZATION NOTIFICATION Definition, 3 Hearing Aids, 4151 5 0 1 MEANS-TESTED Home Health Aid Worker, 4151-4152 PROGRAMS Definitions, 3450 Homemaker, 4151-4152 Non-Compliance with Hospitalization, 4151 Tempor ary Assist ance for Need y Housekeeper, 4151-4152 Families (TAN F), 3450 - 3451 Insurance Premiums, 4151 Accident, Death, and Reimbursements, 4151 Health, 4151 MEDICAL EXPENSES Attendant, 4151 Interest Payments on Medical Loans, 6124 Loans, 6124 Budgeting, 6120-6124 Meals, for Medical Attendant, 4152 Anticipated Medical Expenses, 6121 Medical Care, 4150 Beginning During Certification Period, 6120-6121, 6123 Medical Supplies, 4151 Billed Less Often Than Monthly, 6122 Medicare Premiums, 4151 Nursing Care, 4151 Charge Accounts, 6124 Nursing Home Care, 4151 Interest on Charge Accounts, 6124 General Information on Budgeting, One Time Expense, 6123 6120-6121 Outpatient Treatment, 4151 Group Home Residents, 6124 Over-the-Counter Medication, 4151 Loans, 4152, 6124 Prescription Drugs, 4151 One Time Expense, 6123 Prosthetics, 4151 Attributed to One Budget Month, Psychotherapy Treatment, 4150 6123 Recurring Expenses, 6121

Rehabilitation Services, 4150

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

Requirements to be Eligible for Deduction,

4150

Age, 4150

Disability, 4150

Service Animals, 4151

Sick-Room Equipment, 4151

Transportation, 4151

Verification and Documentation, 8255

MIGRANT FARM WORKERS

Exempt Income of Children, 7050

General Information, 7050

Proration of Benefits, Exempt, 6001

Resources, 7050

Cards, 8100

Table, 13500

MORTGAGE

Continuing Charges for Home, Expense, 4153

Down Payments, Expense, 4153

Standard Benefit Amount, 7951

Transfer of Cases, 7955-7956

Equity Loans, Expense, 4153

Lump Sum Payments, Expense, 4154

Notes, Non-Liquid Resources, 5052

Resource, 5052

Verification and Documentation, 8254

N

Replacements, 7955

MILITARY PAY

Combat Pay, Excluded Income, 4053 Non-

Combat Pay, Earned Income, 4001

MISSISSIPPI COMBINED

APPLICATION

PROJECT (MSCAP)

Address for MSCAP Unit, 7952

Application Processing, 7952-7954

Through County Office, 7952-7953

Through Social Security Office, 7952-

7954

Case Record, 7956

Certification Periods, 7956

Changes, Reporting, and Handling, 7954-7955,

8201

Definition, 2012

Eligibility Criteria, 7950

Excess Shelter Expenses, 7951-7952

General Information, 7950

Initial Benefits, 7954

Inquiries, 7956

Other Expenses, 7952

NATIONAL COUNCIL ON AGING

Excluded Income, 4056

NATIONAL NEW HIRE DATA

Computer Matching System, 8273

NATIONAL VOTER REGISTRATION

ACT

(NVRA), see VOTER REGISTRATION,

A.K.A.

MOTOR VOTER ACT

Definition, 2012

Voter Registration Requirements, 1011-1012

NEED STANDARDS

Income and Resources Tables, 13100

NET EQUITY VALUE

Determining Resource Value, 2006, 5150

NET INCOME

Manual Determination, 6191-6193

MISSISSIPPI

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

NON-CONTINUING INCOME

Mortgages, Notes, and Deeds of Trust, 5052

Special Budgeting Procedures, 6103

NONDISCRIMINATION COMPLIANCE

Age Discrimination, 1052 Complaint Involving Other Agencies, 1052 Federal Laws Prohibiting Discrimination, 1050 How to File a Discrimination Complaint, 1050-1051 Public Notification, 1053 Response to Discrimination Complaints, 1051-1052

Where to File a Discrimination Complaint,

1051

NON-HOUSEHOLD MEMBERS

Boarders, 3100, 7250 Definition, 2012 Expenses, 7500-7501 Income, 7500 Ineligible Students, 3004 Live-in Attendants, 3004 Others, Separate Household Status, 3004 Resources, 7500 Roomers, 3004

NON-LIQUID RESOURCE

Belonging to Alien's Sponsor, 5052, 7803 Belonging to Excluded Household Member, 5051 Buildings, Non-Home Property, 5051 Equity, 2006, 5051 Gravel, Proceeds from One-Time Arrangement, 5052 Industrial Vehicles, Non-Income Producing, 5051 Jointly Owned, 5051 Joint Bank Accounts, 5051

Oil, Gas, and Other Minerals, 5052

Personal Property, 5051

Recreational Property, 5051

Recreational Vehicles, 5051

Timber, 5052

Verification and Documentation, 8267

NON-MONETARY GAIN OR BENEFIT

Excluded Income, 4050

NON RECURRING LUMP SUM PAYMENTS

Excluded Income, 4054 Liquid Resources, 5050

NON-REGULAR INCOME

Anticipating Income, 4100-4103

NOTICE OF ADVERSE ACTION (NOAA)

Exemptions from NOAA, 8354-8356 General Information, 8354 Timing of Notice, 8354 Voiding or Reversing NOAA, 8356-8357

0

OFFICER-IN-CHARGE (OIC)

Address of the OIC, 1351 Definition, 2012 Duties of the OIC, 1350

ON-THE-JOB TRAINING PROGRAMS

Earned Income, 4001

OPPORTUNITY TO PARTICIPATE

Definition, 2012-2013

OVER-ISSUANCE

Definition, 2013

Types of Overissuance, 11003-11008 Preparing the Claim, 11050-11058

₽

PENSIONS

Unearned Income, 4002

PERSONAL EFFECTS

Excluded Resources, 5101

PERSONAL PROPERTY

Non-Liquid Resources, 5051

PLAN FOR ACHIEVING SELF-SUPPORT

(PASS)

Excluded Income, 4052

POST SECONDARY EDUCATION (PSE)

Definition, 7350

PRELEASE OF INSTITUTIONALIZED

APPLICANTS

Application Processing Procedures, 7900

General Information, 3101,7900

PRIMARY INDIVIDUAL

(PI) Definition, 2013

PRIMARY WAGE EARNER (PWE), see

also Head-of-Household

Definition, 2013

Determination of, 3256

Head of Household, 3256

PROBATE, PROPERTY IN

Inaccessible Resource, 5107

PROGRAM INFORMATION ACTIVITIES

Interpreters, 1002

Nutrition Information Materials, 1002

Nutrition Program Materials, 1002

Rights & Responsibilities Materials, 1002

PROMPT ACTION

Definition, 2013

PRORATION OF BENEFITS

Application Filed Date, 6000

Definition,, 2013, 6000-6001

Household Splits, 6001

Migrant and Seasonal Farm Workers,

6001 Prerelease Application from

Resident of Institution, 7900

PROSPECTIVE BUDGETING

Definition, 6100

Converting to Average Monthly Income, 6105-

6106

Eligible for Month of Application, Ineligible

2nd Month,

6102

Future Changes, 6103-6104

General, 6101-6102

Gross Income Eligibility, 6100

Household Size and Composition, 6101

Ineligible for Month of Application, Eligible

2nd Month,

6102-6103

Net Income Eligibility, 6101

New Household Members, 6104

Non-Continuing Income, 6103

One Month Suspended, 6104

PROSPECTIVE ELIGIBILITY

Definition, 2013, 6100

PROTECTIVE PAYEE

Income Received by Protective Payee on Behalf of Household, 4005
Income Used by Protective Payee for Himself, 4005

PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM (PARIS)

Computer Matching System, 8273

Q

QUALIFIED ALIENS

Determination of Qualified Alien Status, 3151 Limited Eligibility Period, 3152-3153 Unlimited Eligibility Period, 3151-3152

QUALITY CONTROL REVIEWS

County Office Responsibilities, 1300-1301 General Information, 1300-Household Fails to Cooperate with Evaluation, 1302 Regional Director Responsibilities, 1301-1302

R

REAL PROPERTY

Acquired by Will, 5301
Commonly Held Property with Spouse Absent, 5301
Facts About Real Property, 5300-5303
Homestead, 5300
Joint Tenants, 5301
Jointly Held by Spouse, 5301
Life Estates, 5302
One Spouse Owned and No Will, 5301
Spouse's Property From Prior Marriage, 5302

REASONABLE PRICE, UNABLE TO SELL

Inaccessible Resource, 5104

RECERTIFICATION

Categorically Eligible Households, 8154
Decision and Notification, 8351
Definition, 2014
Failure to Apply Prior to Certification Ends, 8154
General Information, 8150
Household Responsibilities, 8152
Notice of Expiration, 8150-8151, 8357
Obtaining Additional Information, 8154
Processing Standards, 8152-8153
Proration of Benefits, 6002
Scheduling Interviews, 8151-8152
SSI/SNAP Joint Application, 8404-8405
Timely Application, 6002, 8151-

RECREATIONAL VEHICLES

Verification, 8270-8272Worker

Non-Liquid Resources, 5051

Responsibilities, 8152

REDUCTION IN WORK HOURS, see Voluntary Quit

REHABILITATIVE PROGRAM-TRAINING ALLOWANCES Earned

Income, Work Incentive Program, 4001 Excluded Income, (WIA), 4057

REIMBURSEMENTS

Excluded Income, 4053-4054

REMAINDERMAN, RIGHTS TO PROPERTY

Inaccessible Resource, 5107

RENT

Continuing Charges for Home, 4153-Expenses Billed More Often Than Monthly, 6132-6133 Late &/or Penalty Fees, 4153-Lot Rent in Addition to Home Ownership, 4153 Verification and Documentation, 8254

RENTAL PROPERTY INCOME

Earned Income, 20 + Hours Weekly, 4001 Non-Liquid Resource, 5102 Self-Employment, 4000 – 4001 Unearned Income, 4002

REPLACEMENT BENEFITS

Fair Hearing, 7702
FNS Declared Disaster, 7701
Food Destroyed, 7700
General Information, 7700
Replacement Procedures, 7700-7701
Time Limits, 7701

REPRESENTATIVES

Addict/Alcoholic Representative, 7600
Authorized Representatives, 8050
Benefit Representative, 8050-8051
Blind/Disabled Group Home Representative, 7651
Documentation and Control, 8052
Emergency Representative, 8051
Liability, 8052
Restrictions, 8051-8052
Use of SNAP, 8052

RESIDENCE

Residency Requirements, 3050 Mandatory Verification, 8252 Residency Recertification Verification, 8272

Volume V | Chapter 14

RESIDENT ADDICTS AND ALCOHOLICS

Authorized Representatives, 7600 Authorized Retailer, 7601 Center

Responsibilities, 7601

Certification of Residents,

7600 County Responsibilities,

7601 Definition, 7600

Household Size, 7600

Liabilities and Penalties, 7602

Monthly Reports from Center,

7601 Reporting Changes, 7601

Resident Leaves, 7601

Rights of Certified Resident, 7600

RESIDENTS OF COMMERCIAL BOARDING HOUSES

Ineligible for SNAP, 3001,3100

RESIDENTS OF INSTITUTIONS

Definitions, 2014, 3100

Exemptions

Blind and Disabled, 3100, 7650-52-

Resident of Drug or Alcoholic, 3100, 7600-

02

Federally Subsidized Housing,

Elderly, 3100

Shelter for Battered Women and

Children, 3002, 3100, 7750-7752

Shelter for Homeless, 3101

Post Secondary Students with Meal Plans, 7354

Prerelease Applications, 3101, 7900-7901

RESOURCES

Alien's Sponsor, 5052, 7803

Commingled Funds, 5109

Definition, 2014, 5000

Excluded Household Member, 5051

Excluded Resources, 5100-5109
Facts About Real Property, 5300-5303
Federal Law Exclusions 5104-5106
Gift Cards, 5109
Gravel, 5052

Inaccessible Resources, 5106-5108

Jointly Owned Resource, 5051

Joint Bank Accounts, 5051

Liquid Resources, 5050-5051

Maximum Allowable Resources, 5000

Disabled or Elderly, 5000

Exemption from Resource Limit, 5000

Other Households, 5000

Mortgages, Notes, and Deeds of Trust, 5052

Non-Household Members, 5000, 5106

Non-Liquid Resources, 5051

Oil, Gas, and Other Minerals, 5052

Timber, 5052

Transfer of Resources

Allowable Transfer, 5200

Disqualification Procedures, 5200-5201

Disqualification Period Chart,

5201

General Information, 5200

Unlimited Retention of Excluded Resources,

5108

Value of Resources, 5150

Vehicles, 5150

Jointly Owned Vehicles, 5150 Legal Restriction on Vehicles, 5150

Verification and Documentation, 8252, 8267

RESOURCE LIMIT

Elderly and Disabled, 5000

Exceptions, 5000

Households Without Disabled or Elderly 5000

RESTORATION OF BENEFITS

Calculating Benefit Amount, 12001-12003

Changes in Household Composition, 12050

Criteria, 12000-12001

Categorically Eligible Household, 12000

Judicial Action, 12000

Disputed Amount, 12004

General Information, 12000

Methods of Restoration, 12050

Notices, 12050

Offsetting Overpayments, 12003

Rounding Up, 12003-12004

RETAIL FOOD STORE

Definition, 2014

RETIREMENT PLANS

Deferred Compensation, Excluded Resource, 5101

Keogh Plan, Liquid Resource, 5050

IRA's, Liquid Resource, 5050

Supplemental Retirement Plan, Excluded

Resource,

5101

Thirteenth Check, Unearned Income, 6051

Unearned Income, 4002

RIGHTS AND RESPONSIBILITIES

Household Responsibilities, 1100-1101

Household Rights, 1100

MDHS-EA-530, 8352

ROOMER

Definition, 2015

Non-Household Member, 3004

ROYALTIES INCOME

Unearned Income, 4002

S

Dairy Termination, 7104

SALARIES

Earned Income, 4000
Determining Monthly Income, 6105

SAVINGS CERTIFICATES

Liquid Resources, 5050

SCHOOL EMPLOYEES

Benefit Level, 7400
Certification Period, 7400
Contract Renewal, 7400
Eligibility, 7400
General Information,
7400 Income, 7400
Work vs Non-Work Cycle, 7400

SEASONAL FARM WORKERS

Exempt Income of Children, 7050 General Information, 7050 Proration of Benefits, Exempt, 6001 Resources, 7050

SECURITY DEPOSITS

Inaccessible Resource, 5107

SELF-EMPLOYMENT

Annualizing Income, 7100
Exceptions to Annualizing, 7100–7101 Capital Gains, 7101–7102
Certification Periods, 7105 Cost of Producing, 7102–7103
Allowable Costs, 7102 Not
Allowable Costs, 7103
Farm Payments, 7104–7105
Commodity Credit, 7104–7105
Crop Insurance, Federal, 7105

Disaster Payments, 7104
Farmers, Special Provisions, 7103–7104 General
Information, 7100 Net
Income, 7101

SEVERANC E PAY

Unearned Income, 4002

SHARED HOUSEHOLD

RESIDENCE Intent to Establish
Separate Household, 3002 NonHousehold Members, 3004
Prohibited Separate Household
Status, 3000-3001
Shelter and Utility Costs Shared,
6126-6127

SHELTER EXPENSES

Actual Utility Expense, 6127 Allowable Expenses, 4153-4154 Basic Utility Allowance (BUA), 6125-6126 Billed Less Often Than Monthly, 6128, 6132 Billed More Often Than Monthly, 6131-6132 Billed Only for Excess Heat/Cool, 6129 Blind and Disabled Group Home, 7652 Changes Between SUA, BUA, Actual, 6128 Clarifications, Utility Expenses, 6129-6130 Cooking Fuel, 4154 Cooling Expense, 4154 Continuing Charges for Home, 4153 Down Payments, 4153 Electricity, 4154 Equity Loans, 4153 Excess Shelter Cost, 4153

Excess Shelter Deduction, 4153, 13000 Exempt, Excess Shelter Maximum, 4153 MSCAP Excess Shelter Deduction, 13500

Garbage, 4154
Heating Fuel, 4154
HUD or FMHA Reimbursements, 6126

Resident Leaves, 7751

Revised 05-01-07

Insurance Premiums, 4154

Contents, 4154

Structure, 4154

Loan Payments, 4153

Low-Income Home Energy Assistance

Payments (LIHEAP), 6124, 6129

Lump Sum Payments, 4154

Monthly Expense, 6127, 6131

Mortgage, 4153

One Time Expense, 6132

Penalty Fees, 4153

Property Taxes, 4154

Rent, 4153

Repair of Home, 4154

Disaster, 4154

Normal Upkeep of Home, 4154

Septic Tank, 4154

Sewer, 4154

Shared Household Expenses, 6126-6127

Standard Utility Allowance (SUA), 6124-6125

Telephone Utility Allowance, 6126, 8254

Temporarily Unoccupied Home, 4154

Intent to Return, 4154

Unoccupied Home, 4154

Vendor Payments, 4050-4051, 6129

Verification and Documentation, 8253-8254

Water, 4154

Well Installation, 4154

SHELTER FOR BATTERED WOMEN

AND

CHILDREN

Certification of Residents, 7750

Definition, 2015, 7750

Former Households, Action on Changes, 7752

Household Size, 7750

Income, 7751

Making Application, 7750

Resources, 7751
Rights of Certified Households, 7751 Use of Benefits, 7751

SICK PAY

Insurance Co Payments, Unearned Income, 4002

Provided by Employer, Earned Income, 4000

SIMPLIFIED REPORTING

Definition, 2015

Anticipating Income, 4100-4103

Changes Resulting in Decreased Benefits,

8206-8207

Changes Resulting in Increased Benefits,

8202-8206

Failure to Report, 8211

Household Responsibilities, 8200-8201

Other Changes, 8207-8209

Reported Changes and Deductible Expenses,

8202

Worker Responsibilities, 8201-8202

SOCIAL SECURITY NUMBERS (SSN)

Definitions, 3200

Ending Disqualification, 3202

Expedited Service, 7001,3203

Failure to Comply, 3201

Good Cause, 3201-3202

Newborns, 3200

Obtaining SSNs for Household Members,

3200-3201

SSN Validation Match Alerts, 3202

Use of SSNs, 3202

Verification, 3202

SPONSORED ALIENS

Applying Provisions, 7800

Change or Loss of Sponsor, 7804

Collection of Claims, 7804

Eligibility and Benefit Level, 7800-7802

Indigence Exception, 7802 General Information, 7800

Participation While Verification Pending, 7803 Responsibilities, Sponsored Alien, 7802-7803

Responsibilities for Issuance, 7804

Sponsor's Income, 7801 USCIS Agreement, 7804

Verification, 7803

SPOUSE

Definition, 2015

Prohibited from Separate Household Status

when

Living in Same Home, 3000

SSI/SNAP JOINT APPLICATION PROCESSING

Changes, 8405

General Information, 8400

MSCAP, 2012, 7950-7956, 8406

Non-SSI Household Referred by SSA, 8406

Quality Control, 8406 Recertification, 8404-8405

Responsibilities of County Office, 8402-8404

Responsibilities of Social Security Office,

8400-8402

Restoration of Lost Benefits, 8405

Right to File, 8400

SSI Household Definition, 8400

SSI INOUIRY

Computer Matching System, 4005

STANDARD DEDUCTION

Amount of Deduction, 13000

Definition, 4150

STANDARD UTILITY ALLOWANCE

(SUA)

Definition, 2015

Requirements, 6124-6125, 6126

STAPLE FOODS

Definition, 2015-2016

STATE HEARING

Definition, 2016

Client's Rights, 10155-10156

Decisions, 10160

Expedited Hearings, 10153

Hearing Record, 10152

Hearing Request, 10150

Hearing Request to Contest a Claim, 10151-

10152

Implementation of Final Hearing Decision,

10153

Material to be Forwarded to State Office.

10152

Participation During Pending Of Appeal,

10154-10155

Purpose, 10150

Request Filed at County Office, 10150

Request Filed by Letter to County Office,

10151

Request Filed by Telephone to County Office,

10151

Request Made to State Office, 10151

Responsibility of County Office, 10151

Responsibility of State Office, 10151

Retention of Hearing Record, 10153

Time Limit for Filing Request, 10150

STATE RETIREMENT

13th Check, 6051

[INDEX: SNAP TERMINOLOGY]

Revised 05-01-07

STOCKS

Resources, 5050

STRIKER

Benefits, Unearned Income, 4002

Benefit Level, 7551-7552

Definition, 2016, 7550 Exceptions

to Striker Provisions, 7550 Pre-

Strike Eligibility, 7551

STRUCTURES ON HOME PROPERTY

Excluded Resource, 5100

STUDENT

Definition, 2016

Duration of Student Status, 7350-7351

Earnings, Under Age18, Excluded Income,

4054

Educational Income, Excluded Income, 7355

Exemptions, 7351-7354

Higher Education Institution Definition, 7350

Ineligible Students, 7354-7355

Meal Plans, 3100

Non-Household Member Status, 3004, 7500

SUITABLE EMPLOYMENT

Commuting Distance, 3262

Definition, 3262

Fair Hearing, 3263

Benefits Continued Pending Decision,

3263

Labor Organization, 3262

Not in Major Field of Experience, 3262

Piece-rate Basis, 3262

Religious Beliefs 3262

Risk to Health and Safety, 3262

Strike or Lock-Out Location, 3262

Unfit to Perform Employment, 3262

Wages Requirements, 3262

SUPPLEMENTAL SECURITY INCOME

(SSI)

Definition, 2016

Unearned Income, 4002

SUSPENSION OF BENEFITS FOR ONE

MONTH

Application, 6102

Certified Household, 6104

 \mathbf{T}

TEMPORARY ASSISTANCE FOR

NEEDY

FAMILIES (TANF)

Categorically Eligible Households, 2002,

7850-7854

Unearned Income, 4002

Proration of Benefits, Previously Denied, 6001

TEMPORARILY UNOCCUPIED

HOME Excluded Resource, 5100 Shelter

Expense, 4154

TELEPHONE UTILITY ALLOWANCE

(TUA)

Telephone Utility Allowance, 6126, 8254

THIRD PARTY PAYMENTS

Excluded Income, 4050-4051

13TH CHECK STATE RETIREMENT

Recurring Unearned Income, 6051

TRAINING ALLOWANCES

Earned Income, 4001

TRANSFER OF RESOURCES

Allowable Transfer, 5200

Between Household Members, 5200

Eligibility Not Affected Transfers, 5200 Fair Market Value Transfers, 5200

Other Reasons, 5200

Disqualification Procedures, 5200-

5201 Disqualification Period Chart,

5201 General Information, 5200

TRANSPORTATION

Medical Expense, 4151

TRUST FUND

Inaccessible Resource, 5107-5108
Unavailable Income, 40554056 Irrevocable Trusts, 4056

TRANSFER OF CASE RECORDS

Client Moved, Out-of-State, 8502-8503-Client Moved, Remains in MS, 8500-8502 General Information, 8500 Notification, Other than Client, 8207, 8503

U

UNDER-ISSUANCE

Definition, 2017

UNEARNED INCOME

Alimony, 4002

Assistance Payments, 4002

Annuities, 4002

Child Support Payments, 4002

Converting to Average Monthly Income, 6105-

6106

Disability Payments, 4002

Dividends, 4002-4003

Foster Care Payments, 4002Interest, 4002-

4003

Legally Obligated to Household, 4003

Pensions, 4002

Protective Payee, 4005
Public Assistance, 4002

Rental Property, Less Than 20 Hrs Weekly,

4002

Retirement, 4002

Royalties, 4002

Severance Pay, 4002

Sick Pay

Employer Issued Check, 4000

Insurance Company Issued Checks, 4002

Sponsored Alien, 7801

Strike Benefits, 4002

Supplemental Security Income (SSI), 4002

Temporary Assistance for Needy Families

(TANF), 4002

Bonus Checks, 4003

Verification and Documentation, 8252-8253

Workman's Compensation, 4002

UNEMPLOYMENT BENEFITS (UB)

Unearned Income, 4002

Work Registration Exemption, 3253

Failure to Comply with UB, 3259

UNKNOWN RESOURCES TO

HOUSEHOLD

Inaccessible Resource, 5108

US CITIZENSHIP AND IMMIGRATION SERVICE (USCIS)

Definition, 2017

USDA OFFICERS-IN-CHARGE (OIC)

Address of USDA FNS Field Office, 1351

Duties of the OIC, 1350

Inquiries from Mississippi Grocers/Retailers,

1350

UTILITY EXPENSES

Actual Utility Expense, 6127
Allowable Expenses, 4153-4154

Basic Utility Allowance (BUA), 6125-6126

Billed Less Often Than Monthly, 6128, 6132

Billed More Often Than Monthly, 6131-

6132 Billed Only for Excess Heat/Cool,

6129 Blind and Disabled Group Home, 7652

Changes Between SUA, BUA, Actual, 6128

Clarifications, Utility Expenses, 6129-6130-

Cooking Fuel, 4154

Cooling Expense, 4154

Continuing Charges for Home,

4153 Electricity, 4154

Excess Shelter Cost, 4153

Excess Shelter Deduction, 4153, 13000

Exempt, Excess Shelter Maximum,

4153 MSCAP Excess Shelter

Deduction, 13500

Garbage, 4154

Heating Fuel, 4154

HUD or FmHA Reimbursements, 6126

Low-Income Home Energy Assistance

Payments

(LIHEAP), 6124, 6129

Monthly Utility Expense, 6127

One Time Utility Expense, 6128

Septic Tank, 4154

Sewer, 4154

Shared Household Expenses, 6126-6127

Shared Residence, 6126-6127

Special Situations, Utility, 6129

Standard Utility Allowance (SUA), 6124-6125

Telephone Utility Allowance, 6126, 8254

Temporarily Unoccupied Home, 4154

Intent to Return, 4154

Unoccupied Home, 4154

Vendor Payments, 4050-4051

Verification and Documentation, 8253-8254

Water, 4154

Well Installation, 4154

UTILITY REIMBURSEMENTS

Department of Housing and Urban

Development

(HUD), 6126

Excluded Income, 4050

Farmers Home Administration (FmHA),

6126 Low-Income Home Energy Assistance

Payments

(LIHEAP), 6124, 6129

V

VACATION PAY

During Employment, Earned Income, 4000 Employment Ended, Liquid Resource, 5050

VARIABLE BASIS OF ISSUANCE

Definition, 6194

VEHICLES

Excluded Resource, 5101, 5150

Recreational Vehicles, Non-Liquid Resource, 5051

VENDOR PAYMENTS

Energy Assistance Vendor Payments, 6129

Excluded Income, 4050-4051

VERIFICATION AND DOCUMENTATION

Categorically Eligible Households, 8250-

Certified Without Expense Verification, 8269-

8270

Certified Without SSA or SSI

Verification, 8270

Changes Within Certification Periods, 8272

Definition, 2017, 8250 VOCATIONAL TRAINING Discrepancies, 8269 ALLOWANCES Earned Income, 4001 Documentation, 8251 **VOICE RESPONSE UNIT (VRU)** Expedited Services Households, 8251, 8270 Definition, 2017 General Information, 8250 Mandatory Verifications, 8251-8264 **VOLUNTARY QUIT** Alien Status, 8257-8261 Child Applicant Households, 3302 Support Payments, 8255 Certified Households, 3302-3303 Dependent Care Costs, 8255 Continued Benefits Pending Fair Hearing, Disability, 8261-8263 Gross 3303 Non-Exempt Income, 8252 Claims, 11002 Identity, 8251 Definition, 3300 Liquid Resources and Loans, Disqualification, 3302 8252 Medical Expenses, 8255 Applicant Households, 3305 Other Shelter Costs, 8254 Certified Households, 3305-3306 Residency, 8252 Head of Household, 3304 Social Security Number, 8256-8257 Individuals Other than Head of Utility Expenses, 8253-8254 Value Household, 3303-3304 of Vehicles, 8255 **Ending Disqualifications, 3306** Questionable Information, 8264-8267 Recertification, 8270-8272 Exempt Prior to Sanction Imposed, 3303 Exemptions from Work Registration, 3250-Responsibilities of Household, 8269 3253 Sources of Verification, 8267-8269 General Information, 3300 Ouestionable Information, 8264-Good Cause, 3261, 3262, 3301 8267 Recertification, 8270-8272 Child Care Problems, 3261 Responsibilities of Household, 8269 Commuting Distance, 3262 Sources of Verification, 8267-8269 Discrimination, 3301 Emergencies, 3261 **VETERAN'S BENEFITS** Employment Acceptance, 3301 Disability Payments, Unearned Income, 4002 **Employment Demands Unreasonable**, Educational Benefits, Excluded Income, 3301 4052, 7355 Enrollment in School, 3301 Pensions, Unearned Income, 4002 Illness, 3261

VISTA VOLUNTEERS

Excluded Income, 4057

Labor Organizations, 3262 Not in

Major Field of Experience, 3262

Not Suitable Employment, 3262-Pattern Job Migration, 3301 Piece-

rate Basis Shortage, 3262

Religious Beliefs, 3262
Risk to Health and Safety, 3262
Strike or Lock Out Location, 3262
Unfit to Perform Employment, 3262
Unreasonable Work Demands, 3301
Wages Requirements, 3262 Pattern
Job Migration, 3301
Hours Per Week Job Requirement, 3300
Households Subject to Provisions, 3302
3303 Applicant Households, 3302

Certified Households, 3302-3303 Imposing the Sanction, 3303-3306 Individuals Subject to Provisions, 3300 Verification and Documentation, 3307

VOTER REGISTRATION

Agency Responsibilities, 1010
Forms and MAVS Completion, 1011
National Voter Registration Act (NVRA), 2012
Prohibited Activities, 1010
Reporting Requirements, 1011
Required Services, 1010

W

WAGES

Anticipating Income, 4100-4102
Determining Monthly Income, 6105
Earned Income, 4000
Held by Employer, 6050

WIRE THIRD PARTY QUERY (WTPO)

Computer Matching System, 4004 Instructions, 8268

WORKFORCE INVESTMENT ACT (WIA)

Excluded Income, 4001, 4057

WORK REGISTRATION

Agency Responsibility, 3250
Aliens, 3254

Benefits Continued During Hearing Process, 3263

Claims, 11002

Comparable Employment, 3264, 3301

Disqualification Penalties, 3257

Disqualification Procedures, 3260-3261

Ending Disqualification, 3263-3265

Exemptions from Work Registration, 3250-3253

Age, 3250

Employment, 3252-3253

Mentally or Physically Unfit, 3251

Responsible for Care of Incapacitated

Person, 3251

Responsible for Care of Dependent

Child, 3251

Regular Participant in a Drug Addiction

Or Alcoholic Treatment and Rehabilitation Program, 3252 Self-Employment, 3252-3253

Student, 3251

TWP Mandatory Participant, 3253-Unemployment Compensation, 3253,

3259

Expedited Services, 3253-3254

Failure to Comply, 3256-3259

Head of Household, 3256-3257-Other Household Members, 3257-With TANF Work Program (TWP),

3259

With Unemployment Compensation, 3259

Good Cause, 3261, 3262, 3301 Head of Household Designation

Definition, 3256

Limits to Designation 3256-3257

Volume V | Chapter 14 14029

Loss of Exemption while Certified, 3254-3255
Persons Required to Register, 3250, 3255
Requirements, 3256
Special Situations, 3253-3254
Aliens, 3254
Expedited Services, 3253-3254
Ineligible Household Members, 3254
School Employees, 3254
SSI/FS Household Applying at Social
Security Office, 3254
Strikers, 3254
Suitable Employment Exemptions, 3262

WORK STUDY

Excluded Income, 4052, 7355 Student Exemption, 7352-7353

WORKMAN'S COMPENSATION

Unearned Income, 4002

Food and Nutrition Act of 2008 (as amended)