F. Evaluating Client Progress

Intent: The intent of evaluating progress is to maintain client communication and accountability, and to continue providing the most appropriate services to the client and family. These services include not only case plan activities but program benefits. Evaluation allows for an ongoing review of eligibility for services and benefits.

1. Evaluation Requirements

REF, SNAP and TANF mandatory clients must cooperate with employment program requirements.

General Provisions: 461-130-0305
General Requirement; Pre-TANF, REF, TANF: 461-130-0315
Specific Requirements; SFPSS Eligibility: 461-135-1195

REF, SNAP and TANF mandatory clients’ claims of good cause for noncooperation with employment program requirements must be evaluated.

Good Cause: 461-130-0327

2. Evaluation Expectations

- Contact clients and partners regularly for effective case management and for accurate delivery of benefits;
- Review attendance reports regularly;
- Continue to help clients take an active role in identifying their strengths and needs;
- Review case plans and client reports, such as income reporting, periodic reviews and reported changes for eligibility and case management information;
- Information gathered in evaluation includes:
  - Client progress, attendance and observed behavior in case plan activities;
  - Client’s best thinking on the case goals, services and time lines;
  - Ongoing assessment by partners and the client themselves of abilities, needs and strengths;
  - Partner input on case plan goal, activities and time lines;
  - Input from other family members;
3. **Integrating Case Plan Evaluation and Eligibility Review**

Many of the steps of evaluating client progress have already been explained in describing ongoing assessment, case plan development and brokering. Just as in eligibility determination, where client assessment is integrated with reviewing eligibility factors, evaluation involves both case plan and eligibility review. Review each piece of eligibility information for case plan implications; review each piece of case plan information for eligibility implications.

4. **Client and Provider Contacts**

We use regular and frequent client and provider contacts to evaluate progress as follows:

- Have a regular contact schedule for all case managed clients and a tickler system to remind you of scheduled contacts;

- Include provider contacts in your client contact schedule; negotiate with case plan activity providers to develop a regular schedule and format for sharing client information;

- Contacts may be in person, in the office or the client’s home, in the form of reports or evaluations, joint staffings or phone conversations, depending on the purpose of the contact and the urgency of the issue;

- Narrate the content of case management and eligibility contacts in TRACS;

- Use tools such as TRACS to simplify, organize and record your monitoring contacts;

- Continue to use open-ended questions, summarizing and other communication techniques to assess how the client is progressing and what their abilities are;

- Expect that the client will share more about themselves as trust increases;

- Remind the client immediately of their accountability for participation, progress and reporting eligibility information;

- Use the re-engagement process to assess client’s motivation and goals for outcomes and to determine whether an aspect of a known disability causes the lack of participation. Also, ensure that all required screenings have been offered.
5. **Tracking Outcomes**

Our case management activities are directed toward client outcomes, and we monitor progress toward outcomes by:

- Keeping track of the outcomes of all case plan referrals, activities, goals and eligibility issues, and narrate these outcomes in TRACS;
- Using client and partner contacts and staffings with partners and team members to get information on progress toward outcomes;
- Updating outcome expectations based on more complete information on client needs and abilities;
- Following up immediately on all no-shows and other potential instances of noncooperation;
- Using the re-engagement process to assess client’s motivation and goals for outcomes and to determine whether an aspect of a known disability causes the lack of participation. Also, ensuring that all required screenings have been offered.
Employment and Self-Sufficiency Services
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A. Support Services

**Intent:** The intent of support services is to provide individualized assistance, subject to the limitations of state funding, that allows clients to participate in case plan activities, build skills for and reduce barriers to employment, accept job offers and retain employment after other resources have first been explored and exhausted.

1. Supporting Self-Sufficiency, Family Stability and JOBS Case Plans

   - Basic needs payments (such as shelter costs, utilities, household supplies and personal incidentals) made during the Pre-TANF Program are made from TANF funds issued through the support services payment process. Applicants in the Pre-TANF program may also receive support services that are needed to complete case plan activities.

   - Support services are available to support JOBS, JOBS Plus, Pre-TANF, Post-TANF, TA-DVS, SFPSS, family stability or self-sufficiency case plans.

   - Support services are subject to the expectation below.

<table>
<thead>
<tr>
<th>Specific Requirements; Pre-TANF Program: 461-135-0475</th>
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<td>Standards for Support Service Payments: 461-190-0211</td>
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   ![FOR INFORMATION ON REQUIREMENTS FOR BASIC NEEDS PAYMENTS, SEE SECTION D IN THE PRE-TANF PROGRAM (PRT D.2).](image)

The Department of Human Services (DHS) supports individuals to succeed in attaining self-sufficiency by providing payments for items that clients may need to be able to participate in JOBS or self sufficiency activities and cooperate with their case plans.

   - These payments can include items such as child care, housing (see limitations under “Housing and Utilities,” later in this chapter), transportation, clothes and tools. DHS also makes payments when clients need help to get or keep a job.

   - Support service payments are authorized in advance of the client beginning the self-sufficiency activity, JOBS activity or employment, meaning that they should be issued in time for the client to be able to participate in the planned activities.

   - In approving support service payments, the department must consider lower-cost alternatives. It is not the intent of the department to supplant department funding with other funding that is available in the community. It is also not the department’s intent that clients be sent to community organizations seeking their own support to participate in DHS self-sufficiency activities. It is the department’s expectation that case managers and clients will work collaboratively to seek
resources that are reasonably available to the client in order to participate in activities.

It is not intended to use support services to cover the following items:

- Nonessential items such as television, cable, Internet, etc.;
- Items such as fines, reinstatement fees, restitution, legal fees, court costs or other costs associated with a penalty;
- Purchase of a car, recreational vehicle, motor home, etc.;
- Pet-related costs including pet deposits, pet fees, kennels, etc.;
- ERDC copayments;
- Other costs not related to completion of the case plan.

**Eligible People**

In order to receive a support service payment, a client has to meet both of the following criteria:

(A) The client has to be one of the following people:

- A TANF applicant or recipient;
  (a) Participating in the Pre-TANF program;
  (b) Participating in substance abuse or mental health diagnosis, counseling or treatment programs;
  (c) Who is receiving TA-DVS benefits and cooperating with the conditions of a case plan;
  (d) Disqualified for failure to complete substance abuse, mental health or other treatment who is volunteering for the JOBS Program.

- A TANF-related program recipient or non-TANF recipient who is:
  (a) A noncitizen who is ineligible for TANF but who is: a) legally able to work in the United States, and b) has a child receiving TANF;
  (b) Disqualified from the TANF program for failure to comply with the Child Support requirements without good cause;
  (c) A minor parent who has become ineligible for TANF because they returned to the parent’s home (per TANF policy) in the last 40 days;
(d) Noncustodial parents of children who receive TANF in Oregon. The noncustodial parent must reside in Oregon and have an income below the countable income limit for the filing group (see OAR 461-155-0030);

(e) A participant in the SFPSS program;

(f) A recipient of supplemental security income (SSI) who is a volunteer (see OAR 461-130-0310) in an employment program (after consideration of that individual’s income and resources);

(g) A caretaker relative (see OAR 461-001-0000) who is non-needy and is a volunteer in an employment program (after consideration of that individual’s income and resources);

(h) A TA-DVS client who is receiving TA-DVS benefits and cooperating with the conditions of a case plan (whether or not they are currently receiving TANF or participating in JOBS);

(i) A former TANF client who has left TANF due to employment and who is cooperating with a case plan (see OAR 461-190-0241). Payments to such clients are limited to no more than $1000 in the calendar year after TANF closes; or

(j) A Post-TANF program client who is receiving Post-TANF payments and cooperating with the program requirements. Support service payments to such clients in excess of $1,000 in a calendar year require manager approval.

(k) A disqualified client if these payments are necessary for the client to re-engage in the JOBS Program and end their current disqualification;

(l) Serving an IPV disqualification and is required to and is participating in case plan activities;

(m) An adult who, due to state time limits, is no longer receiving cash assistance but whose children remain on assistance and the adult continues to cooperate with their case plan.

(B) The client has agreed to participate in an activity as outlined in the case plan. If the activities listed on the case plan are not agreeable to the client, or if the client is requesting case plan activities that are outside of what DHS wants or can provide, case managers should work with the client to find a mutually agreeable solution. This process is called re-engagement.

☞ FOR MORE INFORMATION ON RE-ENGAGEMENT, SEE TANF F.18.
Approval and Denial/Closure of Support Service Payment Requests

Requests for Support Services:

An eligible person may request a support service by phone, in person, in writing or by using the Request for Temporary Assistance for Needy Families (TANF) Support Services and Notice of Decision and Action Taken (DHS 7822) form.

Time Frames:

When a client requests a support service payment, DHS has 30 days in which to make an eligibility decision if the client is receiving ongoing TANF. If the client is in the Pre-TANF program, the application must be processed in time to resolve the problem. In all other circumstances, the application processing time frame is 30 days. DHS should act as quickly as possible to either approve or deny a request for a support service payment. DHS will make adequate and timely support service payments available to clients to ensure current participation in required activities. Clients will have good cause for not participating in required activities prior to authorization or receipt of necessary support service payments.

Pending a Request:

There may be circumstances where the branch does not have enough information to determine whether a client is or is not eligible for a support service payment. In those instances, it may be necessary to issue the client a Notice of Pending Status (DHS 210) requesting the specific information or verification that is necessary for the branch to make a decision.

Approving a Payment:

Discussions around needed support services should occur during the case plan development process. This will provide an opportunity for the worker to discuss what support the client needs to be successful in completion of their case plan, resources the client may have available, resources within the community and lower cost alternatives, if available. Agreed-upon payment should be noted on the case plan.

When approving a request for a support service payment, staff do not need to send a notice informing the client that payment (including payments to third parties such as utility companies or landlords) has been approved because approved payments are listed on the case plan.

Denying a Payment:

- Staff must issue notices to clients when they deny a request for a support service payment (use the DHS 456 or DHS 7822). Note the reason for the denial on the decision notice.
- Staff must also issue a notice (use the DHS 456 or DHS 7822) to the client if a payment (such as transportation or child care costs) that a client receives on an ongoing basis is stopped (closed) or reduced. The effective date for closing ongoing support service payments is the day the case plan activities expire or the day the payment is no longer needed.

- If the client and the worker are not able to agree on the type or amount of a support service payment, the client must be given a denial or closure/reduction notice (use the DHS 456 or DHS 7822).

- If the worker offers the client a support service payment that is different in any way from the item that the client requested, the client must be given a notice of denial (use the DHS 456 or DHS 7822). This is true even if the client has accepted the alternative payment that the case manager has offered. The worker should note the alternate payment agreed upon with the client on the decision notice.

Note: Staff are required to explain this process to clients. Make sure to note in TRACS when this explanation has been given. With some clients, the process may only need to be explained one time. In other instances, it will need to be explained multiple times.

Note: You should use the Request for Temporary Assistance for Needy Families (TANF) Support Services and Notice of Decision and Action Taken (DHS 7822) form to convey your decision to the client if the client made the request for a support service on the DHS 7822.

Example:  A client is requesting a JOBS support service payment for car insurance to go to and from a JOBS activity. The client resides in an urban area where there is adequate public transportation available. The client requests a transportation payment, saying that what she really wants is a payment for car insurance. The branch will authorize a bus pass to the client, but will not pay for the auto insurance. The case manager must issue the client a notice of denial, whether or not the client accepts the alternative payment. The client has the right to request a hearing.

DHS may reduce, close or deny all or part of an individual’s request for a support service payment if any of the following are true:

- The client does not meet the definition of an eligible person as set out above;

- The individual making the request for the support service payment is disqualified for noncooperation with their case plan. However, the branch may authorize support service payments to disqualified clients if these payments are necessary for the client to re-engage in the JOBS program and end their current disqualification;

- The request is not related to the individual’s case plan; or

- A lower cost or no-cost alternative is available.
When services are stopped, denied or reduced, the client is eligible for an expedited hearing.

Example 1:  A client is requesting a housing payment so that she can move into an apartment away from her grandmother’s home so that she can get out on her own. The client can continue to participate while residing in the grandmother’s home and no payment is necessary. The branch denies the payment request. The branch sends the client a denial notice.

Example 2:  A client has been receiving JOBS child care payments for several months for her two children while she is attending JOBS activities. The child care is no longer needed. The branch sends a notice to let the client know that DHS will no longer be paying child care.

Example 3:  A client has been receiving JOBS child care payments over the summer for her two school-aged children while she participates in JOBS. In September, the children will be returning to school. The client will still have a child care need, but at a lower amount than what she currently needs because the children will be in school much of the day. The branch sends her a notice informing her that her child care support service amount will be reduced effective September 1.

Pre-TANF Program Payments

Payments for basic living expenses in the Pre-TANF program are restricted to 200 percent of the TANF Adjusted Income/Payment Standard based on family size (see OAR 461-135-0475 for more information). When the case manager or branch denies a request for a basic living expense or support service payment in the Pre-TANF program, the branch sends the appropriate notice as it would under the same circumstances if the client were a TANF recipient.

Verification

DHS may require an individual to provide verification of the need for a support service payment prior to the approval and issuance of a support service payment. DHS can also
require individuals requesting support service payments to provide verification of the need and the costs associated with such payments if verification is reasonably available. If verification is not reasonably available to the family, no verification may be required.

Example: A case manager is prepared to make a housing payment for a JOBS client. The case manager can require the client to provide proof that the person to whom the payment will be made is actually the landlord or the owner of the property, and that the amount requested is the actual cost. The case manager should assist the client in obtaining the needed verification.

Standards for Support Service Payments: 461-190-0211

**Child Care**

Support payments for child care will be provided, as limited by OAR 461-160-0040, when necessary to enable the individual to participate in JOBS program activities and other self-sufficiency activities. Payments for child care will be made for:

(A) The lesser of the actual rate charged by the care provider or the rate established in OAR 461-155-0150. The department rate for children in care less than 158 hours in a month is limited by OAR 461-155-0150, except that child care may be paid up to the monthly maximum when children are in care less than 158 hours per month and:

1. Appropriate care is not accessible to the individual at the hourly rate; or

2. The individual is a teen parent using onsite care while attending education activities.

(B) The minimum hours necessary, including meal and commute time, for the individual to participate in JOBS or other activities or to obtain and maintain employment.

Child care payments may be provided when individuals are not participating in activities of the JOBS program if necessary for them to retain their provider. Only the minimum amount necessary to maintain the child care slot with the provider may be covered as established in OAR 461-155-0150. Not more than 30 days between scheduled JOBS activities may be covered.

Standards for Support Service Payments: 461-190-0211

**Housing and Utilities**

A client who receives a TANF grant is expected to meet their housing and utility expenses out of the money received each month in the TANF grant. Therefore, for clients who receive a TANF grant, the department may make payments on a case-by-case basis as appropriate to enable the client to participate in plan activities, if the client otherwise meets the support service payment eligibility criteria of this section.
Conditions under which housing payments can be made:

DHS can make payments for housing and utilities for clients while participating in case plan activities when needed to:

- Secure or maintain housing or utility services to prevent an eviction, or prevent a utility shut-off; and

- To help the client find or maintain employment or participate in activities documented on the case plan.

For clients who are in the Pre-TANF program, DHS will make payments if the client meets all eligibility factors for receiving a housing or utility payment and the request is less than or equal to 200 percent of the TANF Payment Standard.

In order to receive a support service payment for housing or utilities, all of the following must be true:

- The client cannot make a shelter or utility payment due to lack of assets;

- The lack of assets did not result from a JOBS or child support disqualification, an IPV recovery or overpayment recovery (other than administrative error), or failure by the individual to pay the shelter or utility expense when funds were reasonably available. It is not DHS’ intent to force clients to choose between rent or utilities and other necessities of life such as food, clothing or medicine. However, unreasonable client expenditures for items not needed to meet basic needs, such as lottery tickets, would not be considered acceptable for this provision; and

- The client’s case plan addresses how subsequent shelter and utility payments will be made. The case manager will be expected to explain this provision to the client and to help the client document how they will make future housing payments from their own existing or future resources.

Example: A client requests that DHS pay $57 rent to the Housing Authority because he does not have any funds available and will be evicted if DHS does not pay. The client has purchased lottery tickets, totaling over $60. The client would not be eligible for a housing payment as he had income available to pay rent and chose to use it for other expenses.

Example: A client requests that DHS pay $800.00 to purchase a used travel trailer. It is not intended to use support service dollars to purchase any type vehicle or other items not related to completion of the case plan.
Using support service funds for housing in domestic violence situations:

When the shelter need results from domestic violence, DHS may make shelter and utility payments from support service funds when all of the following are true:

- The client is not eligible for TA-DVS or the client has expended the entire TA-DVS benefit and is still within the 90-day eligibility period;
- The client has a plan to pay all subsequent shelter costs, either through his or her own resources or through other resources available within DHS or within the community; and
- The client’s case plan addresses how subsequent shelter costs will be paid. The worker will be expected to explain this provision to the client and document on the case plan or Self-Sufficiency Domestic Violence Assistance Agreement (DHS 1543) how they will make future housing payments from their own existing or future resources.

Support service payments are not intended to supplement TA-DVS payments for housing. Support service payments are to be issued for housing only when all TA-DVS benefits have been expended and there is a new safety concern within the TA-DVS eligibility period.

Example: The abuser found the client after relocation. All TA-DVS funds have been expended and the client needs to flee again due to safety concerns.

Standards for Support Service Payments: 461-190-0211

Transportation

The department will provide payment for transportation costs incurred in travel to and from JOBS or other approved activities. Payment is made only for the cost of public transportation or the cost of vehicle insurance, repairs and fuel for a client-owned vehicle. Payments that allow clients to use public transportation are the highest priority for DHS. However, payments for private transportation will be provided if the following are true:

- The client or driver has a valid driver’s license;
- No public transportation is available;
- Public transportation is available, but the client has a verifiable medical condition or disability that keeps them from utilizing public transportation and for which no accommodation is available; and
- Public transportation is available, but it is more costly than the cost of car repair or fuel.
In considering transportation payments, it is vital that staff evaluate all aspects of the client’s transportation need and cost-effectiveness for DHS. For example, if DHS’ child care cost will be higher as a result of requiring a client to ride the bus instead of driving their own car or getting a ride with another person, staff should consider paying for gas vouchers or other payments.

DHS will not authorize car repairs for a vehicle owned by an individual who is not in the TANF filing group. However, there may be other resources available to the client. For example, there may be shuttle services that can connect a client with employment or activities in other areas.

Example:  A client living in a rural area must travel 30 miles one way to a JOBS activity. Her father has been allowing her to use his vehicle to get back and forth to the activity. DHS can pay for the gas needed to get back and forth. His vehicle now needs a new head gasket and it will cost approximately $500 to repair. DHS will not pay for the new part or for the actual repair. However, the father could sign the car over to the client and thereby allow the client to receive a car repair payment.

Example:  A client requests purchase of a cheap car. They do not want to ride the bus anymore because it takes too long to get anywhere. DHS cannot pay for the purchase of a car because support services can only help with public transportation or the cost of vehicle insurance, repair and fuel.

Example:  A client requests payment of a fine and ODL reinstatement fees because their license was suspended for driving without insurance. Again, DHS cannot use support services to make this payment as it does not relate to public transportation or other approvable support service costs.

Standards for Support Service Payments: 461-190-0211

**Students Receiving Financial Aid**

DHS may authorize support service payments for students in vocational training who receive financial aid. Such payments are subject to the following conditions:

- A student whose financial aid consists solely of student loans is not required to use any of that financial aid for support services;

- Support service payments are not authorized for services specifically covered by federal or state financial aid other than student loans;

- Students whose financial aid consists of a combination of loans and grants may be required to pay for support services from any grant money remaining after payment of tuition, fees solely related to the institution where the individual
attends, books and supplies (applying first the loan and then any grants) if the financial aid award letter specifically permits this usage of funds.

Standards for Support Service Payments: 461-190-0211

**Other Support Services**

DHS can also provide payment for other items that are directly related to participation in JOBS or other activities. These items can include, but are not limited to the following:

- Items necessary to obtain and retain a job or enhance a client’s wage and benefits;
- Reasonable accommodations of a client’s disability;
- Clothing;
- Grooming needs;
- Moving expenses to accept employment elsewhere;
- Books and supplies for education needs, subject to the limitations of OAR 461-190-0199 (Parents as Scholars);
- Tools;
- Bonding and licensing to obtain a job; and
- Tuition for approved vocational training plans when funding is unavailable from another source.

Parents as Scholars: 461-190-0199
Standards for Support Service Payments: 461-190-0211

2. **Support Service Payment Process**

Payments are made by DHS staff designated by the branch or contractor staff designated by DHS to issue vouchers. All payments except JOBS Plus wage reimbursement and child care are made using the following methods:

- Check entered on JASR to client or dual-payee to client and provider;
- A revolving fund check to client or dual-payee to client and provider, and entered on JASR;
- A *Business Practices Review – Negotiable Items – Other (Certificates, Bus Tickets, Transportation Passes, Phone Cards, Gas Vouchers, etc.)* (DHS 219N) for bus passes.
The preferred method is a check issued to the client through overnight JASR, to arrive in time for the client to meet participation needs. A revolving fund check should be used only in emergencies.

SEE THE COMPUTER GUIDE, III- B AND III-C FOR INSTRUCTIONS ON CREATING A JAS SCREEN AND MAKING SUPPORT SERVICES PAYMENTS.

Child Care Payment Process: Child care payments are issued using the JCCB process or a check to reimburse the client for allowable child care they have already paid.

SEE THE CHILD CARE CHAPTER FOR DETAILS ON THE PAYMENT PROCESS.

Noncustodial Parent Process: Noncustodial parents who have a child receiving TANF and participate in the JOBS program may receive support service payments just as if they were a custodial parent participating in JOBS.

3. Noncustodial Parent Payment Process

Requirements:

- Noncustodial parents participating in JOBS case plan activities are eligible for JOBS support services, per item 1 above.

- Noncustodial parents eligible for or receiving food benefits may be served by the JOBS program, but cannot receive both JOBS and OFSET program services and support payments.

- See A.1 above for JOBS support services requirements.

Payment Process: See A.3 above for JOBS payment process.

SEE B.18 IN THIS CHAPTER FOR AN EXPLANATION OF JOBS SERVICES TO NONCUSTODIAL PARENTS.
B. Job Preparation and Entry Services

**Intent:** The intent of job preparation and placement services is to determine which TANF clients are currently employable, then identify and address issues of employable clients that limit employment success and place the client in a job for which they are qualified.

**Services:** Job Preparation services include ongoing screening and assessment, case management and Pre-TANF, Life Skills, Job Readiness and Job Search, Basic Education, Work Experience and Work Supplementation, On-the-Job Training, and Short-Term Training, JOBS Plus and Supported Work. Support payments are provided as needed to enable the client to participate in services.

SEE SELF-SUFFICIENCY AND INTERVENTION SERVICES (SECTION D IN THIS CHAPTER) FOR CLIENTS DETERMINED NOT CURRENTLY EMPLOYABLE.

**Expectations:**

- Assume every client is capable of improving their level of self-sufficiency;
- Assess each client initially and ongoing for work history, learning, developmental, mental and physical issues that limit employability;
- Use a labor market test (job search) to help determine if the client is currently employable;
- Use client’s best thinking to develop and update case plans;
- Waive or modify TANF work requirements that may make it more difficult for the client to escape from or places them at greater risk of domestic violence;
- Broker for special services to accommodate needs identified in assessment;
- Establish a realistic short-term job goal before identifying job preparation and training needs;
- Consider requiring the client to complete a labor market survey to support their request for training;
- Use input from other team members, managers and partners to make training activity decisions;
- Expect clients in training activities to participate in job search and other activities concurrently, as long as they do not interfere with approved training;
- Determine if clients not progressing in job preparation services are capable of progress in those activities. Assess (with partners) for potential disabilities and modify case plans to add activities more suited to their capabilities;
• Allow clients ending TANF or REF due to reasons other than employment to complete activities in progress when eligibility for those programs ended.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025  
Case Planning; JOBS, Pre-TANF, REF, SFPSS, TA-DVS: 461-190-0151

1. JOBS Program Entry

Intent: The intent of Program Entry (PE) is to provide an orientation to JOBS services and supports, rights and responsibilities, determination of the client’s JOBS status, assessment of family needs and strengths and a mutually developed case plan to increase self-sufficiency.

Expectations:

• Provide an orientation (group or individual) for all TANF and REF applicants;

• Orientation includes information on JOBS employment, education and training opportunities; support services; transition support services; Department of Human Resources (DHS) responsibilities and client rights and responsibilities; exemption criteria; results of noncooperation; availability of appropriate local child care and availability of Tribal JOBS programs;

• Complete initial assessment and case plan development as described in Sections B., C. and D. of the Case Management chapter.

Selection Criteria: All clients entering JOBS receive Program Entry services.

Counting Hours of Participation: PE usually starts and ends the same day. Clients are given credit for at least one hour of PE participation after the initial case plan is developed. We may also count time for client assessment, case plan development and appointments with DHS or partners necessary to prepare for the next activity.

JOBS Tracking and Data Entry: The PE activity is opened for the date the case plan is developed with the client, attendance is entered for that date, then the activity is closed the same date. The assessment results, case plan, support services and eligibility decisions should be entered on TRACS in a timely manner. Any support service payments needed to begin case plan activities should be issued in a timely manner.

2. JOBS Initial and Regular Job Search

Intent: The intent of job search activities is to help applicants and clients access job openings and gain job readiness, job search, job interview and job retention skills so that they can become employed.
Expectations:

- Use initial job search activities for a labor market assessment of job readiness. This is the first activity for potentially employable TANF applicants;
- Initial job search must begin before eligibility is determined and end within eight consecutive weeks after the date of request;
- Help clients identify a realistic job goal and record it in their case plan;
- Explain to clients that they will be expected to accept any offer of a position for which they are qualified;
- Continually evaluate the results of the client’s job search to assess their readiness for work;
- At a minimum, reassess clients performing consecutive weeks of unsuccessful job search to determine their readiness to work, potential barriers to work and need for case plan changes.

Specific Requirements; Pre-TANF Program: 461-135-0475

Type of Service: Job search and readiness activities include:

- Assigned job search contacts, which may also include requirements for numbers of applications filed and specific employers contacted, determined by the activity and the district plan;
- Initial job search for TANF/REF applicants of at least 10 employer contacts per week during the application period (unless DHS determines a particular day is not appropriate for job search) and job search preparation activities;
- Individual or group review of results of job search and staff followup with employers listed as contacted;
- Activities intended to increase job readiness, interviewing skills, realistic job goal setting, positive work attitudes, positive resume impact and job retention skills.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025

Selection Criteria: Clients appropriate for job search and readiness services include TANF applicants entering case management services, unless current evidence exists that they are unable to work.

- Applicants who are parents under age 20 without a diploma or GED, students in post secondary education or vocational training at least 12 hours per week, and those in Mental Health (MH) or alcohol and drug (A&D) treatment where job search would interfere with treatment progress, may be selected for activities other than job search.
Counting Hours of Participation: It is expected that classroom attendance in job search activities be reported by the service provider and all nonclassroom attendance, such as interviews, applications, etc., be reported by the client using the Job Search Verification (DHS 475) form per local district procedure. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- A daily itemization of actual hours of participation (for example, two hours of class time and two hours of job search on Monday, June 1);
- Verification that the client’s activities were supervised on a daily basis;
- Client’s name;
- Name of the service provider for classroom activities or employer information per DHS 475 for nonclassroom activities;
- Name and phone number of person verifying attendance hours for classroom activities.

JOBS Tracking and Data Entry: Job search and job readiness activity time is entered on the IJ activity for TANF applicants in Pre-TANF, and the JO activity for regular job search/job readiness. Attendance is entered from provider reports per district procedure, in a timely manner. Determinations of the client’s readiness to work, progress in job search and job readiness activities and case plan modifications must be narrated in TRACS. Good cause determinations must be done immediately for noncooperation, and recorded in TRACS.

3. JOBS Life Skills

Intent: The intent of life skills activities is to help clients develop skills and attitudes that are part of the standard expectations for the workplace and for successful employment.

Clients may participate in life skills activities in conjunction with job search and other activities, or may participate in life skills as their only activity, if they are not ready for other services. Client progress in life skills is continually evaluated to see if they are ready to participate in job search and other services, and to see if case plan modifications are needed to develop skills.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025

Type of Service: Life skills services may include group and individual activities that develop good work place skills, habits and behavior; improve communication skills; increase employment retention; and assist with other issues involving work such as budgeting, dealing with co-workers, child care and transportation arrangements and using local resources.
Selection Criteria: Clients appropriate for life skills activities are those needing workplace skill development based on the results of assessment, in order to become employed and/or stay employed and to increase self-sufficiency. This includes clients who are ready to do job search in conjunction with life skills, clients not ready for job search who may temporarily do life skills and intervention activities only, employed clients needing skills for job retention and teens needing a framework for good decision-making skills.

Counting Hours of Participation: It is expected that attendance in life skills activities be reported by the service provider per local district procedure. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- A daily itemization of actual hours of participation (for example, four hours of life skills class time on Monday, June 1);
- Verification that the client’s activities were supervised on a daily basis;
- Client’s name;
- Name of the life skills organization providing the service;
- Name and phone number of person verifying attendance hours.

JOBS Tracking and Date Entry: Life skills activity time is entered on the LS activity from provider reports per district procedure, in a timely manner. Determinations of the client’s work readiness, progress in life skills activities and case plan modifications must be narrated in TRACS. Good cause determinations must be done immediately for noncooperation and recorded in TRACS.

4. **JOBS Basic Education and English as a Second Language (ESL)**

Intent: Basic Education services are intended to increase functional literacy and adequate English skills to enable clients to participate in further employment and training activities and gain and retain employment.

- Basic Education/ ESL services are accessed through existing adult education services available to the community or through contracts for specialized services, depending on the district plan;
- Clients may participate in Basic Education/ESL activities concurrent with employment preparation and self-sufficiency activities;
- Clients accept offers of employment while in Basic Education/ESL; this activity can continue, scheduled around work hours, in the Retention case plan if needed.

Type of Service: Basic Skill services include ESL and adult basic education services offered by local community colleges, literacy advocate and mentoring groups and other
organizations. Group and individualized instruction is available. Skill level testing is available, and some programs are geared to special populations (teen parents, teen dropouts, learning disabled, etc.) and integrate basic education and life skills in their curriculum.

**Selection Criteria:** Clients appropriate for Basic Education services are those who are unable to meet their employment, retention or self-sufficiency goal without increasing their English language, reading, writing or math skills to the basic literacy level. This includes clients who score below basic literacy level (8.9 grade level) on standardized tests, have not completed a GED or high school diploma, are unable to maintain a job or increase earnings due to deficient basic skills, or are unable to balance household budgets, access resources, help children with homework, etc., due to basic skill deficiencies.

Education Requirements for Teen Parents; JOBS: 461-190-0171
Basic Education for Nonteens; JOBS: 461-190-0181

SEE THE TEEN PARENT SECTION (SECTION F OF THIS CHAPTER) FOR EDUCATION REQUIREMENT FOR TEEN PARENTS UNDER AGE 20.

**Counting Hours of Participation:** Basic education and ESL may include course work and unsupervised study time (up to one hour for each class hour) as reported by the educational provider on the *Education or Training Attendance Report* (DHS 7861) form. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- A weekly itemization of school participation (for example, 20 hours of class time and homework for the week beginning Monday, June 1);
- Verification that the client’s activities were supervised on a daily basis;
- Client’s name;
- Actual hours of class time, unsupervised homework and other countable educational activities;
- Name of the school;
- Name and phone number of person verifying attendance hours.

**JOBS Tracking and Data Entry:** Attendance report form information should be entered by deadlines on the AB activity (ES activity for ESL). BASIS test scores and grade level attainment should be entered on the JAS and CMS data systems in a timely manner. Good cause determinations must be done immediately for nonattendance, and recorded in TRACS.
5. **JOBS Parents as Scholars (PAS)**

**Expectations:**

**Intent:** The intent of Parents as Scholars (PAS) is to help support TANF clients who are or will be undergraduates in beginning or continuing a two- or four-year degree program.

The number of parents in PAS at any time may not exceed one percent of the TANF households on January 1 of that calendar year.

PAS is administered at the state level. The Central Office JOBS Unit will:

- Accept applications;
- Select participants;
- Ensure that applicants are applying for or receiving TANF at the time of selection;
- Transition DCI participants to PAS on October 1, 2008;
- Notify a PAS applicant when:
  - The applicant is not approved for PAS;
  - The applicant is placed on a waiting list for PAS;
  - The applicant is approved for PAS.
- Notify the applicant’s worker and the district PAS point person when an application has been received and the PAS status of the applicant (approved, not approved or wait listed);
- On January 1 of each calendar year, determine the number of PAS slots available statewide based on one percent of the number of TANF households receiving TANF on January 1 of that year;
- Ensure that the number of parents in PAS at any time does not exceed the number of PAS slots available;
- Maintain a PAS wait list as necessary.

Branch offices with PAS participants:

- Carry the TANF case and determine initial and on-going TANF eligibility;
- Inform TANF applicants and recipients about PAS and the opportunity to apply for PAS;
- Make PAS applications available in both the branch offices and contractor locations;

- When notified by Central Office that a PAS application has been approved, notify the PAS applicant of the approval and the ongoing requirements the PAS participant must meet, create a new PDP with a PS step and code the case PS;

- Issue support services, including transportation and child care, as needed according to the individual needs of the PAS participant;

- Offer PAS applicants and recipients the opportunity to take an alcohol and drug, mental health, learning needs, domestic violence and physical health screening during the Pre-TANF period and at any time during the life of the TANF case when indicators of an issue arise;

- Track and enter attendance during the first 12 months a participant is in PAS. The PAS participants should self-report attendance and homework time using the Education or Training Attendance Report (DHS 7861). The PAS participant should fill the form out weekly but may turn it in to their local branch office monthly;

- Ensure that PAS participants provide documentation of satisfactory progress as defined by the school. This documentation must be provided quarterly or after each academic term or semester at the school;

- Ensure that PAS participants provide the department proof of full-time enrollment in school prior to the beginning of each term or semester;

- Notify the Central Office JOBS Unit when the PAS participant does not provide documentation of satisfactory progress or is not making satisfactory progress as defined by the school;

- Notify the Central Office JOBS Unit when the PAS participant is no longer attending school;

- Notify the Central Office JOBS Unit any time a PAS participant becomes ineligible for TANF;

- Offer re-engagement and determine good cause. Notify Central Office when good cause is not found and re-engagement is unsuccessful.

**Type of Service:**

A participant may remain in PAS for the length of time required by the participant to complete their two- or four-year degree. Generally, a two-year degree may be completed within two years and a four-year degree within four years. However, there may be circumstances in which a participant requires more than the usual length of time to complete their degree.
A participant in PAS receives the following:

- TANF cash assistance;
- JOBS support services such as transportation and day care costs;
- JOBS support services to pay for books and supplies if:
  - The books and supplies are required for completion of the participant’s coursework at an educational institution;
  - There is no other funding available for books and supplies; and
  - No more than $100 per academic term or semester is used to pay for a PAS participant’s books and supplies.

**Note:** “No other funding available” means that the PAS participant does not have access to grants, loans or other funds that will allow them to fully pay the cost of books and supplies. If a PAS participant does have access to such funds, however, the PAS participant must use the funds to pay for the school-related needs for which the funds are intended, including for books and supplies. If the PAS participant does not have access to grants or loans or other funds that will allow them to fully pay for books and supplies, the PAS participant will not be required to pursue additional grants or loans prior to the department paying for up to $100 per term or semester when the conditions above are met.

DHS cannot pay for a PAS participant’s tuition or fees associated with enrollment at an educational institution.

**Applying for PAS:**

A parent may apply for PAS by completing and signing the *Parents as Scholars (PAS) Application* (DHS 7794) and sending it to the Central Office JOBS Unit at the address listed on the application.

The PAS application must include:

- Documentation that the PAS applicant is an undergraduate who has been accepted for full-time attendance into or is enrolled full-time at an educational institution;
- Information that demonstrates that completion of the applicant’s educational program is likely to result in employment that provides the wages and benefits needed for the applicant to support the applicant’s family without TANF.

If a PAS applicant does not include the information above or the PAS application is otherwise incomplete, the applicant will be sent the *Parents as Scholars (PAS)* (DHS 7797) notifying the applicant that they are not approved for PAS because the application was incomplete but that they may reapply for PAS.
Although the PAS application requires that an applicant list a field of study, a PAS participant is not required to remain in that field of study and may choose to change their field of study while in PAS.

A TANF applicant or recipient who is applying for PAS and who is currently taking classes toward their two- or four-year degree should be given two weeks to apply for PAS and have a determination from the Central Office JOBS unit of PAS status before they are required to participate in JOBS activities that interfere with their classes. This remains true regardless of whether the PAS applicant is JOBS mandatory. During this two-week time period, a TANF applicant or recipient who is applying for PAS and who is currently taking classes toward their two- or four-year degree may be required to participate in JOBS activities that do not interfere with their classes.

A TANF applicant who is applying for PAS is not required to remain in Pre-TANF for any period longer than the time determined necessary and beneficial to the applicant.

Specific requirements; Pre-TANF Program: 461-135-0475

PAS Wait List

Once the maximum number of PAS slots have been filled, a PAS wait list will be created. Applicants will be added to the wait list in the order of the date and time the completed application is received by the Central Office JOBS Unit. The Central Office JOBS Unit will notify the applicant as well as the applicant’s worker and/or the district’s PAS pointperson that the applicant has been added to the wait list.

A PAS applicant who is on the wait list and who is JOBS mandatory is required to participate in appropriate JOBS activities until a PAS slot becomes available. The PAS applicant’s worker and/or the district PAS pointperson should work with the PAS applicant to ensure that, whenever possible, JOBS activities do not interfere with the PAS applicant’s classes.

When an opening in PAS becomes available, the Central Office JOBS Unit will notify the next applicant on the waiting list. The Central Office JOBS Unit will also notify the applicant’s worker and/or the district’s PAS pointperson that a slot has become available.

Once each year, the Central Office JOBS Unit will ask each PAS applicant on the wait list whether they would like their name removed from the wait list. The names of any PAS applicants who wish their names to be removed will be removed. The name of any PAS applicant who does not respond will not be removed.

PAS Selection Criteria

To participate in PAS, a parent must be:

- Applying for or receiving TANF; \textit{and}

- An undergraduate beginning or continuing a two- or four-year degree program; \textit{and}
• Accepted for full-time attendance into or enrolled full time at an educational institution; **and**

• Able to show as part of their application for PAS that completion of their educational program is likely to result in employment that provides the wages and benefits necessary for the applicant to support their family without TANF.

The educational institution must be a post-secondary school approved or accredited by the Northwest Commission on Colleges and Universities (http://www.nwccu.org/), by its regional equivalent, or by the appropriate official, department or agency of the state or nation in which the institution is located and that is a:

• Four-year college or university;

• A junior college or community college;

• A technical, professional or career school.

A PAS participant may attend an educational institution in Oregon or in another state via distance learning as long as the educational institution the participant is accepted for full-time attendance into or enrolled full time at meets the requirements of OAR 461-190-0199.

The Central Office JOBS Unit will make sure that the school a PAS participant is attending or will be attending meets the requirements of OAR 461-190-0199.

Requirements for PAS Participants:

Once selected, a PAS participant must:

• Stay eligible for TANF. If the participant becomes ineligible for TANF, they cannot be in PAS;

• Give documentation of satisfactory progress as defined by the school to their case manager and/or to the district PAS pointperson. This documentation must be provided quarterly or after completion of each academic term or semester at the school. The documentation may be grades or other information from the school and may be provided electronically.

  Submit to the department proof of full-time enrollment in school prior to the beginning of each term or semester;

• During each academic term other than summer terms, attend classes full time as defined by the school unless there is good cause to limit attendance to less then full time. During summer terms, attend classes full time or participate in work experience related to the participants’ field of study, unless there is good cause. If there is not a work experience related to the participant’s field of study available, participate in another appropriate work experience;
• For PAS participants in their first 12 months of PAS participation, report attendance and study time to their Self-Sufficiency worker no less frequently than once per month. (The Education or Training Attendance Report (DHS 7861) can be used for this.)

A PAS participant taking online classes may verify attendance and study time by doing one of the following:

- E-mailing or a faxing a copy of the completed DHS 7861 to an appropriate official at the school who may then fax or e-mail a response verifying attendance and study time. The verification must include the official’s name, title and contact information. The PAS participant then must provide the DHS 7861 and the verification to their Self-Sufficiency worker;

- Providing a computer printout showing time spent online for school activities. The printout must include the school official’s name, title and contact information. The PAS participant then must provide the printout to their Self-Sufficiency worker.

During any months of PAS participation after the first 12 months, the PAS participant may self-report attendance and study time.

• Upon completion of the last academic term of the participant’s educational program, engage in work preparation activities if appropriate and if the participant is not already accessing such services through another provider such as their college or university. Work preparation activities may include resume preparation, job search, interviews, work experience and other activities related to job placement.

Ending PAS

PAS must be ended when:

• The PAS participant completes their two- or four-year degree program;

• The PAS participant becomes ineligible for TANF;

• The PAS participant does not provide documentation of satisfactory progress as defined by the school or is not making satisfactory academic progress as defined by the school, the re-engagement process ends unsuccessfully and no good cause is found.

The PAS participant does not submit to the department proof of full-time enrollment in school prior to the beginning of each term or semester, the re-engagement process ends unsuccessfully and no good cause is found;

• For terms other than summer term, the PAS participant does not attend classes full time as defined by the school, the re-engagement process ends unsuccessfully and no good cause is found. During summer terms, the PAS participant does not attend
classes full time or participate in work experience related to the participants’ field of study, the re-engagement process ends unsuccessfully and no good cause is found;

- A PAS participant in their first 12 months of PAS participation does not report attendance and study time to their Self-Sufficiency worker once per month using the DHS 7861, the re-engagement process ends unsuccessfully and no good cause is found.

**Good Cause:** 461-130-0327

Re-engagement; JOBS, Pre-TANF, REF, SFPSS, TA-DVS: 461-190-0231

**JOBS Tracking and Data Entry:** During the first 12 months of PAS participation, clients report attendance and study time no less frequently than once per month using the Education or Training Attendance Report (DHS 7861). During any months after the first 12 months, clients are not required to report attendance and study time.

Count class “seat” time and lab time. Count supervised homework time and count one hour of unsupervised homework time for each hour of class “seat” time.

Code participants in PAS with the “PS” activity code.

**VT and PAS:**

VT is appropriate for clients enrolled in an organized educational program directly related to the preparation for employment in occupations requiring training including training leading to a certificate or to an associate’s, a bachelor’s or another advanced degree. VT is a core activity, countable for up to 12 months.

PAS is appropriate for clients in a two- or four-year degree program and who are enrolled in an educational institution pursuant to OAR 461-190-0199. The number of PAS slots available statewide is based on the number of households receiving TANF on January 1 of each calendar year. PAS is a countable activity for the first 12 months a participant is in PAS.

In a case where a client appears to meet the criteria for both VT and PAS, use the VT step since VT allows more participants in the component than PAS.

**Parents as Scholars:** 461-190-0199

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6. **JOBS Job Skills Training**

**Intent:** The intent of job skills training is to provide short-term classroom training in vocational and technical skills, or equivalent knowledge and abilities in a specific
job area, for clients unable to meet their short-term employment goal without this training.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025

Expectations:

- Consider the minimum training required to enable the client to reach their short-term job goal; usually six months or less, and not more than 12 months;

- Consider other concurrent activities for clients in training, including job search, as long as they do not interfere with training;

- Use JOBS funds to cover the costs of training assigned as part of a case plan.

Type of Service: Job skills training services include training offered by local employers, and technical trainings offered by local WIA's and community colleges in collaboration with employers. They may include training offered by private training providers.

Examples include word processing, electronics assembly, production, CNA, entry level office occupations and other workforce development classes.

Selection Criteria: Clients appropriate for job skills training are those who have a realistic short-term job goal, who have participated in enough job search activities to complete a labor market test and for whom the results of assessment and the labor market test show training is needed for them to meet their short-term job goal. This service is also appropriate for employed clients needing skills to enhance wages and benefits.

Counting Hours of Participation: Jobs skills training may include course work and unsupervised study time (up to one hour for each class hour) as reported by the educational provider on the Education or Training Attendance Report (DHS 7861) form. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- A weekly itemization of school participation (for example, 20 hours of class time and homework for the week beginning Monday, June 1);

- Verification that the client’s activities were supervised on a daily basis;

- Client’s name;

- Actual hours of class time, unsupervised homework and other countable educational activities;

- Name of the school;

- Name and phone number of person verifying attendance hours.

JOBS Tracking and Data Entry: Job skills training activity time is entered on the JS activity from provider or client reports per district procedure, in a timely manner.
Determinations of the client’s readiness to work towards a short-term employment goal and progress in training activities and case plan modifications must be narrated in TRACS. Good cause determinations for noncooperation must be done immediately and recorded in TRACS. Vocational Training courses that are 30 days or less will be coded JS.

7. **JOBS On-the-Job Training**

**Intent:** The intent of on-the-job training (OJT) is to provide paid work experience and training for a specified period of time and is for clients who are unable to meet their short-term employment goal without this training.

**Expectations:**

- Limit OJT placements to six consecutive months;
- Use JOBS funds to reimburse the employer for up to 50 percent of the participant’s wages;
- The Office of Vocational Rehabilitation Services (OVRS), Workforce Investment Act (WIA) and other agencies may also sponsor OJT activities and pay a wage subsidy to the employer;
- Develop an OJT contract to define training activities and outcomes, employer and participant expectations, progress communication schedule, wages and duration of placement;
- OJT participants will not be placed in any positions that displace current employees or positions, impair existing contracts or collective bargaining agreements, infringe on promotional opportunities for existing employees, violate health or safety standards, include duties not reasonable or customary for that occupation, or offer fewer benefits than those received by employees in similar positions.

Restrictions on On-the-Job Training, Unpaid Employment, Work Supplementation; JOBS: 461-190-0163

WIA WAGES MAY BE COUNTED AS INCOME. SEE RULE 461-145-0300.

**Type of Service:** OJT services include contracts with employers usually negotiated by WIA agencies, to provide worksite training for specific periods of time (usually up to six months). Participants receive training as specified in the OJT contract, while receiving an entry-level wage. Participants are temporary employees, and there is usually no expectation that the employer will hire them permanently after training.

**Selection Criteria:** Clients appropriate for on-the-job training are those who have a realistic short-term job goal, who have participated in enough job search activities to complete a labor market test, and for whom the results of assessment and the labor
market test show that paid job site training and an employer subsidy is needed for them to access training to meet their short-term job goal.

Counting Hours of Participation: It is expected that paid hours for WO working parents will be reported to DHS or contractor by the client from employer-produced documents, such as pay stubs, or employer reimbursement forms. Paid work hours and appropriate training time recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a weekly itemization of actual paid work hours (for example, 30 hours paid for the month of June);
- Client’s name;
- Name of employer.

JOBS Tracking and Data Entry: OJT time is entered on the JT activity from provider or client reports per district procedure, in a timely manner. Determinations of the client’s readiness to work at short-term employment goal, progress in training activities, and case plan modifications must be narrated in TRACS. Good cause determinations for noncooperation must be done immediately and recorded in TRACS.

8. JOBS Microenterprise

Intent: The intent of the microenterprise component is to support clients in self-employment.

“Microenterprise” means a small business that has fewer than five employees and capital needs no greater than $35,000. Typical microenterprises include child care, arts and crafts and business and personal services such as computer repair or hair care.

The microenterprise component (MI) of JOBS is a subset of self-employment. This means that there may be clients participating in JOBS who are self-employed but who are not in the microenterprise component. For self-employed and JOBS microenterprise clients, calculate the hours the client participates as a countable JOBS activity (WO for self-employment and MI for JOBS microenterprise) by dividing the gross income for a month by the federal minimum wage.

Expectations:

- In order to participate in microenterprise as a JOBS component, a client must have a plan for their business that has been approved by a third party expert entity. A “third party expert entity” includes a member agency of the Oregon Microenterprise Network (OMEN), the Small Business Administration, the Service Corps of Retired Executives (SCORE) or other entity approved by the department;
• A client must provide their case manager with documentation that a third-party expert entity has approved their business plan. The approved business plan must include provisions for review of the client’s microenterprise progress by the approving third-party expert entity.

Any cost to the client of having a business plan prepared or approved is considered a business expense and is an allowable deduction from the client’s gross income;

• A client in the microenterprise component must participate in the microenterprise component for the number of hours required by the JOBS program or in a combination of the microenterprise component and other appropriate JOBS activities for the number of hours required by the JOBS program;

• A client in the microenterprise component may participate in a number of business-related activities to support their microenterprise. Examples of business-related activities that would support a client’s microenterprise include designing and creating products, making sales calls, taking classes to increase business skills, etc.;

• A client in the microenterprise component must provide an income statement semi-annually to the department. This income statement must be prepared by a certified public accountant, bookkeeping firm or other entity approved by the department, according to generally accepted accounting principles and OAR 461-145-0920. “Other entity approved by the Department” includes OMEN, SBA and SCORE.

Any cost to the client of having an income statement prepared is considered a business expense and is an allowable deduction from the client’s gross income.

A client in the microenterprise component does not need to report self-employment income on the Self-Employment Income (DHS 859B) form;

• A client normally may participate in the microenterprise component for no more than 12 consecutive months.

Case managers must contact the Central Office JOBS Unit and get prior approval if they have a client who wishes to participate in the microenterprise component for a second or subsequent period of time;

• Use JOBS funds to pay for child care, transportation, and other support needs of clients participating in the microenterprise component of JOBS.

Do not use JOBS funds to pay for business equipment, supplies, wages or other business expenses that support the microenterprise.

Do not use JOBS funds to pay for any costs related to preparation of a business plan or preparation of the semi-annual income statement the client must provide. Any cost to the client of having a business plan prepared or approved or having an
income statement prepared is considered a business expense and is an allowable
deduction from the client’s gross income.

Selection Criteria: A client may participate in the microenterprise component if the client
is self-employed pursuant to OAR 461-145-0910(2) and provides documentation of
approval of their current business plan by a third-party expert entity.

Counting Hours of Participation: Microenterprise attendance hours can be determined by
the monthly gross income of the business minus monthly business expenses divided by
the federal minimum wage. If the client receives paid wages from the business, hours can
be determined from pay stubs. Paid work hours recorded as attendance must be
documented in writing and maintained in the client’s DHS or contractor case file or in a
central file and include:

- At least a weekly itemization of actual paid work hours (for example, 20 hours
  paid for the week beginning on Monday, June 1);
- Client’s name;
- Name and phone number of person verifying attendance hour information.

JOBS Tracking and Data Entry: Microenterprise activity time is entered as an MI activity
from client reports per district procedure, in a timely manner. Determinations of the
client’s progress in the microenterprise activity and case plan modifications must be
narrated in TRACS. Good cause determinations for lack of participation or progress must
be recorded in TRACS.

Microenterprise Component: 461-190-0197

9. JOBS Vocational Training

Intent: The intent of vocational training (VT) is to provide JOBS participants with access
to specific vocational training that will lead to a career with an appropriate wage
level and opportunity for employment.

Expectations:

- VT is administered at the local level;

- Case managers will complete the required vocational training packet, which entails
  the following requirements:

  - Client contacts case manager to request a vocational training opportunity;

  - Case manager gives the client the Vocational Training Instructions for the
    Client/Applicant (DHS 7788) and the My Self Assessment form
    (DHS 7823) (unless there is a current copy in client file), and explains the
requirements. Case manager will review the DHS 7823 with the client and focus on housing, stability, education, work experience and barriers;

- Client returns the completed VT packet to the case manager. Case manager and client review the information and case manager completes numbers 1-3 of the Vocational Training (VT) Forms Check List (DHS 7789C);

- Case manager reviews the VT Training Forms Check List and prints TRACS attendance and relevant narration to bring to VT staffing;

- Case manager will sign client up for the next VT staffing and give client a JOBS appointment notice, and bring completed VT packet and supporting documents to staffing;

- If the packet is incomplete, the appointment cannot be scheduled;

- **VT staffing committee must include:** Branch leadership, Job and Career Center staff or appropriate partner, case manager and client;

- If VT is approved, case manager will set up an appointment time to develop a new PDP with the client. Support services approved by the staffing committee should be treated like any other JOBS activity, as should attendance, good cause and the re-engagement process.

- Vocational training will focus on careers with a high-demand/high-wage outcome. These jobs can be accessed at www.qualityinfo.org/olmisj/ChartView;

- **High-wage Occupations**
  Occupations paying more than the all-industry, all-ownership median wage for statewide or a particular region;

- **High-demand Occupations**
  Occupations having more than the median number of total (growth plus replacement) openings for statewide or a particular region.

- All applications for VT will be presented to the VT staffing committee before a determination will be made;

- In the last three months of the VT activity, the training activity should be combined with other work-attached activities (such as work experience) related to the area of training.

**Type of Service:** A participant may remain in VT for up to 12 months while completing an approved VT program.

A participant in the VT program can get TANF cash assistance. The participant can also get support services through the JOBS program such as transportation and day care costs.

DHS may pay for books and tuition if the VT program is designated as a high-demand or high-wage field of study.
Selection Criteria:

- Applicants for VT must be enrolled or accepted for enrollment in an organized educational program directly related to preparation for employment in occupations requiring training other than a bachelor’s or other advanced degree. VT may lead to an associate’s degree or technical certificate;

- Applicants must have demonstrated an ability to participate in JOBS activities;

- Applicants must complete the client/application packet and participate in the VT staffing;

- The VT staffing committee at the local level makes the determination if someone is eligible to engage in VT.

Counting Hours of Participation: Vocational training may include course work and unsupervised study time (up to one hour for each class hour) as reported by the educational provider on the Education or Training Attendance Report (DHS 7861) form. Attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- A weekly itemization of school participation (for example, 20 hours of class time and homework for the week beginning Monday, June 1);

- Verification that the client’s activities were supervised on a daily basis;

- Client’s name;

- Actual hours of class time, unsupervised homework and other countable educational activities;

- Name of the school;

- Name and phone number of person verifying attendance hours.

JOBS Tracking and Data Entry: Vocational training should be coded under the VT code on TRACS. Any supplemental activities in the final three months of the training should be coded on TRACS under the appropriate activity code, such as WE, separately from the VT activity code. VT classes that are 30 days or less will be coded JS (see JOBS skills section). Any VT activity over 30 days resulting in a certificate will be coded VT and is subject to the VT process and staffing.

Note on VT and DCI:

VT is appropriate for clients enrolled in an organized educational program directly related to the preparation for employment in occupations requiring training including training leading to a certificate or to an associate’s degree, a bachelor’s or another advanced degree. VT is a core activity, countable for up to 12 months.
PAS is appropriate for clients in a two- or four-year degree program and who are enrolled in an educational institution pursuant to OAR 461-190-0199. The number of PAS slots available statewide is based on the number of households receiving TANF on January 1 of each calendar year. PAS is a countable activity for the first 12 months a participant is in PAS.

In a case where a client appears to meet the criteria for both VT and PAS, use the VT step, since VT allows more participants in the component than PAS.

10. **JOBS Sheltered/Supported Work**

**Intent:** The intent of the supported work activity is to provide more structured staff support, skill training, intervention and counseling for clients needing this level of employment preparation services.

**Type of Service:** Supported work services include sheltered work and training activities such as those offered by Goodwill Industries and others, depending on the district JOBS plan. Some services also offer basic skill instruction, job placement and job retention and follow up services.

**Selection Criteria:** Clients appropriate for supported work services include those who are not progressing in regular services and who show the need for a more structured program by behavior, testing, or the results of medical or psychological reports that indicate the presence of significant disabilities. Supported work may be the client’s initial self-sufficiency activity after an initial labor market test, or may begin after lack of progress in regular services.

**Counting Hours of Participation:** Sheltered/Supported work clients are subject to a maximum number of monthly hours as determined by the Fair Labor Standards Act (FLSA). It is expected that work hours for sheltered/supported work will be reported to DHS or contractor by the worksite employer from employer-produced documents, such as time sheets. Work hours recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a weekly itemization of actual work hours (for example, 30 hours worked for the week beginning on Monday, June 1);
- Client’s name;
- Name of worksite;
- Name and phone number of person verifying work hours.

**JOBS Tracking and Data Entry:** Attendance reported by the provider is entered on the SW activity in a timely manner. Determinations of the client’s readiness for work, progress in activities, and case plan modifications must be narrated in TRACS. Good
cause determinations for lack of progress or cooperation must be done immediately and recorded in TRACS.

11. **JOBS Work Experience**

**Intent:** The intent of work experience services is to enhance employability through unpaid, short-term experience at a job site that increases good work habits and basic skills.

**Expectations:**

- Consider work experience for the minimum hours and duration required to enable the client to reach their short-term job goal;
- Begin work experience placements with a client orientation to goals, duties and expectations;
- Ensure the work experience services include regular communication and follow up with the site staff and client to assess progress toward goals of the placement;
- Do not place work experience participants in any positions that displace current employees or positions, impair existing contracts or collective bargaining agreements, infringe on promotional opportunities for existing employees, violate any health or safety standards, include duties not reasonable or customary for that occupation or offer fewer benefits than those received by employees in similar positions.

Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025
Restrictions on On-the-Job Training, Unpaid Employment, Work Supplementation; JOBS: 461-190-0163

**Selection Criteria:** Clients appropriate for work experience are those who have completed a labor market test and have no recent work experience, or lack the work experience that would enable them to reach their short-term job goal. Also appropriate are clients whose work history or current assessment shows a need for developing positive workplace skills in a structured setting.

**Type of Service:** Work experience services include placements in public and private nonprofit agencies and private for-profit businesses. Client duties are similar to those of volunteers, with an emphasis on close client supervision and mentoring. Placement goals and the actual duties are developed with the client, DHS, partners and site staff. Frequently these services are managed by a local WIA or volunteer placement agency, which develops available sites, orients clients and providers and provides follow-up monitoring of the placement.

**Counting Hours of Participation:** Work experience clients are subject to a maximum number of monthly hours as determined by the Fair Labor Standards Act (FLSA). It is expected that work hours for work experience will be reported to DHS or contractor by the worksite employer from employer-produced documents, such as time sheets. Work
hours recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a weekly itemization of actual work hours (for example, 30 hours worked for the week beginning on Monday, June 1);
- Client’s name;
- Name of worksite;
- Name and phone number of person verifying work hours.

**JOBS Tracking and Data Entry:** Attendance reported by the provider is entered on the WE activity in a timely manner. Determinations of the client’s readiness for work, progress in activities, and case plan modifications must be narrated in TRACS. Good cause determinations for lack of progress or noncooperation must be done immediately and recorded in TRACS.

12. **Community Services Program**

**Intent:** The intent of the community services program is to enhance employability through unpaid, short-term experience at a job site that increases good work habits and basic skills. This activity differs from work experience in that work must be performed for the direct benefit of the community.

**Expectations:**

- Consider community services program for the minimum hours and duration required to enable the client to reach their short-term job goal, up to a maximum of nine consecutive months;
- Begin community services program placements with a client orientation to goals, duties and expectations;
- Ensure the community services program include regular communication and followup with the site staff and client, to assess progress toward goals of the placement;
- Do not place community service program participants in any positions that displace current employees or position, impair existing contracts or collective bargaining agreements, infringe on promotional opportunities for existing employees, violate any health or safety standards, include duties not reasonable or customary for that occupation or offer fewer benefits than those received by employees in similar positions.
Selection Criteria: Clients appropriate for the community services program have completed a labor market test and have no recent work experience, or lack the work experience that would enable them to reach their short-term job goal. Also appropriate are clients whose work history or current assessment shows a need for developing positive workplace skills in a structured setting.

Type of Service: Community services programs include placements in public and private nonprofit agencies in such fields as health, social service, environmental protection, education, welfare, recreation, public facilities and safety and child care. Client duties are similar to those of volunteers, with an emphasis on close client supervision and mentoring. Placement goals and the actual duties are developed with the client, DHS, partners and site staff. Frequently these services are managed by a local WIA or volunteer placement agency, which develops available sites, orients clients and providers and provides followup monitoring of the placement.

Counting Hours of Participation: Community services program clients are subject to a maximum number of monthly hours as determined by the Fair Labor Standards Act (FLSA). It is expected that work hours for community services program will be reported to DHS or contractor by the worksite employer from employer-produced documents, such as time sheets. Work hours recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a weekly itemization of actual work hours (for example, 30 hours worked for the week beginning on Monday, June 1);
- Client’s name;
- Name of worksite;
- Name and phone number of person verifying work hours.

13. Providing Child Care for Community Services Program Participants

Intent: The intent of this activity is to provide free child care services for clients enrolled in the community services program. Care of the client’s own children is not allowed.

Expectations:

- Consider the appropriateness and the safety of the child when approving a client to provide child care;
- Consider the long-term self-sufficiency gains of the client providing the child care.

Selection Criteria: Clients providing child care must:

- Be 18 years or older and in such physical and mental health as will not adversely affect their ability to care for a child in care;
• Be registered or certified with CCD, if required by law;

• Meet DHS health and safety minimum standards;

• Supervise children in care at all times;

• Report suspected child abuse to a DHS Child Protective Services office or a law enforcement agency;

• Prevent people who may behave in a way that may harm children from having access to their children at all times;

• Allow parents immediate access to their children at all times.

Type of Services: Providing child care in this activity is limited to the children of community services program participants.

Counting Hours of Participation: Clients providing child care are subject to a maximum number of monthly hours as determined by the Fair Labor Standards Act (FLSA). It is expected that work hours for work experience will be reported to DHS or contractor by the client. Hours of child care provided recorded as attendance must be documented in wiring and maintained in the client’s DHS or contract case file or in a central file and include:

• At least a weekly itemization of actual work hours (for example: 30 hours worked for the week beginning on Monday, June 1);

• Client’s name;

• Name and phone number of person verifying work hours.

JOBS Tracking and Data Entry: Attendance reported is entered on the CF activity in a timely manner. Determinations of the client’s ability to meet the above standards must be narrated in TRACS. Good cause determination for lack of progress of noncooperation must be done immediately and recorded in TRACS.

14. JOBS Work Supplementation

Intent: The intent of work supplementation services is to provide a short-term wage supplement as an incentive for employers to train and hire TANF and REF clients.

Expectations:

• Develop a contract for each client, stating the goals and expectations for all parties;

• Begin work supplementation placements with a client orientation to goals, duties and expectations;
• Work supplementation is a short-term activity not to exceed six consecutive months;

• The employer must agree to hire the client permanently for the position they are trained for during the work supplementation placement;

• The wage should be sufficient to end cash benefits, or have the potential to end cash benefits;

• Continue the supplement if the client goes over income for TANF or REF due to work supplement placement wages;

• Do not place work supplementation participants in any position that displaces current employees or positions, impairs existing contracts or collective bargaining agreements, infringes on promotional opportunities for existing employees, violates any health or safety standards, includes duties not reasonable or customary for that occupation, or offers fewer benefits than those offered to employees in similar positions;

• Work supplementation participants not covered by a workers’ compensation statute should be provided with medical and accident protection for onsite injuries equal to that required by the state workers’ compensation statute;

• Clients must be eligible for TANF or REF on the day the work supplementation contract begins;

• Send a 30-day notice to the employer and end the contract after the notice period, if TANF or REF eligibility ends during the work supplementation placement for reasons other than the wage.

Type of Service: Work supplementation services are available to TANF and REF clients. DHS, the client and the employer develop a contract for up to six months of paid worksite training. DHS subsidizes the participant’s wages by diverting up to $200 per month of the participant’s TANF/REF benefits to the employer. This supplement is paid by the DHS office using the special cash payment system, Authorization of Cash Payment form, (DHS 437) or SPL1. The employer pays the rest of the wage. The wage is counted as earned income, and if the wage puts the client over income for TANF or REF, they remain eligible for TANF-related medical and support service payments.

Selection Criteria: Clients appropriate for work supplementation include those receiving TANF or REF benefits who have no recent work experience, or lack the work experience that would enable them to reach their short-term job goal. Also appropriate are clients whose work history or current assessment shows a need for developing positive workplace skills in a structured setting with pay. These are clients who are unlikely to be hired without offering an incentive to the employer. Employed clients whose employers
will create an upgraded training position for them if offered this supplement are also appropriate, if this leads to a permanent position with enhanced wages and/or benefits.

Counting Hours of Participation: It is expected that paid work hours for work supplementation clients will be reported to DHS or contractor by the client from employer-produced documents, such as pay stubs or employer reimbursement forms. Paid work hours recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a monthly itemization of actual paid work hours (for example, 30 hours paid for the month of June);
- Client’s name;
- Name of employer.

JOBS Tracking and Data Entry: Attendance reported by the provider is entered on the WS activity in a timely manner. Determinations of the client’s progress in training as described in the contract, and case plan modifications, must be narrated in TRACS. Good cause determinations must be done immediately for lack of progress or noncooperation, and recorded in TRACS. If the client’s wage puts them over standards for TANF or REF, the TANF or REF case must be changed to no cash pay, but the wage supplements, medical benefits and any support services continue to be issued by the branch.

15. **JOBS Plus for TANF Clients**

**Intent:** The intent of JOBS Plus services is to enhance employability for clients unlikely to be hired at their current skill level for their short-term job goal. JOBS plus provides an incentive to clients and employers by converting SNAP, TANF or UI benefits into wages.

**Expectations:**

- Limit JOBS Plus placements to six consecutive months;
- The district JOBS Plus contact will develop an agreement for each client, stating the job, wage and hours offered;
- Make sure clients understand the wage supplement, tax liability payments and the Individual Education Account;
- Consider JOBS Plus for adults in the TANF benefit group if they are not excluded from JOBS participation;
- Consider TANF clients eligible for JOBS Plus if the eligibility group’s countable income does not exceed the SNAP countable income limit for their group size;
• Consider JOBS Plus eligibility when a TANF participant experiences changes in deprivation that make them ineligible for TANF;

• Consider JOBS Plus for unemployed noncaretaker parents of TANF children.

JOBS Plus placements must not require the participant to work over 40 hours per week, must not displace regular employees or positions, must not pay below the Oregon minimum wage, must offer Workers’ Compensation and must offer the same benefits given to other temporary employees, including paid leave time and group health insurance.

Participants may be required to complete one day of job search each week after their fourth month of placement; the employer treats this as paid time.

The participant may end a JOBS Plus worksite assignment if they contact DHS with a request to end after two weeks. They may end up to two assignments, with the third and subsequent requests subjected to good cause determination and possible disqualification if they do not cooperate. JOBS Plus employers may end the worksite assignment by contacting DHS with a request. DHS will end the worksite assignment whenever the employer or assignment is found to be in violation of the agreement or at the end of the month prior to the month a member of the filing group begins serving a SNAP program disqualification.

Employers cannot be required to accept JOBS Plus participants. DHS may not assign JOBS Plus participants to employers who have exhibited a pattern of unreasonably ending assignments prior to completion of training, or unwillingness to provide adequate training or comply with other requirements. Employers may not have more than 10 percent of their total employees as JOBS Plus participants, unless only one participant puts them over this limit or the limit is waived by an assistant director of DHS or their designee.

Private employers have first priority for assignment of JOBS Plus participants; public employers may be assigned participants only when no appropriate positions exist with private employers.

Employers must maintain comparable levels of health, safety and working conditions for JOBS Plus participants; provide on-the-job training sufficient to allow the participant to perform their duties; provide a mentor to orient the JOBS Plus participant to help the participant be successful in the workplace; and repay reimbursements if they violate any JOBS Plus program rules.
Selection Criteria: Clients appropriate for JOBS Plus include clients who have completed an assessment and a labor market test of at least 30 days, and are determined to be unlikely to gain work skills and become employed without the type of wage enhancement and training/mentoring agreement offered by this service.

Type of Service: JOBS Plus services include paid work experience and mentoring, payment of at least minimum wage for the hours worked, and contribution of $1 per hour worked to an Individual Education Account (IEA) after 30 days of worksite participation. The participant can use the account after they have completed JOBS Plus and held a full-time, unsubsidized job for at least 30 days. Participants receive child care benefits for work hours, plus other support services necessary for participation.

Standards for Support Service Payments: 461-190-0211
Client’s Individual Education Accounts: 461-190-0407

JOBS Plus employers are reimbursed from the JOBS Plus Program Special Fund for up to 40 hours per week for wages paid to a participant at a rate not exceeding the state minimum wage, plus the employers share, per the Work Site Agreement, of Social Security, federal and state Unemployment Compensation and Workers’ Compensation. The employer bills DHS on the specified form by the 20th of the month, for the time period from the 16th of the prior month through the 15th of the current month. DHS calculates the wage using the state minimum wage times hours worked, including paid sick, holiday and vacation time. After four months in the placement, this includes up to eight hours per week job search.

Counting Hours of Participation: It is expected that paid work hours for JOBS Plus clients will be reported to DHS or contractor by the employer from employer reimbursement forms sent to DPU. If attendance is entered locally work hours must be determined from employer-produced documents, such as pay stubs. Paid work hours recorded as attendance must be documented in writing and maintained in the client’s DHS or contractor case file or in a central file and include:

- At least a monthly itemization of actual paid work hours (for example, 30 hours paid for the month of June);
- Client’s name;
- Name of employers.

JOBS Tracking and Data Entry: The completed JOBS Plus agreement must be sent to DPU immediately. Information must be entered by the branch on CMS, FSMIS and JAS in order for the wage reimbursement and attendance entry process to occur. Effective the last day of the month that the client receives their first JOBS Plus wages, the TANF and SNAP benefits must be suspended. The redetermination/recertification end dates must be set to match the end of the JOBS Plus contract. Use prospective eligibility and budgeting to determine TANF and SNAP eligibility for first of the month after the JOBS Plus placement ends.
Attendance from employer-reported work hours is entered by DPU on the PL activity. Determinations of the client’s progress and case plan modifications must be narrated in TRACS. Good cause determinations must be done immediately for lack of progress or noncooperation, and recorded in TRACS.

Actions necessary when a TANF JOBS Plus assignment begins include:

1. Send the continuing benefit notice *Notice of Entering JOBS Plus Program* (DHS 7874) explaining that TANF and SNAP will end, effective for the end of the month in which the client receives their first JOBS Plus paycheck.

2. Add the PLS case descriptor and N/R code (effective the month the assignment starts), and add PLS HH type to FSMIS.

3. Extend the review date for CMS and EXPR CERT date for SNAP to the month after the month in which the assignment ends.

4. Code child care hours to the _2 or 82 case and send the client a listing form for their provider, if child care is needed and provider not yet listed.

5. Code adjusted countable earned income from any other source as OTH for CMS; average or projected income for SNAP.

6. Issue needed support payments on JAS using code 24 for child care only if needed for a gap not covered by the CCB payment. Code 25 for transportation and 26 for all others.

7. Using a COMP action, add the NCP case descriptor to CMS (leaving in _2 or 82) and the PL hold code, MNL HH type and TANF grant amount (before JOBS Plus started) to FSMIS effective the first of the month after the client receives their first JOBS Plus paycheck.

*SEE ITEM 16 IN THIS CHAPTER FOR A FULL DESCRIPTION OF THE TANF SUPPLEMENT PROCESS.*

*SEE ITEM 18 IN THIS CHAPTER FOR JOBS SERVICES, INCLUDING JOBS PLUS, FOR NONCUSTODIAL PARENTS.*

*SEE COMPUTER GUIDE MANUAL, CHAPTER III.G FOR JOBS PLUS COMPUTER INSTRUCTIONS.*

16. **JOBS Plus Process for TANF Wage Supplements**

To ensure that TANF clients do not incur a net loss of income as a result of participation in JOBS Plus, DHS pays a wage supplement if the client’s JOBS Plus income falls below the full or minimum benefit equivalency, as calculated below:
For the full benefit equivalency test:

1. Determine the JOBS Plus income retrospectively by multiplying the client’s salary times the available hours (paid hours, including sick leave and job search, plus any unexcused hours), minus the $90 standard deduction and any amount withheld as a garnishment; plus the full amount of any child support received by the client or the department, and the average EIC refund of $102/month.

2. Compare this income to the full benefit equivalent, which is the total of the TANF and SNAP benefits for the need group size (calculated per OARs 461-160-0100 and 461-160-0400), based on prospective income.

3. Subtract the JOBS Plus income from the full benefit equivalent to reach the potential supplement amount.

For the minimum benefit equivalency test:

1. Determine the JOBS Plus income retrospectively by multiplying the client’s salary by paid hours only, minus the $90 standard deduction and any amount withheld as a garnishment; plus the full amount of any child support received by the client or the department, and the average EIC refund of $102/month.

2. Compare this income to the minimum benefit equivalent, which is the full benefit equivalent minus the one-person difference in the payment standard. The one-person difference is the difference between the TANF standard for the need group size with and without the client (as if the JOBS Plus client were ineligible).

3. Subtract the JOBS Plus income from the minimum benefit equivalent to reach the potential supplement amount.

To calculate the wage supplement, compare the full and minimum equivalency test results above, and pay the greater of these two supplements to the client. JOBS Plus clients cannot receive TANF or SNAP benefits and a wage supplement for the same month.

17. JOBS Plus SNAP Emergency Payments

To ensure that SNAP clients do not incur a net loss of income because of their participation in JOBS Plus, DHS pays an emergency SNAP payment if the client’s income falls below the Thrifty Food Plan for their filing group size, as calculated below:

1. Determine JOBS Plus income by adding JOBS Plus wages already received and reasonably anticipated in the month, minus the standard $90 deduction and any amount withheld as a garnishment, plus any EIC received or anticipated in the month and any other prospective income for the month.
2. Subtract the JOBS Plus income as calculated above from the Thrifty Food Plan amount for the filing group size.

3. Pay the client the difference.

18. JOBS Services to Noncustodial Parents

Intent: The intent of the services offered to noncustodial parents is to move them to employment so they can pay child support, and to otherwise assist them in becoming a meaningful contributor to their child’s well-being.

Expectations:

- Do not pursue involvement with the noncustodial parents if this will negatively impact the safety of the TANF family.

- Consider services to the noncustodial parent when this may contribute to the self-sufficiency of the custodial parent and the children.

Selection Criteria: Case management and brokering services are available in all districts. Noncustodial parents appropriate for these services include those who are related to children receiving TANF in Oregon. The noncustodial parent must reside in Oregon and have a demonstrated need for the payment in order to comply with their case plan.

☞ FOR MORE INFORMATION ON ESTABLISHING PATERNITY, SEE “PATERNITY CASES” UNDER CHILD SUPPORT SECTION D.4 (CS D.4).

Outreach: Outreach is usually done in partnership with DCS, the JOBS contractor and other community agencies, especially those serving pregnant women and women with small children. Outreach is essentially an invitation to the unemployed or under-employed noncustodial parent to take advantage of JOBS services to become employed. Acceptance of the invitation to participate is voluntary. Because only DCS or the DA can pursue a penalty against a noncustodial parent for nonacceptance of the invitation or failure to participate in the JOBS program once an assessment has been done, it is important to gain the cooperation of these partners if the district/branch plans to have participation be anything other than voluntary.

Outreach may be done directly to the noncustodial parent and/or the custodial parent. Noncustodial parents of children receiving TANF are targeted.

Type of Service: Contracted noncustodial parent services consist of contacting the parents and inviting them to take advantage of a variety of JOBS components. Because noncustodial parents may have the same type of barriers to employment as TANF clients, all JOBS program components will be available to them. In addition to the existing JOBS components, there may be other services offered to noncustodial parents, including outreach, Life Skills for obligors, obligor support group and services dealing with the
areas of visitation (parenting time), legal issues, parenting and relationship with custodial parent.

It may be helpful to offer a separate Life Skills class to noncustodial parents, as there may be safety issues and obligor-specific issues to be addressed. These issues include getting along with the custodial parent, visitation (parenting time), modification of support orders and payment of support. An obligor-specific support group would be another type of component within which these issues can be addressed.

**Counting Hours of Participation:** Hours of participation are counted in the same way as for other JOBS participants in that activity. See the activity descriptions in this chapter.

**JOBS Tracking and Data Entry:** If the noncustodial parent is coded AD or NO on an open CMS case, enter E in the JOBS Stat field to create a JAS screen. If no open CMS case exists, one will need to be created in a similar manner as for JOBS Plus SNAP and UI parents. This is accomplished by pending a single person P2 case for the noncustodial parent, then entering the WTW case descriptor and JOBS Stat code E. Deny this pended P2 case the following day using the OO reason code. No denial notice is required. For all cases, enter Y in the Obligor field on the JPRT screen. Use the PNC case descriptor for noncustodial parents in JOBS Plus.

Attendance is tracked and data entered in the manner described in this section for that activity.

> SEE THE COMPUTER GUIDE MANUAL, CHAPTER III.G, FOR JOBS PLUS COMPUTER INSTRUCTIONS.

19. **Referral to Tribal Programs**

**Grand Ronde Tribe NEW (Native Employment Works) Program** (formerly known as JOBS): The Grand Ronde Tribe NEW program provides training and employment services to Grand Ronde Tribe members. Some participants in this program may also be DHS TANF clients. When a DHS TANF client is identified as being a participant in the Grand Ronde Tribe NEW program, the DHS case manager should contact the client’s Grand Ronde Tribe NEW case manager to determine what NEW services are being provided. (The client is responsible for providing sufficient information to contact the Grand Ronde case manager.) A DHS case plan, which coordinates the client’s participation in Grand Ronde Tribe NEW activities with additional DHS JOBS activities, if appropriate, should then be developed.

- Participating in the Grand Ronde Tribe NEW program does not exclude or exempt the client from participation in DHS JOBS activities. However, DHS JOBS activities must not prevent or interfere with full participation in Grand Ronde Tribe NEW activities.

> SEE TANF (TA F.8), GOOD CAUSE FOR NONCOOPERATION WITH EMPLOYMENT PROGRAMS.
- Record in JAS only the DHS-assigned JOBS activity hours. However, remain in regular contact with the Grand Ronde NEW case manager in order to monitor the client’s participation and progress. If, for example, the client’s NEW activity hours increase or decrease, the DHS JOBS activity assigned participation hours should be adjusted accordingly.
Pre-TANF Program

A. Program Intent and Overview
   1. Program Intent
   2. Program Overview

B. Application, Verification, Eligibility and Participation
   1. Application Process
   2. Who Must Participate in the Pre-TANF Program Initial Assessment Process
   3. Who Must Participate in Pre-TANF Program Employment and Self-Sufficiency Services
   4. Who Is Likely to Benefit from Continued Participation in Pre-TANF Program Services
   5. Pre-TANF Program Duration
   6. Medical Assistance Eligibility
   7. Pre-TANF Program Clients Who Locate Employment
   8. Verification for TANF Eligibility

C. Case Management
   1. Initial Assessment
   2. Pre-TANF Program Case Plans

D. Determining, Calculating and Issuing Benefits
   1. Program Benefits
   2. Determining and Issuing Benefits

E. Noncooperation and Disqualification
   1. Willful Noncompliance During the Pre-TANF Program for Presumed TANF Eligible
   2. Noncompliance Where TANF Eligibility Is In Question

F. Ending the Pre-TANF Program
   1. Ending the Pre-TANF Program
   2. Medical Assistance Eligibility
   3. Denying the TANF Application
   4. Transition/Retention Services
Temporary Assistance for Domestic Violence Survivors (TA-DVS)

A. Program Intent and Overview
   1. Program Intent
   2. Program Overview

B. Needs Assessment
   1. Assessing the need
   2. Eligibility for TA-DVS is based on protecting people from an abusive situation
   3. About the abuser
   4. TA-DVS may be an option if the child is threatened or has been abused
   5. Use of TA-DVS with other programs

C. Domestic Violence Assistance Agreements (DVAA)

D. Application Process
   1. The Application Form is the Application for Services (DHS 415F)
   2. Date of Application
   3. Processing Time Frames
   4. When a New Application is Required
   5. Approval and Denial Notices

E. Eligibility Requirements

F. Financial Eligibility Requirements

G. Verification

H. Program Benefits
   1. Shelter and Relocation Needs
   2. Food Needs
   3. Medical Needs
   4. Other Payments

I. Payment Limits

J. Time Limits

K. Issuing Payments and Notification
   1. Deciding When to Make a Payment and Appropriate Notices
   2. Housing-Related Payments
   3. Roommates
4. TA-DVS Payment Considerations
5. Issuing the Payment
6. Notices

L. Hearings; Overpayments; Intentional Program Violations
1. Hearings
2. Overpayments
3. Intentional Program Violations

TANF

A. Program Intent and Overview
1. Program Intent
2. Program Overview

B. Application and Redetermination
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Intent: The intent of the TA-DVS assessment is to:

- Help families affected by domestic violence identify their emergent and safety needs;
- Explore community resources to meet families’ need;
- Provide temporary financial assistance and supportive services to address the abuse or instability issues related to abuse when other resources are not immediately available;
- Provide assistance to support the domestic violence survivor and the children in remaining free of the abuse.

Expectations:

- Increase survivor safety and support survivors in protecting themselves and their children by validating their experiences, providing support and providing information and resources and options.
- Ask questions about current domestic violence, past domestic violence, future risk from domestic violence and its affect on the client’s current situation;
- Provide TA-DVS when the client has a safety concern or risk of further domestic violence;
- Understand domestic violence related emergencies are beyond the control of the domestic violence survivor;
- Department of Human Services (DHS) Self-Sufficiency staff recognize that domestic violence survivors may need to stabilize their families’ living situation after a domestic violence incident and be in a safe environment prior to engaging in further self-sufficiency planning;
- Helping domestic violence survivors with TA-DVS funds may prevent the need for ongoing assistance as well as increase safety for the family;
- Domestic violence service providers, with clients’ permission, should be used to help assess the safety needs and safety plan with domestic violence survivors and their families;
- Connect domestic violence survivors to community resources that can help support the family in being safe and in healing from the abuse;
- Ensure confidentiality of domestic violence survivors. Inform the survivor about any limits in confidentiality (i.e., mandatory reporting of child abuse and/or abuser of elders or people with disabilities);
• Staff who develop domestic violence assistance agreements or waive TANF/TA-DVS requirements need both domestic violence training and domestic violence policy training;

• Staff should consult with central office if they have any questions or concerns about appropriate services or benefits under TA-DVS.

1. Assessing the need

As you are assessing the client’s safety needs, use the opportunity to listen to the survivor and provide validating messages such as those listed below:

• You don’t deserve this. There is no excuse for domestic violence. You deserve better.

• I am concerned for your safety. This is harmful to you (and it can be harmful to your children).

• This is complicated. Sometimes it takes time to figure it out.

• You are not alone in figuring this out. There may be some options. I will support your choices.

• I care. I am glad you told me. I want to work together to keep you as safe as possible.

• Stopping the abuse is the responsibility of your partner, not yours.

The starting point for assessing the need of a survivor is:

• Identifying the risks – physical and nonphysical – that the survivor and her/his family faces. Questions that can foster this discussion include:

  - Are you in immediate danger? Where is your partner now? What do you think your partner will do if you …..? Do you need police intervention?

  - Has your partner ever:

    (a) Used to threatened to use weapons against you?

    (b) Choked, or attempted to strangle you?

    (c) Stalked you?

    (d) Hurt or threatened to hurt you or your children?

  - Has the abuse been getting worse? Are you afraid for your life?
The survivor’s sense of the most pressing matter may not be the same as yours. Show respect for the survivor’s priorities; this will help in developing rapport and trust. Identify the survivors “priority” problems that need to be addressed. This could include finding safe housing, leaving the abuser, relocating, making sure the children are in a safe and stable environment, wanting to stay in the home but needing items such as new locks, deadbolts, motion detectors for doors or windows, motion lights.

Consider the following:

- The survivor’s existing resources and capabilities;
- Does the survivor have a good support system?
- What are the results of past efforts at problem-solving and seeking help? Questions that may help in the assessment include:
  - What resources have you used or tried in the past? What happened? Did you find them helpful?
  - Do you have family or friends that can provide you support?
- Find out what she/he has done that made things safe or tolerable; see who has been helpful in the past, whom she/he trusts;
- The actual available and accessible community supports and resources.

2. **Eligibility for TA-DVS is based on protecting people from an abusive situation**

Understand “safety” is something more than protection from assault. Being unsafe is about more than a domestic violence event that has happened. To determine risk, we need to look at what has happened in the past, what is currently going on and what potential risk may exist.

Consider:

- Past abuse by the abuser;
- Has the abuser threatened the survivor?
- Does the survivor believe the threat?
- Is the threat based on previous abusive behavior from the abuser?
- Does the abuser have a means to carry out the threat?
- Does the threat extend to others? (children, family members, new partner);
- Does the threat involve murder, suicide or both?
Examples of potential safety risks:

- A domestic violence survivor is currently in an abusive situation and is planning on or is in the process of fleeing her/his abusive partner.

- A domestic violence survivor has concerns for her/his safety because the abuser has relocated her/him and she/he does not feel safe.

- A domestic violence survivor who decides to stay in her/his home is currently unable to pay the rent because: the abuser used the money meant for the rent for some other purpose, the abuser withheld money, the survivor missed work due to the domestic violence or the domestic violence survivor used the money to help flee the violence (e.g. temporary housing, temporary relocation, food or other emergency needs).

- A domestic violence survivor is in either a temporary shelter or temporary housing as part of fleeing the abuse.

- A nonabusive parent of a child who has been abused wants to relocate to protect the child (working with Child Welfare is required in cases where a child has been abused).

3. About the abuser

Abusers are responsible for their own abusive behavior. Stopping domestic violence is the responsibility of the abuser, not the survivor. Avoid blaming the survivor for the violence or thinking the survivor can somehow stop the violence.

Abuser behaviors that may indicate additional risks:

- There has been a history of violence or use of force;

- The abuser has access to weapons;

- The abuser’s past violence involved the display, use or threatened use of firearms or other weapons;

- The abuser has threatened the survivors friends, family or co-workers;

- The abuser uses alcohol or drugs;

- There has been a recent escalation in the abuser’s behavior;

- The abuser controls the finances and limits the survivor’s access;

- The abuser engages in “checking up” or stalking behaviors such as listening in on conversations, reading mail, following the survivor, “staking out” the survivor or requires the survivor to account for whereabouts and activities.
4. **TA-DVS may be an option if the child is threatened or has been abused**

   - If a child is being abused or neglected, refer to Child Welfare. (See mandatory reporting guidelines in domestic violence situations, *What you can do about child abuse* (PAM 9061) (under threat of harm).)

   - Consider the child welfare service plan when developing the domestic violence assistance agreement (DHS 1543).

5. **Use of TA-DVS with other programs:**

   TA-DVS may be used in conjunction with other TANF-related programs including JOBS, the Post-TANF Program, the Pre-SSI-SSDI Program, the Pre-TANF Program and TANF cash assistance. Explain to domestic violence survivors about other DHS self-sufficiency programs and how they can apply for those benefits. Because of the ability to waive TANF requirements for domestic violence survivors, it is important that a complete assessment is conducted.

   Domestic violence survivors may also be referred to Community Action Agencies (CAA) for the Housing Stabilization Program.

   Refer to the CAA under the following conditions:

   - If there are no current safety issues;

   - If the current housing need was not a result of actions by the abuser or was not related to the domestic violence (i.e., failure to pay rent);

   - If the emergent need cannot be met by TA-DVS payment standards;

   - If the survivor is over income for TA-DVS:

   - If stabilization of housing is likely within 12 months.

You can find your local CAA at:

http://www.oregon.gov/OHCS/pdfs/Homelessness_CAA%20%289-1-09%29.pdf?ga=t
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E. Eligibility Requirements

Refer to TANF nonfinancial eligibility requirements except as follows:

- TA-DVS eligibility is based on a client’s current or future risk of domestic violence;

**Note:** Though getting the name of an abuser is not an eligibility factor, it is important to know who the abuser is to establish the abuser’s relationship with the victim and/or children; in consideration of good cause for noncooperation with child support if the abuser is an absent parent on the case; repeat applications for TA-DVS when the person has re-abused; as well as the potential for the abuser to try to use the system against the victim (i.e., false report to child welfare or to self-sufficiency alleging fraud). Knowing the name of the abuser is important if that person comes into the office or tries to access confidential information about the victim.

- Citizenship/alien requirements may be waived if the client is fleeing or at risk of domestic violence (refer to TANF section K);

- Do not waive the requirement to be a parent, caretaker relative or dependent child, or to live with a caretaker relative, but do give the caretaker a reasonable period of time to regain physical custody of the children if they are not currently with the caretaker due to the domestic violence situation (refer to TANF section C.3);

**Note:** If the only child is in Child Welfare custody and the parent does not have care, control and supervision of the child, check with the Child Welfare worker to determine when the child will likely be returned to the client. If Child Welfare is unable to say it is likely to be within 90 days, deny TA-DVS, but let the client know she can reapply when the child is returned. Refer to other appropriate resources.

- TANF eligibility requirements may be waived if they make it more difficult for a client to escape domestic violence or if they put a person at risk of harm by domestic violence. (Refer to TANF section K.);

- No periodic redetermination is required;

- Child support should only be pursued if client requests as part of case plan;

- No penalty should be assessed for failure to cooperate with the Child Support Program;

- Waive the requirement for a pregnant woman to be in the calendar month before the month in which the due date falls when the client has a current safety concern or is at risk due to domestic violence;
**Note:** Federal law requires tracking of all TANF/TA-DVS requirements waived due to domestic violence. If a requirement is waived, record it in TRACS.

- The client must be a resident of Oregon at the time of application, but does not have to have an intent to remain in Oregon;

- Waive the TANF requirement (OAR 461-135-0070) for a caretaker relative in the need group to not have separated from their most recent employment for a reason that would or did result in disqualification from unemployment when there is current domestic violence or a risk of future domestic violence.

SEE TANF SECTION K.3 FOR MORE INFORMATION ON CODING WAIVERS.
A. Program Intent and Overview

1. Program Intent

The Temporary Assistance for Needy Families (TANF) program provides case management and cash assistance to low-income families with minor children. It is designed to promote personal responsibility and accountability for parents. The goal of the program is to reduce the number of families living in poverty through employment services and community resources.

2. Program Overview

In 1935, the Social Security Act was passed. Its passage made it possible for states to use federal money to assist the aged, the blind and children who were deprived of parental support. There are 21 titles in the Act, many of which have been repealed over the years. Title IV-A is the specific provision that gives grants to states for aid and services to needy families with dependent children. These grants are better known as federal matching funds to participating states.

To receive matching funds from the federal government, states must follow federal laws and regulations. Congress introduces, changes and passes laws. The Administration for Children and Families (ACF), a federal agency, sets regulations and monitors the Temporary Assistance for Needy Families (TANF) program for states that receive federal funds for its administration. Besides federal laws and regulations, the program also follows the respective state’s statutes on policies that are not specifically addressed by their federal counterparts.

The TANF program has undergone numerous changes since it officially began in 1937. The changes are usually made as a result of the economic, political and social changes in our country. They often reflect the various attitudes and thoughts on poverty and welfare dependency. These attitudes and thoughts have affected laws and brought forth further changes to the program, not only in Oregon but also in other states.

Under TANF, states are given the flexibility to design their welfare programs according to their own needs. However, there are a few prohibitions. For example:

- A needy family must still include a minor child under age 18 and a caretaker relative;
- No assistance for families not assigning certain support rights to the state;
- No assistance for minor parents not living in adult-supervised settings.

With previously approved waivers from the federal government, Oregon has been making changes to its welfare programs for the last few years. TANF was a welcome change. It allowed us to continue with the changes we requested under the Oregon Option waiver.
and make other changes that we think necessary to help clients reach their goal of self-sufficiency. Oregon is on track with its goals and mission with welfare reform. With holistic case management, our caseload continues to drop, from 42,000 in 1994 to under 19,000 in May of 1998. Not only are we able to help our clients find jobs, we are also able to help our clients to keep their jobs or find better employment.
D. Nonfinancial Eligibility Requirements

TANF nonfinancial eligibility requirements include age, residence, alien/citizen status, SSN, school attendance, pursuing assets, deprivation and pursuing treatment for drug abuse and mental health. In addition, households with noncustodial parent(s) must cooperate with DCS to establish the paternity of the child(ren) and pursue support from the appropriate parent(s) unless there is good cause. The dependent children, on the other hand, must be deprived based on death, continued absence, incapacity or unemployment of a parent to qualify.

FOR MORE INFORMATION ON DEPRIVATION, SEE TANF-E.

<table>
<thead>
<tr>
<th>Case Management Opportunity</th>
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<td>When asking about school attendance of children and teens, also ask about school performance. Ask about relationship with noncustodial parents when discussing DCS cooperation in order to look for children’s issues, past abuse or sources of support for children.</td>
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In situations involving domestic violence, waive or modify TANF eligibility requirements if those requirements make it more difficult for individuals to escape domestic violence or place them at risk of further, future violence.

FOR MORE INFORMATION ON WHEN TO WAIVE TANF REQUIREMENTS IN DOMESTIC VIOLENCE SITUATIONS, PLEASE SEE TANF SECTION K.

Domestic violence: 461-135-1200

1. Age

To be eligible for TANF, the dependent child must be under age 18, or age 18 and regularly attending school full time. The caretaker relative(s) may be any age. If the caretaker relative is under age 18, the case manager must have determined that there are no other adult relatives to care or be responsible for the well-being of the applicants and that they are living in a safe environment.

Age Requirements for Clients to Receive Benefits: 461-120-0510
TANF Eligibility for Minor Parents: 461-135-0080

Send a timely continuing benefit decision notice to reduce or close benefits the end of the month in which a client who is not in school turns 18, or when a client who is in school, per OAR 461-120-0530, turns 19.

Notice Situations; General Information: 461-175-0200
Notice Situation; Removing an Individual From a Benefit Group (EXT, MAA, MAF, OHP, REF, REFIM, SAC, SNAP, TANF) or Need Group (ERDC): 461-175-0305
SEE ITEM 5 IN THIS SECTION OR OAR 461-120-0530 FOR SCHOOL ATTENDANCE.

2. **Residence**

Both the parent(s) or the caretaker relative(s) and the dependent child must:

- Be a resident of Oregon. A person is a resident of Oregon if the person actually lives in Oregon. This includes people who come here looking for work or who have a job commitment, as long as they do not receive TANF from another state. Dependent children do not lose their Oregon residency if they are not living in Oregon because they are attending school in another state;

- Intend to remain in Oregon. People with temporary absences out of state meet this requirement if they intend to return to Oregon when the purpose of the absence is completed;

- Provide either a fixed mailing address to show that they are living in the state or a statement that they intend to live in Oregon.

Residency does not require a:

- Minimum amount of time to live in Oregon;

- Commitment to remain in Oregon for a specific length of time;

Those in Oregon only for vacation do not meet the residency requirement.

Residency Requirements: 461-120-0010

Send a timely continuing benefit decision notice if a TANF client moves out of state.

SEE TANF SECTION O FOR MORE INFORMATION ON DECISION NOTICES.

Notice Situations; Client Moved or Whereabouts Unknown: 461-175-0210

3. **Citizen/Alien Status**

To qualify for TANF, the client must be a U.S. citizen or a qualified noncitizen.

A U.S. citizen includes the following people:

- A person born in the U.S.;

- A naturalized citizen;

- A person born outside of the U.S. but whose parents (both mother and father) are U.S. citizens;
• A person born outside of the U.S. who is over 18 years of age, but who has at least one parent who is a U.S. citizen. The person must either have a certificate of U.S. citizenship or meet one of the following criteria:
  - Born on or after December 24, 1952, and prior to November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions for 10 years or more, at least five of which were after age 14;
  - Born on or after November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions five years or more, at least two of which were after age 14.

• A child born outside of the U.S. who is under 18 years of age and has at least one parent who is a U.S. citizen. The child is residing in the U.S. in the legal and physical custody of the citizen parent pursuant to a lawful admission for permanent residence;

• A person lawfully adopted by U.S. citizens;

• A citizen of Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands (Saipan, Tinian, Rota and Pagan), American Samoa and the Swains Islands.

A qualified noncitizen includes the following people:

• A person lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) (they are the LPR);

• A person admitted as a refugee under section 207 of the INA (they are the REF);

• A person admitted to the United States under the Trafficking Victims Protection Act of 2000;

• A person granted political asylum under section 208 of the INA (they are the ASY);

• A person whose deportation is being withheld under section 243(h) of the INA (they are the DBW);

• A person who is paroled under section 212(d)(5) of the INA for a period of at least one year (they are the PAR);

• A person who is granted conditional entry pursuant to section 203(a)(7) of the INA as in effect prior to April 1, 1980 (they are the REF and ASY);

• Certain battered spouses and dependent children who are in the U.S. on a conditional resident status, as determined by INS (they are the BCR);
• Cubans/Haitians who are either public interest or humanitarian parolees (they are the CUH); or

• A person granted immigration status according to the Amerasian Homecoming Act, section 584(a) of the INA (they are the REF/AMR).

The following people also meet alien status requirements for TANF:

• American Indians born in Canada; or

• Noncitizens (regardless of INS status) who are currently victims of domestic violence or are at risk of victimization by domestic violence.

FOR MORE INFORMATION ABOUT WHEN TO WAIVE CITIZEN/ALIEN STATUS FOR TANF DUE TO DOMESTIC VIOLENCE, PLEASE SEE TANF SECTION K.

Note: All lawfully admitted aliens are given an INS document showing their legal status in the U.S. People who are lawful permanent residents are given a Permanent Resident card (I-551). If they entered the U.S. as a lawful permanent resident, they would either have a visa in their passport or an Arrival/Departure Record (I-94) as temporary evidence of their lawful permanent residence.

Refugees, asylees and parolees are given an I-94 initially and an I-551 after they have been granted lawful permanent residence. All these documents will indicate they are authorized to work. Some may request an Employment Authorization Document (I-688B) just for that purpose. Whether it is an I-94, I-551, or I-688B, it bears the cardholder’s alien registration number.

All eligible noncitizens must have their immigration status verified through SAVE or through the Immigration and Naturalization Services (INS) via a Document Verification Request (G-845S) form.

SEE NONCITIZENS WORKER GUIDE 1 (NC WG.1) AND NONCITIZENS WORKER GUIDE 2 (NC WG.2) FOR FURTHER INFORMATION ON CITIZEN/ALIEN STATUS AND EXAMPLES OF IMMIGRATION DOCUMENTATION.

4. Social Security Number

To qualify for TANF, need group members must have a Social Security number or provide proof that they have applied for one.
If benefits are reduced or denied because of failure to apply for or obtain a SSN, send a timely continuing benefit decision notice.

Notice Situation; Disqualification: 461-175-0220

5. **School Attendance**

School-age children are expected to regularly attend school full time. Parents or caretaker relatives are in violation of state statute if school-age children under their care do not maintain regular school attendance. Although school attendance for children is not an eligibility requirement for TANF, caretaker relatives can be required, as an assigned activity for self-sufficiency, to enroll and keep dependent children between the ages of 7 and 18 years who have not completed the 12th grade in school full time.

Eighteen-year-olds who are not regularly attending school full time as defined by the school are not eligible to receive cash benefits. Regular school attendance means attending high school, GED, vocational or technical training or the State School for the Deaf or for the Blind. It includes home schooling approved by the local school district. It continues during an illness, family emergency or vacation, as long as the student intends to return to school.

The student’s full-time or half-time status is defined by the school. Students are considered to be attending for the full month in which they complete or discontinue school or training.

Regular School Attendance: 461-120-0530

6. **Pursuing Assets**

A TANF client must actively pursue any asset for which they have a legal right or claim. *Active pursuit* means the client must apply and satisfy all requirements to receive benefits from other programs. It also means the client will pursue legal remedies to obtain assets from any other source if they can secure legal counsel on a contingency fee basis. Clients are not required to pursue or apply for loans.

Requirement to Pursue Assets: 461-120-0330

SEE THE CHILD SUPPORT CHAPTER FOR MORE INFORMATION.

**Note:** A case manager may encourage a TANF client to apply for SSI if they meet SSI disability criteria.
7. **Pursuing Substance Abuse and Mental Health Treatment**

Case managers will offer a client a referral to substance (alcohol and drug) abuse or mental health assessment when they determine that it is necessary for the client to function successfully in the workplace. A client who is identified by a professional substance abuse or mental health counselor to be in need of treatment services must cooperate. For JOBS-mandatory clients, cooperation with treatment is a JOBS requirement; noncooperation would make the client subject to a JOBS disqualification (DQ1-DQ4). For clients who are exempt from JOBS disqualification, treatment is an eligibility requirement and the following penalties (MQ1-MQ4) would not be counted against months accumulated for JOBS disqualifications.

*Example:* If a client (over age 20) who has a DQ1 reaches the ninth month of pregnancy, she is exempt from JOBS disqualification. She is still required to pursue Substance Abuse/Mental Health treatment. If she refuses to do so, she would begin her SA/MH sanction at MQ1, not DQ2.

The penalty for clients who refuse treatment or fail to cooperate with treatment without good cause is as follows:

(A) At the **first through third levels**, the noncompliant **individual** is removed from the **need group**.

(B) At the **fourth level**, the **need group receives no cash benefit in** the TANF program.

[SEE TANF SECTION F FOR MORE INFORMATION ON COOPERATION AND GOOD CAUSE.]

8. **Cooperation With Division of Child Support (DCS)**

To qualify for benefits, clients must assign their support rights to and cooperate (unless good cause exists) with DCS. Assignment allows DCS to pursue, collect and keep child support and spousal support for any members in the benefit group. By signing the application, the client not only assigns support to DCS but also agrees to turn over any rights to health insurance or medical support.

Cooperation with DCS includes assisting in establishing paternity, obtaining support cash payments and pursuing medical support, if available. Noncooperation without good cause will result in denial of cash benefits for applicants, reduction, and eventual
termination of cash benefits for recipients. The person who fails to cooperate in pursuing medical support will be ineligible for medical benefits.

9. **Requirement to Live with a Caretaker Relative**

In order to be eligible for TANF, a child must live with a caretaker relative. A caretaker relative is the person, regardless of age, who is responsible for the care, control and supervision of the dependent child and who is related to the child in any of the following ways:

- A biological parent;
- An adoptive parent and any person related to the child through the adoption who meets the degree of relationship specified in OAR 461-120-0630;
- A blood relative or half-blood relative. This means sharing one common natural or adoptive parent. This includes siblings, aunts, uncles, first cousins, first cousins once removed, nephews, nieces and any persons of preceding generations denoted by the prefixes grand, great-, great-great or great-great-great;
- Stepfathers, stepmothers, stepbrothers or stepsisters;
- The spouse of anyone listed above.

If any of the above relationships are established through marriage, the relationship remains the same even if the marriage is terminated by death or divorce.

If the relationship of the child’s caretaker relative is established through marriage, the relationship remains the same even if the marriage ends by death or divorce. A stepparent who used to be (but no longer is) married to the child’s biological or adoptive parent cannot be considered the child’s parent, but can be the child’s caretaker relative. When a caretaker relative of one child applies for another child in the same household, the groups must be combined. A dependent child can be in only one filing group at a time.

**Definitions for Chapter 461: 461-001-0000**

Alleged fathers of children may often be the caretaker relative of children for TANF purposes, even if paternity has not been established. If there are documents that verify
that the alleged father is the father of the child, he may be the caretaker relative. If DCS or the DA proves at a later date that he is not the father, he can no longer be the caretaker relative. If there are no documents that verify that the alleged father is the father of the child, he cannot be the caretaker relative until DCS or the DA legally establishes that he is the father or a completed affidavit acknowledging paternity is filed with vital statistics.

A biological parent or other blood relative can be the caretaker relative to a TANF child, even if an adoption exists, when the adoptive parent has given up care, control and supervision of the child.

The status of caretaker relative ends when care, control and supervision of the child is given to or accepted by another person for 30 days or more.

Requirement to Live With a Caretaker or Caretaker Relative: 461-120-0630

Note: First cousins once removed are the children of your first cousins. Their children are your second cousins. The children of your great-uncle or great-aunt are also your first cousins once removed, and their children are your second cousins.

10. Separation from most recent employment; caretaker relative in the need group

In order for the need group to be eligible for TANF, a caretaker relative in the need group must not be separated from their most recent employment for any of the following reasons:

- Discharged or fired for:
  - Misconduct, or
  - Felony or theft.
- Labor dispute, or
- Voluntary quit:
  - In anticipation of discharge, or
  - Without good cause.

What is the most recent employment?

- The most recent employment is the last job the caretaker relative in the need group had that meets the two “tests” below:
  1. Was within the past 12 months from the date of request for TANF; and
2. They were hired to work 100 hours or more per month, worked or scheduled to work at least 100 hours in the final full calendar month on the job.

If the answer is NO to either test 1 or 2 above, the employment separation OAR 461-135-0070 does not apply to this applicant. If the answer is YES to both test 1 and 2, the employment separation rule 461-135-0070 would apply. You must now determine the reason for separation from the most recent employment.

Example 1: Patricia and her children are applying for TANF. Patricia is a member of the need group. She was working 120 hours per month. This job ended 13 months before her TANF date of request. She has not worked since that time.

Question: Is Patricia affected by the requirements of OAR 461-135-0070?

Answer: No. Patricia’s job ended more than 12 months from the date of request for TANF program benefits. This job does not pass one of the two tests in order to be considered for the employment separation rule, OAR 461-135-0070.

Are there individuals who are not affected by employment separation rule?

The following individuals are not affected by the employment separation rule when applying for TANF or MAA program benefits. They include:

- A Parents as Scholars (PAS) participant who temporarily becomes ineligible for TANF program benefits for four months or less due to income from a paid work experience;
- A teen parent returning to high school or equivalent;
- An individual fleeing from or at risk of domestic violence;
- An individual in the ninth month of pregnancy or experiencing a medical complication due to the pregnancy which is documented by a qualified and appropriate professional;
- An individual unable to work due to a disability or medical condition documented by a qualified and appropriate professional, which is expected to last 30 days or more from the date of request for TANF program benefits;
- An individual who is separated from his or her most recent employment for a reason the Department of Human Services determines is good cause.
Are there certain types of jobs that would not be considered under the employment separation rule?

Yes, there are certain jobs that would not be considered. They include the following:

- JOBS Plus assignment related to a JOBS case plan;
- Work Experience related to a JOBS case plan;
- Sheltered Work related to a JOBS case plan;
- On-the-Job Training (OJT) related to a JOBS case plan;
- Volunteer or unpaid employment;
- Temporary or limited duration employment to include but not limited to WIA summer jobs, jobs connected to federal or state stimulus funding, day labor or on-call jobs, etc.

**Note:** An individual who is on Family Medical Leave Act (FMLA) from their current job is considered to still be working. Therefore, the employment separation would not be a factor because they have not been separated from their job.

Specific Requirements; MAA, MAF, and TANF: 461-135-0070
Parents as Scholars: 461-190-0199

Guidance for determining good cause

First we will look at a list of reasons which would **not** be good cause. They include, but are not limited to:

- Leaving suitable work to seek other work;
- Leaving work rather than paying union membership dues;
- Refusing to join a bona fide labor organization when membership therein was a condition of employment;
- Leaving work to attend school, unless required by law;
  - (See OAR 461-135-0070 for information regarding Parents as Scholars participants who may not be impacted by leaving work to attend school.)
- Resignation to avoid what would otherwise be a discharge for misconduct or potential discharge for misconduct;
- Willful or wantonly negligent violation of the standards of behavior which an employer has the right to expect of an employee is misconduct. An act or series
of actions that amount to a willful or wantonly negligent disregard of an employer's interest is misconduct.

**Note:** The following are not considered to be “misconduct”:

- Isolated instances of poor judgment;
- Good faith errors;
- Unavoidable accidents;
- Absences due to illness or other physical or mental disability;
- Mere inefficiency resulting from lack of job skills or experience;
- Compelling family reasons, when the individual has made the attempt to maintain the employer-employee relationship.

**Example 2:** Brenda is applying for TANF program benefits for her and her child. She was recently working for a medical equipment fabrication company. She was hired five months ago for full-time work. The company has a six-month trial period. At her second- and fourth-month reviews, she received a below average performance rating due to her inability to perform at the required level. Brenda tried to improve her skills but was unable to succeed. The company chose to let her go.

**Question:** Would Brenda’s situation fall into the category of “misconduct?”

**Answer:** No. She did not violate her employer’s standards of behavior. She was unable to perform the tasks associated with her job due to lack of skills. Brenda would be given good cause for leaving her most recent employment.

What if a caretaker relative left a job to accept another job? An individual can leave work to accept an offer of other work and it be considered good cause but only when:

- The offer was definite;
- Work was to begin in the shortest length of time as can be deemed reasonable under the individual circumstances;
- The offered work must have been reasonably expected to continue; and
- Would have paid an amount greater than the work the caretaker relative left.

“Good cause” means a reasonable person of normal sensitivity, exercising ordinary common sense, would leave work. For an individual with a permanent or long-term physical or mental impairment (as defined at 29 CFR 1630.2(h)) good
cause for voluntarily leaving work is such that a reasonable person with the characteristics and qualities of such individual would leave work.

**Accommodation or accommodations provided were not adequate enough to overcome a physical or mental impairment**

*Example 3:* Kristine was working for the local school district. She has a disability and required accommodations. The district provided the needed accommodations. Even with the accommodations, Kristine was unable to perform her assignments. The school district ended up letting her go from this job.

**Question:** Does Kristine have good cause?

**Answer:** Yes. Kristine is an individual with a disability. She needed accommodations in order to do her job. However, even with the accommodations her disability was preventing her from being successful. Kristine would have good cause for leaving this job.

**Accepted another job at a higher wage but less than 100 hours a month**

*Example 4:* Joseph was working over 100 hours and earning $1,450 per month. Five months ago he left this job to accept a job paying $2,000 per month. He worked this job for three months before being laid off due to low company earnings. Joseph only worked 85 hours per month at this new job.

**Question:** Would the last job Joseph had, earning $2,000 per month, be considered his most recent employment?

**Answer:** No. This job was only 85 hours per month and not the required 100 or more hours. The job before, where Joseph was earning $1,450 would be considered his most recent employment.

**Question:** Would Joseph have good cause for leaving his most recent employment, which was the job five months ago where he earned $1,450?

**Answer:** Yes. Joseph left his job five months ago to accept a job at a higher monthly salary but less than 100 hours per month. He had good cause for leaving the one job to accept the other at a higher monthly salary. He was then laid off due circumstance beyond his control.
Caring for a family member with a disability

Example 5:  Sam was working for a department store. She has a child with several disability issues. Recently her son’s conditions worsened. She was forced to leave work on a regular basis. Her employer was not able or willing to accommodate absences. Sam was fired.

Question: Did Sam have good cause for leaving this job?

Answer: Yes. Sam was needed to care for her child with a disability. She would have good cause.

Circumstances beyond the control of the applicant such as but not limited to:

- Layoff;
- Employer went out of business;
- Natural disaster preventing the individual from going to work.

Example 6:  Johanna was working at a restaurant. In January there was a flood. The restaurant Johanna was working at was hit by a mud slide and damaged beyond repair. She lost her job and is now applying for TANF.

Question: Did Johanna cause her own separation from her most recent employment?

Answer: No. Johanna lost her job due to the company going out of business. In Johanna’s situation, good cause would be given for the reason she left her most recent employment.

Question: What if the employer was still open for business but Johanna was unable to get to work because the road was washed out. Would Johanna have good cause?

Answer: Yes. Johanna would have good cause. The road was washed out due to a natural disaster.

Court order

Example 7:  Darren was working for a fast food restaurant. He was court ordered to attend classes. He tried to work with his employer to set up a schedule around his classes but the employer was unable to accommodate. Darren knew that the classes were required and missing them could lead to serving jail time. Darren decided to leave this job and continue to attend the classes.
**Question:** Did Darren have a good reason for leaving this most recent employment?

**Answer:** Yes. Darren chose to attend the court mandated classes. The alternative would have been mandatory jail time and the potential loss of his child. Darren tried to work out a solution with his employer but his employer was unable to work with Darren’s schedule. Darren would have good cause for leaving this job.

Employer was unable or unwilling to provide a needed accommodation

**Example 8:** Andrew had just secured a job six months ago. He has a disability and requires some accommodations. After Andrew was offered the job, he told his employer he would need a few accommodations. His employer was unwilling to provide the needed accommodation. Andrew tried to do the job but ended up leaving the job after only one month.

**Question:** Does Andrew have good cause for leaving this job?

**Answer:** Yes. Andrew would have good cause because his employer was unable or unwilling to provide a needed accommodation.

**Note:** In Oregon, employers with six or more employees are required to follow the provisions of the Americans with Disabilities Act, which includes providing reasonable accommodations. Unless an employer can prove there is an undue hardship, they must provide any reasonable accommodation. This is required by law.

Employer engages in employment practices that are illegally discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.

**Example 9:** Isabella was working as a payroll technician for a manufacturing company. She was asked to join a political organization affiliated with the company. She explained that she could not join this organization because of her religious beliefs. Three days later she was fired.

**Question:** Would Isabella have good cause for leaving (being fired from) this employment?

**Answer:** Yes. If she was asked to join a political organization and refused due to religious beliefs she would have good cause for leaving this employment.
Entered, or will be entering within the next 30 days, a residential treatment facility.

Example 10: Mason is a father of three children. He has been working for the past three years with the same employer. Over the past year his use of alcohol has increased. It is now becoming a problem, which is threatening his job, family and himself. He is working with a local organization to get help. They recommend residential treatment. Mason attempts to work something out with his job but his employer is unable to accommodate. Mason leaves his job to enter treatment.

Question: Would Mason have good cause for leaving his most recent employment?

Answer: Yes. Mason had a choice and he chose to get help. His options were limited and he chose his family. He entered the residential treatment center but had to leave his job. He decided to confront his alcohol abuse issue instead of allowing possible harm to his family or himself.

Recommendation by Child Welfare or other agency

Example 11: Alison was working as a supervisor in a warehouse. She was working the swing shift. Alison has two children. She has a history with Child Welfare. Her case worker suggests that she leave the swing-shift and find a job working during the day because of her children’s needs. Alison leaves the job and is currently looking for daytime work. She applies for TANF.

Question: Would the reason Alison was separated from her most recent employment be considered good cause?

Answer: Yes. Alison would have good cause. Her Child Welfare worker suggested she leave the swing-shift job or potentially lose her children. She left this job and is seeking other employment.

Note: An applicant may be working with other agencies such as Parole and Probation, Vocational Rehabilitation, Veterans Affairs, etc. Each situation will be looked at individually.

Unable to obtain or maintain appropriate child care

Example 12: Sandy was working with a local computer company until two weeks ago. Her child, Michael, has special needs. Sandy had a good day care situation but her provider moved out of town. There were no other providers able to provide special needs care for Michael. She was forced to leave her job.
Question: Would Sandy have good cause for leaving her most recent employment?

Answer: Yes. Sandy had appropriate child care for Michael. However, the availability of special needs care was limited. She was unable to find another provider and would have good cause for leaving her most recent employment.

Note: Good cause is not limited to special needs care but also includes regular child care. The situation may be that the applicant had their hours reduce but still over 100 hours. However, the reduction caused the applicant to no longer be able to afford child care. This would also be good cause.

Unsafe workplace, risk to an individual’s health and wellbeing

Example 13: Judith is a TANF applicant in the sixth month of pregnancy. You find out she left a job last month. She was working full time, 100 plus hours per month. You ask why she left and she tells you she was working in a job that required close contact with different types of chemicals. She asked her boss about other positions but none were available. She says she was scared for the health of her unborn and decided, after consulting her doctor, it was best to leave this job.

Question: Was Judith acting reasonably?

Answer: Yes. In this example Judith was being reasonable and made a good common sense decision. She tried to work out a different position with her boss and when that failed she took the advice from her doctor and left the job.

Self-Employment

What if the applicant was self-employed? Are they subject to the requirements in OAR 461-135-0070?

Individuals, who are self-employed, regardless of where they were self-employed, are also affected by the employment separation OAR 461-135-0070. You will need to determine how much money the individual made in the last full calendar month they were self-employed; determine how many hours they worked; and find out the reason why the self-employment ended.

If the caretaker relative’s self-employment job was within the past 12 months we will use their income from the last full calendar month of self-employment to accurately determine the number of hours they worked.

Example 14: Patrick is self-employed. He last worked five months ago. He had been selling goods at Saturday market. He earned $600.00 in the
final full calendar month. You will need to figure out the number of hours he worked. For self-employed, the hours worked is based on the income divided by Oregon minimum wage. Divide $600 / $8.50 = 70.58 hours, which are less than 100 hours.

**Question:** Is Patrick subject to the eligibility requirements of employment separation rule 461-135-0070?

**Answer:** No. Patrick’s last job (self-employment) was 70.58 hours, which is under the 100 hour minimum. This means Patrick is not subject to the eligibility requirements of employment separation rule 461-135-0070.

**Additional Examples**

**Example 15:** Marcia, Bobby and their children are applying for TANF. Bobby is a person with a disability who is applying for SSI. Marcia’s last job ended four months ago. She was working 130 hours per month. You will need to determine whether Marcia had good cause for leaving her most recent employment. You ask Marcia why she left her job. She explains she left because she accepted a job with another company at a higher pay and more hours. After she left her job, the new employer’s business went bankrupt and she lost her job. When Marcia accepted the job, she was unaware of her new employer’s financial trouble.

**Question:** Does Marcia have good cause?

**Answer:** Yes. Marcia quit a job to accept a higher paying job. The new employer went bankrupt and for that reason Marcia lost employment.

**Example 16:** Bill and his children are applying for TANF. Bill’s last job was six months ago. He worked 150 hours that month. He left his job because he was expecting to be fired. Bill had been having problems with co-workers and getting into arguments with his supervisor.

**Question:** Is this family eligible for TANF?

**Answer:** No. Bill left his job in anticipation of a discharge or being fired. The family is ineligible for TANF.

**Question:** Can the family receive medical assistance such as MAA?
Answer: Yes. This policy applies to TANF program benefits only. The family is still eligible for MAA or MAF. Other eligibility factors will need to be determined.

Example 17: Zoey has been receiving TANF for a year. It is time to re-determine her eligibility for TANF. She turns in her re-determination packet and you begin your eligibility determination.

Question: Do you need to determine if Zoey had a job in the past 12 months which qualifies as most recent employment?

Answer: Yes. You are re-establishing Zoey’s eligibility for TANF. The new policy/rule is an eligibility factor and must be considered.

Example 18: Silvia is applying for TANF. You are reviewing her eligibility and are looking at her past jobs. You find her last job. She worked two months ago. She was hired part-time and worked 60 hours that month. Silvia’s last job before this one was 18 months ago.

Question: Is the job she worked part time considered to be Silvia’s most recent employment?

Answer: No. This is a job Silvia worked within the past 12 months before applying for TANF program benefits. However, she was only working 60 hours a month and not the required 100 or more hours.

Question: Would you look at Silvia’s prior job to determine if the job would qualify as her “most recent employment?”

Answer: No. Sylvia’s prior job was 18 months before her date of request for TANF program benefits. This job does not meet the definition of most recent employment and would not affect her eligibility for TANF.

Note: There will be situations where an applicant had a job within the past 12 months and they were hired to work 100 hours or more per month, worked or were scheduled to work 100 or more hours. However, in their final full calendar month on the job they worked or were scheduled to work less than 100 hours. In these situations you would stop looking back at this job. Any job before this one would not be reviewed. You found the most recent employment, but in the applicant’s final full calendar month on the job, they only worked 40 hours. At that point, you would need to consider the reason the hours were reduced.

Example 19: Brighton and his two sons are applying for TANF benefits. He had a job four months ago but left this job to take a trip with his sister to Alaska. He worked 150 hours in the final full calendar month on this job. This is his most recent employment.
**Question:** Does Brighton’s job meet both of the two tests – within the past 12 months from the date of request for TANF and 100 hours or more?

**Answer:** **Yes.** Brighton’s job does meet both of the tests. You would need to look at the reason he left the job.

**Question:** Are Brighton and his sons eligible for TANF?

**Answer:** **No.** You determined his most recent employment and that he voluntarily left this job to take a trip with his sister. In this scenario, Brighton and his children would not be eligible for TANF program benefits. They may still be eligible for MAA.

**Example 20:** What if Brighton left the job because his sister was dying and he needed to be there to help care for his sister’s children? His sister had no other support in the area.

**Question:** Was Brighton a reasonable person exercising good common sense?

**Answer:** **Yes.** Brighton would have good cause for his decision.

**Example 21:** Jennie has come into your office to apply for TA-DVS. She is attempting to escape an abusive relationship. You remember that certain requirements can be waived when applicants are escaping domestic violence. (see OAR 461-135-1200).

**Question:** Can you waive the employment separation rule (OAR 461-135-0070) when considering Jennie’s application for TA-DVS?

**Answer:** **Yes.** You are able to waive the requirements of the employment separation rule when considering an application for TA-DVS.

**Question:** You were able to waive the employment separation rule requirements for TA-DVS, but are you able to waive those requirements for Jennie’s application for TANF program benefits?

**Answer:** **Yes.** You are able to waive the requirements of the employment separation rule when considering Jennie’s application for TANF program benefits. The reason you can do this is because of the risk to Jennie if we deny TANF, which could force her back to the abuser.
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E. **Deprivation**

Case Management Opportunity

When asking about frequency of contact with the noncustodial parent, also ask about the client’s and children’s current relationship with the noncustodial parent and whether it is positive; if the noncustodial parent or relatives offer any support to aid in self-sufficiency; and if parental absence, incapacity or current relationship has caused issues that need to be addressed.

1. **Determining Deprivation for a Child**

   In order to receive TANF, a dependent child must be deprived of parental support or care because of the absence, death, incapacity, unemployment or underemployment of a parent.

   When a child lives with one parent or does not live with a parent, the basis of deprivation is the continued absence or death of a parent. When a child lives with both parents, the basis of deprivation is the unemployment, underemployment or incapacity of a parent. If a child meets deprivation on more than one basis, the case manager may choose which reason to use. However, the choice cannot adversely affect the child’s eligibility.

   Evidence of Deprivation Based on Continued Absence; MAA, MAF, TANF: 461-125-0130

   **Note:** *Not all children in a TANF need group will have the same basis of deprivation.*

2. **Determining Deprivation for a Child/Unborn Without Legal Paternity**

   If the mother and the alleged father of the dependent child or unborn are living together, and either the mother or the alleged father claims the alleged father is, in fact, the father and no other man has been identified as the father, deprivation for the child is based on two parents in the household: i.e., incapacity or unemployment. Both parents must cooperate with DCS to establish paternity. The parent who refuses to cooperate will be disqualified according to the rule on DCS disqualifications.

   Determining Deprivation for Child/Unborn Without Legal Paternity: 461-125-0050
3. **Deprivation Based on Death**

If either parent of a child is deceased and the other parent has not remarried, or has remarried but the stepparent is not living in the home, the child meets deprivation based on death.

Deprivation Based on Death: 461-125-0060

4. **Deprivation Based on Continued Absence**

Continued absence may exist when the child lives with only one parent or does not live with any parent and the absent parent has been or is expected to be gone from the household for at least 30 days. The parent is considered absent when any of the following is true:

- He/she lives in a separate residence and does not visit the child in the child’s home more than four times or 30 hours per week;
- He/she is confined to an institution and the confinement is anticipated to last more than 30 days;
- He/she is living in the child’s home only to serve a court-imposed sentence by performing unpaid public work and unpaid community service during the workday;
- The dependent child is adopted by a single parent and the parent is not living with a spouse;
- More than one person is identified as the child’s father and legal paternity has not been established.

The parent is not considered absent when:

- The absence is due to the parent’s participation in the uniformed services of the U.S.;
- Both parents, though not living together, make day-to-day decisions about the child’s life and the child sleeps at least 30 percent of the time during the calendar month in the home of each parent;
- The absence is due to employment, education or training. For example, the parent is gone looking for work outside the area of their residence or their employment, education, or training takes them out of their residence.

Deprivation Based on Continued Absence of a Parent: 461-125-0090
Situations of Deprivation Based on Continued Absence: 461-125-0110
Situations of No Deprivation Based on Continued Absence: 461-125-0120
Evidence of Deprivation Based on Continued Absence; MAA, MAF, TANF: 461-125-0130
5. Deprivation Based on Incapacity

Deprivation based on incapacity exists when one parent is unable to work or has a physical or mental condition that is expected to last at least 30 days and substantially reduces the parent’s ability to provide adequate care or support for the child. The condition must be verified by medical documentation. Deprivation based on incapacity is considered met when a child lives with both parents and at least one parent is receiving SSI or SSB based on disability or blindness.

Deprivation Based on the Incapacity of a Parent: 461-125-0230

6. Medical Documentation

Deprivation based on incapacity exists when there is medical documentation that a client’s physical or mental condition prohibits them from being employable for at least 30 days from the date the client requests benefits. Medical documentation must be in writing and contain all the following:

- A diagnosis in medical terminology, including an explanation of whether the impairment limits the individual’s ability to perform normal functions, and if so, how;

- A prognosis, including an expected recovery time frame;

- Clinical evidence from physical examination, psychiatric evaluation, X-rays or laboratory procedures. This evidence must include objective findings: i.e., specific data supporting diagnosis of a condition that causes unemployability or incapacity, either on a medical or psychiatric basis.

To determine eligibility, the division will accept medical evaluations from medical and osteopathic doctors, visual evaluations from optometrists and mental evaluations from licensed clinical psychologists and psychiatrists. For case planning, the division will accept evaluations from licensed social workers, physical capacity evaluations from licensed physical therapists and licensed occupational therapists.

A client whose mental condition was initially documented by a physician who is not a psychiatrist or licensed clinical psychologist must submit documentation from a psychiatrist or licensed clinical psychologist to establish the condition beyond an initial 60-day period (up to 90 days if approved by the medical review team [MRT]).

An MRT is comprised of staff assigned by the division. It provides medical expertise in comparing the client’s medical condition with the medical eligibility requirements. The MRT determines whether a person meets the incapacity or unemployability criteria based on the following:

- The nature of the impairment;

- The medical documentation and, when appropriate, the social summary;
• The specific medical eligibility requirements of the applicable program.

An MRT authorizes medical/psychiatric examinations necessary to obtain supplemental medical documentation. The MRT will complete a medical review whenever it is determined necessary.

Using Administrative Medical Examinations: 461-125-0810
Medical Documentation; Disability and Other Determinations: 461-125-0830

7. **Deprivation Based on Unemployment**

Deprivation based on unemployment exists when a child lives with two parents and the household meets the following criteria:

The Primary Wage Earner (PWE) is unemployed or underemployed. The PWE is the parent who earned the most money in the 24 months before requesting TANF. The PWE is considered unemployed or underemployed if their monthly earned income is less than the countable income limit for the need group.

Determining Primary Wage Earner (PWE); MAA, MAF and TANF: 461-125-0150
Unemployment or Underemployment of the Principal Wage Earner (PWE): 461-125-0190

The PWE is not participating in a labor dispute.

The PWE is not separated from their most recent employment for any of the following reasons:

• Discharged or fired for:
  - Misconduct; or
  - Felony or theft.

• Voluntary quit:
  - In anticipation of discharge;
  - Without good cause.

What is the most recent employment?

The most recent employment is the last job the PWE had prior to the date of request for TANF program benefits that meets the two tests below.

1. The job was within the past 12 months from the date of request for TANF, and

2. The PWE was hired to work 100 hours or more per month, worked or was scheduled to work at least 100 hours in their final full month on the job.
If the answer is **NO** to either test 1 or 2 above, the family has cleared deprivation based on under or unemployment. If the answer is **YES** to both test 1 and 2 above, the reason for separation from the most recent employment must be determined.

**Example 1:**  
Thomas and Maria are applying for TANF benefits. You are determining deprivation and decide Maria is the “Primary Wage Earner” or “PWE.” Thomas did work until seven months ago when he left a part-time job at 50 hours per month. Maria’s most recent employment was three months ago. She worked 110 hours her last month on the job.

**Question:** Does Maria’s job pass the two tests for it to meet the definition of most recent employment? Within 12 months from date of request for TANF, and worked 100 or more hours in her final full month.

**Answer:** Yes. Maria’s job was within the past 12 months of applying for TANF and she did work 100 or more hours in her final month.

**Question:** Does Thomas have to meet the eligibility requirements of the employment separation OAR 461-135-0070?

**Answer:** Yes. Thomas is subject to the requirements of OAR 461-135-0070 (the employment separation rule). You will need to determine if Thomas has a most recent employment.

**Question:** Does Thomas have a most recent employment? Remember the two tests – within past 12 months and worked or scheduled to work 100 hours or more?

**Answer:** No. Thomas did have a job which was within the past 12 months. However, Thomas was not hired, scheduled or worked 100 hours or more that month.

Are there individuals who DHS does not have to consider the reason why they left their most recent employment?

DHS does not have to consider the reason why the following PWEs left their most recent employment:

- A Parents as Scholars (PAS) participant who temporarily becomes ineligible for TANF program benefits for four months or less due to income from a paid work experience;

- A teen parent returning to high school or equivalent;

- An individual fleeing from or at risk of domestic violence;
• An individual in the ninth month of pregnancy or experiencing a medical complication due to pregnancy which is documented by a qualified and appropriate professional;

• An individual unable to work due to a disability or medical condition documented by a qualified and appropriate professional, which is expected to last 30 days or more from the date of request for TANF program benefits;

• An individual who is separated from his or her most recent employment for a reason the Department of Human Services determines is good cause.

Are there certain types of jobs that would not be considered under this rule?

Yes, there are certain jobs that would not be considered. They include the following:

• JOBS Plus assignments related to a JOBS case plan;
• Work experience related to a JOBS case plan;
• Sheltered work related to a JOBS case plan;
• On-the-Job Training (OJT) related to a JOBS case plan;
• Volunteer or unpaid employment;
• Temporary or limited duration employment to include but not limited to WIA summer jobs, jobs connected to federal or state stimulus funding, day labor or on-call jobs, etc.

Note: An individual who is on Family Medical Leave Act (FMLA) from their current job is considered to still be working. Therefore, the employment separation would not be a factor because they have not been separated from their job.

Deprivation Based on Unemployment or Underemployment of the Primary Wage Earner (PWE); MAA, TANF: 461-125-0170
Parents as Scholars: 461-190-0199

Note: Once a parent is determined to be the PWE, their status cannot change while the family remains continuously eligible for TANF, unless:

• The other parent later provides evidence that they should have been the PWE at the time of application; OR

• The parent who is the PWE is out of the household group for at least one full calendar month. If so, the branch office must redetermine which parent is the PWE.

Determining Primary Wage Earner (PWE); MAA, MAF and TANF: 461-125-0150
Guidance for determining good cause

First we look at a list of reasons which would not be good cause. They include:

- Leaving suitable work to seek other work;
- Leaving work rather than paying union membership dues;
- Leaving work to attend school, unless required or allowed by law or OAR;
  - See OARs 461-135-0070 and 461-190-0199 for information regarding Parents as Scholars participants who may not be impacted by leaving work to attend school.
- Refusing to join a bona fide labor organization when membership therein was a condition of employment;
- Resignation to avoid what would otherwise be a discharge for misconduct, theft, or felony, or potential discharge for misconduct, theft or felony;
- Willful or wantonly negligent failure to maintain a license, certificate or other similar authority necessary to the performance of the occupation involved, so long as such failure is attributable to the individual;
- Willful or wantonly negligent violation of the standards of behavior which an employer has the right to expect of an employee is misconduct. An act or series of actions that amount to a willful or wantonly negligent disregard of an employer's interest is misconduct.

Note: The following are not considered to be “misconduct”:

- Isolated instances of poor judgment;
- Good faith errors;
- Unavoidable accidents;
- Absences due to illness or other physical or mental disability;
- Mere inefficiency resulting from lack of job skills or experience;
- Compelling family reasons, when the individual has made the attempt to maintain the employer-employee relationship.

Example 2: Samuel and Regina are applying for TANF program benefits. Samuel was recently working for an aluminum fabrication company. He was hired five months ago for full time work. The company has a six-month trial period. At his second and forth month review he received a below average performance rating due to his inability to perform at the required level. Samuel tried to
improve his skills but was unable to succeed. The company chose to let him go.

**Question:** Would Samuel’s situation fall into the category of “misconduct”?

**Answer:** No. Samuel did not violate his employer’s standards of behavior. He was unable to perform the tasks associated with his job due to lack of skills. Samuel would be given good cause for leaving his most recent employment and the family would meet deprivation.

What if a PWE left a job to accept another job? An individual can leave work to accept an offer of other work and it is considered good cause but only when:

- The offer was definite;
- Work was to begin in the shortest length of time as can be deemed reasonable under the individual circumstances;
- The offered work must have been reasonably expected to continue; and
- Would have paid an amount greater than the work the caretaker relative left.

**What is good cause?**

“Good cause” means a reasonable person of normal sensitivity, exercising ordinary common sense, would leave work. For an individual with a permanent or long-term physical or mental impairment (as defined at 29 CFR 1630.2(h)) good cause for voluntarily leaving work is such that a reasonable person with the characteristics and qualities of such individual would leave work.

**Example 3:** Judith and Kelly are TANF applicants. Judith is in the fifth month of pregnancy. You determine she is the PWE. You find out she left a job three months ago when she was two months pregnant. She was working full time, 100 plus hours per month. You ask why she left and she tells you she was working in a job that required close contact with different types of chemicals. She asked her boss about other positions but none were available. She says she was scared for the health of her unborn and decided, after consulting her doctor, it was best to leave this job.

**Question:** Was Judith a reasonable person of normal sensitivity exercising ordinary common sense?

**Answer:** Yes. In this example, Judith was a reasonable person exercising ordinary common sense. She left the job to protect the health and safety of her unborn. You would have enough information to say she had good cause for leaving the job.
Good Cause Guidance

- Accommodations or modifications provided were not adequate enough to overcome the physical or mental impairment;

Example 4: Stephanie and Jose are applying for TANF program benefits. Jose is the PWE. His last job was a month ago. He was working for a local shipping company. His last full calendar month he was scheduled to work 120 hours. Jose was diagnosed with a learning disability related to his ability to read. His job required some reading and he and his employer worked out some accommodations. The accommodations were not working, and after discussions with his employer he decided to leave this employment.

**Question:** Did Jose have a job meeting the definition of “most recent employment”?

**Answer:** Yes. Jose was scheduled to work 100 hours in his final full calendar month on the job.

**Question:** Would Jose have good cause for leaving this employment?

**Answer:** Yes. He had accommodations; however, they were not working. He tried to work out a solution with his employer. They were unable to find a solution. After this Jose left the job.

- Accepted another job at a higher wage but less than 100 hours a month;

Example 5: Mary and Kelly have recently lost their employment. They are in your office applying for TANF program benefits. Kelly is the PWE and recently lost a job. She was laid off, but you discover she was only working 75 hours per month. She left her job before this one where she was working 120 hours per month.

**Question:** Would Kelly’s last job be considered her most recent employment?

**Answer:** No. Kelly’s last job was only 75 hours per month. The job before this one she worked 120 hours in her final full calendar month on the job. Therefore, this job would be considered her most recent employment.

Kelly left the job where she was working 120 hours and accepted a job at 75 hours but at twice the pay. After three months, the employer was forced to downsize and Kelly lost her job.
Question: Would Kelly have good cause for leaving the 120 hour a month job for a 75 hour a month job?

Answer: Yes. The 75 hour a month job paid twice the amount per month as the 120 hour a month job. Therefore she would have good cause.

• Caring for a family member with a disability;

Example 6: Jessica and Aaron are applying for TANF program benefits. Both Jessica and Aaron were working but recently left their jobs. Jessica is determined to be the PWE. She left her job two months ago. She was working full time and had 170 hours worked in her last full calendar month, which meets the definition of most recent employment. She left this job because Aaron’s mother was living with them and has severe disability issues. Jessica left the job to care for her mother-in-law.

Question: Did Jessica have good cause for leaving her most recent employment?

Answer: Yes. Jessica left her most recent employment to provide care for a family member with a disability.

• Circumstances beyond the control of the applicant such as but not limited to:
  - Layoff;
  - Employer went out of business;
  - Natural disaster preventing the individual from going to work.

Example 7: Brenda and Robert are applying for TANF program benefits. Robert is the PWE. He was working for a flooring and tile company. He was working full time, and in his final full calendar month he worked 110 hours. Last month his employer informed him that he was retiring and the company would be shut down.

Question: Would Robert have good cause for leaving his most recent employment?

Answer: Yes. Robert was working until his employer closed down the company. Robert lost his job due to no fault of his own.
• Court order;

  Example 8: Paula and Adam were applying for TANF program benefits for their family. Adam was only working limited hours. Paula was determined to be the PWE. She was working full time. Both Paula and Adam were court ordered to attend classes. The classes were going to interfere with her job. She spoke with her employer but they were unable to come to an agreement. Paula was forced to leave this job, which you considered to be her most recent employment.

  Question: Did Paula have good cause for leaving her most recent employment?

  Answer: Yes. She was court ordered to attend classes. She tried to work something out with her employer. The consequences of not attending the classes could result in additional legal action against the family. Paula had good cause.

• Employer was unable or unwilling to provide a needed accommodation;

  Example 9: Monica and Andrew are applying for TANF benefits. Andrew, the PWE, had secured a job six months ago. He has a disability and requires some accommodations. After Andrew was offered the job he told his employer he would need a few accommodations. His employer was unwilling to provide the needed accommodation. Andrew tried to do the job but ended up leaving the job after only one month.

  Question: Does Andrew have good cause for leaving this job?

  Answer: Yes. Andrew would have good cause because his employer was unable or unwilling to provide a needed accommodation.

Note: In Oregon, employers with six or more employees are required to follow the provisions of the Americans with Disabilities Act, which includes providing reasonable accommodations. Unless an employer can prove there is an undue hardship they must provide any reasonable accommodation. This is required by law.

• Employer engages in employment practices that are illegally discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin;

  Example 10: Rebecca and William and their children are applying for TANF program benefits. You determine Rebecca is the PWE. She was working full time for a local company with 60 employees. She discovered that she was being paid less
than her male counterparts. She confronted her employer and was told that is company policy. She ended up leaving the job. She is pursuing the pay issue with BOLI.

**Question:** Would Rebecca have a good cause reason for leaving her most recent employment?

**Answer:** Yes. Rebecca is contending that her past employer was engaging in illegally discriminatory practices. She has contacted BOLI to pursue legal actions.

- Entered, or will be entering within the next 30 days, a residential treatment facility;

  **Example 11:** Carman and Kevin and their children are applying for TANF program benefits. Kevin is the PWE. He has been having difficulties over the past two years keeping a job. He has kept his last job for six months but he was in need of residential treatment. A slot at a local provider came open and Kevin entered residential treatment. He attempted to work out an arrangement with his boss but was unable. Kevin left his full time job and entered residential treatment.

  **Question:** Would Kevin have good cause for leaving this full time most recent employment?

  **Answer:** Yes. Kevin made a choice to enter residential treatment. If he did not deal with his issue there was a chance he and Carman may lose their children.

- Recommendation by Child Welfare or other agency;

  **Example 12:** Rhonda, Phil and their children are applying for TANF program benefits. Phil is working part time and at night. Three of the children are not yet in school. Rhonda was working swing shift. They are currently working with Child Welfare. Child Welfare recommended that Rhonda leave her job and be there for her children. Rhonda chose to leave the job.

  **Question:** Would Rhonda have good cause for leaving her most recent employment?

  **Answer:** Yes. Child Welfare recommended Rhonda leave her employment to be with her children. She followed their recommendation and would have good cause.
- Unable to obtain or maintain appropriate child care;

  **Example 13:** Sandy and Randy are applying for TANF program benefits. Sandy is determined to be the PWE. She was working with a local computer company until two weeks ago. Her child, Michael, has special needs. Sandy had a good day care situation but her provider moved out of town. There were no other providers able to provide special needs care for Michael. She was forced to leave her job.

  **Question:** Would Sandy have good cause for leaving her most recent employment?

  **Answer:** Yes. Sandy had appropriate child care for Michael. However, the availability of special needs care was limited. She was unable to find another provider and would have good cause for leaving her most recent employment.

  **Note:** Good cause is not limited to special needs care but also includes regular child care. The situation may be that the applicant had their hours reduce but still over 100 hours. However, the reduction caused the applicant to no longer be able to afford child care. This would also be good cause.

- Unsafe workplace, risk to an individual’s health and wellbeing;

  **Example 14:** Alberto, Alma and their children are applying for TANF program benefits. Alma has not worked for several years. Alberto was working at a small manufacturing company. He worked 130 hours per month. Alberto had been working with chemicals and noticed he was becoming sick every afternoon at work. He spoke to his employer about changing positions but his employer was unable to accommodate. Alberto decided to leave this job. He is currently looking for employment.

  **Question:** Was it appropriate for Alberto to leave this job?

  **Answer:** Yes. In this example Alberto was being reasonable and made a good common sense decision. He tried to work out a different position with his boss, and when that failed he decided he could not longer risk his health and safety at this job.

**Self-Employment**

What if the applicant was self-employed? Individuals, who are self-employed, regardless of where they were self-employed, are also affected by these eligibility requirements. You will need to determine how much money the individual made in the last month they were self-employed; determine how many hours they worked; and find out the reason why the self-employment ended. If the PWE’s last self-employment job was within the
past 12 months we will use their income from the last month of self-employment to accurately determine the number of hours they worked.

Example 15: Joey and Sheila are applying for TANF benefits. Joey, the PWE, was self-employed. He last worked five months ago. He was selling goods at Saturday market. He earned $600.00 in the final month. You will need to figure out the number of hours he worked. For self-employed, the hours worked is based on the income divided by Oregon minimum wage. Divide $600 / $8.50 (current minimum wage) = 70.58 hours, which are less than 100 hours.

Question: Would Joey’s self employment meet the definition of most recent employment?

Answer: No. Joey’s job (self-employment) was 70.58 hours, which is under the 100 hour minimum. This means Joey and Sheila meet the deprivation rule for TANF eligibility.

Question: Will you need to look at Sheila’s work history to determine TANF eligibility requirements of the employment separation rule OAR 461-135-0070?

Answer: Yes. You will need to see if Sheila has a most recent employment.

Note: Unlike the deprivation rule, if a family is denied TANF benefits because of the UC denial rule (OAR 461-135-0070) they are still eligible for medical (MAA/MAF).

You ask and find out Sheila also worked five months ago. She was working 120 hours per month. She had to stop working due to high-risk pregnancy. She is due soon but remains unable to work.

Question: Would Sheila have good cause for leaving her most recent employment?

Answer: Yes. Sheila would not be affected by the employment separation rule (OAR 461-135-0070) due to high-risk pregnancy.

Specific Requirements; MAA, MAF, and TANF: 461-135-0070

8. Change in Basis of Deprivation

When a change occurs that could affect a child’s deprivation status, give the filing group 45 days from the date that the household reports the change to re-establish their eligibility using a different basis of deprivation. The client’s report of the change must be timely in order to get the 45-day extension. Send them a timely continuing benefit decision notice
form *Notice of Decision and Action Taken* (DHS 456) that ends benefits on the last day of the month in which the 45-day period expires or reduces benefits on the first of the month following the month in which the 45-day period expires.

If they establish eligibility, supplement benefits back to the date that all eligibility factors are met and verified.

If they do not establish eligibility, end TANF benefits at the end of the month in which the 45-day time limit expires if the change results in closure of TANF benefits. If the change results in a reduction in benefits, make the change effective the first of the month following the month in which the 45-day time limit expires.

SEE MEDICAL CHAPTER B.6 FOR INFORMATION ABOUT MEDICAL PROGRAM REDETERMINATION AND DECISION NOTICE REQUIREMENTS.
F. Cooperation, Noncooperation, Re-Engagement and Penalties for Noncompliance

**Intent:** To examine the elements of cooperation and explore means to help clients engage in their self-sufficiency activities.

1. **What Is Cooperation?**

Cooperation is encouraged through identification of goals, strengths, barriers and resources, development of plans with clients, sharing problem-solving responsibilities with the client and by helping the client see the need for change.

To receive a full TANF grant, JOBS-mandatory clients must cooperate with the activities specified in their case plan. These activities may include pursuing available assets such as child and medical support, alcohol or drug diagnostic appointment or treatment, referrals to OVRS, or employment-related activities, domestic violence support groups, etc.

**JOBS Cooperation**

Clients who are required to cooperate with employment-related activities must provide enough information so that the Department of Human Services (DHS) can determine the level of employment program participation. They must also accept a bona fide offer of employment, whether it is temporary, permanent, full time or seasonal. When they are employed, they must maintain employment. DHS will support cooperation by informing clients about any support services or programs that can help the client reach their goals.

It is important that a client cooperates with the activities specified in their case plan. Noncooperation based on willful noncompliance leads to disqualification.

**Note:** DHS must consider information from any screening and/or evaluation completed in determining whether the client is able to cooperate.

2. **Who Must Cooperate?**

All applicants and recipients of TANF cash and medical benefits must pursue available assets.

SEE TANF SECTION G FOR INFORMATION REGARDING AVAILABILITY OF RESOURCES.
To receive benefits for a dependent child whose parent(s) is absent from the household, the caretaker relative must cooperate, unless good cause exists, in establishing paternity and obtaining child support payments.

Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340

TANF applicants and recipients must participate in a mental health or alcohol and drug treatment program if it has been identified that such treatment is necessary for the person to function successfully in the workplace and the services are available and at no cost to the client.

Req. to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualifications and Penalties; Pre-TANF, REF, TANF: 461-135-0085

FOR MORE INFORMATION, SEE TANF SECTION TF D.7, PURSUING SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT.

Clients with physical or mental disabilities are not automatically exempt from JOBS program disqualification. Per the Americans with Disabilities Act (ADA), all clients have access to JOBS activities and support services as long as accommodating them does not fundamentally alter the purpose or intent of the JOBS component in which they would participate.

FOR DETAILED INFORMATION ON JOBS AND THE ADA, SEE MULTIPLE PROGRAM WORKER GUIDE #13.

All clients must cooperate in determining employment status. This includes providing information and documentation to support exempt status and good cause statements. Clients who are not excluded or exempt from JOBS disqualification must participate in an employment program, if they are selected. Refugees within their first 12 months in the U.S. who live in the New Arrival Employment Service (NAES) project area must participate and follow the NAES employment program rules. Noncitizens receiving TANF are required to prepare for or pursue employment if they can legally work in the United States.

General Provisions: 461-130-0305

3. Who Is Exempt from JOBS Program Participation and Who Is Exempt from JOBS Program Disqualification?

Some clients are not required to participate in the JOBS program because of federal or state law.

The following clients are exempt from participation and disqualification, unless specified below:
• Clients who are in the ninth month of pregnancy or experiencing medical complications due to pregnancy that prevent participation in employment or self-sufficiency components.

• Clients during the first six months after giving birth except to participate in parenting classes or family stability activities.

• Clients under 20 years of age during the first four months (16 weeks) after giving birth except that the client may be required to participate in suitable activities with a preference for educational activities, parenting classes, and family stability activities.

• Parents providing care for a family member living in the home who has a disability (OAR 461-001-0000).

• REF clients 65 years of age or older.

• TANF clients 60 years of age or older.

• Noncitizen clients who are not authorized to work in the United States.

• Recipients of supplemental security income (SSI) from the Social Security Administration.

• Non-needy caretaker relatives.

• Clients for whom participation is likely to cause undue hardship or is contrary to the best interests of the child or the parent or needy caretaker relative.

• Clients who participate more than 10 hours per week during the seventh and eighth month of pregnancy.

• VISTA volunteers.

• A female who participates more than 10 hours per week during the seventh and eighth months of pregnancy.

Parents of children who receive TANF, and who are in the filing group with their children but not in the benefit group, are considered mandatory unless they are otherwise exempt from disqualification.

In the REF, SNAP and TANF programs, a client may not be disqualified for conduct that occurred while a volunteer.

In the Post-TANF program, a client is classified as a volunteer and may not be disqualified.

Example 1: A parent is on an IPV disqualification, but receives TANF for her children. She is not otherwise exempt from JOBS disqualification. She is in the TANF household, filing and financial groups, but she
is not in the TANF need or benefit groups (see TANF section C for more information on eligibility groups). She must participate in JOBS and can be disqualified for failure to cooperate if there is no good cause.

Example 2: A parent applies for TANF for his two children, but does not wish to receive TANF for himself. He has to be in the TANF household, filing, financial and need groups (see TANF section C for more information on eligibility groups). However, he signs a Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D) to have himself excluded from the TANF benefit group. He is not otherwise exempt from JOBS disqualification. The client is considered mandatory and can be disqualified for failure to cooperate with JOBS without good cause.

Participation Classifications: Exempt, Mandatory, and Volunteer: 461-130-0310

4. Who Can Volunteer to Participate in Employment Programs?

Clients who are exempt from JOBS Program disqualification may volunteer to participate. These volunteers may stop participating at any time.

When a volunteer’s status changes to required participation, DHS may not impose penalties for noncooperation for incidents that occurred while the participant was exempt from disqualification. Therefore, it is important for the DHS branch office to explain the client’s employment status and rights and responsibilities in an orientation or an assessment. DHS also needs to do the following:

- Require clients to review and sign the JOBS rights and responsibilities form.
- Notify clients when their status changes to required participation before requiring them to participate in an employment program.
- When a client becomes exempt from disqualification, notify them within 30 calendar days from the date the change in status occurs, or is reported to the branch, whichever is later. Offer the client the opportunity to continue participation as a volunteer.

Participation Classifications: Exempt, Mandatory, and Volunteer: 461-130-0310

5. Employment Program Cooperation

Clients who are selected for participation in an employment program must do all the following:
• Schedule and keep employment-related appointments and interviews.

• Notify DHS or the JOBS contractor of the reason for not keeping any assigned activities, including employment-related appointments and interviews, classes and activities. Notification must be made within three working days from the date of the missed appointment, interview, class attendance or activity.

• Attend and complete scheduled activities as specified on the case plan.

• Follow through on job referrals.

• Submit valid employment applications.

• Provide DHS with verifiable documentation of JOBS participation hours, including paid work, job search and educational participation hours.

General Provisions: 461-130-0305

6. Child and Medical Support Cooperation

Caretaker relatives must cooperate in establishing paternity and obtaining cash support payments. This does not apply to caretaker relatives participating in the JOBS Plus program, Post-TANF program or SFPSS:

• Supplied sufficient information to enable DCS to proceed with appropriate action. Sufficient information includes – but is not limited to – as many of the following elements of information as possible regarding any and all noncustodial parents of such dependent children: full legal name and nicknames, Social Security number, current or last known address, current or last known employer, including name and address (if a student, current or last known school), criminal record, including where and when, etc.

• Supplied documentation or explanation of efforts to obtain information requested by DHS or DCS.

• Kept appointments with DHS and DCS related to establishing paternity.

• Returned telephone calls or responded to correspondence when requested by DHS or DCS.

• Otherwise demonstrated a good faith effort to obtain necessary information and to locate and identify each noncustodial or alleged parent, establish legal paternity, establish and enforce a support order and obtain support payments to the full extent possible allowing for the client’s individual circumstances.
Case Management Opportunity

When determining good cause for child support noncooperation, if physical or emotional harm is anticipated from the noncustodial parent or his/her relatives, determine what abuse occurred in the past and discuss available services that may help the family, including domestic violence and child counseling, referral to Child Welfare and legal services for a restraining order.

7. What Is Good Cause?

Good cause is what DHS considers as valid reasons or circumstances that keep a client from cooperating with elements of their case plan. It is the client’s responsibility to provide evidence to establish good cause for noncooperation and to work with DHS staff to try to resolve problems that interfere with cooperation. It is important to determine whether the client cannot or will not cooperate with their case plan.

Good Cause: 461-130-0327

8. Good Cause for Noncooperation with Employment Programs

A JOBS program participant may have good cause for not participating if any of the following is true:

- Cooperation or placement at a particular job site would place the client at risk of domestic violence.
- Participation in a required activity would have an adverse effect or risk on the client’s physical or mental health. Documentation from a DHS-approved medical authority is required.
- DHS failed to provide a needed support service payment in time for the client to participate.
- Noncooperation is caused by an aspect of the client’s disability.
- DHS failed to provide a needed accommodation or modification in order for the client to participate.
• The worksite violates established health and safety standards.

• A pregnant client is in her seventh or eighth month of pregnancy and either works in a job that requires her to work more than 10 hours each week or has a case plan that requires her to participate more than 10 hours each week.

• Appropriate child care (or day care for an incapacitated person in the household) is not available or there is a breakdown in child care arrangements for a child in the household. The client must attempt to get child care from another provider. “Appropriate child care” means that (a) both the provider and the place where care is provided meet health, safety and provider requirements as defined in OAR 461-165-0180; (b) the care accommodates the parent’s work schedule; and (c) the care meets the specific needs of the child, such as age and special needs requirements.

• The work attachment position or employment offered is vacant due to a strike, lockout or other labor dispute.

• The work attachment position or employment requires a client to join a union and the client has religious objections to unions.

• The client belongs to a union and the employment goes against the conditions of the client’s membership in that union. Good cause does not exist if the employment is not governed by the rules of the union to which the client belongs.

• The job referral or employer is discriminatory in terms of age, sex, race, religious or political belief, marital status, disability or ethnic origin. Age, sex and disability requirements are allowable when there are valid or legal reasons for the requirements.

• The person’s participation in Grand Ronde Tribe NEW program activities prevents or interferes with participation in CAF SSP assigned JOBS activities or completion of DHS JOBS assignments.

• The client’s failure to participate is due to a circumstance beyond his/her reasonable control.

• The wage for the client’s current or potential job is: (a) less than minimum wage, or (b) if minimum wage laws do not apply, the wage (rate for piecework) is less than that normally paid for similar work. 

Good Cause: 461-130-0327

9. **Good Cause for Job Quit**

A client who is working full time (30 hours per week or more) may quit a job without penalty if:
- They have another exemption.
- They quit to accept another job with a wage at least equal to the quit job.
- They have not signed the JOBS rights and responsibilities form.
- The workplace is unsafe because of risk of domestic violence.
- The employer was unable or unwilling to provide a required accommodation for a disabled client.
- They quit to care for a family member with a disability.
- They quit due to circumstances beyond their control such as but not limited to:
  - Layoff;
  - Employer went out of business;
  - Natural disaster preventing the individual from going to work.
- The employer engages in employment practices that are illegally discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.
- Entered, or will be entering within the next 30 days, a residential treatment facility.
- Recommendation by Child Welfare or other agency.
- Unable to obtain or maintain appropriate child care.

Good Cause: 461-130-0327

10. **Good Cause for Missed Appointments**

Good cause for missing job interviews, employment-related appointments, absence from training or work, scheduled mental health or alcohol and drug treatment appointments and activities includes:

- A mental or physical illness, impairment or condition preventing compliance. The branch may require verification.

*Note for good cause related to Alcohol and Drug (A&D) treatment:* Good cause for a missed A&D treatment appointment must be granted if an aspect of a disability related to A&D caused the client to miss the appointment. For example, if memory loss caused by past methamphetamine use caused the client to miss an appointment, good cause must be granted. However, workers are not required to grant good cause when a client reports they missed an appointment because they were using alcohol or drugs at the time.
• A verified court appearance or temporary incarceration (30 days or less).
• A verified breakdown in transportation with no readily accessible alternative.
• Inclement weather that prevented the client and others similarly situated from traveling.
• Family problems, including medical, legal, domestic violence or school problems with other family members.
• Verified adverse circumstances that affected the client’s ability to attend, as determined by DHS.
• A legitimate breakdown in communication, such as DHS or contractor failure to inform the client of an appointment.
• Due to an aspect of a known or previously unknown disability.
• DHS or contractor failed to provide a needed accommodation or modification.

Good Cause: 461-130-0327

11. **Good Cause When the Clients Meet Federal Participation Requirements**

Good cause is granted when a client meets the following federal participation requirements even though they may not have completed all the hours agreed to in their case plan.

• A single custodial parent with a child under 6 years of age if they participate for an average of 20 hours per week in core activities.
• A single custodial parent caring for a child under the age of 6 who has clearly demonstrated an inability to obtain needed child care.
• A single custodial parent with a child age 6 or over is participating in core and noncore activities for an average of 30 hours a week, 20 of which must be core activities.
• A two-parent household is participating in core and noncore activities an average of 55 hours per week, 50 of which must be core activities.
• A client who is married or a single head-of-household under 20 years old who:
  - Maintains satisfactory attendance at a secondary school or the equivalent; or
  - Participates in education directly related to employment for an average of at least 20 hours per week.
12. **Good Cause for Noncooperation with Alcohol and Drug or Mental Health Treatment**

A client who is identified in need of mental health or alcohol and drug treatment must cooperate and follow through with the referral and the treatment program requirements. There is no good cause for not pursuing treatment unless treatment services are unavailable to the client at no cost. However, clients may have good cause for missing scheduled appointments or activities because of the circumstances specified under item 11, above. Also, good cause exists if a domestic violence victim fails to cooperate with a treatment plan when the batterer is also receiving treatment from the same provider.

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Good Cause for Failure to Comply with Substance Abuse or Mental Health Requirements: 461-135-0087

13. **Good Cause for Noncooperation with DCS for Child and Medical Support**

- Cooperation is reasonably anticipated to result in emotional or physical harm to the dependent child.
- Cooperation is reasonably anticipated to result in emotional or physical harm to caretaker relatives that would reduce their ability to care for a dependent child.
- Continuing efforts to obtain support would be detrimental to the dependent child because of the following:
  - The child was conceived as a result of incest or rape.
  - Legal proceedings for adoption are proceeding before a court.
- The parent is being helped by a public or licensed private social agency to resolve the issue of whether to release the child for adoption. This good cause reason is limited to three months.

If a client is claiming good cause for noncooperation with DCS for child and medical support because he/she believes that cooperation will put their safety at risk, the client’s statement is enough evidence to grant good cause.

Clients Excused for Good Cause from Compliance with OAR 461-120-0340 and -0345: 461-120-0350

14. **Good Cause for Not Pursuing Assets**

A client may have good cause for not pursuing assets if any of the following is true:

- The assets are unavailable because:
  - They are not in the client’s possession (e.g., a client has title to a car, but the car is stolen), or
15. What Is Noncooperation?

Noncooperation exists when a client fails to complete the activities as specified on their case plan without good cause. The assigned activities may include cooperating with employment program requirements, cooperating with DCS in establishing paternity and collecting cash and medical support, cooperating with alcohol and drug treatment program requirements, cooperating with OVRS referrals and/or pursuing available assets, etc.

Additionally, clients who are in the JOBS program are considered not cooperating if they fail to do the following without good cause:

- Meet the requirement to keep appointments and interviews.
- Attend all scheduled classes and activities.
- Spend a JOBS support service payment on the goods or services the payment was intended to cover, or fail to return an unused payment to DHS or the DHS contractor.
- Inform their child care provider that they were not participating in authorized employment program activities, and as a consequence, DHS is billed in error.
- Maintain employment, including causing their own dismissal; voluntarily reducing their earnings; not accepting an increase in hours worked that would result in increased earnings; and quitting a job without good cause.
16. Discharge for Misconduct

Noncooperation with the employment program exists when clients caused their own dismissal, e.g., they were discharged for misconduct.

Misconduct is a knowing, deliberate defiance of reasonable employer expectations. When determining whether an individual’s misconduct caused their dismissal from employment, DHS will consider all the following:

- The employee’s misconduct must demonstrate a willful violation, a willful disregard of the employer’s interest, recurring negligence or wrongful intent.
- The employer must have clearly communicated their expectations to the employees to establish the reasonableness of the employers’ action and the employee’s knowledge of the consequence of the conduct.
- Gross misconduct (e.g., drunkenness or insubordination) does not have to be preceded by a warning from the employer.
- A single instance of poor judgment, carelessness, tardiness, unsatisfactory conduct beyond the client’s control or inefficiency is not usually misconduct. Persistent instances, or an act that results in serious consequences to the employer, can be considered reasonable grounds for dismissing an employee for misconduct.
- An employee who is a victim of domestic violence should not be held responsible for the batterer’s actions at the employment site.

General Requirements; Pre-TANF, REF, TANF: 461-130-0315

17. Strikers

A striker is anyone involved in a strike, a concerted work stoppage or any interruption of operations by employees. This includes a work stoppage caused by expiration of a collective bargaining agreement.

The following people are not considered participating in a strike:

- Employees whose workplace is closed by the employer to resist the demands of employees (lock-out).
- Employees unable to work because of striking employees (e.g., striking lumber mills: consequently, truck drivers do not have lumber to deliver).
- Employees who terminate employment with a company involved in a strike and accept another full-time job. A full-time job is a job involving 30 hours or more per week or providing weekly earnings at least equal to the state minimum wage multiplied by 30 hours.
If the caretaker relative of a filing group participates in a strike, the filing group is ineligible for both cash and medical benefits. If other filing group member participates in a strike, only that person is ineligible.

Effect of Strikes: 461-130-0328

18. **What Is Re-Engagement?**

Re-engagement (OAR 461-001-0000) is a process intended to encourage clients to fully participate in case plan activities. The re-engagement process is initiated when a concern related to the plan or participation in the plan has arisen. Reserve judgment until you have as much data as possible about the client’s situation or the situation that led to the need for re-engagement.

The re-engagement process is an opportunity offered to clients and can be requested by the client, DHS, or a community partner. It is conducted by a branch representative (e.g., case manager, operations manager) or by a team composed of a branch representative and other persons (e.g., DHS contractor representative, neutral third party, etc.). It can be conducted by a face-to-face meeting, phone call between the client and the branch representative or re-engagement team or during a client group designed to re-engage clients. The outcome of the re-engagement appointment should be clearly narrated.

- Use the opportunity to clarify your understanding of the client’s goals, how they believe the activities on their plan will support their goals and what about the plan did not work for them.

- What they believe they need to change about either the plan or their behavior to meet their goals.

- What resources they have that will support future participation.

*Note:* If a client expresses concerns about participating in a client group (where personal information may be shared), then a one-on-one meeting should be offered.

Other steps in the re-engagement process include:

- Gathering information about the client’s situation.
  - This process includes what the client’s perception of their situation is and how they plan to address any concerns that have arisen.
  - Information from the client’s *My Self Assessment* form (DHS 7823).
  - Information from screenings/evaluations (documented on the TRACS testing page), history of participation in the case record, family stability issues (including child welfare involvement), JOBS contractor staff and other agencies working with the client.
- Recommendations from mental health or A&D treatment providers, doctors or other professionals, information from community partners (e.g., domestic violence service providers, community action agencies, housing, etc.) or other agencies with which the client may be working, etc.

- Offering any screenings that have not been completed or determine whether an updated or further screening/assessment might be needed (e.g., A&D/MH screening, Learning Needs screening, Domestic Violence screening or Physical Health Needs screening).

- The alcohol and drug, Domestic Violence, mental health and physical health screenings should be offered a minimum every 12 months when there are participation issues or other warning signs. Learning needs screenings only need to be completed once; however, there may be indicators requiring additional learning needs screenings.

- Screenings can be offered in person, over the phone or in writing. Regardless how the screening was offered, it will need to be documented in TRACS that an offer has occurred.

- A screening is considered completed when it has been:
  
  (a) Offered – Accepted – Conducted – Documented
  
  (b) Offered – Accepted – No Show – Documented
  
  (c) Offered – Refused – Documented

- Re-evaluating the appropriateness of current plan activities and modifying the plan based on the client’s goals, strengths, barriers and resources.

- Helping clients make informed decisions by clarifying program requirements, expectations and consequences for noncooperation.
  
  - Including participation requirements, rights and responsibilities and consequences of disqualification in JOBS and REF.
  
  - Participation requirements and causes that could lead to removal from the program in SFPSS.

- Exploring other options with the client that may support their participation such as:
  
  - Resources of which the client may know of, and
  
  - Possible referral to services within DHS (such as SFPSS or TA-DVS), referral to community partners (such as housing or A&D treatment), provisions of support services, etc.

- Determining whether the client is unable to participate in plan activities or is willfully noncompliant.
In the JOBS program, the re-engagement process provides an opportunity to determine good cause for failure to cooperate with JOBS, and to help participants and potential participants resolve disputes and misunderstandings. This includes disputes about case plans, JOBS support service payment amounts, irregular attendance at assigned JOBS activities, missed appointments, failure to participate in a JOBS component and refusal to accept or maintain employment.

Re-engagement may end under any of the following conditions:

- The department and the client agree to a modified case plan and the client is considered successfully re-engaged in JOBS.

- Efforts to re-engage are unsuccessful.
  - The client clearly indicates an intent not to participate in the re-engagement process;
  - The client is willfully noncompliant and has the ability to be fully engaged;
  - The client has no barriers;
  - The client refuses to take appropriate steps to address identified barriers to participation;
  - The client did not have good cause for not complying with a requirement of the program and the client is able but unwilling to address the issue through activities to remove the barrier or plan modifications; or
  - The client misses a re-engagement appointment without good cause.

- In the SFPSS program, a client is removed from the program.

In TRACS, document the situation that led to the request for re-engagement including the client’s perception of the situation, steps taken to encourage re-engagement, findings of good cause or no good cause (even if the client is now willing to re-engage), staffing with community partners and child welfare, home visits or attempted home visits (a home visit attempt is required before a full family sanction can be imposed), screenings completed (or offered), alternative resources offered or available to the client, as well as any outcomes from the re-engagement process.

DHS is required to review all TANF or Pre-TANF program noncooperation to determine if the client had or has barriers, which prevented them from cooperating with their case plan. DHS must determine that the client was willfully noncompliant (ORS 412.009). This is to be accomplished by a locally determined team consisting of qualified and appropriate DHS and partner staff. When considering any level of disqualification, the minimum review team should include the following:

- Case manager;
- Line manager or designee;
• JOBS partner or other DHS staff;

• The clients should also be encouraged to attend, if possible.

When there are issues that have been previously identified or there are indicators of certain issues, professionals who can assist us in addressing those issues must be included as part of the review team. These may include, but are not limited to:

• Intensive Case consultant;

• Child Welfare worker;

• Lead workers;

• Child Welfare consultant;

• District nurse;

• MH/DA/DV provider(s);

• OVRS counselor;

• Disability analyst.

Note: Prior to each level of disqualification, there must be a staffing with Child Welfare. Ask the Child Welfare staff person to weigh the risk to the child or children if the TANF grant were to be reduced or eliminated due to a DQ4. This contact with Child Welfare is documented on TRACS in the Re-Engagement record. Include the name of the Child Welfare staff person and their recommendation to impose, or not to impose a disqualification.

This team staffing should review all the elements of the noncooperation, including:

1. Review information gathered, including information from the client’s DHS 7823, any history or indicators of mental health, drug/alcohol, domestic violence;

   a. Client case file,

   b. TRACS Narratives,

   c. TRACS pages such as the Testing Page, Disability/Limitation and Accommodation Page, etc.

2. Screening and Assessment results – were recommendations needed, was it completed and/or did DHS attempt to do so;

3. If there were disability, limitation and/or accommodations noted:

   a. Review known disability issues for cause of noncooperation;
b. Review results of formal evaluations or assessments to determine if an aspect of a previously unknown medical, mental health, learning disability, cognitive, addiction issues, etc., caused the noncooperation.

c. Review accommodations and modification for the following:

- Were all needed accommodations or modifications offered to the applicant or recipient?
- Did the applicant or recipient accept the accommodations or modifications?
- Are there alternative accommodations or modifications to consider?
- Did the case plan appear appropriate for the client?
- Child Safety review.

If the DQ review team determines there is “good cause” for noncooperation, proceed to step 1. If “good cause” is found regarding the client’s disabilities, limitations or accommodations, go to step 3.

1. If the local team review determines “good cause,” do not apply the disqualification. If the local team review determines that past disqualifications were applied incorrectly, those past disqualifications shall be removed.

2. If the local team review determines there was “no good cause” for the noncooperation, apply the disqualification at the appropriate level. Complete the Re-engagement page in TRACS, documenting the situation that led to Re-engagement, steps taken to encourage and attempts to engage client, team review, home visits attempted, child safety review, etc., and the team’s recommendation for applying the disqualification. Prior to imposing a DQ4, a home visit and review of alternate resources available to the client must occur. Remember that Child Welfare is involved in the decision prior to all levels of disqualification.

3. Document all findings in TRACS and the client’s case file. Remember that certain A&D and mental health information narrated in TRACS needs to be placed in the A&D/MH narrative.

Whether or not the client agrees to participate in the re-engagement process, parts of the process that are not dependent on client participation (including assessing the risk to children if the grant is reduced or closed) must be completed before a disqualification is imposed. Unresolved issues can be addressed through the hearing process only after a disqualification notice has been sent.
Next level of disqualification:

When the applicant or recipient is re-engaged and a new instance of noncooperation occurs, the worker should make a minimum of two attempts to engage the client. If unsuccessful, the re-engagement process must be completed. New instance means that the applicant or recipient was re-engaged and subsequently failed to cooperate.

If the applicant or recipient has not re-engaged and the re-engagement process has been completed, the disqualification would continue to the next appropriate level.

In either situation a re-engagement staffing must occur and be documented in TRACS prior to applying the disqualification. When a notice is required, the re-engagement process is completed prior to the 10-day notice deadline. When a notice is not required, the process must be completed on or prior to the client maintenance system compute deadline.

Re-engagement; JOBS, Pre-TANF, REF, SFPSS, TA-DVS: 461-190-0231

19. **Penalties for Noncooperation**

When an individual who is required to cooperate with the activities specified on their case plan fails to cooperate without good cause, they are subject to disqualifications/penalties.

Ω  SEE TANF SECTION O FOR INFORMATION ON DECISION NOTICE REQUIREMENTS WHEN IMPOSING DISQUALIFICATIONS.

20. **Employment Program Disqualification**

Penalties for noncooperation with Employment Program requirements are progressive. There is one month of disqualification to be served at each level. They are as follows:

- The first level through the third level is the removal of noncooperating client’s need from the need group (i.e., the noncooperating member will not be included in the benefit group).

- At the fourth level, TANF cash is stopped for the entire need group. Clients remain eligible to receive TANF, but their cash payments stop until they cooperate with JOBS.

Clients in JOBS disqualification are still assumed eligible for MAA or MAF medical benefits if they would otherwise be eligible for them.

Assumed Eligibility for Medical Programs: 461-135-0010

**Before applying each level of disqualification, assess the client’s family situation as outlined in the re-engagement process. Focus specifically on the potential impact of**
the disqualification on the health, safety and general well-being of the children. Before the final level of disqualification, the assessment should include a home visit. DHS must identify alternate resources for the family to meet their needs. The results of the assessment must be narrated in the Re-engagement record on TRACS.

Penalties for applicants and recipients who fail to cooperate with the Employment Program requirements are applied as follows:

- For applicants who are required to cooperate with employment-related activities: progression to the next level of disqualification after the re-engagement process is completed at each level.

- For recipients who fail to cooperate without good cause: subject to the penalties according to the level of disqualification. When a disqualified client does not act to end the disqualification, it progresses to the next level. The client is not entitled to a hearing on progression of the disqualification if there is no reduction or termination of the TANF grant. Example: a client is at DQ2 in March and moves to DQ3 in April. There is no notice because the grant was not reduced or closed in April.

(See TANF Section K.5 for information on JOBS disqualification for clients who are victims of domestic violence.

Disqualifications; Pre-TANF, REF, SNAP, TANF: 461-130-0330

Send a timely continuing benefit decision notice if a JOBS disqualification results in grant reduction; closure; or change of method of payment. The notice must include: action that caused the disqualification, minimum length of disqualification, reduction amount and how the disqualification can be ended.

Notice Situation; Disqualification: 461-175-0220

21. Disqualification for Alcohol and Drug or Mental Health Noncooperation

Use the following penalties (MQ1 – MQ4) when an adult member or parenting teen in the need group is exempt from JOBS disqualification but is required to participate in alcohol and drug or mental health treatment. If the adult member or parenting teen in the need group is JOBS mandatory, use the JOBS disqualification levels (DQ1 – DQ4).

Penalties for not cooperating with alcohol and drug or mental health treatment program requirements are progressive. The re-engagement process as outlined in section 18 above is used to determine that the client was willfully noncompliant. The penalties for failing to cooperate with treatment are as follows:

- The first level through the third level (DQ1 – DQ3 for JOBS Mandatory clients and MQ1 – MQ3 for clients exempt from JOBS disqualification) is the removal of the noncooperating client’s needs from the need group; i.e., the noncooperating member will not be included in the benefit group.
At the fourth level (MQ4), TANF cash is stopped for the entire need group. Clients remain eligible to receive TANF, but their cash payments stop until they cooperate with Alcohol and Drug/Mental Health participation requirements.

Keep in mind that DQs and MQs do not transfer to each other. If a client is at an MQ2 and becomes JOBS mandatory, the next level of disqualification would not be MQ3 but rather DQ1.

**Before applying the fourth level of penalty, assess the client’s family situation as outlined in the re-engagement process. Focus specifically on the potential impact of the disqualification on the health, safety, and general well-being of the children. Community partners should be consulted as part of the family assessment. A home visit and discussion of alternate resources for the family must be conducted prior to applying the forth level of disqualification.**

Clients in Alcohol and Drug or Mental Health disqualification are still assumed eligible for MAA or MAF medical program benefits if they would otherwise be eligible for them.

Penalties for applicants and recipients who fail to cooperate with the Alcohol & Drug or Mental Health treatment requirements are applied as follows:

- For applicants who are required to cooperate with alcohol and drug or mental health treatment progression to the next level of disqualification after the re-engagement process has been completed.

- For recipients who fail to cooperate without good cause: subject to the penalties according to the level of disqualification. When a disqualified client does not act to end the disqualification, it progresses to the next level. The client is not entitled to a hearing on progression of the disqualification.

Send a timely continuing benefit decision notice if the grant is reduced, closed or the payment method changes.
22. Counting the Disqualification/Noncooperation Penalty Months

For Employment Program disqualification or penalty for failure to cooperate with substance abuse/mental health treatment, count as a month of disqualification any month in which the client is disqualified for even one day, and the month in which a disqualification would have become effective, if the client had not successfully demonstrated cooperation before the effective date per rule 461-130-0335.

23. Penalty for Failure to Cooperate With Support (Cash and Medical)

- For applicants: denial of application for cash benefits for the entire family and medical benefits for the person who fails to cooperate.

- For recipients: the net monthly cash benefit amount, after income deductions and reductions for JOBS noncooperation are applied (where applicable), shall be reduced by the following percentages:
  - 25 percent for the first month following the month in which failure to cooperate is determined.
  - 50 percent for the second month.
  - 75 percent for the third month.
  - 100 percent (total ineligibility for cash benefits) for the fourth and subsequent months.

- The person who fails to cooperate with support requirements is ineligible for medical benefits.

Note: There is no requirement to cooperate with child support (and no penalties for noncooperation) for recipients in the State Family Pre-SSI/SSDI program.

Send a basic decision notice if applicants are denied TANF due to failure to cooperate with child support programs. Send a timely continuing benefit decision notice for child support disqualification.
24. **Penalty for Not Pursuing Available Assets**

- For applicants: denial of the application.
- For recipients: termination of TANF cash and medical benefits after a timely continuous benefit decision notice is sent.

Requirement to Pursue Assets: 461-120-0330

25. **Ending Employment Program Disqualification**

End the disqualification when one of the following happens:

- The disqualification was applied in error. Do not count that disqualification.
- It becomes known that the failure to cooperate was based on previously unknown domestic violence issues.
- The disqualified person is no longer a member of the household group. The disqualification follows the person.
- There is a break in TANF benefits. A break in benefits is when the family is not receiving TANF cash assistance because the TANF case is closed.

A break in TANF benefits is not the same thing as a case with an active DQ4. When a case reaches DQ4 there is no cash grant but the family is still considered to be on TANF. The DQ4 remains on the case in the Need Resource on the CM system. The individual with an active DQ4 would need to complete two consecutive weeks of cooperation to have their cash grant restored.

**Example 1:**  
Louis was serving an active DQ4 disqualification. On June 30, the family’s TANF benefits ended because they moved to Idaho. In August, Louis and his family returned to Oregon and applied for TANF. Louis’ DQ4 is not active at this time. There is no two consecutive week cooperation period requirement for Louis in order to be eligible for TANF. As long as Louis and his family meet all other eligibility requirements they may receive TANF.

**Example 2:**  
Remmy is currently an active DQ4. She failed to turn in her redetermination packet for TANF. Her case closed at the end of the month. She returns a month later and submits an application for TANF. Eligibility is cleared and her case opens on October 1. Remmy and her family did not receive TANF benefits in September. This would be considered a break in TANF program benefits. The disqualification would not be active. There would be no two-consecutive-week eligibility requirement. When the case is opened, there should be no DQ in the need resource on the CM system.
system. However, there would be a DQ1 in the case descriptor (history) on the CM system.

**Note:** When a TANF case closed, the needs resource DQ code should be removed.

- The disqualified person is no longer required to complete the JOBS activities. The disqualification ends on the first of the month in which the change occurs or DHS becomes aware of the change, whichever occurs later.

- The disqualified person demonstrates two consecutive weeks of cooperation.

- Prior to the effective date of a proposed disqualification, a client who states to an appropriate employee of the department a desire to cooperate with participation requirements must be assigned a cooperation period of two consecutive weeks. The client must complete a new or revised case plan, or agree to complete each activity in the current case plan. The disqualification ends after the client participates for two consecutive weeks, at which time the cash benefits are restored. If the first day of the month occurs during the two consecutive weeks, benefits will be restored retroactive to the first of the month.

**Example:** Mary came in June 5 and agreed to cooperate after receiving the notice that a disqualification would take place on July 1. Mary and her worker complete a new case plan the same day. Mary begins cooperation immediately. During the second week of cooperation, Mary’s father died and she had to go out of town to the funeral and missed two days of her activity. Mary provides documentation and is given good cause. Mary continues cooperating with her activity and finishes her two consecutive week cooperation period (June 5 through June 19 because she had good cause) on June 19. Because Mary has shown two consecutive weeks of cooperation, the financial penalty is not imposed. However, the DQ case descriptor will remain.

- On or after the date the disqualification was proposed to take effect, a client who states to an appropriate employee of the department a desire to cooperate with participation requirements must be assigned a cooperation period of two consecutive weeks. The client must complete a new case plan before cash benefits are restored. The disqualification ends after the client participates for two consecutive weeks. The grant is resorted back to the date the client notified an appropriate employee of the department a desire to cooperate.

**Example:** During the re-engagement process and at each step of disqualification attempts were made to re-engage Chelsea but she continued to indicate that she thought she should be able to stay at home to care for her children.

As a result of JOBS disqualification, a DQ4 on the first of the month, Chelsea did not receive a TANF cash benefit. On March 5,
Chelsea stated she wanted to cooperate and Chelsea and her worker completed a new plan the same day. Chelsea began an activity the next day. After two days, she failed to show up for her activity. Several attempts were made to contact Chelsea. On March 10, the worker finally connected with Chelsea. Chelsea said she would like to start again and did not have a good reason she had not attended other than she was not used to getting up so early.

The worker helped Chelsea identify some of her strengths and weaknesses related to cooperation. He also encouraged her to keep in touch with him if issues came up. The plan created on March 5 was reviewed and agreed upon by both Chelsea and her worker.

On March 20, Chelsea called her worker to see when her benefits would be restored. Chelsea had started back in her activity on March 11. She did not attend on March 12 but had been fully participating since March 13. The worker congratulated Chelsea on making progress. The worker shared with Chelsea that once she had completed two consecutive weeks, her benefits would be restored. On March 27, Chelsea’s benefits were restored back to March 13 (the day she began fully cooperating), as she successfully completed her two consecutive weeks of cooperation.

- If the disqualified person demonstrates cooperation during this period, do not impose the disqualification penalty. Count the month in which the disqualification penalty was to be imposed as a disqualification month.

- It becomes known that the failure to cooperate was based on an aspect of a previously known or unknown disability.

- A required accommodation or modification which would allow a disabled client to participate was not provided.

**Note:** Meet with a client indicating they want to cooperate as soon as possible.

Removing Disqualifications and Effect on Benefits: 461-130-0335
Domestic violence: 461-135-1200

26. **Ending Alcohol and Drug/Mental Health Treatment Disqualification**

End the disqualification when one of the following happens:

- The disqualification was applied in error. Do not count that disqualification.

- It becomes known that the failure to cooperate was based on previously unknown domestic violence issues.
The disqualified person is no longer a member of the household group. The disqualification follows the person.

There is a break in TANF benefits. A break in benefits is when the family is not receiving TANF cash assistance because the TANF case is closed.

SEE SECTION TF F.25, EXAMPLES 1 AND 2 UNDER “A BREAK IN TANF BENEFITS…” PARAGRAPH.

The disqualified individual demonstrates two consecutive weeks of cooperation:

- Prior to the effective date of a proposed disqualification, a client who states to an appropriate employee of the department a desire to cooperate with participation requirements must be assigned a cooperation period of two consecutive weeks. The client must complete a new or revised case plan, or agree to complete each activity in the current case plan. The disqualification ends after the client participates for two consecutive weeks at which time the cash benefits are restored. If the first day of the month occurs during the two consecutive weeks, benefits will be restored retroactive to the first of the month.

- On or after the date the disqualification was proposed to take effect, a client who states to an appropriate employee of the department a desire to cooperate with participation requirements must be assigned a cooperation period of two consecutive weeks. The client must complete a new or revised case plan, unless the current case plan is still valid, before cash benefits are restored. The disqualification ends after the client participates for two consecutive weeks. The grant is resorted back to the date the client notified an appropriate employee of the department a desire to cooperate.

Cooperation assignments must comply with the following:

- For all levels of penalty, if an appropriate activity is not available within two consecutive weeks or there is a cost to the client, a client’s statement of intent to cooperate will serve as the demonstration of cooperation.

- In order to end a penalty imposed under OAR 461-135-0085, a client must state to an appropriate department employee a desire to cooperate with participation requirements and complete a cooperation period of two consecutive weeks. The client must demonstrate a willingness to participate in treatment required under OAR 461-135-0085 if treatment is still a requirement.
27. Ending DCS Disqualification

- End the support noncooperation penalties when the client cooperates by completing the necessary forms, providing requested information, scheduling an appointment with DCS, or taking whatever other actions are required to indicate cooperation or a determination of good cause has been made. Supplement the grant back to the date the client cooperated by taking whatever other actions were required to indicate cooperation.

Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340
Clients Required to Obtain Health Care Coverage and Cash Medical Support; CEM, EXT, GAM, MAA, MAF, OHP (except OHP-CHP), OSIPM, SAC: 461-120-0345

28. Pursuing Assets

No cash or medical benefits will be approved if clients fail to make a good faith effort to pursue assets or have good cause for not pursuing an asset.

Requirement to Pursue Assets: 461-120-0330

FOR INFORMATION ON NOTICES, SEE TANF SECTION O, (TF O).
G. **Financial Eligibility**

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**Case Management Opportunity**

Ask about reasons for leaving recent jobs, resources available from relatives to support employment and retention, work limitations due to injuries that are now paying disability or insurance payments.

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1. **Requirements**

The financial eligibility requirements include meeting the income and resource limits for the program. Income and resources are assets. An asset that is counted as income is excluded as a resource in the budget month. Any remaining amounts are counted as a resource the following month. The need group is ineligible for benefits if they have income or resources above the allowable limits.

   FOR MORE INFORMATION ON WHEN INCOME AND RESOURCES ARE CONSIDERED AVAILABLE OR UNAVAILABLE, SEE ITEMS 4 AND 5 BELOW (TF G.4 AND TF G.5).

   Assets; Income and Resources: 461-140-0010
   Use of Resources in Determining Financial Eligibility: 461-160-0010

2. **Resource and Resource Limit**

A resource is available if the client has the legal interest in the resource and has the legal ability to convert the resource to cash and/or use it for support and maintenance.

For Temporary Assistance for Needy Families (TANF) applicants and TANF clients who are not progressing in their case plan, the resource limit is $2,500. Once a client has met the $2,500 resource limit as an applicant, and has become an Pre-TANF Program participant or TANF recipient, the resource limit goes up to $10,000 if at least one member of the need group is progressing in the case plan. In non-needy caretaker relative situations, the resources of the caretaker relative are not counted against the grant. If the caretaker relative or the child is making progress on their case plan, the resource limit is $10,000. If at any time a TANF recipient no longer cooperates with their case plan, the resource limit is then reduced back to $2,500.

To qualify for benefits, a need group must not have made a disqualifying transfer of their resources within the preceding three years. They must report any transfer at application, redetermination, and when the transfer occurs. Failure to report, or making a disqualifying transfer of available resources will result in termination of benefits. When the client is ineligible for benefits because of a disqualifying transfer of resources, the
client remains ineligible until the disqualification period ends or when the full equity rights in the resource are transferred back to the client or the client receives adequate compensation.

SEE OARS 461-140-0220, 461-140-0250 AND 461-140-0270 FOR DETAILS.

Availability of Resources: 461-140-0020
Asset Transfer; General Information and Timelines: 461-140-0210
Adjustments to the Disqualification for Asset Transfer: 461-140-0300
Resource Limits: 461-160-0015

3. Determining the Resource Value of Vehicles for the Pre-TANF Program and TANF

Motor vehicles (cars, trucks, and vans) are often important tools for clients to use to attain self-sufficiency. They are critical employment tools for clients who:

- Live in areas not served by public transportation;
- Are fleeing domestic violence; or
- Cannot access public transportation due to physical disabilities.

Because the Department of Human Services (DHS) recognizes what an important tool a motor vehicle can be for achieving self-sufficiency, DHS has a generous standard for counting the resource value of motor vehicles for clients in the Pre-TANF Program and TANF applicants and recipients.

The resource value of motor vehicles is counted the same way for TANF applicants, Pre-TANF Program participants and TANF recipients. There are five steps to determining the resource value of a motor vehicle for these clients.

Step 1: Determine the availability of the vehicle as a resource. Clients might own or have an interest in a vehicle, but it may not be available to them as a resource. This is especially true if the client is a victim of domestic violence.

SEE THE TANF CHAPTER, SECTION G-5 (TF G.5), FOR MORE INFORMATION REGARDING THE AVAILABILITY OF RESOURCES.

Step 2: Determine the equity value. DHS will exclude $10,000 in equity value for all licensed motor vehicles excluded when determining the value of motor vehicles (see Step 4).

Step 3: Determine the equity value of the vehicle. The equity value of the vehicle is the fair market value of the car minus any “encumbrances.” Using the National Automobile Dealers Association’s (NADA) Used Car Guide (or similar publication), look at the “Average Trade-in Value” for the vehicle. The Kelley Blue Book is also available on the internet at the DHS Tools for Staff page.
Do not add disability-related apparatus, optional equipment or low mileage to increase the value. Subtract from that amount any amount the client owes on the vehicle, or any other costs, such as liens. The remainder is the equity value.

See the counting client assets chapter, section A-3 (CA A.3), for more information.

**Step 4: Exclude $10,000 in equity value.** Total the equity value of all the licensed vehicles. Deduct $10,000 from the total equity value of all vehicles combined. The remainder is the resource value of the vehicle or vehicles.

**Step 5: Compare the resource value of the vehicle to the resource limit.** If the amount exceeds the TANF resource limit, the client is not eligible. In addition to the equity value that exceeds $10,000, any other vehicles and resources are counted toward the resource limit. For TANF applicants and people who are not progressing on their self-sufficiency plan, the resource limit is $2,500. For people who are already in the Pre-TANF Program or receiving TANF and are progressing with their JOBS plan (or in JOBS Plus), the resource limit is $10,000.

**Note:** The resources of non-needy caretaker relatives and SSI recipients do not count toward the TANF resource limit.

4. **Availability of Income**

Income for TANF includes both earned and unearned income received monthly, periodically, or in a lump sum. Most earned income is countable income; i.e., used to calculate the benefit amount. Unearned income can be excluded, counted as income, or counted as a resource.

Income received on a regular basis, but not monthly – such as quarterly, semiannually, annually or as a contract employee – is called periodic income. Periodic income is counted as income in the month received. Depending on the source, it can be counted as earned or unearned income.

Income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment, is called lump-sum income. Income that can be received in a lump sum is considered lump-sum income even when the client chooses to receive it in monthly installments. Lump-sum income is counted as a resource.

- Income is available immediately upon receipt, or when the client has a legal interest in the income and the legal ability to make the income available;
- The amount of income considered available is the gross before deductions, such as garnishments, taxes or other payroll deductions;
Note: If the income is usually paid monthly or twice monthly on the first or last day of the month, but is paid early or late because the regular payday falls on a holiday or weekend, it is still considered to be paid on the regular payday.

- When earned income is withheld or diverted at the request of an employee, it is considered available in the month the wages would have been paid;
- An advance or draw is money received that will be subtracted from later wages. An advance or draw is available when received;
- Averaged, annualized, converted or prorated income is available throughout the period for which the calculation applies;
- Deemed income is available whether or not it has been received;
- Payments that should legally be made directly to a member of the financial group but are paid to a third party for a household expense are considered available to the financial group when the third party received the payment;

Example: A noncustodial parent has been ordered by a court to pay child support to the child’s mother, but chooses to make a payment to a landlord for shelter expenses for this child (rather than making the payment directly to the child’s mother). The shelter payment is considered available.

- Income that is averaged, annualized, converted or prorated is considered available throughout the period for which the calculation applies;
- The portion of a payment from an assistance program (such as unemployment compensation (UC) or Social Security benefits) that is withheld to repay an overpayment is considered available.

5. Unavailability of Income and Resources

Income is not available if any of the following is true:

- The income is wages withheld by an employer as a general practice, even if in violation of the law;
• The income is paid jointly to the client and other people and the others do not pay
the client their share;

• The income is received by a member of the financial group after they have left the
household. Count only the income the person received while they were residing in
the household;

• The client is a victim of domestic violence, the client’s abuser controls the income,
and pursuing the income would put the client or the client’s children at risk.

Resources are not available if any of the following is true:

• When a client is a victim of domestic violence, resources jointly held with the
abuser are not available if pursuing the resources would put the person at future
risk;

• The resources are being used by a domestic violence victim to flee the abusive
situation (i.e., money needed to move into stable housing);

• The client is a victim of domestic violence, the resource is jointly owned with or is
in the possession of a person who lives in the household the client left or is
planning to leave, and pursuing the resource will put the client or the client’s
children at risk;

• The client has a legal interest in the resource, but the resource is unavailable
because it is not in the client’s possession (for example, a client has title to a car,
but the car is stolen), and the client is unable to gain possession of it;

• The resource is jointly owned with others not in the financial group who are
unwilling to sell, and the client’s interest is not reasonably saleable;

• The resource is included in an irrevocable or restricted trust and cannot be used to
meet the basic monthly needs of the financial group;

• A resource is considered unavailable during the time the owner does not know he
or she owns the resource.

Domestic violence: 461-135-1200
Availability of Resources: 461-140-0020
Determining Availability of Income: 461-140-0040

6. TANF Income and Payment Standards

<table>
<thead>
<tr>
<th>Countable Income Limit (with Adult)</th>
<th>Adjusted Income/Limit (with Adult)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Amount</td>
</tr>
<tr>
<td>No. in E. Group</td>
<td>No. in E. Group</td>
</tr>
<tr>
<td>1 $ 345</td>
<td>1 $ 326</td>
</tr>
<tr>
<td>2 499</td>
<td>2 416</td>
</tr>
<tr>
<td>3 616</td>
<td>3 485</td>
</tr>
</tbody>
</table>
### Income and Payment Standards; MAA, MAF, REF, SAC, TANF: 461-155-0030

7. **Asset Quick-Reference Chart**

*Note: This chart does not include treatment of assets for a client working under a JOBS Plus agreement. See Counting Client Assets Chapter for that specific situation.*

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>INCOME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption assistance: 461-145-0001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For special needs items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent Orange Disability Benefits 461-145-0005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Aetna Life and Casualty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Agent Orange Act of 1991 (Dept. of Veterans Affairs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alaska Permanent Fund Dividend 461-145-0008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animals: 461-145-0010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If pets or raised for food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Income-producing (see income-producing property)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuities, Dividends, Interest 461-145-0020</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Bank account: 461-145-0030</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Burial arrangements: 461-145-0040</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prepaid, revocable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Irrevocable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burial Space and Merchandise 461-145-0050</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Space - one per client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Merchandise for client and specific relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Foreign Currency that can be converted to U.S. currency 461-145-0060</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Census Income: 461-145-0130</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>Excluded</td>
<td>Earned</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>Child support and Cash Medical Support: 461-145-0080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assigned to the state and NOT included in pass-through or disregard pursuant to OAR 461-145-0080:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When calculating benefit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- When determining eligibility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• To a third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assigned to the state AND passed through and disregarded pursuant to OAR 461-145-0080 (for ongoing TANF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When calculating benefit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- When determining eligibility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• To a third party and turned over to the department of DCS</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Disregarded pursuant to OAR 461-145-0080 (for TANF applicants and families in SFPSS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When calculating benefit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- When determining eligibility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• AMT remaining after disregard is applied: (for TANF applicants and families in SFPSS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When calculating benefit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- When determining eligibility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Contributions: 461-145-0086</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability benefit: 461-145-0090</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Received monthly or more frequently than monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Relief: 461-145-0100</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Domestic Volunteer Services Act 461-145-0110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• VISTA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If comp. less than min. wage</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- If more than min. wage</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Title II or title III (RSVP, SCORE, ACE, Foster Grandparents, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| Earned income: 461-145-0130  
  - Under 19 in vocational, GED, or high school (full time)  
  - In-kind  
  - Other (not JOBS Plus, Welfare-To-Work, or flex) | X | X | X | | |
| Earned Income Tax Credit (state and federal): 461-145-0140 | X | | | | |
| Educational income: 461-145-0150  
  - Title IV and BIA  
  - Non-title IV or BIA (remainder after deducting costs) | X | X | X (work study, fellowships, etc.) | | |
| For a PAS participant, all educational funds, including funds intended for room and board | X | | | | |
| Energy assistance: 461-145-0170  
  - Federal (not paid w/public assist.)  
  - Federal or state one-time for weatherization or heat repair  
  - Other | X | X | | | |
| Food Programs (WIC, School Lunch) 461-145-0190 | X | | | | |
| Foster care: 461-145-0200  
  - Foster care room and board, special needs  
  - Remaining amount | X | | | | |
| Gifts and winnings (cash): 461-145-0210 | | X (if periodic) | | X (if lump sum)| |
| Home and contiguous property 461-145-0220  
  - Living in  
  - Temporarily unoccupied (see CA B.32 for details) | | | | X | X |
| HUD: 461-145-0230  
  - Paid to third party  
  - Youthbuild  
    - Age 19 or under  
    - Over age 19  
  - Family Investment Centers  
  - Escrow for Family Self-Sufficiency  
  - Other paid to client | X | X | X (wages) | X (stipends) | X |
| Income-producing contract 461-145-0240  
  - Equity value  
  - Income (minus costs) | X | | | | |
<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>INCOME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income-producing property:</strong> 461-145-0250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Equity (if producing income or the property is animals)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Income (minus costs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>X (20 hr/wk)</strong></td>
<td><strong>X (not 20 hr/wk)</strong></td>
</tr>
<tr>
<td>Independent Living Subsidies: 461-145-0255</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Indian/Native American Benefits (See Counting Client Assets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Education Account: 461-145-0145</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Inheritance (cash): 461-145-0270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind income: 461-145-0280</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Job Corps: 461-145-0290</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Living allowance</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Readjustment allowance</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Payments for food</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Other reimbursements</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>JTPA: 461-145-0300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Needs-based stipend</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Adult OJT and work experience</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Child (19 or under) OJT and work experience</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Summer Youth OJT (any age)</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Life estate: 461-145-0310 (when occupying the estate)</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Life insurance: 461-145-0320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Payments to beneficiary</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Equity value/Term insurance</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Loans: 461-145-0330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Cash on hand from loan</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>- <strong>Interest from loan being repaid to client</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Lodger income: 461-145-0340</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Microenterprise: 461-145-0920, 461-145-0930</td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>Motor vehicles: 461-145-0360</td>
<td><strong>X (Up to $10,000 equity value)</strong></td>
<td></td>
</tr>
<tr>
<td>National and Community Services Trust Act (NCSTA): 461-145-0365 (See Counting Client Assets.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Americans Act: 461-145-0370</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Pension and retirement plans: 461-145-0380</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>• Retired - monthly payments</td>
<td>X (if periodic)</td>
<td>X (if lump sum)</td>
</tr>
<tr>
<td>• Retired - other payments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Not retired, other plans</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Personal belongings: 461-145-0390</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Personal injury settlement: 461-145-0400</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan for Self Support (PASS) assets: 461-145-0405</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Program benefits: 461-145-0410</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Grants/certain special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Self-sufficiency support services and certain special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One-time correction/incentive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real property: 461-145-0420</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Good faith effort to sell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Equity if not for sale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real property under Interim Ass’t Agreement: 461-145-0430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Counting Client Assets.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreational vehicle’s equity: 461-145-0433</td>
<td>X (mo receipt)</td>
<td></td>
</tr>
<tr>
<td>Refunds: 461-145-0435</td>
<td>X (next mo)</td>
<td></td>
</tr>
<tr>
<td>Reimbursements: 461-145-0440</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Noncash or used for specific item</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For food or not used for item</td>
<td>X (if periodic)</td>
<td></td>
</tr>
<tr>
<td>Representative Payee Payments CA B.64</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Payment for persons not on TANF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Payment includes persons on TANF</td>
<td>X (prorate)</td>
<td></td>
</tr>
<tr>
<td>Royalties: 461-145-0020</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Doing activity to accrue royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not doing the activity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sale of a home: 461-145-0460</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Intend to reinvest in home in 3 mo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Proceeds if not reinvested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interest if not reinvested</td>
<td>X (if periodic)</td>
<td>X (if lump sum)</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Sale of a Resource (not home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461-145-0460</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>• Excluded resource</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Other resource</td>
<td></td>
<td>If reinvested in another resource</td>
</tr>
<tr>
<td>Shelter-in-kind (housing and utilities): 461-145-0470</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• If received by an SSI recipient</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• If not:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monthly payments (not retroactive)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- Representative payee fee</td>
<td></td>
<td>X (if periodic)</td>
</tr>
<tr>
<td>- Retroactive payments to date of eligibility</td>
<td></td>
<td>X (if lump sum)</td>
</tr>
<tr>
<td>Social Security Death Benefit: 461-145-0500 (remaining after burial costs)</td>
<td></td>
<td>X (lump sum)</td>
</tr>
<tr>
<td>Spousal support: 461-145-0505</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Assigned to the department:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When calculating benefit</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- When determining eligibility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• To a third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Monthly payments (not retroactive)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Representative payee fee</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Retroactive payments to date of eligibility (categ. eligible)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stocks, bonds, CDs, other securities: 461-145-0520 (Please see Counting Client Assets B for more information.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strikers’ benefits: 461-145-0525</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax refunds: 461-145-0530 (Federal and state income taxes, property taxes, ERA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trusts: 461-145-0540 (see Counting Client Assets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation: 461-145-0550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Monthly payments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniform Relocation Act reimbursement: 461-145-0560</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>USDA Meal Reimbursement: 461-145-0570</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>Vendor Payments (see In-Kind Income): 461-145-0280</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Veterans’ benefits: 461-145-0580</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Aid and Attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educational (see Educational Income)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spina Bifida Payments to Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other payments, not monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim’s assistance: 461-145-0582</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• PL 103-286 or PL 103-322</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reimbursement for lost item (see Reimbursement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Payments for pain and suffering (see Personal Injury Settlement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Rehabilitation Payment 461-145-0585</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Payments for food/shelter/clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other (see Reimbursement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• First $260 earned per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remainder earned per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation 461-145-0590</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-related equipment &amp; inventory: 461-145-0600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity and wholesale value of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. **Determining and Calculating Benefits**

### Case Management Opportunity

Offer the client the opportunity to look at household expenses compared to actual income and benefit level to help the family develop a budget so they can meet expenses and save for future bills.

---

1. **Income Tests**

There are two tests that a filing group must pass before they are determined eligible to receive benefits. They are the countable income test and the adjusted income test.

2. **Countable Income Test**

Countable income is the amount of available income remaining after allowing exclusions. The exclusions can be found in the income chart (Section G), or see the Counting Client Assets chapter for full details.

The countable income of the financial group is compared to the Countable Income Standard. If the countable income equals or exceeds the Countable Income Standard, the benefit group is not eligible. If it is below that standard, calculate the adjusted income by subtracting allowable deductions from countable income.

Definitions for Chapter 461: 461-001-0000  
How Income Affects Eligibility and Benefits; MAA, MAF, REF, SAC, SFPSS, TANF: 461-160-0100

3. **Adjusted Income Test**

Adjusted income is the countable income minus the income deduction(s).

(A) There is only one income deduction for TANF clients not in the microenterprise component of JOBS. It is the earned income deduction for each member of the financial group who has earnings. **Individuals in the financial group with earned income are allowed a deduction of 50 percent of the group’s gross earned income.** This includes all self-employment income. Clients are eligible for the deduction as long as they have earned income in the budget month.

The adjusted income is then compared to the Adjusted Income limit. If it equals or exceeds the Adjusted Income limit, the benefit group is not eligible for benefits. If it is below, calculate benefits by subtracting the adjusted income from
the Payment Standard. The remainder is the benefit amount for the full month, except for benefit groups including ineligible noncitizens. The amount is prorated if the benefit group is eligible for a partial month. Round down to the next lower whole dollar when the benefit amount is not a whole dollar amount. To prorate benefits, first determine the benefit amount for a full month, then divide the benefit amount by the number of days in the payment month. Multiply the daily benefit amount by the number of days the group is eligible.

(B) For individuals in the financial group who are in the microenterprise component of the JOBS program and who have earned income from a microenterprise, business expenses are deducted from the business’ gross receipts. This is done according to general accounting principles and OAR 461-145-0920 by an accounting professional such as a certified public accountant or bookkeeper. The remainder is the individual’s countable income. Compare the microenterprise income, together with the financial group’s other countable income, to the Countable Income Standard. If the income is at or over the standard, the group is ineligible. If it is under the standard, apply the 50 percent earned income deduction to the microenterprise income and other countable earned income.

Definitions for Chapter 461:
461-001-0000 Use of Rounding in Calculating Benefit Amount: 461-160-0060
461-160-0070 Benefits for Less Than a Full Month: 461-160-0100
How Income Affects Eligibility and Benefits; MAA, MAF, REF, SAC, SFPSS, TANF: 461-160-0100

SEE NC B.2 FOR INFORMATION ABOUT CALCULATING BENEFITS FOR FAMILIES WITH INELIGIBLE NONCITIZENS IN THE HOUSEHOLD.

4. Income and Payment Standards

The Countable Income Limit Standard is the amount set as the maximum countable income limit. If the adult is eligible for benefits, the countable income limit is as follows:

**Countable Income Limit – With Adult**

<table>
<thead>
<tr>
<th># in Elig. Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 345</td>
</tr>
<tr>
<td>2</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>616</td>
</tr>
<tr>
<td>4</td>
<td>795</td>
</tr>
<tr>
<td>5</td>
<td>932</td>
</tr>
<tr>
<td>6</td>
<td>1,060</td>
</tr>
<tr>
<td>7</td>
<td>1,206</td>
</tr>
<tr>
<td>8</td>
<td>1,346</td>
</tr>
<tr>
<td>9</td>
<td>1,450</td>
</tr>
<tr>
<td>10</td>
<td>1,622</td>
</tr>
<tr>
<td>Each additional person</td>
<td>172</td>
</tr>
</tbody>
</table>
The Adjusted Income Limit is the amount set as the maximum adjusted income limit. If the adult is included in the benefit group, the adjusted income limit is as follows.

### Adjusted Income Limit

- **With Adult**

<table>
<thead>
<tr>
<th># in Elig. Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$326</td>
</tr>
<tr>
<td>2</td>
<td>416</td>
</tr>
<tr>
<td>3</td>
<td>485</td>
</tr>
<tr>
<td>4</td>
<td>595</td>
</tr>
<tr>
<td>5</td>
<td>695</td>
</tr>
<tr>
<td>6</td>
<td>796</td>
</tr>
<tr>
<td>7</td>
<td>886</td>
</tr>
<tr>
<td>8</td>
<td>976</td>
</tr>
<tr>
<td>9</td>
<td>1,039</td>
</tr>
<tr>
<td>10</td>
<td>1,150</td>
</tr>
<tr>
<td>Each additional person</td>
<td>110</td>
</tr>
</tbody>
</table>

5. **Non-needy Countable Income Limit Standard**

Caretaker relatives who choose not to be included in the *need group* must meet the “non-needy countable income limit standard” for the *filing group*, and the “no-adult countable income limit standard” for the *need group*, as follows:

### Countable Income Limit - Non-needy Caretaker Relatives

<table>
<thead>
<tr>
<th>No. in Filing Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,247</td>
</tr>
<tr>
<td>3</td>
<td>2,823</td>
</tr>
<tr>
<td>4</td>
<td>3,400</td>
</tr>
<tr>
<td>5</td>
<td>3,976</td>
</tr>
<tr>
<td>6</td>
<td>4,553</td>
</tr>
<tr>
<td>7</td>
<td>5,130</td>
</tr>
<tr>
<td>8</td>
<td>5,706</td>
</tr>
<tr>
<td>9</td>
<td>6,283</td>
</tr>
<tr>
<td>10</td>
<td>6,859</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>+577</td>
</tr>
</tbody>
</table>

6. **Noncustodial Parent Countable Income Limit Standard**

In the JOBS Program, the *countable* (see OAR 461-001-0000) income limit for the filing group of a noncustodial parent who resides in Oregon and whose *dependent child* (see
OAR 461-001-0000) is receiving TANF in Oregon to participate in an *activity* (see OAR 461-001-0025) of the Job Opportunity and Basic Skills Program is as follows:

<table>
<thead>
<tr>
<th>Filing Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,670</td>
</tr>
<tr>
<td>2</td>
<td>2,247</td>
</tr>
<tr>
<td>3</td>
<td>2,823</td>
</tr>
<tr>
<td>4</td>
<td>3,400</td>
</tr>
<tr>
<td>5</td>
<td>3,976</td>
</tr>
<tr>
<td>6</td>
<td>4,553</td>
</tr>
<tr>
<td>7</td>
<td>5,130</td>
</tr>
<tr>
<td>8</td>
<td>5,706</td>
</tr>
<tr>
<td>9</td>
<td>6,283</td>
</tr>
<tr>
<td>10</td>
<td>6,859</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>+577</td>
</tr>
</tbody>
</table>

7. **Prorated Standards; No-Adult Household**

The no-adult standards are used when the adults are not included in the need group because they are:

- Disqualified due to noncooperation with JOBS activities;
- Disqualified for noncooperation with child support requirements;
- Disqualified for noncooperation with Alcohol and Drug/Mental Health treatment requirements;
- A non-needy caretaker relative;
- An SSI recipient;
- An ineligible noncitizen; or
- Serving an IPV penalty.

To calculate the no-Adult Adjusted Income/Payment Standard, first determine the number of people considered living in the household. The following people are not considered in this household count:

- Unborns;
- Clients receiving long-term care or waivered home and community-based care;
• Foster children or children receiving Adoption Assistance or Guardianship Assistance;

• Live-in attendants who live with the filing group solely to provide necessary medical or housekeeping services and are paid to provide those services.

• Landlords and tenants. A landlord/tenant relationship exists if one person pays another at fair market value for housing. Additionally, the filing group must live independently from the landlord or tenant; have and use sleeping, bathroom and kitchen facilities separate from the landlord or tenant; and if the bathroom or kitchen facilities are shared, it must be a commercial establishment that provides either room or board or both for fair market value compensation.

After the number of people in the household is determined, refer to the Adjusted Income/Payment Standard with adults. Divide the standard by the number of people in the household. Round this figure down to the next lower whole number if it is not a whole number. Multiply the figure by the number of people whose needs are included in the eligibility determination process. Add $12 to the calculated figure.

Prorated Standards; Adjusted Number in Household: 461-155-0020
Income and Payment Standards; MAA, MAF, REF, SAC, TANF: 461-155-0030

[%] SEE WORKER GUIDE MP WG #7 FOR STANDARDS CHART FOR NO-PARENT HOUSEHOLDS.

8. Overview of Costs

When determining eligibility and calculating benefit amounts, do not allow costs incurred by the client, i.e., bills that the client has a legal responsibility to pay.

Overview of Costs: 461-160-0030
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N. **Time Limit for TANF**

Under federal and state law, most families can receive TANF cash assistance for a total of 60 months (five years). TANF cash assistance is intended to be a temporary means of support while families work towards self-sufficiency. In Oregon, the 60-month time limit began in July of 2003 and is applied differently, based on state law, than federal time limits.

Who is affected by TANF Time Limits?

A minor parent head of household or an adult may not receive a TANF grant in Oregon if that person has received a TANF grant in excess of 60 months except as noted below.

What months do not count?

The following months will not count toward Oregon’s time limits:

- Months prior to July 1, 2003, in which a minor parent head of household or an adult received TANF cash assistance in Oregon or another state; or

- Months between July 1, 2003, and September 30, 2007, in which a minor parent head of household or an adult received TANF cash assistance in Oregon; and
  - Participated in required JOBS activities or other education, employment or job training program, including teen parent programs; or
  - Was not required to participate in JOBS activities or other education, employment or job training program, including teen parent programs.

- Months beginning July 1, 2003, in which the family resided in Indian Country (as defined in 18 U.S.C. 1151), and 50 percent or more of the adult residents of that area were unemployed; or

- Months between October 1, 2007, and June 30, 2009, in which:
  - The filing group is a two-parent family receiving cash assistance in Oregon for which deprivation is based on unemployment or underemployment of the primary wage earner.

- Months beginning October 1, 2007, in which:
  - The minor parent head of household or an adult is a participant in the Oregon JOBS Plus, Pre-TANF, Post-TANF or SFPSS programs; or
  - The individual who is now a parent or pregnant was a minor child in the household and was neither the head of a household (i.e., minor parent head of household), nor married to the head of a household; or
- A minor parent head of household or an adult receives TANF in Oregon and is a participant of the Degree Completion Initiative (DCI) activity and is enrolled in an educational institution consistent with OAR 461-190-0195 (repealed October 1, 2008), or

- A minor parent head of household or an adult receives TANF in Oregon and is a participant of the Parents As Scholars (PAS) activity and is enrolled in an educational institution consistent with OAR 461-190-0199, or

- A minor parent head of household or an adult is unable to obtain or maintain employment for a sufficient number of months to satisfy the federally required participation rates (see OAR 461-001-0025) because the individual meets one of the following time limit hardship exemption criteria:

  (a) Is a victim of domestic violence (see OAR 461-001-0000);

  (b) Has a certified learning disability;

  (c) Has a verified alcohol and drug or mental health condition;

  (d) Has a disability (see OAR 461-001-0000);

  (e) Has a child with a disability, which prevents the parent from obtaining or keeping employment;

  (f) Is caring for a family member who has a disability, is in the home and is not attending school full-time;

  (g) Is deprived of needed medical care; or

  (h) Is subjected to batter or extreme cruelty.

**Note:** Months that do not count toward the time limit based on conditions b through f above, require documentation from a licensed or certified professional qualified to make such a determination.

**Note:** The applicable need/resource code should be entered on UCMS when a client meets one of the above criteria for being removed from the time limit count for months on assistance in Oregon.

- Months beginning July 1, 2008, in which the individual does not qualify for any other TANF time-limit exemption under this rule, and is unable to obtain or maintain employment for a sufficient number of hours in a month to satisfy the federally required participation rates (see OAR 461-001-0025) when Oregon’s statewide average unemployment rate as published by the Oregon Employment Department is equal to or greater than seven percent. This determination is calculated based on a six-month period as follows:
(a) The time period during July 1, 2008, through June 30, 2009, is based on Oregon’s statewide average unemployment rate as published by the Oregon Employment Department for the period July 1, 2008, through December 31, 2008. (b) In each six-month period, starting July 1, 2009:

- The time period during January 1 through June 30 is based on Oregon’s statewide average unemployment rate as published by the Oregon Employment Department for the period April 1 through September 30 of the preceding year.
- The time period during July 1 through December 31 is based on Oregon's statewide average unemployment rate as published by the Oregon Employment Department for the period October 1 through December 31 of the preceding year and January 1 through March 31 of the current year.


Verifying Months of TANF Receipt

When a client provides information at application or re-determination that they have received Tribal TANF or TANF out-of-state for any month or months since August 1, 1996, a determination of countable months of TANF must be made.

Note: Information regarding prior receipt of TANF is collected on the Application for Services (DHS 415F).

Written or verbal verification from the respective state(s) and/or Tribal program is needed to determine number of countable months of TANF cash assistance. See Multiple Program Worker Guide (MPWG# 4), Contacts for Statewide Verification of Assistance.

Note: Time limit exemption criteria does not apply to Tribal TANF or TANF received from out of state.

Note: Staff should narrate in TRACS the name of the person they spoke with, the persons contact information (phone or fax number), and date of contact.

Note: Staff need to enter the number of countable months of Tribal TANF or TANF out-of-state on the Client Index (CI Find) screen, under “Other.”

TANF Eligibility beyond five years

To be eligible to receive TANF in excess of 60 months, minor parent head of households or adults must:
• Meet one of the time limit hardship exemption criteria, and

• Cooperate with their case plan (if not otherwise exempt from federal participation), unless good cause exists; and

• Continue to meet all other TANF eligibility requirements.

A client who meets the federal participation exemption criteria is not mandatory to participate in case plan activities.

Example: Lisa and her child have received TANF for five years. DHS has documentation of Lisa’s learning disability, which has impacted her ability to obtain and maintain employment. Lisa and her child would be eligible to receive TANF beyond 60 months, as long as Lisa continued to cooperate with her case plan, and they continued to meet all other eligibility factors.

Example: Karen and her two children have received TANF for five years. Karen has provided documentation from her child’s pediatrician that she is needed in the home to care for her child due to his disabilities. Karen and her children would be eligible to receive TANF beyond 60 months, as long as they continued to meet all other eligibility factors. Karen is not required to participate in case plan activities, because caring for a disabled child is also a federal participation exemption reason.

Minor parent head of households or adults who do not meet any of the time limit hardship exemption criteria may continue to receive TANF, with the adults needs removed, if they:

• Cooperate with their case plan (if not otherwise exempt from federal participation), unless good cause exists; and

• Continue to meet all other TANF eligibility requirements.

Example: Mary is a single parent with one child applying for TANF. She has received TANF out of state for five years. She has no identified barriers, all screenings have been offered, and she is cooperating with a case plan. Mary’s needs will be removed from the grant (coded “NO” on UCMS) because she has exceeded the 60-month limit, however she may receive TANF for her child as long as she cooperates with her case plan.

Example: John is a single parent with two children who has received TANF in excess of five years. John does not meet any of the time limit exemption criteria, but has been receiving TANF for his children (adults needs removed). John has stopped participating in activities listed in case plan. Even though John’s needs have already been removed from the grant, John is entitled to have the
opportunity to participate in the re-engagement process and look at good cause.

Definitions for Chapter 461: 461-001-0000
Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025
Benefit Group: 461-110-0750
Good Cause: 461-130-0327
Limitation on Eligibility Period; TANF: 461-135-0075

Cooperation, Re-engagement, Disqualification

To be eligible to receive TANF beyond 60 months, minor parent head of households or adults must cooperate with their case plan, regardless if their needs have been removed from the grant.

Individuals who are not cooperating with the requirements of their case plan are subject to disqualification only after the individual has had an opportunity to participate in the re-engagement process which includes a determination by the department of whether good cause exists. Refer to TANF F, Cooperation, Noncooperation, Re-Engagement and Penalties for Noncompliance.

Any disqualifications that have been accrued for the benefit group members prior to the 60 month limit remain in place.

Time Limit hardship exemption reasons are specific to determining countable months of TANF receipt and should not be confused with federal participation exemption criteria.

Definitions for Chapter 461: 461-001-0000
Definitions of Terms, Components, and Activities; JOBS, Pre-TANF, Post-TANF, TANF: 461-001-0025
Benefit Group: 461-110-0750
Good Cause: 461-130-0327
Limitation on Eligibility Period; TANF: 461-135-0075
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O. Decision Notices

1. Types of Decision Notices

A decision notice is a written notice sent to the benefit group describing the action taken on an application or the benefits. There are three types of decision notices that can be given to clients. They are:

- **A Basic Decision Notice.** This notice is mailed no later than the planned date of action on the case, and does not give the client the right to continuation of benefits pending a hearing.

- **A Continuing Benefit Decision Notice.** This notice is mailed in time to be received by the date that benefits are, or would be received, and gives information on the benefit group’s right to continuing benefits.

- **A Timely Continuing Benefit Decision Notice.** This notice must be mailed no later than 10 calendar days before the effective date of the action. Except for clients who are participating in the Address Confidentiality Program who are allowed 15 calendar days for the notice to be considered timely.) Count the day after the notice is mailed as the first calendar day. The effective date is the 11th calendar day or later. If the 10th calendar day falls on a weekend or a holiday, extend the date to the first working day after the end of the 10-day period. This notice also contains information on the benefit group’s right to continuing benefits.

Definitions for Chapter 461: 461-001-0000
Notice Period: 461-175-0050

The notice period is used to determine the effective date for taking action when a decision notice is sent to the filing group. For a Basic Decision notice, the notice period is the month in which the notice is mailed. For a Continuing Benefit Decision notice, the notice period is the budget month from which information is used to initiate the decision notice. For a Timely Continuing Benefit Decision notice, the notice period is the month in which the 10-calendar-day mailing requirement ends.

Notice Period: 461-175-0050

2. What a Decision Notice Must Contain

A decision notice must do all of the following:

- Except for mass changes, specify the action that the Department of Human Services (DHS) intends to take, the effective date of the action, the date the notice is mailed and the reason for the action;
• Provide the name and phone number of the agency staff person or department to contact for additional information;

• Inform the client of their right to a hearing before an impartial person. This includes the following: specifying the method and time frame for requesting a hearing; informing the client of their right to a pre-hearing conference with staff representing the agency; informing the client of their right to representation (including legal counsel); informing the client about availability of free legal help; and informing the client of their right to have witnesses testify on their behalf;

• Cite the administrative rule that supports the action being taken on the case.

Continuing Benefit Decision Notices and Timely Continuing Benefit Decision Notices must also inform clients of their right to continuing benefits. Clients are entitled to a continuation of benefits if they request a hearing by the later of the following:

• Within 10 days of the mailing of the notice (within 15 days of the mailing notice for clients participating in the Address Confidentiality Program); OR

• On or before the effective date of the action.

FOR MORE INFORMATION ABOUT WHEN (WHICH DATE) TO SEND A TIMELY NOTICE, PLEASE SEE MULTIPLE PROGRAM WORKER GUIDE #18 (MP WG#18).

What a Decision Notice Must Include: 461-175-0010
Notice Period: 461-175-0050
Notice Situation; Mass Changes: 461-175-0250

Note: Some notice situations may require that more information be included than has been described here. Please see item 3 below for more information on specific notice situations.

3. TANF Notice Situations

Send a Basic Decision notice if:

• An application for TANF is denied;

• Ongoing TANF benefits are approved;

• A JOBS support service payment, or a request for a payment for a basic living expense for an Pre-TANF Program or “at-risk” applicant, is denied. This includes instances where the branch provides a payment that is different in type or amount from the one the client requested;

• Benefits are opened without a disqualified individual on the case;
• A benefit group member has received an Intentional Program Violation (IPV) disqualification;

• A child is removed from the benefit group as a result of a court decision or voluntary placement in foster care by their caretaker relative;

• New TANF applicants are ineligible because of a disqualifying transfer of resources;

• The client has been placed in skilled nursing care, intermediate or long-term care;

• A client (or another adult filing group member or their representative) signs a written request to withdraw their application or end their benefits. This is normally done on a Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D) form.

• The client is placed in official custody or a correctional facility;

• The client has been admitted or committed to an institution;

• The client’s mail has been returned and their whereabouts are unknown;

• A client receives benefits for less than 30 days;

• A client has moved out of state and becomes eligible in another state.

Send a Timely Continuing Benefit Decision notice if:

• Benefits are reduced or closed;

• The method of TANF payment changes to protective, vendor or two-party;

• The client has moved out of state;

• The branch implements a sanction or disqualification (that results in a grant reduction, or closure or change of payment method) on a client’s case due to failure to: participate in JOBS or Alcohol and Drug/Mental Health programs, pursue assets, cooperate with child support enforcement or pursue a Social Security number. The notice must include information about the action that caused the disqualification, the minimum length of the disqualification period and the amount of the benefit reduction;
• TANF benefits are reduced to recover an overpayment. Send a copy of the *Notice of Overpayment and Planned Action* (DHS 284B) to each liable adult in the household;

• When giving closure notice for change in deprivation;

  See TANF Section E, Deprivation, (TF E.8) or OAR 461-125-0255 for more information.

• An ongoing TANF household is being found ineligible because of a disqualifying transfer of resources;

• The client makes a verbal request (in person or by phone) to reduce or close their TANF benefits;

• An ongoing JOBS support service payment is reduced or closed.

Notice Situations; General Information: 461-175-0200
Notice Situation; Client Moved or Whereabouts Unknown: 461-175-0210
Notice Situation; Disqualification: 461-175-0220
Notice Situation; Overpayment Repayment: 461-175-0290
Notice Situation; Asset Transfer Disqualification: 461-175-0310
Notice Situation; Voluntary Action: 461-175-0340
F. **Cooperation, Noncooperation, and Penalties for Noncompliance**

1. **What is Cooperation?**

   To receive a Post-TANF payment, Pre-TANF, SFPSS or TANF clients must have obtained unsubsidized paid employment; have become ineligible due to earnings; be a work eligible individual (adult - AD in the grant); and meet monthly JOBS federal participation requirements.

   Clients who are not working enough hours to meet federal participation requirements may combine work hours with JOBS Core or Noncore activities each month in order to meet participation requirements.

   Clients who are required to cooperate with other JOBS core or noncore activities must provide enough information so that the Department of Human Services (DHS) can determine the level of employment program participation.

   General Provisions: 461-130-0305

2. **Who must Cooperate?**

   In the Post-TANF program a client is classified as a volunteer and may not be disqualified.

   Participation Classifications: Exempt, Mandatory, and Volunteer: 461-130-0310

   (A) **Employment Program Cooperation**

   Clients who are not working enough hours to meet federal participation requirements may combine work hours with other JOBS Core or Noncore activities each month in order to meet participation requirements. These clients must do all the following:

   - Schedule and keep employment-related appointments and interviews;
   - Attend and complete scheduled activities as specified on the case plan;
   - Notify DHS or the JOBS contractor of the reason for not keeping any assigned activities. Notification must be made within three working days from the date of the missed appointment; and
   - Provide DHS with verifiable documentation of JOBS participation hours, including paid work, job search and educational participation hours.

   General Provisions: 461-130-0305
3. **Penalties for Noncooperation**

A Post-TANF client is classified as a volunteer and may not be disqualified. Failure to meet Federal Participation requirements with paid, unsubsidized work hours or in combination with JOBS activity hours, results in Post-TANF payments ending.
A. Program Intent and Overview

1. Program Intent

The intent of the State Family Pre-SSI/SSDI (SFPSS) program is to provide interim cash assistance, case management and professional level support to TANF-eligible adults and their family in pursuing Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI), if eligible. The TANF-eligible adult must have severe physical or mental impairment(s) that has been assessed and determined to meet the program impairment criteria by the program’s disability analyst.

2. Program Overview

The State Family Pre-SSI/SSDI program is funded by General Fund dollars. The department recoups a portion of the money allocated for the program through SSI reimbursement. When the TANF-eligible adult is found eligible for this program, they must agree to and sign an Interim Assistance Authorization (DHS 7814). This contract allows the department to be reimbursed for the adult’s portion of any SFPSS payments made to the family out of the initial lump-sum payment the adult receives from SSI.

To qualify for the SFPSS program, the adult must be found eligible for and receive a TANF grant, and be determined eligible by the program’s disability analyst based on impairment criteria.

Definitions for Chapter 461: 461-001-0000
Impairment Criteria; SFPSS: 461-125-0260
Specific Requirements; SFPSS Eligibility: 461-135-1195
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C. Nonfinancial Requirements

The adult and family must meet all of the nonfinancial requirements for the TANF program to be considered eligible for the SFPSS program. These requirements include those related to:

- Age;
- Residence;
- Citizen/Alien Status;
- Social Security Number;
- School Attendance;
- Pursuing Assets;
- Pursuing Substance Abuse and Mental Health Treatment;
- Cooperating with Division of Child Support (DCS);
- Living with a Caretaker Relative.

1. Specific Program Requirements

The client must:

- Complete the application process for SSI and SSDI if eligible, cooperate with the department in applying to the Social Security Administration for SSI and SSDI, if eligible, and attend all appointments designated by the department and relating to obtaining SSI or SSDI.

A client found by the SSA not to meet SSI or SSDI disability criteria may continue receiving SFPSS cash benefits without Program Review Team review while appealing the SSA finding, until a decision is rendered by an Administrative Law Judge (ALJ) for the Social Security Administration’s Office of Hearings and Appeals. A client who unsuccessfully appeals to the ALJ is no longer eligible for SFPSS program unless they are determined by the Program Review Team to continue program eligibility.

A client whose impairments no longer meet the criteria in OAR 461-125-0260 is no longer eligible for the SFPSS program.

The decision by the ALJ is binding on the department unless the client has a new or significantly worsened impairment as determined by the Program Review Team or unless ruling or legal errors were made on the case by the ALJ.
2. **Legal Costs**

If an SFPSS client has been denied by the Social Security Administration (SSA) at the initial and reconsideration level, they will be encouraged to obtain legal counsel. The department will provide a list of attorneys specializing in SSI litigation. The SFPSS client may choose an attorney on their own. The legal fees will be paid by SSA based on their regulations.

3. **Disability Determination; Overview**

The disability determination is a process that determines if the individual:

(a) Meets the listing of impairments found in 20 C.F.R. Part 404, Subpart P, Appendix 1; or

(b) Meets the medical vocational guidelines found in 20 C.F.R. Part 404, Subpart P, Appendix 2 for SSI; or

(c) Meets the definition of disability in 20 C.F.R §§404.1505 or 416.905.

4. **Impairments**

An individual must have a physical or mental impairment or a combination of both that can be expected to last for a continuous period of no less than 12 months from the date of request. The medical condition must meet or equal the Listing of Impairments as found in Social Security Regulations contained in 20 CFR Part 404, Subpart P, Appendix 1.

* FOR ADDITIONAL INFORMATION SEE SSR 82-53 (BASIC DISABILITY GUIDES) OR SSR 86-08 (THE SEQUENTIAL EVALUATION PROCESS).

**Listing of Impairments:**

The adult listing of impairments contains a list of over 300 medical conditions (or impairments) appearing in 14 major body systems. These listed impairments are considered severe enough to prevent a person from doing basic work activity. The listing of impairments is the basis for determining whether an individual may be allowed SFPSS benefits when considering the medical evidence alone.

* SEE 20 CFR 404.1520 (D)

Most of the listed impairments are permanent or expected to result in death. For all others, the evidence must show that the impairment is expected to last for a continuous period of 12 months from the date of request. Diagnosis of a listed impairment is not enough in making a determination for SFPSS.
The 14 Listings of Impairments Contained in 20 CFR Subpart P Appendix 1:

<table>
<thead>
<tr>
<th>100.00</th>
<th>Growth Impairments</th>
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<tbody>
<tr>
<td>1.00</td>
<td>Musculoskeletal System</td>
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<tr>
<td>2.00</td>
<td>Special Senses and Speech</td>
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<td>3.00</td>
<td>Respiratory System</td>
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<td>Digestive System</td>
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<td>Genito-Urinary System</td>
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<td>Hemic and Lymphatic System</td>
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<td>Skin Disorders</td>
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<tr>
<td>13.00</td>
<td>Malignant Neoplastic Diseases</td>
</tr>
<tr>
<td>14.00</td>
<td>Immune System</td>
</tr>
</tbody>
</table>

Meeting a Listed Impairment:

If the individual’s medical evidence contains a set of signs, symptoms, and laboratory findings which are exactly the same as the criteria included under a listing of impairment category, the individual’s impairment meets or equals the level of severity described in the listing and the individual is medically eligible for the SFPSS program.

Equaling a listing:

The medical findings are at least equal in severity and duration to the listed findings. If the client’s impairment is not listed, the department considers the listed impairment most like the client’s impairment to decide whether the client’s impairment is medically equal to the listed impairment. If the client has more than one impairment, and none of them meets or equals a listed impairment, the department reviews the symptoms, signs, and laboratory findings about the client’s impairments to determine whether the combination of those impairments is medically equal to a listed impairment.

5. Individual does not Meet or Equal a Listed Impairment

An individual will be eligible for the SFPSS program if they do not **meet or equal** a listed impairment or have a medical condition that is expected to be terminal within 12 months, provided the individual:
Meets the medical vocational guidelines found in 20 C.F.R. Part 404, Subpart P, Appendix 2 for SSI.

**Basic work activity** means any kind of work activity that averages at least eight hours a day for which income is received, regardless of the adequacy to meet the client’s needs. Work performed against medical advice or at an activity center or sheltered workshop is not basic work activity.

**Light work** means work that requires lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds, and requires occasional stooping. It also requires standing or walking for a total of approximately six hours of an eight-hour workday.

**Past relevant work** means work that the individual has performed in the last 15 years and that constitutes substantial gainful activity as defined in 20 CFR 404.1574 and 404.1575, in effect November 1, 2003. Also, the past relevant work must have lasted long enough for the individual to learn the techniques, acquire the necessary information, and develop the facilities needed for average performance of the job situation.

**Sedentary work** means work that requires lifting no more than 10 pounds at a time and occasionally lifting or carrying articles such as docket files, ledgers, and small tools. Although sitting is involved, a certain amount of walking and standing is often necessary in carrying out job duties. Periods of walking and standing should total no more than two hours of an eight-hour workday and sitting should total approximately six hours of an eight-hour workday. Most unskilled sedentary jobs require good use of the hands and fingers for repetitive hand/finger actions.

**Severe physical impairment** means an impairment that significantly limits the individual’s physical ability to do basic work activity.

**Unskilled work** is work that requires little or no judgment to do simple duties that can be learned on the job within 30 days.

Individuals are not eligible if the department determines that drug addiction or alcoholism is material to their disability. These individuals cannot be considered impaired on that diagnosis of drug addiction or alcoholism alone. On the other hand, a diagnosis of drug addiction or alcoholism should not have an effect on a disability evaluation that is adverse to the individual. Drug addiction and alcoholism are diagnostic terms; they do not denote impairment value or severity. It is necessary to evaluate the severity of the impairment which may be associated with, manifested by, resulting from, or coexisting with these diagnoses. In making the decision, the key issue is whether the individual would continue to meet the definition of disability even if drug or alcohol use were to stop.

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Impairment Criteria; SFPSS: 461-125-0260
Specific Requirements; SFPSS Eligibility: 461-135-1195
A. Program Intent and Overview

1. Program Intent

As of October 1, 2008, the new name for the federal Food Stamp Program is the Supplemental Nutrition Assistance Program (SNAP). Oregon will begin using the new name on January 1, 2010.

The name change reflects the changes that have been made to meet the needs of our clients, including a focus on nutrition.

The name change was mandated by the Food, Conservation and Energy Act of 2008 (formerly known as the Farm Bill).

The intent of the Supplemental Nutrition Assistance Program (SNAP) program is to improve the health and well-being of low-income individuals, elderly and people with disabilities and other groups of people by providing them a means to meet their nutritional needs.

The department provides SNAP benefits to eligible persons based on the following expectations:

(A) People have the right to access SNAP as a safety net, when they find themselves in crisis such as homelessness, or a domestic violence situation or lacking assets to obtain adequate nutrition.

(B) People receiving SNAP are personally responsible for and accountable for achieving their highest level of self-sufficiency.

(C) The department will provide supplementary information as needed to increase the likelihood that people have adequate nutrition. This supplementary information sometimes takes the form of referrals to other food programs, such as WIC, Meals on Wheels, free/reduced school lunches, etc. It could also involve referrals to access or information on nutrition education, managing a home budget, or other related food issues.

2. Program Overview

DHS in partnership with the AAAs provide SNAP benefits to Oregon residents. About 11 percent of Oregon's population is getting SNAP benefits at any one time. In August 2009, this equated to about 331,323 cases, 635,033 persons and over $80.7 million in benefits per month. SNAP recipients include singles of all ages, couples, one-parent families and two-parent families. SNAP is a program for the working poor, people with a low fixed income and people who temporarily find themselves with little money because of a change in their circumstances. Contrary to popular belief, people need not be totally impoverished to qualify for SNAP.
(A) To get SNAP, people apply in writing and provide proof of their living situation. Generally, people who buy and prepare food together must apply for SNAP together. To qualify, the applicants must meet several nonfinancial eligibility requirements, such as being residents of Oregon and providing or applying for Social Security numbers. They also must have assets and income within program limits.

(B) People who are eligible for SNAP with no countable income receive the maximum amount of benefits each month. People can receive a partial benefit to supplement their available cash when they have countable income. People are certified to receive SNAP benefits for a period of up to one year. People must report certain changes that occur during the certification period, because those changes affect their eligibility for benefits.

(C) Most SNAP benefits in Oregon are issued via an Electronic Benefit Transfer (EBT) card. This is also known as the Oregon Trail Card. These cards can be used for food purchases at grocery stores, convenience stores and some authorized facilities, and in rare cases, some restaurants. In some areas, elderly and individuals with disabilities may receive their SNAP benefits as a cash issuance. These people are part of a demonstration project in four Oregon counties. They may receive their SNAP cash benefit via EBT card, allowing them to access their accounts via ATM machines, or they may be issued a check, or have the benefits directly deposited into their bank accounts.

(D) SNAP benefits have a value equivalent to cash, but can only be spent on food intended for people. Food and Nutrition Services (FNS) determines what food can be purchased with SNAP benefits. Alcohol, tobacco, pet food and other nonfood items are not allowed. More information about eligible foods can be found at: http://www.fns.usda.gov/fsp/retailers/eligible.htm

(E) Households CAN use their SNAP benefits to buy:

(1) Foods for the household to eat, such as:
   
   (a) Bread and cereals;
   
   (b) Fruits and vegetables;
   
   (c) Meats, fish and poultry; and
   
   (d) Dairy products.

(F) Households CANNOT use SNAP benefits to buy:

(1) Beer, wine, liquor, cigarettes or tobacco;

(2) Any nonfood items, such as:

   (a) Pet foods;
(b) Soaps, paper products; and  

(c) Household supplies.

(3) Vitamins and medicines;

(4) Food that will be eaten in the store;

(5) Hot foods.

(G) Families and individuals may qualify for other benefits due to their eligibility for and receipt of SNAP benefits. Some of these benefits are:

(1) Eligibility for Oregon Telephone Assistance Program (OTAP) or Link UP America to obtain telephone assistance which helps reduce the costs of telephone installation or monthly service rates.

☞ SEE WG MP #10 FOR INFORMATION ON OTAP AND LINK UP AMERICA.

(2) Eligible for the Women, Infants and Children (WIC) nutrition program. Clients may go to any local County Health Department to apply for WIC.

(3) Eligible for School Lunch and Child Care food programs.

☞ SEE WG MP #16 FOR INFORMATION ON HOW CLIENTS ARE AUTOMATICALLY CERTIFIED FOR THESE PROGRAMS.

(4) Homeless as well as the elderly and clients with disabilities may purchase prepared meals using their SNAP benefits.

☞ SEE SNAP I.4 FOR INFORMATION ON PREPARED MEALS AND HOW TO LOCATE A MEAL PROVIDER.

3. SNAP Eligibility Requirements and Rules Table

<table>
<thead>
<tr>
<th>Identity</th>
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<tbody>
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<td>Applicants must show they are who they state they are.</td>
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</table>

<table>
<thead>
<tr>
<th>Residency</th>
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<tbody>
<tr>
<td>Clients must be an Oregon resident</td>
<td>461-120-0010</td>
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<tr>
<th>Household Composition</th>
<th>SNAP C.2</th>
</tr>
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<tbody>
<tr>
<td>Establish who lives at the residence, who purchases and prepares meals together and who must be included in the filing group.</td>
<td>461-110-0210</td>
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<tr>
<td></td>
<td>461-110-0310</td>
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<td>461-110-0370</td>
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</table>


Specific Requirements
Students - Higher education students (age 18 through 49) may be eligible for SNAP only under certain conditions.

A&D Treatment Centers - Residents of some A&D Treatment centers may be eligible for SNAP only when the treatment center applies for SNAP for the client.

Foster Care - Clients, in adult or child foster care, are only eligible to get SNAP if their foster care provider wants to include the foster care person in their own filing group.

Residential Care Facility (RCF) - Clients in an institution or residential care facility must meet specific requirements.

Strikers - Clients on strike must prove they were eligible for SNAP before the strike. They are not eligible for an increase in benefits due to the strike.

Citizenship/Alien Status
1. Clients must sign a statement attesting to citizenship or noncitizen status. (They do this when they sign the application.)
2. Clients must be a U.S. citizen or have an approved noncitizen status and meet the eligibility criteria for that status.

Social Security Number
Clients must supply or apply for an SSN for all persons they want benefits for.

Work Requirements
Clients must participate in the Work Program if not exempt.

Categorical Eligibility
Clients are categorically eligible for SNAP benefits if they meet certain criteria.

The most common way is with:
- Income below 185% FPL;
- Receiving the Information and Referral pamphlet (DHS 3400); and
- Narrating both of these happened.

When categorically eligible, it is assumed the household met the resource limit, countable and adjusted income limits and residency requirements. If the client provided and verified their SSN for another program, they do not need to do so again for SNAP.

Categorically eligible clients must meet all other SNAP program eligibility requirements.

Assets Table
### Resource Limit
If not categorically eligible, the resource limit is:

- $3,000 if at least one filing group member is age 60 or older, or meets the SNAP definition of disability (GP A.14).
- $2,000 for all other groups.

### Income Limit
If not categorically eligible; the income limits are:

- **Countable** income must not exceed the SNAP countable income limit (130% FPL). This requirement does not apply to clients who are elderly or meet the SNAP definition of disability (GA A.14).
- **Adjusted** income must not exceed the SNAP adjusted income limit (about 100% FPL).
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B. Applications

1. Overview

Branch offices must ensure the application process is not a barrier to the people accessing benefits. It should be simple, efficient and responsive to the needs of persons seeking help. It should also consider the privacy and confidentiality of each applicant. Whenever possible, use one application to determine eligibility under multiple programs.

To complete the application process, individuals or their authorized representative (SNAP B.14) must complete the application, have an interview (SNAP B.8), and provide the necessary information and verification (SNAP B.11) within given time frames (SNAP B.9).

The information necessary to determine eligibility and benefit amount for all people in the filing group (SNAP C.2) must be gathered during the application process.

Supplemental Nutrition Assistance Program (SNAP) households must file an initial application. Once approved, they can get SNAP benefits for a set number of months called a certification period. At the end of that time frame they are required to reapply for SNAP benefits if they want to continue getting benefits. This is called recertification (recert).

Application Process; General: 461-115-0010
Application Requirements: 461-115-0020

2. Where Clients Apply

Applicants may apply at the branch office serving the area where they live or work. This may be any Department of Human Services (DHS) or Area Agency on Aging (AAA) office that administers the Supplemental Nutrition Assistance Program. Persons temporarily in another part of the state may apply at the office serving that area.

When applicants contact any DHS or AAA office that does SNAP eligibility, their application for SNAP benefits must be taken. Clients may choose to complete the application process in this office or have the application forwarded to another office. If the client chooses to complete the eligibility process in another branch, record the filing date (SNAP B.5) and forward the form to that branch. The application processing time frames (SNAP B.9) begin with the filing date. If the client chooses to stay at the branch where they made the initial contact, determine eligibility and issue benefits. Transfer the case to the branch closest to the client’s home or work site if the client wants their case transferred.

People may request an application in a variety of ways: they may walk into the office and ask for an application; they may call on the telephone and ask that an application be mailed to them; they may ask that an application be faxed to them.
Upon completion, an applicant may bring the application to any branch office that does SNAP benefits; they may mail it in or fax it to the office. Some applications will be submitted via the Web-based online application. These applications are considered received and the filing date is established the day it is submitted.

**Note:** Offices need to have a process in place for receipt of applications by fax or mail. These applicants must be notified that they need to have an interview (SNAP B.8) before the application process can be completed. Some may be eligible for expedited service (SNAP B.6). Give the applicant an appointment date and time for this interview. This must be done as quickly as possible after receipt of the application to ensure the household will receive a timely determination of eligibility.

When all members of the filing group (SNAP C.2) are applying for or receiving SSI, the group may apply at the SSA office. Filing groups applying at SSA must not have applied for or received SNAP in the last 30 days.

The SSA office must use the same application process as the department. The SSA office forwards the completed application and verification (SNAP B.11) to the department for eligibility determination and benefit issuance.

Offices Where Clients Apply: 461-115-0150

### 3. When to Use an Application

Use an application form approved by the department, when determining initial eligibility. The application must be complete, including a mailing address and a signature.

You can use a prior application in the following situation, but must establish a new filing date:

- Use the same application to deny and approve if changes occur that make the group eligible after the initial eligibility decision and it is within 60 days of the original filing date;

- A new application is not required when the client is ineligible for SNAP benefits during the first 30 days from the filing date, but circumstances are changing and they will be eligible the next month or during the second 30-day period following the filing date;

- When using an existing application that is less than 60 days old (from the original filing date), have the applicant review all information making changes where necessary. This application does not need to be resigned;

- When using an existing application that is more than 60 days old (from the original filing date), have the applicant review all information making changes where necessary. This application must be resigned by the applicant;
In addition to initial eligibility, an application is also used to determine eligibility at recertification. The same application process (including forms and time frames) is used for recertification as for initial eligibility;

A new application is also required any time there is a break in benefits. For example, a case is certified from November 1 to December 31 and on July 31 the benefits close. The client comes to the office on August 1 and wants SNAP benefits: the client must reapply;

No new application is needed if a case closes and reopens during the same calendar month, or when a case suspends for one month. An application is not required to add a person, including newborns, to a SNAP benefit case. The request to add a new person must be documented and the Notice of Information or Verification Needed (DHS 210A) will be used to gather all the information to establish eligibility and benefit level.

When an Application Must be Filed: 461-115-0050
Application Processing Time Frames; SNAP: 461-115-0210

4. **Who Must Sign an Application and Complete the Application Process**

Applicants must sign the last page of the application. If they sign the last page and do not sign the filing page of the Application for Services (DHS 415F, page 2) or of the Food Benefits Filing Form (SDS 539F), the filing date begins the date the total application is signed, unless the filing date is set via another document.

Usually, a responsible adult signs the application and completes the application process. This person could be:

- The primary person (GP A.43);
- The spouse (GP A.51) of the primary person;
- Another adult in the filing group (SNAP C.2);
- An authorized representative from a facility or a person named as an authorized representative by the client may also sign the application (SEE SNAP B.14); or
- When there is no responsible adult, such as when a homeless (GP A.28) teen applies, the child can sign the application and complete the application process.

If an applicant is unable to write their name, they can sign with their mark. The mark must be witnessed by a department employee.

An electronic application is signed electronically by the client typing their name and clicking on the submit button.
5. **Filing Date**

The SNAP application process begins with the filing date. This is the date a signed request for SNAP benefits – including the client’s name, address, and signature – is received by the department. It is also the date the first signed request is received by the Social Security Administration (SSA), for people allowed to apply for SNAP there.

The filing date may be set in multiple ways; it does not have to be on a DHS form; however, it will most likely be set using the following forms:

- *The Application for Services* (DHS 415F);
- *The Re-Application for Food Stamp Benefits (Part I)* (DHS 415Y);
- *The Food Benefit Filing Form* (SDS 539F); or
- The completed reapplication forms at recertification.

Ask all applicants to set the filing date as soon as possible when they request SNAP benefits. A completed application is not needed or required to set the filing date. To keep the filing date, the local office must keep the paper and not give it back to the client.

The filing date starts the application processing time frames (SNAP B.9). For persons whose benefits are approved, it is usually the date benefits begin (SNAP B.16).

People who visit a branch office must be given an opportunity to establish a filing date the same day. People who contact the office by telephone, fax or mail must have a form mailed to them the same day. Their filing date is established when the branch receives the signed request for SNAP benefits back. The filing date is also established as of the date the application is faxed (SNAP B.2) to the office.

The filing date for an electronic application is the date that the department receives the signed electronic application.

A new filing date is established whenever an applicant does not provide the requested verification in the 30-day application processing period unless the department extends the processing period.
6. Expedited Service

Certain applicants are entitled to expedited service, which means, if they are eligible, they must have their benefits by the seventh day following their filing date (SNAP B.5). This applies even if the in-office interview is waived for a phone interview.

Entitlement to expedited service does not mean automatic eligibility for SNAP benefits. Instead, it means that client statements and limited verification will be used to determine eligibility for SNAP for a short period of time. All verification except identity (SNAP D.1) may be postponed until later. Do not use expedited service processing time frames when clients apply for SNAP before the end of their current certification. Expedited processing is used any time there is a break in benefits.

To be eligible for expedited service, the filing group (SNAP C.2) must meet one of the following:

- Have countable income of less than $150 a month and resources in the form of cash and bank accounts of $100 or less.

- Have combined monthly income, cash, and bank account balances that are less than the group’s total monthly housing and utility costs (use appropriate standard FUA or LUA) (GP A.10).

- Be destitute (SNAP I.1).

SNAP Expedited Services: 461-135-0575

**Note:** For expedited service determination, use the appropriate utility allowance.

Applicants eligible for expedited service must meet all SNAP eligibility requirements, but because of the shorter application processing time frame, they may have some verification delayed.

**Seven-Day Processing (Expedited Service):** Offices must have a process in place to screen applicants for expedited service, so that benefits can be issued within the seven-day time frame for eligible clients. Use Part I of the application (pages 1 and 2 of the Application for Services (DHS 415F), the Re-Application for Food Stamp Benefits (Part 1) (DHS 415Y), or the Food Benefits Filing Form (SDS 539F) for this screening.

The seven-day processing includes the screening, the intake interview (SNAP B.8), ID, other verification readily available and the decision that the client meets all eligibility requirements, and the issuance of benefits for those eligible for expedited service. When applicants qualify for expedited service, they must have the benefits by the seventh calendar day following their filing date. This applies even if the in-office interview is waived for a phone interview.

Sometimes the initial screening does not identify a group that qualifies for expedited service. When this was due to a department error, benefits must still be received by the seventh day following the filing date. When this was due to the applicant withholding
information or providing misinformation, benefits must be received as soon as possible, but no later than seven calendar days following the date the error was discovered or the date the information was provided.

Sometimes when the initial screening identifies a group that qualifies for expedited service, the client loses entitlement to the service. When the office screens the application and identifies a client potentially eligible for expedited service, they must schedule an interview date and inform the client that they will lose entitlement to the seven-day processing should they miss the interview. If the client then fails to attend the interview, they lose entitlement to expedited service except when they missed the appointment for reasons beyond their control. Always narrate this loss of expedited eligibility.

When issuing expedited service benefits, use the X code. For clients who lose entitlement to expedited service, use the J code so that benefits are still issued as quickly as possible.

Application Processing Time Frames; SNAP: 461-115-0210

SEE EXAMPLES OF EXPEDITED SERVICE SITUATIONS (SNAP B. EXAMPLES 6)

There is no limit to the number of times that a client may receive expedited service. However, all eligibility factors from the previous expedited service must be verified before they are entitled to seven-day processing again.

If an applicant specifically requests expedited service and is denied, they are entitled to an expedited hearing. Send a Notice of Decision and Action Taken (DHS 456) or Notification of Planned Action (SDS 540) to the client when their request is denied.

Expedited Hearings: 461-025-0315
Notice Situation; Prior Notice: 461-175-0300

Verification for seven-day application processing: The only eligibility factor absolutely required to be verified under expedited service is the identity (SNAP D.1) of the applicant. A reasonable effort must be made to verify all factors, but require only those that will not cause a delay in issuing benefits. The rest of the verification (SNAP B.11) can be postponed.

SEE SNAP D.1 AND MP-WG #2.5 FOR MORE INFORMATION ON VERIFYING IDENTITY.

If the filing date is on or before the 15th of the month, postponed verification must be provided before the second month’s benefits are issued. If the filing date is after the 15th of the month, postponed verification must be provided before the third month’s benefits are issued.

At all times, give the client a list of postponed verifications when issuing expedited SNAP benefits.

If the application is approved for more than one month and verification is postponed, give the applicant a Notice of Pending Status (DHS 210) or a Notification of Pending Status
(SDS 539H). The notice must tell them they will not receive further benefits until they provide the postponed verification. In addition, if the verification they provide causes a change in eligibility or benefits, the change will be made without further notice.

*Application filed on or before the 15th:* Benefits approved using expedited service may be certified for one month only. Clearly note on the pending notice that to receive further benefits, they must provide the postponed verification in the given time frames of end of month or no later than 30 days from the filing date. The verification must be provided by the end of that month for the client to get continued benefits the next month. If the verification is provided before the end of the filing month, extend the certification period. If verification is provided within 30 days of the filing date but after the end of the one month certification period, process a recertification action using the new information.

*Application filed after the 15th:* Benefits approved using expedited service may be certified for two months only. The verification must be provided by the end of the 30-day processing period following the filing date so that continued eligibility can be determined. Clearly note on the pending notice that to receive further benefits, they must provide the postponed verification within 30 days. If the verification is provided by the end of the 30-day processing period, extend the certification period. Take no further action if the verification is not provided.

When issuing SNAP benefits using expedited services, the worker may certify the case for any appropriate length of time. However, if the case is certified for longer than one or two months, the worker must also establish a tickler to monitor that the postponed verification is provided on time. If the postponed verification is not provided in the required time frames, the client loses eligibility for SNAP until the requested proof is provided.

SEE SNAP B.9 FOR MORE INFORMATION ON APPLICATION PROCESSING.

TO ENSURE THAT CLIENTS APPLYING FOR SNAP WHEN MOVING INTO OREGON DID NOT RECEIVE BENEFITS FROM ANOTHER STATE IN THE SAME MONTH, CONTACT THAT STATE USING THE NUMBERS IN MP WG #4.

Verification for SNAP Expedited Service; Time Limits: 461-115-0690

QC Hot Tip

There are several steps to issuing benefits under expedited service. All of the steps must occur. They are:

1. At time filing date is set, determine if the case meets the criteria for expedited service.
2. Schedule the full eligibility interview to occur within seven days of the filing date.
3. Obtain the client’s verification of identity. Retrieve any verification from the computer system.
4. Note any other items needing verification on the pending notice, *Notice of Pending Status*, (DHS 210) or *Notification of Pending Status* (SDS 539H).

5. Establish eligibility using the client’s statements on the application and during the interview and any other verification readily available.

6. Issue the benefits in not more than seventh calendar day following the filing date, using the IX or EX code on FSMIS.

7. If verification was requested, set a short certification period of one to two months. If no verification was requested, set a normal certification period.

### 7. Withdrawn Applications

Allow people to voluntarily withdraw their application any time during the application process. The application is withdrawn when the person or their authorized representative (SNAP B.14) does not complete the process, including signing the form, and there is no contact with the branch by the end of the application processing time frame (SNAP B.9). It is also withdrawn when the person takes the application from the office without completing the process.

The decision to withdraw an application for SNAP benefits is totally the applicant’s. The department is not allowed to suggest, encourage, nor recommend the applicant withdraw the application. This is because every person has the right to apply for benefits and the department is required by SNAP law to encourage people to apply. If during the interview it is determined a person is not eligible for SNAP benefits, the worker must process the application. An applicant may withdraw their application at any point in the application process, which may change the reason for a denial action to withdrawal. Even if workers decide it is beneficial to households with an OFSET mandatory person who has quit a job without good cause within the last 30 days to withdraw, workers can inform the household of the policy but only the client can make the suggestion to withdraw.

When the applicant only submits the filing page with no further action or states they want to withdraw their application, ask them to complete and sign a voluntary agreement to take action form, *Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken* (DHS 457D) or an *Agreement to Take Action* (SDS 540A). Code FCAS with the “WI” reason code and the computer will send the withdrawal denial notice.

When the applicant completes the interview but fails to provide requested information or verification, code FCAS with the “FC” reason code and the computer will send the denial notice. Workers will need to send a *Notice of Decision and Action Taken* (DHS 456) or a *Notification of Planned Action* (SDS 540) if a different reason code is used for the withdrawal action.

Once the department has correctly denied an application or considered it withdrawn, the client must initiate the application process again if they want to get SNAP benefits. No new application is required when the same application is used for both a denial in the
month of application and for determining eligibility the next month. This can be done when:

- The client was given over 30 days to provide verification necessary to determine eligibility; or
- The same application is being used to deny one month and approve the next month’s benefits.

See example for a situation where no denial notice is needed for concurrent benefits (SNAP B. Examples 7).

8. **Interviews**

An interview is required of all households applying for SNAP benefits. This interview is required as a part of the eligibility determination process for all initial applications and recertifications.

The purpose of the interview is to gather and review eligibility information and explore and resolve unclear and incomplete information. The person interviewed may be the head of household, spouse, any other responsible member of the filing group, or an authorized representative (SNAP B.14).

See SNAP WG #3 for ideas on effective narration.

*Initial application:* This interview is generally conducted in the office. The interview must be conducted protecting the client’s right to privacy and confidentiality. Interview the SNAP applicant the same day they request benefits or schedule an appointment for them to return. Always give the client the appointment date and time for the interview. Also note it on the application or in narration.

The in-office interview is waived only when no authorized representative (SNAP B.14) or adult member of the filing group (SNAP C.2) can come to the office for one of the following reasons:

- All adult members of the group are over age 60, or have a physical or mental disability;
- There are transportation problems; or
- Other hardships exist. For example, illness, bad weather, work hours that conflict with the office hours, safety issues due to domestic violence, caring for a disabled member of the filing group, etc.
Note: It is not necessary to narrate the reason the in-office interview is waived. The applicant cannot be forced to do a phone interview. They may always request an in-office interview.

When the office interview is waived, a telephone interview, a home visit or an interview at a mutually agreed upon location must be conducted. The client may decline a phone interview and request an in-office interview. When this occurs, the department must grant the in-office interview.

Notification of Missed Interview

The interview appointment is scheduled for a set date and time when a client is not interviewed the same day as the filing date.

The department is required to notify all SNAP applicants that they have missed their SNAP interview appointment and that they are responsible for rescheduling the appointment. This notification must take place when the applicant misses the initial interview appointment. A second notification is not necessary if they miss more than one intake appointment during the 30-day application period. This notification is required for all SNAP benefit applicants at initial certification and at recertification.

The expectation is that the notice of missed appointment will be mailed within two business days of the missed appointment. This is to give the applicant time to receive the notice and reschedule the appointment before the 20th day following the filing date.

A Notice of Missed Interview (NOMI) is required in the following situations:

- The client leaves a filing page at the local office and is given a scheduled appointment date and time for the intake interview.

- The client is given an application to complete along with a scheduled interview appointment. They return the completed application but do not appear for the interview.

- The client receives a scheduled appointment for recertification and will complete the application when they arrive at the local office. They do not appear for the appointment and there is no filing date.

- The client receives a scheduled appointment for recertification along with an application. They do not show for the appointment or turn in the application or set a filing date.

No NOMI is required when an application is sent without an intake appointment and the client does not return the application or appear for an appointment.

To give offices a choice that will best meet their up-front process, there are two options for the notification of missed interview. These options are:
• The Missed Appointment Postcard (DHS 411) is available to notify households that they have missed their appointment. To use, ask SNAP applicants to write their name and mailing address on the post card when they turn in the filing page. Attach this post card to the filing page and place in a folder for the interview appointment date. If the client does not return by the end of day on the appointment date, separate the post card from the filing page, add the office phone number to side two, and mail it to the client. If the client returns for the scheduled appointment, the card should be put with other confidential shred material.

• The letter (FSMA411) is available on Notice Writer and can be used when a case (pending or closed) is on FSMIS with the most current mailing address.

The revised Self-Sufficiency Application for Services (DHS 415F) has a box labeled “MA notice” in the top right-hand corner of the filing page. The MA box is also located on the bottom right of the filing page Food Benefit Filing Form (SDS 539F) for SPD and AAA to use. Check the MA box when notification of missed appointment is made and note the date and time of the missed appointment.

Recertification application: The interview requirements for a redetermination (GP A.46) of eligibility or recertification are much like the ones for an initial application. All interviews must be conducted protecting the client’s right to privacy and confidentiality. In addition, an in-office (or face-to-face) interview is required once every 12 months. For cases with certification periods of less than 12 months, the in-between recertification interviews may be by telephone or home visit instead of in-office. Offices may conduct a face-to-face interview more than once every 12 months with filing groups whose living situation is not stable, e.g., homeless (GP A.28) households, and groups with household members who move in and out frequently or lose or change their jobs often.

Note: As with an initial application, the face-to-face in-office interview may be waived due to client hardship. The hardship decision needs to be reviewed at each recertification. It is not necessary to narrate the hardship situation.

SEE SNAP B.18 FOR THE RECERTIFICATION PROCESS.

Disclosure of Client Information: 461-105-0130
Interviews: 461-115-0230

9. Application Processing Time Frames

Determine eligibility and provide benefits as soon as possible for all SNAP benefit applicants. The application processing timeframes are as follows:

Expedited Seven-Day Processing. See Expedited Service (SNAP B.6).

Non-Expedited 30-Day Processing. The application processing time frame for most groups is no longer than 30 days following the filing date (SNAP B.5). If the 30th day falls on a holiday or weekend, determine eligibility and issue benefits the last working day
before the holiday or weekend. This means an eligibility determination and benefits must be issued by the 30th day.

Only deny before the 30th day if for a reason other than denying for failure to complete the application process.

If doing a denial action, it must be taken on the 30th day or as soon as possible following the 30th day.

SEE SNAP B.16 FOR AUTOMATIC DENIALS FOR FAILURE TO COMPLETE THE APPLICATION PROCESS.

The 30-day time frame can be extended under certain circumstances when the delay is beyond the control of the client and the extension is granted in the 30-day processing period. Extend the time limit up to 60 days from the filing date when giving the client more time to provide requested verification or when the intake interview cannot be scheduled during the 30-day processing period. Also extend the limit when the client requests a hearing before the 30-day time frame has ended.

The decision to extend the application processing period beyond the 30 days must occur during the initial 30-day period. Narrate the extension request, the reason for the extension and the department decision.

SEE EXAMPLES OF APPLICATION PROCESSING TIME FRAMES: EXTENSION OF THE APPLICATION PERIOD (SNAP B. EXAMPLES 9)

The application processing time frame includes the interview (SNAP B.8), verification (SNAP B.11) and the eligibility decision. Schedule the interview as soon as possible after the filing date and no later than 20 days after the filing date to assure there is adequate time for verification and the eligibility decision.

The 30-day processing period and a new filing date begins over again if verification is received after the 30th day and the processing period has not been extended.

When clients miss their scheduled interview within the 30 days, hold the application until the end of the 30 days.

If the client contacts the branch to reschedule before the 30 days expire, reschedule the interview and keep the same filing date as long as the interview and all verification is received within the 30 days.

If the interview occurs after the 20th day and verification is received within 10 days but not until after the 30 days has ended, establish a new filing date as of the date the verification is received.

If the client does not contact the branch within the 30 days, deny the application.
10. **Verification; Overview**

Verification is information from a source other than the client, to lend credence to the information the client is providing. Clients must provide verification when it is requested by the department. The department decides which eligibility factors require verification and when verification provided is acceptable. When the filing group (SNAP C.2) does not provide acceptable verification for other eligibility factors, deny the application or end ongoing benefits.

Verification may be received in a variety of ways. It may be a document that is copied and put into the agency file. It may be received via a telephone conversation, or a document may be viewed during a home visit but no copy was made for the file. When verification is received but a copy is not placed in the file, the worker must carefully narrate the information received.

If gathering verification over the telephone, during a phone conversation obtain:

- Name of person providing the information;
- Position or title along with name of organization the information is from;
- Specific information received.

*Example:* Joe’s employer was contacted by phone. Suzy, the payroll clerk for Green Thumb Nursery, states the client is an employee and he is scheduled to work 30 hours a week at $7.50 an hour. The first pay check will be received October 15.

If documents are viewed during a home visit – narrate:

- Document(s) viewed;
- Date on document(s);
- Specific information viewed on each document;

*SEE SNAP WG # 3 FOR NARRATION EXAMPLES.*

*Example:* Viewed weekly wage stubs at home visit. Joe is working for Green Thumb Nursery. Pay stubs showed:

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SEE SNAP H.6 FOR INFORMATION ON ACTING ON CHANGES DURING THE CERTIFICATION PERIOD.

All requests for verification will be made in writing and the client must be given at least 10 days to provide the requested verification. Request verification using the Notice of Pending Status (DHS 210) or the Notification of Pending Status (SDS 539H) at certification and recertification. Use the Notification of Information or Verification Needed (DHS 210A) form to request verification when it is needed during the middle of a certification period.

SEE SNAP H.11 FOR MORE ON USING THE DHS 210 OR SDS 539H OR SNAP H.12 FOR MORE ON THE DHS 210A.

Authorized representatives (SNAP B.14) must provide verification showing they are authorized to act for the client. This could be a written statement from the client, the Designation of Authorized Representative or Alternate Payee (DHS 231), or copies of papers authorizing guardianship or power of attorney.

Home visits may be made to verify eligibility factors. However, the home visit must be scheduled in advance with the household.

For SNAP, eligibility factors must be verified at application and when changes in these factors are reported. In addition, for SNAP benefit cases in SRS, earned income must be verified even when it has not changed when processing the Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852).

Exceptions to Income Verification

There are a few exceptions to verifying income for SNAP benefits.

Some clients are paid under the table or do jobs that do not generate pay stubs (i.e., pick up cans). In this instance, carefully interview the client about the income and the amount; narrate the situation and the client’s statements regarding the income. Include in the narration the reason pay verification is not available.

Some clients may earn marginal income from jobs that do not generate pay stubs (i.e., picking up cans, panhandling, selling plasma). In this instance, carefully interview the client about the income and the amount; narrate the situation and the client’s statements regarding the income. Include in the narration the reason pay verification is not available.

For example, Jacob picks up cans and bottles, and does odd jobs around the neighborhood. He does not have any verification of the money he has earned, but tells you he earns enough to pay for his cigarettes each week. You talk to him about the amount and agree that $30 a week is about what he earns. Narrate the jobs he does, and amounts he earns each week and why the verification is not available.
Note: Clients may have the ability to get verification even if it is considered marginal income. For example, a client is working for the same person in the neighborhood each week doing odd jobs: they may be able to get a statement from the neighbor to verify how much they are getting. In this case, you would request verification.

SEE SNAP B.6 FOR INFORMATION ON VERIFICATION FOR EXPEDITED SERVICE.

Verification; General: 461-115-0610
Required Verification and When to Verify; SNAP: 461-115-0651

11. Verification for 30-Day Application Processing and Changes

The eligibility factors that must be verified are:

- Identity (SNAP D.1) of the applicant, the authorized representative(s) (SNAP B.14), and the alternate payee;

- Alien status for all adult noncitizens in the filing group (SNAP D.5). Verify for children only if questionable. In addition, work quarters for noncitizens whose eligibility is based on 40 qualifying work quarters;

- Social Security number (SSN) (SNAP D.6) or application for an SSN;

- For cases being evaluated for disqualification due to a job quit or reduced hours, the reason for the job quit or reduced hours;

- Countable income;

- The actual amounts billed for medical before allowing the costs (GP A.10) in the medical deduction (SNAP F.19);

- Disability: when a student (SNAP D.3) claims they are unable to be employed due to a physical or mental condition and the physical or mental condition is not obvious;

- The legal obligation to pay child support (SNAP F.20) and the amount actually paid;

- Questionable information (GP A.45).

Information is questionable when it is inconsistent with information provided in the application, received by the office or reported on previous applications.

If the applicant indicates they have just moved to Oregon or presents an out-of-state I.D., make two attempts to contact the other state and verify that the client is not receiving duplicate benefits. Narrate your contacts.

SEE MP WG #2.
ALSO SEE PROOF FOR ELIGIBILITY (DHS 223).
Some items to be verified are needed to accurately determine eligibility for SNAP benefits. Other items are necessary to arrive at the correct amount of benefits. Therefore, eligibility may be determined if the department has all of the information and verification needed to determine eligibility without verification of all expenses necessary to determine the correct amount of benefits.

For the initial application, proof of income from each source is required for the 30 days before the filing date. Additional verification may be needed and requested if income is variable.

When the client cannot verify medical expenses or payment of court-ordered support, do not allow the unverified expense as a deduction. If the household is certified pending the receipt of the verification of medical costs, narrate the reason actual costs are not used.

Anytime a client is asked to verify a cost (whether questionable or required), do not allow the deduction until the verification is provided. For example, if a client is eligible for SNAP benefits but has not provided the requested rent verification by the 30th day, the case may be certified for SNAP benefits without allowing the rent cost as a deduction. Remember to narrate the reason the cost is not allowed.

When a change in costs is reported during a report period that will increase benefits and verification is requested, continue the former deduction amount until the verification is received.

Income Deductions; SNAP: 461-160-0430

SEE EXAMPLES OF VERIFICATION FOR 30-DAY APPLICATION PROCESSING AND CHANGES (SNAP B. EXAMPLES 11)

Further verification is not required for categorically eligible groups (SNAP E.1) when their residency, SSNs and resources have already been verified for the other program.

**Supplemental Nutrition Assistance (SNAP) Verification Table**

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<thead>
<tr>
<th>Eligibility Factors</th>
<th>At Certification</th>
<th>At Recertification **</th>
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<td>Identity of other persons in the filing group</td>
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<td>Residency</td>
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<td>Household composition</td>
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<tr>
<td>Eligibility Factors</td>
<td>At Certification</td>
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<td>Accept Client</td>
<td>Verify</td>
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<td>Statement</td>
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Remember, verification may be required for any information that is questionable, but if you request verification for something that is not required, you must justify the reason you have requested the verification and capture this justification in the narration.

*Verification after initial certification:* Once verified, some items do not need to be verified again (i.e., SSN). Other items must be verified at recertification or when changes are reported.

At recertification verify:

- Income from any source;
- Medical expenses when the source changed or the source is unchanged but the amount has changed by more than $25. As always, verify when the information is incomplete, inaccurate, inconsistent, or outdated;
- Change in the legal obligation to pay child support and the amount paid must always be verified.

At Interim Report processing, verify all income received in the fifth month of the certification period.
Mid-certification for cases in CRS:

- Income changes;
- Medical expenses previously unreported or when the amount of reported expenses changes by more than $25;
- Changes in the legal obligation to pay child support or in the amount the client is paying.

Mid-certification for cases in SRS (other than Interim Report processing):

- Alien status and SSN when a new member joins the benefit group;
- All changes in countable income;
- All changes in medical expenses used as a deduction;
- An order to pay child support and the amount being paid;

☞ SEE SNAP F.8 FOR THE DEFINITION OF “VERIFIED UPON RECEIPT” FOR CASES IN SRS;

☞ SEE CA WG #1.7 FOR VERIFICATION OF SELF-EMPLOYMENT INCOME

Required Verification and When to Verify; SNAP: 461-115-0651
Categorical Eligibility for SNAP: 461-135-0505

12. Verifying Terminated Income and Reduced Work Hours

Terminated Income: It is not required that workers verify terminated income. However, in some cases (SUP, UC), income termination can be verified by a mainframe screen.

If the income was from a job, it can be difficult to obtain proof. In most cases, it is acceptable merely to talk to the client and get information on why the job ended, date last worked, and the date and amount of the last paycheck.

If the work was seasonal or temporary, narrate the client’s statements and you are done. If the client is OFSET mandatory and job quit must be determined, begin by asking the client why the job ended. Was it a layoff or firing? If the client quit, what was the reason? Has the client applied for UC?

If the termination of income is questionable, workers may contact the employer to verify the last day of work and the date of the final paycheck. However, many employers are reluctant to state that a worker has been fired or give any reason for termination. If the client is OFSET mandatory and did not have good cause for a job quit, advise them that a disqualification will be applied.
Reduced Work Hours: In most cases, a drop in employment hours must be verified before income can be reduced on the case. Although the client is responsible to obtain proof, the worker can get verification by talking to the employer. The exception is for jobs in which seasonal fluctuations or similar circumstances explain the drop in hours (e.g., for retail sales or tourist employment, a cut in hours one month due to illness). For these cases when the work situation is generally known in the community, it is acceptable to narrate the reduction in work hours without pursuing verification.

13. Length of Certification

When SNAP benefits are approved, assign the longest possible certification period, up to 12 months while attempting to align the end date with companion benefits. The length depends on how long the client’s circumstances can be anticipated and the report system they are in. Match the certification period with the household’s situation. These are the guidelines:

- Use a one- or two-month certification period for clients who meet expedited services criteria (SNAP B.6) when pending for ongoing months or when it appears that the household will not be eligible for SNAP benefits longer than one or two months.

- Assign a 12-month certification period when the countable income is from annualized self-employment, the case is in SRS or CRS. In addition, when the filing group (SNAP C.3) also receives cash or medical, set the certification period so that eligibility for SNAP benefits and the other program will be reviewed at the same time. This allows clients to reapply for multiple program benefits on one application.

For example, TANF redetermination is due by December: set the SNAP certification period to end as of November 30 (i.e., TANF date 1209 and SNAP date 113009).

Once the certification period is established, it cannot be shortened. If the household’s circumstances change, determine if the household continues to be eligible to receive SNAP benefits. If ineligible, send a timely continuing benefit decision notice and end the benefits.

The certification period for SNAP may be extended out to 12 months from the starting date of the certification period. This may be accomplished by changing the ending date (not the start date) for the certification period with an ADJ action. To extend the certification period, the action must occur before the last day of the current certification period.

**Caution:** If you change the starting date, or do a REC action, you are stating that you have received and processed a complete recertification packet, had a full eligibility interview with the client and completed a redetermination of their eligibility.
SNAP households with a certification period of less than 12 months may have their certification period extended using the following criteria:

- SNAP benefits were certified as expedited (SNAP B.6) for one or two months and the requested verification was received. (A new application or report form is not needed.)

- When the Employment Related Day Care (ERDC) Re-Application and Food Stamp (FS) Application (DHS 7476) is received and no interview is scheduled.

- When TBA begins and the certification period will expire prior to the end of the TBA period.

- When SRS begins and the certification period is less than 12 months.

The only time a certification period may be greater than 12 months is if a TBA period or TANF JOBS Plus worksite agreement extends beyond the end of the 12-month limit. When this happens, the length of the certification period may be extended to end the last month of the TBA or worksite period.

FCAS will send the household the notice (AB) to inform them that the certification period is extended to the new ending date. The new benefit amount is included in this notice.

14. **Authorized Representatives and Alternate Payees**

There are two types of authorized representatives. There are authorized representatives that are named by the filing group to assist them with the process. There are also authorized representatives named by a facility for clients residing in that facility.

The authorized representative (AR) may help the filing group (SNAP C.2) by completing the application process for them and reporting changes.

The alternate payee (AP) helps the filing group by using their benefits for them. An AP is needed when members of the filing group are not able to do their own grocery shopping. If necessary, the group can have both an AR and an AP; one to complete the application process and one to use benefits. They also can have one person who is both the AR and the AP, as long as it is clearly designated on the Designation of Authorized Representative or Alternate Payee (DHS 231).

If the designated AR or AP is in the filing group, they do not need to complete the DHS 231. If the designated AR or AP is outside of the filing group, the DHS 231 only needs to be completed.

An AR or AP is a person who is aware of the group’s circumstances. Those ARs and APs outside the filing group should be persons who can be trusted to represent the client.
appropriately. The branch must notify the client when an AR or AP they have chosen cannot be approved as such.

An AR or AP cannot be any of the following:

- People serving a disqualification for intentional program violation (unless they are the only adult member of the case).
- Landlords and other vendors of goods or items who deal directly with the client. This especially includes retailers who accept SNAP benefits.
- Any DHS employee and any employee of an AAA SNAP office which is involved in the certification and issuance process for SNAP benefits. An exception can be made only with the written permission of the SNAP Program Administrator or their designee.
- Homeless meal providers (SNAP 1.4).

Authorized Representatives; General: 461-115-0090
Authorized Representative or Alternate Payee; SNAP: 461-115-0140

Authorized Representatives or Payees for Individuals: The primary person (GP A.43), their spouse (GP A.51) or another responsible member of the filing group appoints an AR or AP by naming them in writing. The AR signs the application as a filing group member or signs the DHS 231. The AP signs the DHS 231.

The department can assign an AP when no member of the benefit group (SNAP C.7) is able to use SNAP benefits because of illness. When an emergency AR is designated for a specific period of time, issue a new EBT card for that person.

When overpayments result from information given or withheld by the AR, filing group members are responsible.

When ARs or APs knowingly misrepresent the filing group or misuse SNAP benefits, the ARs or APs are disqualified. The branch office can disqualify them for one year after sending written notification of the disqualification to the client and the AR or AP 30 days prior to the disqualification. The notice must specify the reason for the disqualification, the disqualification period, and the client’s right to request a hearing.

As with each member of the filing group who will use the SNAP benefits at a store, the AP must be given their own EBT card.

*Note:* Code the AR on page one of FSUP in the Auth-Rep-Cd field. See Computer Guide X-C-3 for information on coding APs.
Authorized Representatives for Clients Residing in Facilities:

Two types of facilities qualify to be the AR or AP when their residents receive SNAP benefits. These are:

- Drug addiction or alcoholic treatment centers which are tax exempt, private or nonprofit, and are:
  - Certified as meeting the criteria under part B of title XIX of the Public Health Service Act by the State of Oregon Office of Alcohol and Drug Abuse Programs; or
  - Drug or alcohol treatment and rehabilitation centers which are authorized as a retailer by FNS.

- Nonprofit residential care facilities (RCFs) (GP A.9) licensed by SPD and Mental Health.

**Note:** A list of drug or alcohol treatment centers certified to receive Medicaid payments under part B of title XIX of the Public Health Service Act is available on the State of Oregon Office of Alcohol and Drug Abuse Programs Web site at www.dhs.state.or.us/addiction. Also refer to the Oregon Alcohol & Other Drug Prevention Services Directory. Certified facilities not listed on this site need to provide a letter of certification from the Oregon Office of Alcohol and Drug Abuse Programs.

Residents of the certified drug or alcohol treatment centers are not eligible for SNAP benefits on their own. However, a representative of the facility may apply for the client. In this situation, the authorized representative for the facility must sign the application.

**Note:** Sometimes clients apply for SNAP while residing in a drug or alcohol treatment center that is not state certified. Do not follow this AR/AP policy for these clients. If eligible for SNAP benefits, and they want to name an AR or AP, they do so as an individual and the representative cannot be from the noncertified facility.

Residents of licensed residential care facilities must apply through an authorized representative who is an employee of the RCF, except when the facility determines that the resident can apply on their own. If the authorized representative applies for the client, they must sign the application. If the client applies on their own, the client must sign the application. Residents must meet the SNAP definition of disabled (GP A.15).

In both types of facilities, the authorized representative must complete the application process for each individual they want to receive SNAP benefits. They must also complete the intake interview and provide complete information about each individual’s situation and verification as requested. The AR is asked to sign the **Facility As Authorized Representative (DHS 222)** form with each application.

**Note:** Ask the AR for the facility to sign the DHS 222 form at each certification and recertification.
Facility AR/AP responsibilities: As AR or AP, the facility is responsible for reporting changes in the residents’ assets or other circumstances. The facility must provide the office with a monthly list of residents receiving benefits. The list must include a statement of validity and be signed by an official of the facility. The Monthly List of Residents Receiving Food Stamp Benefits (AFS 222A) form may be used for this listing.

When residents leave the facility, the facility must inform the office to cancel their EBT card and immediately stop using the EBT card. When the resident leaves before the 16th of the month, the facility must leave at least one-half of the client’s SNAP allotment for that month in the EBT account. When clients leave on or after the 16th, the facility is to leave any remaining benefits for the month. Upon leaving the facility, residents should be instructed to go to the office to report their new situation and for a new EBT card.

Facility ARs and APs are responsible for overpayments that result from information they give or withhold on their residents’ cases. If the AR or AP knowingly misrepresents the resident’s circumstances or misuses SNAP benefits, the facility may be prosecuted under applicable federal and state statutes.

SEE SNAP WG #2 FOR INFORMATION ON CLIENTS LIVING IN A FACILITY, A&D TREATMENT CENTERS OR RCF.

Office responsibilities when there is a facility AR/AP: The office must maintain a file of the monthly AFS 222A and update the branch office records as residents change. Keep the list (completed AFS 222A) for three years.

Ask clients coming to the office after leaving the facility to review, update and sign the application that was originally provided by the facility or to complete a new application. Review the “Rights and Responsibilities” to ensure the client knows what they need to report. Give them a new EBT card and PIN.

Note: On FSMIS, use an ADJ to update the information. Only do a REC action if the certification period is expiring. Always remove authorized representative’s name.

It is a good practice to cancel the PIN on the card used by the facility when they report the client has left the facility. This preserves any remaining benefits for the client.

The Food and Nutrition Service (FNS) will disqualify a facility if the facility was authorized as a retailer and the facility misappropriated or did not use the benefits for the groups’ meals. If the office receives word that the facility is disqualified for this reason, immediately end the SNAP benefits for all residents. No decision notice is needed when benefits end due to this reason per OAR 461-175-0230.

Responsibilities of a Center or Facility Acting as Authorized Representative; SNAP: 461-115-0145
Residents of Institutions; SNAP: 461-135-0510
Residents of Drug Addiction and Alcohol Treatment Facilities; SNAP: 461-135-0550
15. **Disposition of the Application**

When eligibility cannot be determined at the intake interview (SNAP B.8), branches give or send a pending notice, *Notice of Pending Status* (DHS 210) or *Notification of Pending Status* (SDS 539H) to the client, which holds the case in pending status. The notice must inform the client what information is needed or requirements must be met to be eligible, and the date by which this must be done.

When an application for benefits is approved or denied (SNAP B.16), send a basic decision notice (SNAP H.9). The effective date (GP A.17) for a denial is the date the decision is made. The decision is made either on the date it is determined the group is not eligible, or at the end of the application processing time frame (SNAP B.9) (when clients fail to follow through with the process), whichever is earlier. Regardless of whether the application is approved or denied, code the action on FCAS.

The FCAS computer system automatically sends the approval notice “A” when the case is certified (CRT or REC transaction codes). Some denial notices are also sent by the computer with a DEN transaction code and certain reason codes. The denial reason codes that generate a notice are:

- “DQ” ineligible because they are disqualified for IPV;
- “FC” failed to provide information;
- “FH” failed to cooperate with OFSET (also code the person as DH);
- “IT” missed the interview appointment;
- “JQ” applicant job quit;
- “NC” all household members are ineligible noncitizens;
- “NR” not a resident of Oregon;
- “OI” over the income limit;
- “OR” over the resource limit (do not use for households that are categorically eligible);
- “SH” cannot apply as a separate filing group;
- “ST” ineligible student;
- “WI” withdrew the application;
- “WR” not eligible due to failure to comply with OFSET requirements.

Whenever a worker is denying an application for any other reason, a basic decision notice is required. Send the *Notice of Decision and Action Taken* (DHS 456) or *Notification of Planned Action* (SDS 540) noting the reason for the denial action.
All decisions made on SNAP applications – whether approval or denials – must be entered into FCAS.

16. Effective Dates on Applications

The effective date (GP A.17) for approval is the filing date (SNAP B.5), as long as the filing group (SNAP C.2) was eligible on that date. Use the filing date only if the group attended the interview and provided the necessary verification (SNAP B.11) within the processing time frame (SNAP B.9), or within the extended processing time frame.

Approval. For SNAP filing groups making an initial application or applying after the end of their certification period, the effective date for starting benefits is one of the following:

- If verification is provided within one of the following time frames, the effective date is the filing date, as long as all eligibility requirements are met on the filing date. If all eligibility requirements are not met on the filing date, the effective date is the date all eligibility requirements are met;
  - 30 days after the filing date;
  - 30 days after the intake interview, if the 30-day application time frame is extended because of office delay;
  - 60 days after the filing date, if the filing group is given extra time to provide required information per OAR 461-115-0210.

- If verification is not provided within the time frames listed above, the effective date for starting benefits is the date the required verification is provided, if all the following are true:
  - The verification is received between 30 and 60 calendar days after the filing date;
  - No extra time was given to provide the verification;
  - All eligibility requirements are met on the date the verification is provided.

Effectives Dates; Initial Month SNAP Benefits: 461-180-0080

Denial. The effective date for denying benefits is the earlier of the following:

- The date the decision is made that the client is not eligible; OR
- The last day of the application processing time frame, if the application, interview, or required verification is incomplete.

Effective Dates; Denial of Benefits: 461-180-0060
All new application or recerts on expired certifications are to be entered on the computer in Pend Status within 48 hours of the filing date. Minimum information needed for entry is case name, address, filing date, language and alternate format (if applicable).

This will allow the computer to send an auto deny on the 30th day (or first working day after the 30th day, if the 30th day is a weekend or holiday), for those cases in which the application process was not completed. If the worker is extending beyond the 30-day time period, a household type of EAT must be entered on FSMIS to stop the automatic denial from happening.

\[\text{FOR MORE INFORMATION ABOUT ALLOWING EXTRA TIME FOR VERIFICATION}\
\text{SEE SNAP B.9.}\]

\[\text{SEE EXAMPLES OF EFFECTIVE DATES ON APPLICATIONS: EFFECTIVE DATE IS}\
\text{NOT THE FILING DATE (SNAP B. EXAMPLES 16).}\]

Definitions for Chapter 461: 461-001-0000
App Application Process; General: 461-115-0010
Notice Situations; General Information: 461-175-0200

17. Redetermination of Eligibility; Overview

At initial application, a filing group (SNAP C.2) is approved for benefits for a specific certification period. Clients are given the opportunity to reapply before the current certification period ends so that benefits are not interrupted. This is called a redetermination. A redetermination (GP A.46) of eligibility is made to approve or deny continuing benefits.

In addition to the redetermination at the end of a certification period, a new redetermination of eligibility is required at any other time changes are reported or the department determines that eligibility for SNAP benefits is questionable. This redetermination of eligibility in the middle of a certification period does not require a new application. A new certification period should not be established. The reported changes and worker’s subsequent action should be documented in TRACS or ACCESS in a timely manner.

\[\text{SEE SNAP H.6 FOR ACTION ON CHANGES DURING A CERTIFICATION PERIOD}\
\text{AND SNAP B.13 ON LENGTH OF CERTIFICATION PERIODS.}\]

The certification period means the months between initial eligibility and when the certification expires, or the months between one certification and the next.

When a client is receiving Public Assistance (PA), they do not need to complete a separate application for SNAP benefits. The PA redetermination form is also used to reddenable eligibility for SNAP benefits. This means that when a PA redetermination is received, eligibility for SNAP benefits should also be determined. In the combined PA/ SNAP application situation, the SNAP redetermination period should be matched with
the PA redetermination date. For example, if the SNAP certification period ends on June 30, 2003, the PA redetermination date should be July 2003.

Periodic Redeterminations; SNAP: 461-115-0450

Clients receiving TBA will automatically be required to complete an application for redetermination at the end of the TBA period. This is true even if there are months remaining on the certification period that began before TBA.

Transitional Benefit Alternative (TBA) in the SNAP Program: 461-135-0506

Note: Once a case has closed and there has been a break in benefits of even one day, the client must reapply and establish a new filing date. The only exception is if benefits closed because mail was returned by the post office marked “moved, unable to forward” and the closing code was RM.

SEE SNAP H.4.

18. Notice of Redetermination

For certification periods longer than two months, the system automatically sends the FS Redetermination Due notice (FCAS notice “C2”), about 45 days before the end of a certification period. The notice tells the client the date their certification period ends, that they must reapply to continue getting benefits and that they have a right to a hearing.

Notice Situations - Expiration of Certification Period; SNAP: 461-175-0222

When a filing group (SNAP C.2) is certified for one or two months (and not expedited), give the client a notice about when the benefits will end at application, since the system will not have the necessary lead time to issue a notice.

Once established, the certification period cannot be shortened. Instead, the worker must redetermine eligibility as each change is reported. When the group becomes ineligible, the SNAP benefit case must be closed.

SEE SNAP H.6 FOR ACTIONS ON CHANGES REPORTED DURING THE CERTIFICATION PERIOD.

Notice Situation; Benefits for Less Than 30 Days: 461-175-0205

19. Redetermination Process and Interview

The redetermination (GP A.46) process involves establishing a filing date (SNAP B.5), conducting an interview (SNAP B.8), review of the application and supporting verifications (SNAP B.11), and an eligibility determination the same as with an initial
application. Clients must cooperate in the redetermination. Failure to do so causes ineligibility and benefits are not recertified.

If the filing date is before the 15th day of the last month of the prior certification period, the interview must be conducted before the end of the certification period. Clients must be given the opportunity to receive the benefits for the new certification period without a break.

- SEE SNAP B.20 FOR MORE ON THE RIGHT TO UNINTERRUPTED BENEFITS.
- SEE SNAP B.9 ON APPLICATION PROCESSING TIME FRAMES AND SNAP B.20 ON THE CLIENT’S RIGHTS TO UNINTERRUPTED BENEFITS AT RECERTIFICATION.
- THE NOTICE WRITER FORM GS1090A CAN BE USED TO SCHEDULE A FACE-TO-FACE INTERVIEW AT RECERT.

As a part of the redetermination process, some clients may be entitled to expedited services (SNAP B.6). They are only eligible for expedited services if they meet the eligibility criteria and their filing date is after the ending date of the prior certification period. In other words, there must be a break in benefits.

In addition to the possibility of expedited services, benefits must be prorated (SNAP F.27) at recertification if the household established the filing date after the prior certification period ended.

Similar to an initial application, an interview is required at the time eligibility is redetermined. The in-office interview may be waived (see SNAP B.8) but it must be replaced by a telephone or home visit interview. If the client does not attend the interview, the Notice of Missed Interview must be sent (SNAP B.8) and a denial action is required on the 30th day from the filing date.

- SEE SNAP B.8 FOR POLICY REGARDING INTERVIEWS AND REASONS FOR WAIVING THE FACE-TO-FACE IN-OFFICE INTERVIEW.

As with the initial certification application process, clients are required to provide verification at each redetermination. Verifications that were provided with the initial application and have not changed do not need to be requested again. Generally income needs to be verified with each application and reapplication. Give applicants for recertification a written request for verification and allow them at least 10 days to provide the verification.

- SEE SNAP B.11 FOR MORE ABOUT VERIFICATION.

For Self-Sufficiency offices: A prior application may be used during the redetermination process. This involves reviewing the prior application with the client and having the client initial any changes and re-sign and re-date the form. This process requires sitting
down face-to-face with the client. Applications may be reused in this manner as long as a new application is completed once every 12 months.

Clients receiving TANF should have their redetermination processed in time to receive their benefits on the regular issuance date if they return their application and provide the needed verifications before the end of the current certification period.

*For Aging Disabled offices:* There are a number of ways to process the ACCESS application at redetermination:

- During the redetermination interview, changes can be made to ACCESS and the client can sign the new application.
- If a phone interview is done, the application can be mailed to the client after the interview to be reviewed and signed (Clear defaults should be selected).
- If a home visit is done, a Redetermination Application (contains only basic demographics) can be printed from ACCESS and used during the interview in the home.
- The Redetermination Application can be mailed to the client, completed and returned to the local office. An interview to review the application can then be completed.

**Note:** Remember that a phone interview or home visit MUST be completed if the face-to-face interview is waived.

Periodic Redeterminations; SNAP: 461-115-0450

Once eligibility has been determined, assign the longest certification period (SNAP B.13) over which the group’s circumstances can be anticipated, not to exceed 12 months. When the group also receives cash or medical, set the period so that eligibility for SNAP and the other program will come up for review at the same time. Once a new certification period is established, the benefit group (SNAP C.7) continues to receive SNAP benefits unless it becomes ineligible. Do not shorten the certification period.

☞ See SNAP B.13 for information on aligning certification or redetermination periods.

Periodic Redeterminations; SNAP: 461-115-0450

20. **Right to Uninterrupted Benefits**

Clients establish a filing date (SNAP B.5) when they turn in their redetermination application. Clients not receiving TANF or GA will receive uninterrupted benefits if they file their redetermination papers and complete their interview (SNAP B.8) by:

- The 15th of the last month of their certification period if they were approved for two or more months; or
• Within 15 days of receipt of the Notice of Expiration, if they were approved for less than two months.

**Note:** This means workers need to process the recertification papers in such a manner that allows the client 10 days to provide requested verification before the end of the current certification period.

Clients receiving TANF or GA are entitled to uninterrupted benefits if they file their redetermination papers in a timely manner. Redetermination papers are considered filed in a timely manner when they are received by the department by the 15th day of the last month of a certification period. This means, rather than the normal 30-day processing, they must have their benefits for the following month issued on the regular issuance date. Clients on TANF or GA also must not have benefits interrupted while eligibility is redetermined for the cash program.

Periodic Redeterminations; SNAP: 461-115-0450

21. **Acting on Changes from the Redetermination**

At the end of the certification period, adjust or end benefits for the next certification period by sending a basic decision notice, because notice requirements are the same as for initial approval of benefits. The system sends the notice when the recertification (REC) action is coded.

Should the client request a hearing and continuing benefits in the amount of their previous month’s benefits, do not allow the continuing benefits. This is because benefits for the prior amount ended with the end of the certification period. A new eligibility and benefit level must be established with each certification period.

Continuation of Benefits: 461-025-0311
Notice Situations; General Information: 461-175-0200

*FOR ACTION ON CHANGES PRIOR TO THE END OF THE CERTIFICATION PERIOD, SEE SNAP H.6.*

22. **SNAP B – Applications Examples**

**Section 6. Expedited Service Examples**

**Example 1:** A client applied for SNAP benefits on June 18 and meets the expedited criteria. They come into the office for their interview on June 25. This is the seventh calendar day following the filing date. Identification is viewed. SNAP eligibility is determined based on the application and client statements in the interview. A pending
notice (DHS 210 or SDS 539H) is given to verify income and SSN with a due date of July 17.

Example 2: A noncitizen has $100 a month income and no resources. They also have a noncitizen status that makes them ineligible for SNAP benefits. This client meets the expedited service criteria, but is denied because they do not meet all other SNAP eligibility requirements.

Example 3: A noncitizen has $100 a month income and no resources. They also have a noncitizen status that appears SNAP eligible, but SAVE says to implement secondary verification. This client is approved for SNAP benefits because they appear to meet all eligibility requirements and the eligibility decision cannot be delayed beyond the seven-day processing time frame waiting for the secondary verification from SAVE.

Section 7. Withdrawn Applications Examples

Example 1: Meg is receiving SNAP benefits through March 31. In December, she applies for medical and SNAP benefits. The worker should clarify to Meg that she is already receiving SNAP benefits and there is no need to reapply. Narrate this conversation and no denial notice is needed.

Section 9. Application Processing Time Frames Examples

Example 1: A client completes the interview in the first 20 days from the filing date but calls their worker on day 26 of the application period to say that they are not able to get all of the verification before day 35 because the source is out of town. The worker extends the application processing period to day 35. The client provides the requested verification on day 35, eligibility is determined and benefits are opened back to the filing date.

Example 2: A client asks for a SNAP application, the office is so backed up that they cannot schedule the interview before the 21st day from the filing date. The client shows for the interview, and is given a DHS 210 or SDS 539H pending notice asking for the information by the 31st day. They provide the requested verification on day 31. Eligibility is determined and benefits are issued back to the filing date.
Section 11. Verification for 30-Day Application Processing and Changes Examples

Example 1:  Adam reports his rent increased from $250 a month to $550. He is in HUD housing and the worker questioning the new amount requested verification on a DHS 210A. The shelter deduction of $250 continues until the verification is received.

Example 2:  Beth reports she is only paying $200 in court-ordered child support due to a loss of income. She was paying $300 at the start of the certification. Continue the FSMIS deduction code of COS of $300 until the proof is received.

Section 16. Effective Dates on Applications Examples

Example 1:  A group applies for SNAP benefits on May 10. They have already received benefits in another state in May. They are ineligible on the filing date. The effective date is June 1, if they have closed their other SNAP case.

Example 2:  When the group provides verification within 30 to 60 days after their filing date and the office did not give them extra time to do this, then, the effective date is the date they provide the verification, as long as they meet all eligibility requirements on that date.

Example 3:  The effective date is the first of the month for groups including migrant (GP A.34) or seasonal (GP A.49) farm workers (SNAP I.1 who received SNAP benefits in another state the month before applying for SNAP benefits in Oregon.
C. Eligibility Determination Groups

1. Household Group

People who live in the same dwelling are in the same household. A dwelling is defined as living space, separate from other dwellings that have access to the outside that does not pass through another dwelling, and contains a sleeping area, bathroom and kitchen facility.

For example: A house is two separate dwellings when it is divided into two separate identified apartments and each contains its own entrance from outside, bedroom, kitchen and bath area.

SEE HOUSEHOLD GROUP EXAMPLES (SNAP C. EXAMPLES 1).

Persons residing in each of these dwellings are considered their own household. If a child (under the age of 22) lives in a separate dwelling from their parents (GP A.39), they are two separate household groups. In this situation, the parents and child will not be placed in the same filing group (SNAP C.2) because they are not in the same household.

For homeless (GP A.28) groups, the household is the people who consider themselves living together.

SEE SNAPSHOT FOR A LIST OF HOMELESS SHELTERS CERTIFIED TO ACCEPT SNAPSHOT IN PAYMENT FOR PREPARED MEALS.

When people live in more than one household during a calendar month, consider them in the household where they eat at least 51 percent of their meals.

When children live in shared custody situations, it must be determined whose household they receive the majority of their meals from. The parent whose house the child leaves to go to school that morning receives credit for breakfast and lunch.

SEE HOUSEHOLD GROUP EXAMPLES (SNAP C. EXAMPLES 1).

Exception: Residents of domestic violence shelters (GP A.16) or safe homes (GP A.48) can be in both the household they just left and the household they are in the month they enter the shelter.

SEE SNAP G.7 AND IB A.29 REGARDING ISSUING BENEFITS TO CLIENTS RESIDING IN DV SHELTERS OR SAFE HOMES.

In addition, people gone from the household for 30 days or more are no longer in the household.

SEE SNAP H.5 FOR POLICY ON WHEN A PERSON IS INCARCERATED.
2. **Filing Group; Overview**

After determining who is in the household, determine who is in the filing group. The filing group is the people who live together whose circumstances are considered in determining eligibility.

**Filing Group; Overview: 461-110-0310**

3. **Filing Group; Most Situations**

The filing group is the people in the household who:

- Choose to apply together; **and**
- Must apply together because of relationship or other circumstances (such as purchasing and preparing their meals together) that make them ineligible to apply separately from others living there.

When all people living together purchase or prepare meals together they are all in the same filing group, unless they meet an exception in SNAP C.4.

> SEE SNAP I.3 FOR INFORMATION ON WHO MAY BE ELIGIBLE FOR SNAP WHEN MEALS ARE PROVIDED.

Additionally, some people who live together must be in the same filing group, **even if they purchase and prepare their food separately.** These people are:

- Spouses (GP A.51).
- Parents (GP A.39) and their children (GP A.8), unless the children are age 22 or over.
- Children under age 18 who live with an adult who is not their parent, but the adult has parental control. Parental control means the adult is responsible for the care, control and supervision of the child or the child is financially dependent on the adult.

**Definitions for Chapter 461: 461-001-0000**

> SEE FILING GROUP EXAMPLES (SNAP C. EXAMPLES 3).

For everyone else, the filing group is all the people in the household, except for people who purchase and prepare their food separately.

Residents of commercial boarding houses cannot be in the filing group. However, the manager/owner of a commercial boarding house and their filing group can apply separately from the resident boarders.
Higher education students that do not meet the criteria to be an eligible student (SNAP D.3) cannot be in the filing group. Only higher education students who meet this special criteria or who are under age 18 or age 50 or older can be included in the filing group. Higher education students residing in dorms or other group college living situations with meal plans are not eligible for SNAP in separate filing groups.

Eligible and Ineligible Students; SNAP: 461-135-0570

See Examples of Filing Groups Ineligible Student #7 (SNAP C. Examples 3).

See SNAP D.3 for more on Higher Education Students.

A person who received SNAP benefits in the month of application in another benefit group is excluded from the new filing group. They can be excluded for a maximum of two months, if necessary, due to notice requirements, unless the person was head of household in the other case. Even if the HH received SNAP in another state, this is considered an ongoing case. If the person received SNAP this month as head of household, deny benefits for the entire filing group.

See SNAP F.15 for how to treat persons receiving California SSI.

Note: A person that is not included in the filing group will not have their income included in the group’s countable income. If a person drops out of the filing group, they are not included in the financial, need or benefit groups.

Filing Group; Overview: 461-110-0310
Filing Group; SNAP: 461-110-0370

4. Filing Group; Special Living Arrangements

See SNAP I.3 for more on situations where meals are provided.

Drug/Alcohol Treatment Centers (A&D) or Residential Care Facilities (RCF). Residents in drug/alcohol treatment centers or residential care facilities (GP A.9) are not eligible for SNAP benefits when the facility provides the meals unless the facility is certified by the state.

If the facility is not state certified, the facility cannot apply for the client. In this instance, the client must have cooking facilities available for personal use and be responsible for at least 51 percent of their own meals to be eligible for SNAP benefits.

Certified A&D: In order for residents of drug/alcohol treatment facilities to be eligible for SNAP benefits, the facility must be certified through the State of Oregon Office of Alcohol and Drug Abuse Program. All residents must apply through an authorized representative (SNAP B.14) who is an employee of the facility. An employee of the facility must sign the application. Each resident forms their own filing group unless they are

SEE SNAP-WG #2.1 FOR MORE ON CLIENTS LIVING IN AN A&D TREATMENT CENTER.

SEE SNAP I.4 FOR A LIST OF A&D TREATMENT CENTERS WITH POINT-OF-SALE DEVICES.

Residents of Institutions; SNAP: 461-135-0510

Certified RCF: Residents of an RCF can receive benefits only if all the following are true:

- The facility is public or private nonprofit, serves no more than 16 residents, and is licensed by the State of Oregon, Department of Human Services (DHS).
- The resident applies through an authorized representative who is an employee of the facility, unless the facility determines that the resident can apply on their own.
- The person is blind or has disabilities (GP A.15).
- The person meets all other SNAP eligibility requirements.

The certified facility may apply for the residents as an authorized representative or the facility may decide that the resident is able to apply on their own. Each resident forms their own filing group. When the RCF residents do not have an employee of the facility as their authorized representative, form the filing groups according to the bullets in SNAP C.3.

Note: If the certified RCF applies for its residents, it must apply as an authorized representative for each resident and sign the application.

Note: DD clients receiving brokerage services are not considered to be residing in a RCF.

SEE SNAP F.23 FOR MORE INFORMATION ON GROUP LIVING ARRANGEMENTS.

SEE SNAP-WG #2.2 FOR MORE ON CLIENTS LIVING IN AN RCF.

SEE SNAP I.4 FOR A LIST OF NON-PROFIT MENTAL HEALTH RCFs.

Residents of Institutions; SNAP: 461-135-0510
Residents of Drug Addiction and Alcohol Treatment Facilities; SNAP: 461-135-0550

Elderly Persons Who Have Disabilities. An elderly person (GP A.18) and their spouse (GP A.51) (if any) may apply separately from others they live with who purchase and
prepare meals for them. This is true only if the elderly person is unable to purchase and prepare their own food because of a severe and permanent disability, and the income of the other household group members managing the food does not exceed this limit:

<table>
<thead>
<tr>
<th>Others Living in the Dwelling</th>
<th>Monthly Countable Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,490</td>
</tr>
<tr>
<td>2</td>
<td>2,004</td>
</tr>
<tr>
<td>3</td>
<td>2,518</td>
</tr>
<tr>
<td>4</td>
<td>3,032</td>
</tr>
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<td>5</td>
<td>3,547</td>
</tr>
<tr>
<td>6</td>
<td>4,061</td>
</tr>
<tr>
<td>7</td>
<td>4,575</td>
</tr>
<tr>
<td>8</td>
<td>5,089</td>
</tr>
<tr>
<td>Each additional person</td>
<td>515</td>
</tr>
</tbody>
</table>

SEE EXAMPLES OF FILING GROUP; SPECIAL LIVING ARRANGEMENTS ELDERLY #1 AND #2 (SNAP C. EXAMPLES 4).

Filing Group; SNAP: 461-110-0370

Foster Care/Guardianship Assistance. Persons in foster care (CA B.29) or receiving Guardianship Assistance cannot form their own filing group. This is because they are having meals provided as part of their foster care/guardianship assistance, so they do not have a food need.

The familial relationship ties noted in SNAP C.3 regarding spouse and child under age 22 are not broken, even when a person is in foster care. If the caregiver applies for benefits, the caregiver can choose to include or exclude the person(s) in foster care/guardianship assistance, their spouse or child under age 22 from the filing group. If the caregiver chooses to include the person(s) in foster care/guardianship assistance in the group along with other people living there, form the filing group according to the bullets in SNAP C.3.

For SNAP, treat residents of Adult Foster Care (AFC) (GP A.9) as follows:

- Residents of nonrelative AFC not licensed by the state are not eligible for SNAP benefits.
- Residents of AFC and relative AFC facilities licensed by the state must apply with their caregiver to be eligible for SNAP per rule 461-110-0370.

SEE SNAP-WG #2.6 FOR MORE ON CLIENTS LIVING IN AN AFC SITUATION.

Filing Group; SNAP: 461-110-0370
People in Adult Foster Care (AFC) and Boarding Houses; SNAP: 461-135-0530

SEE EXAMPLES OF FILING GROUP; SPECIAL LIVING ARRANGEMENTS FOSTER CARE, #3, #4 AND #5 (SNAP C. EXAMPLES 4).
**Note:** Proctor care administered by or under contract to a state agency is a form of foster care. Treat these situations and income the same as foster care.

**Live-In Attendants.** A live-in attendant is a person living in the household and paid to provide medical, housekeeping or similar personal services for a person with disabilities or elderly (GP A.18) person. They are not considered a member of the elderly person’s or person with disabilities’ household unless they are related as specified in the bullets in SNAP C.3. When live-in attendants are not related as specified in the bullets in SNAP C.3. to the person they are caring for, they may apply with their minor children (if any) separately from the people for whom they are providing services.

*SEE EXAMPLES OF FILING GROUP; SPECIAL LIVING ARRANGEMENTS LIVE-IN ATTENDANT #6 (SNAP C. EXAMPLES 4).*

**Note:** A paid live-in attendant provides essential supportive services in the client’s home; or in the home of a relative or others with whom the client lives; or the client lives with a relative or others who provide paid care services and the living situation does not meet foster care licensing requirements. The services range from assistance with household tasks to assistance with activities of daily living.

Supportive services may be provided to those individuals who have been assessed by DHS to be in need of a service or whose physician prescribes supportive services.

Filing group; SNAP: 461-110-0370

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**Residents of Domestic Violence Shelters (GP A.16) or Safe Homes (GP A.48).** These clients can be in two filing groups the month they enter the shelter, when they recently left a household containing a person who abused them. These clients may receive SNAP benefits twice that month if they: were not issued an Oregon Trail card; are unable to access the benefits; or the original benefits remain in control of the abuser. The two filing groups are the one they just left and the one they are in the month they enter the shelter. Once in the shelter/safe home, residents can choose to apply together or form filing groups according to the bullets in SNAP C.3.

*SEE SNAP G.7 AND IB A.29 REGARDING ISSUING BENEFITS TO CLIENTS RESIDING IN DV SHELTERS OR SAFE HOMES.*

*SEE SNAP-WG #2.4 FOR MORE INFORMATION ON CLIENTS LIVING IN DV SHELTERS OR SAFE HOMES.*

Filing Group; Overview: 461-110-0310
Filing Group; SNAP: 461-110-0370

*SEE EXAMPLES OF FILING GROUP; SPECIAL LIVING ARRANGEMENTS DV SITUATIONS #7 (SNAP C. EXAMPLES 4).*

**Institutions.** People who reside in an institution that provides them with at least 50 percent of their meals may or may not be eligible for SNAP benefits. It is important to consider the client’s circumstances when making a determination.
People in a general hospital, state institution, intermediate care facility or semi-skilled or skilled nursing facility for 30 days or more are not eligible.

The following are not considered institutions:

- Domestic violence shelters (GP A.16).
- Public or private nonprofit shelters for homeless people (GP A.28).
- Federally subsidized housing for the elderly built under section 202 of the Housing Act of 1959 or section 236 of the National Housing Act (contact your local housing authority for more information).

Residents of Institutions; SNAP: 461-135-0510

Lodgers. A lodger is someone who pays someone else in the household for their meals. Lodgers cannot form their own filing group. This is because they do not purchase and prepare their meals. However, if their meal provider applies for benefits, the meal provider can choose to include or exclude a lodger paying a reasonable amount from the filing group.

Lodgers paying less than a reasonable amount for their meals must be in the filing group with the meal provider. The amount they are paying is not reasonable when it is less than the Thrifty Food Plan for themselves and anyone else in their filing group, if they pay for more than two meals a day. It also is not reasonable when it is less than two-thirds of the Thrifty Food Plan for themselves and anyone else in their filing group, if they pay for two or less meals per day.

Residents of commercial boarding houses are not eligible. A person operating the boarding house and his or her filing group may receive benefits separate from the residents.

Filing Group; SNAP: 461-110-0370
People in Adult Foster Care (AFC) and Boarding Houses; SNAP: 461-135-0530
Lodger Income: 461-145-0340

5. **Financial Group**

The financial group consists of all the people in the filing group (SNAP C.2). Everyone in this group will have their income and resources counted.

Financial Group: 461-110-0530

6. **Need Group**

The need group are the people whose basic and special needs are used in determining eligibility.
The need group consists of all of the financial group (SNAP C.5) members except any member who:

- Does not meet the nonfinancial eligibility requirements;
- Is disqualified for IPV (GP C.5);
- Is fleeing to avoid prosecution, custody or confinement after conviction for a felony or attempt to commit a felony;
- Is violating a condition of parole or probation imposed under state or federal law; or
- Is disqualified for multiple SNAP participation, for use or receipt of SNAP to purchase a controlled substance, firearms, ammunition or explosives or trafficking benefits.

Note: Examples of clients not meeting the nonfinancial requirements are ineligible noncitizens (SNAP D.5), clients disqualified for failure to meet work requirements (SNAP D.16), or clients disqualified for refusal to provide an SSN (SNAP D.6).

Although people are dropped from the need group because of the bulleted reasons above, their income and resources still count. This is because they are still members of the financial group. Individuals who fail to get SNAP benefits for these reasons do not have their needs considered when choosing the payment standard to calculate benefits.

7. Benefit Group

People from the need group (SNAP C.6) who have resources below the limit and have income below the Income Limits/Payment Standard are in the benefit group and get SNAP.
If the benefit group does not have at least one eligible person in the benefit group, deny the application.

Filing Group; Overview: 461-110-0310
Benefit Group: 461-110-0750

8. Supplemental Nutrition Assistance Program (SNAP) C – Eligibility Determination Groups Examples

Section 1. Household Groups Examples

Example 1: A 20-year-old son, Art, lives in a self-contained camp trailer on his parents’ property. He has a bathroom, microwave oven and a small stove in the trailer. He states that he purchases and prepares his own food, and he is applying for SNAP benefits for himself only.

Forming the group: The son does not need to apply for SNAP benefits with his parents because he is in a separate dwelling where he prepares his own meals. He is living in a household separate from his parents and is therefore eligible to apply for SNAP benefits for himself only.

Example 2: An 18-year-old son lives in a camp trailer on his parents’ property with his girlfriend. They state that they purchase and prepare their meals together. However, because the camp trailer is not equipped for cooking, they cook and eat at his parents’ house.

Forming the group: The son and his girlfriend cannot form their own filing group separate from his parents because they do not have the facility or equipment to prepare their own meals.

Example 3: A client and her two children live with her husband who is a long-haul truck driver. The husband is on the road three weeks out of every month. He buys his meals on the road. The client and the children want to apply for SNAP benefits separate from the husband.

Forming the group: The client and her children are separate from the husband. The husband is not included in the household because he eats over 51 percent of his meals elsewhere. However, the portion of his pay he gives to his family counts as unearned income (support).

Section 3. Filing Group; Most Situations Examples

Example 1: A pregnant client and her boyfriend (father of her unborn) state they live together, but purchase and prepare food separately. The
client wants to apply for SNAP benefits separate from her boyfriend.

Forming the group: Each adult can be separate for SNAP. When the baby is born, however, the baby must get SNAP with its parents. Therefore, at that time, the three of them will become one SNAP group, even if they continue to purchase and prepare food separately.

Example 2: A pregnant 19-year-old lives with her parents and 13-year-old brother. She states she purchases and prepares food separately from the rest of the family and wants to apply for separate SNAP.

Forming the group: The 19-year-old must be part of the one SNAP group that lives together. She is under age 22 and lives in her parents’ residence, and therefore is part of their filing group. Even when the baby is born, she and her baby cannot form a separate group from her parents until she turns 22.

Example 3: An 18-year-old lives in a camp trailer on his friend’s property. He states he purchases and prepares his own meals. He cooks and eats his meals at his friend’s house because the trailer is not equipped for cooking.

Forming the group: Even though the 18-year-old is in his friend’s household group, he does not need to apply for SNAP with his friend as long as he purchases and prepares his own meals. He can form his own filing group even though he cooks at his friend’s house, because his friend is not his parent.

Example 4: A 19-year-old, her 24-year-old friend and their common child live with her parents. She states that she and her child purchase and prepare food separately from the rest of the household and want to apply for separate SNAP benefits.

Forming the group: The 19-year-old, 24-year-old and their common child must be part of the same SNAP filing group because the child draws in both parents. The client is under age 22 and she is living with her parents. Therefore, they must all be part of the same filing group. (If the 19-year-old, 24-year-old and child were living with the 24-year-old’s parents, they could be in a separate filing group from his parents.)

Example 5: A 26-year-old woman moved in with her parents. Two of her children (ages 3 and 5) also live with her parents. The parents have guardianship over the young children.

Forming the group: The 26-year-old cannot be a separate filing group from her two children because they are under the age of 22. The children cannot be a separate filing group from the grandparents because they
have parental control, care and supervision. Therefore, the filing group consists of the 26-year-old, her parents and the two children.

Example 6: Denise, age 12, is on SNAP benefits with her mother. On March 16, she moves in with her father, who applies for benefits for both of them. Although her father may be eligible in March, Denise cannot receive SNAP benefits with him and is excluded from the filing group. Send 10-day notice to Denise’s mother to remove her from that case before adding her to her father’s filing group.

Example 7: A married couple purchase and prepare food together and want to apply for SNAP benefits together. One of them is an ineligible student.

Forming the group: This is one household group, but the ineligible student is excluded from the filing and other groups. Therefore, only the nonstudent can get SNAP benefits, and none of the ineligible student’s income or resources count.

Example 8: Tammy moves in with Tommy, and they are purchasing and preparing their meals together. Tommy wants to apply for SNAP benefits, but Tammy received benefits with her mother this month in Washington.

Forming the group: Since Tammy was not the head of the household on her mother’s case, Tommy can receive benefits this month without Tammy.

Section 4. Filing Group; Special Living Arrangements Examples

Example 1: Elderly Person –

An elderly person and their spouse live with their daughter (age 21) and her spouse. The couple has disabilities that prevent them from purchasing and preparing their own meals. The couple may form a separate filing group from the daughter and her spouse even though the daughter is under age 22, as long as the daughter and her spouse have countable income below 165 percent FPL. (Income chart is in SNAP C. 4).

Example 2: Elderly Person –

A 72-year-old woman lives with her daughter. The woman has temporary disabilities due to a car accident and is unable to purchase and prepare her own meals. She may not form a separate filing group from her daughter because she does not meet the criteria of a severe and permanent disability.
Example 3: Foster Care –

The household group consists of a person in AFC, his daughter (age 26), her spouse and their two children. The daughter and her husband may apply for SNAP benefits with or without her father. They are all purchasing and preparing meals together but the daughter may exclude her father from the filing group simply because he is getting AFC.

Example 4: Foster Care –

Elderly parents live with their 27-year-old daughter. The daughter provides foster care for her father. The daughter purchases and prepares food for everyone in the household and wants to apply for SNAP benefits for herself and her mother only.

Forming the group: The daughter can choose to exclude the person in foster care and his spouse or children under 22 from the group. She can only apply for her mother if she includes her AFC father. So, she alone can be a separate SNAP group. Her father and mother, however, cannot be in a separate group because he is in foster care and is ineligible if he applies for himself and spouse.

Example 5: Foster Care –

The household group consists of a teen in foster care with a newborn and the foster care provider.

Forming the group: The provider must choose to include or exclude the teen and newborn from the filing group. The newborn cannot receive SNAP benefits without the foster care teen. The foster care teen can only receive SNAP benefits if the provider applies and includes the teen in their filing group.

Example 6: Live-in Attendant –

The household group consists of a person with disabilities that keep them from doing housekeeping or personal services and they have hired another to live in their home to provide these services. Each may apply for SNAP as separate filing groups as long as they are not required to apply together due to relationship. If the person receiving care provides the majority of the attendant’s meals, the attendant cannot apply for SNAP as a separate filing group. If the person receiving care provides the majority of the attendant’s meals and the attendant is not in the filing group, the client may also get a medical deduction for the cost of the meals up to a one-person SNAP payment standard.
Example 7: DV –

A client and two children fled their home and went to a friend’s home to be safe. This client may not get a second SNAP issuance in the month because she did not flee to a DV shelter and is not in a dwelling that meets the definition of a safe home.

Example 8: A 30-year-old woman lives with her husband and her 52-year-old mother. She does all the grocery shopping, using her mother’s money to pay for her mother’s own food. The daughter also does all the cooking, preparing separate meals each day for her mother.

Forming the group: There are two filing groups in this household - the married couple is one; the mother is separate. Even though the daughter does all the shopping and cooking, the food is purchased and prepared separately for the two groups.

Section 6. Need Group Examples

Example 1: A married couple with 10- and 12-year-old children purchase and prepare food together and want to apply for SNAP together. The mother is an ineligible noncitizen.

Forming the group: This is one filing group. The mother is excluded from the need and benefit group, because she does not meet the nonfinancial requirement for citizenship. Because she is in the financial group, a prorated share of her income and deductions count.
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D. Nonfinancial Eligibility

1. Identity

The applicant and their authorized representative (SNAP B.14) (if any) and the alternate payee, if any, must establish and verify (SNAP B.11) their identity.

☞ SEE MP WG #2.5 FOR EXAMPLES OF VERIFICATION OF IDENTITY.

Required Verification and When to Verify; SNAP: 461-115-0651
Verification For SNAP Expedited Service; Time Limits: 461-115-0690

2. Residency

The group must reside in Oregon and not be simply vacationing here. There is no minimum or maximum time that they are required to be in Oregon in order to be a resident. In addition, there is no requirement that they intend to reside here permanently.

Categorically eligible (SNAP E.1) groups are assumed to meet residency when it has been established in the categorical program.

Note: Although clients are not required to have a fixed mailing address, they must provide a location to get notices from the department. This mailing address cannot be the branch address. To use the branch address means the department is sending the client notice to the department and not the client. For the homeless (GP A.28), the mailing address may be General Delivery or the address of a shelter or a friend.

☞ SEE MP WG #2.8 FOR EXAMPLES OF VERIFICATION OF RESIDENCY.

Residency Requirements: 461-120-0010
Categorical Eligibility for SNAP: 461-135-0505

3. Students

SNAP clients who are ages 18 through 49 and enrolled at least half time in an institution of higher education must meet special criteria to be eligible. Students who are covered by a meal plan are not eligible for SNAP.

(A) Higher Education includes:

(1) College or university, including those that are online, that offer a degree, whether or not a high school (HS) diploma or GED is required.
(2) A business, trade or vocational school that normally requires a HS diploma or GED for enrollment in the curriculum.

(B) Higher Education Enrollment:

(1) Is designated as half or full-time by the institution.

(2) Is continuous through school vacations and summer break if the student intends to return to school for the next term.

(3) Ends when the student:

   (a) Graduates;

   (b) Drops out (by officially dropping or canceling classes);

   (c) Is suspended or expelled;

   (d) Does not intend to register for the next school term (excluding summer term).

(4) Does not apply to:

   (a) Clients who have registered for higher education but are not yet enrolled in classes (have not yet started classes).

   (b) Students enrolled for the purposes of taking high school equivalency programs such as GED, ABE or ESL.

Note: Clients must meet student status at cert or recert only when classes start in the calendar month in which eligibility determination occurs or if they are already in higher ed and plan to enroll for the next term.

(C) Eligible Student Criteria (must meet one):

(1) Be physically or mentally unfit for employment (SNAP B.11). This includes:

   (a) People receiving disability benefits;

   (b) People going to school through a vocational rehabilitation program or with a training program supported by their vocational rehabilitation program;

   (c) People receiving SFPSS program benefits due to a disability.

(2) Be a paid employee working an average of at least 20 hours a week. The student must have an employee/employer relationship. This means the employer directs and controls their work activities; they receive a cash
payment for their work and can be fired for failure to adequately perform their activities.

**Note:** *Student work hours do not include hours a student may work in an internship, externship, graduate assistance or fellowship program as these are all forms of educational income. Earned in-kind payments do not count towards working 20 hours a week. By law, individuals participating in AmeriCorps are not considered employees. Therefore, students cannot meet their work hour requirement using AmeriCorp hours.*

(3) Be self-employed at least 20 hours a week and receive countable weekly earnings of at least the federal minimum wage times 20 hours (after allowable cost) (CA C.2)). The self-employment income is at least $1247 SEC and $623.50 SEN.

(4) Be approved for state or federally funded work-study, have accepted a work-study position and, if not currently working the position, have been given a start date within the current term or semester. Eligibility begins the month in which school begins or the month work study is approved, whichever is later. Eligibility continues through breaks of less than a month.

(5) Be responsible for the care of a child in the filing group and the child is:

(a) under age 6 in a one-or two-parent home;

(b) age 6-11 in a one- or two-parent home and the local office determines that adequate child care is not available for the client to both attend school and satisfy the 20-hour a week work requirement.

(c) age 6-11 in a one-parent home, if the parent is a full-time student. This applies to any single adult with parental control.

(d) In a two-parent home, determine with the client who has primary responsibility for care of the child or children. A child in the home does not make a student eligible for SNAP if the student is not the primary caretaker. If there is more than one child under age 6 in the home and each parent is primarily responsible for the care of one child, both parents can be eligible students.

**Note:** *In order for both parents to be eligible in this situation, they must explain why each has primary responsibility for a different child (e.g., work or school schedules).*

(6) Be in a TANF benefit group.

(7) Be in a Workforce Investment Act (WIA) training program.

(8) Be enrolled in higher education as a result of participation in the JOBS program. Currently there is no such component in the JOBS program.
In a program serving displaced workers under Section 236 of the Trade Act of 1974.

Note: To determine if someone is serving in a displaced worker program check the ECLM screen. If the function key “10)TRA” appears at the bottom of the screen, the client may potentially be in this program. Press F10 to access the Trade Act screen (ETRC). Look at the column beginning with "Prior SSN," then go down 10 lines to the “Tng” field. If today's date is within the beginning and end dates in this field, the client is currently in a program under the Trade Act.

Receiving TUI (tuition assistance UC). This is verified when the FO (field office) on ECLM is 070.

Eligible Students

If the student meets the eligible student criteria, they:

1. Are included in the filing group and must meet all other eligibility criteria.
2. Are exempt from the SNAP work program.
3. Have income and resources counted when determining eligibility. Refer to (CA B.24) on student income to determine which federal funds may be excluded. (CA B.81) provides information on educational benefits for veterans. Use the Educational Income Calculation for ERDC and Food Stamps worksheet (DHS 7351) to compute educational income. MP WG #14 provides examples of most types of educational income.

Note: Use the Educational Income Calculation for ERDC and Food Stamps (DHS 7351) to help determine if a child care deduction is allowable and the amount allowed.

Ineligible students

1. If the student is found ineligible, they:
   a. Are excluded from the filing, financial, need and benefit groups, and
   b. Any costs they pay for the household are not allowed as deductions.

Changes in student status

1. When an ineligible student reports they have dropped out of school or have finished the current term and do not intend to re-enroll, treat this as a request for benefits (i.e., pend for required eligibility information). Unless the student has officially disenrolled during the school term to recoup a
portion of their tuition and fees, it is unrealistic to pend for proof that the client will not continue their education.

(2) If an ineligible student reports income on the *Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) form, pend for information using the *Notice of Incomplete Information* (DHS 487) form. Do not accept the client’s statement that all educational funds are excluded. Any potentially countable income must be verified, which includes determining eligible student status.

(3) If a SNAP recipient reports starting higher ed, but does not report income, do not review student status until redetermination.

(4) When processing a cert, recert or DHS 852 for a student before they have received an expected financial aid award, do not hold or pend for receipt of that income verification. Ensure that the student understands their income reporting requirements.

4. **Declaration of Citizen/Noncitizen Status**

An adult applying for SNAP or an authorized representative (SNAP B.14) must sign a statement declaring under penalty of perjury that the reported citizen/noncitizen status of each person they are requesting SNAP for is true.

*Note: Clients accomplish this by signing the application for SNAP.*

Declaration of Citizenship or Alien Status: 461-120-0130

5. **Citizen Status**

To qualify for SNAP, the client must be a U.S. citizen or a qualified noncitizen. Only persons who want benefits are required to disclose their citizenship. Persons who do not want benefits or who do not want to give their status and who must be included in the filing group (SNAP C.2) are treated as ineligible noncitizens (NC1s).

*See NC B for details on determining eligibility if a filing group member is not a citizen.*

A U.S. citizen includes the following people:

- A person born in the U.S.;
- A naturalized citizen;
• A person born outside of the U.S. but whose parents (GP A.39) (both mother and father) are U.S. citizens;

• A person born outside of the U.S. who is over 18 years of age but who has at least one parent who is a U.S. citizen. The person must either have a certificate of U.S. citizenship or meet one of the following criteria:
  - Born on or after December 24, 1952, and prior to November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions for 10 years or more, at least five of which were after age 14;
  - Born on or after November 14, 1986, and their citizen parent was physically present in the U.S. or its outlying possessions five years or more, at least two of which were after age 14.

• A child born outside of the U.S. who is under 18 years of age and has at least one parent who is a U.S. citizen. The child is residing in the U.S. in the legal and physical custody of the citizen parent after having been lawfully admitted into the U.S. as an immigrant for lawful permanent residence;

• A child lawfully adopted by U.S. citizens.

• A citizen of Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands (Saipan, Tinian, Rota and Pagan), American Samoa and the Swains Islands.

SEE MP WG #2.2 FOR EXAMPLES OF VERIFICATION OF CITIZEN/ALIEN STATUS.

6. Social Security Number

All clients in the benefit group (SNAP C.7) must provide their Social Security number (SSN) if they have one. If they do not have an SSN, they must make a good-faith effort to apply for an SSN and provide it when it is received. Only those persons who want benefits are required to provide their SSN. Other persons living in the household are not required to provide their SSN.

SEE MP WG #2.10 FOR EXAMPLES OF VERIFICATION OF SSN.

Applicants may be required to provide documentary or collateral information that they have made every effort to supply the Social Security Administration (SSA) with the necessary information to get an SSN.

Applicants eligible for SNAP expedited services (SNAP B.6) may receive their first allotment of SNAP benefits without meeting the SSN requirement, but they must meet the requirement before receiving a second allotment of SNAP benefits.
A new person (other than a newborn) must provide their SSN or provide proof they have applied for their SSN before being added to an existing SNAP group.

A newborn may be added to an existing SNAP group for six months or until the next redetermination, whichever is later, before meeting the SSN requirement.

Workers are to verify the SSN using the W204 screen. If the client is not currently receiving other program benefits, a TPQY should be processed to receive a match from the SSA.

When a match with the SSA’s file indicates a discrepancy with the client’s SSN, the client must provide evidence to resolve the discrepancy. If the client does not, the member of the need group (SNAP C.6) who fails to comply becomes ineligible if they failed without good cause. The disqualification continues until the person complies with an application for their SSN or provides the number.

**Note:** A person disqualified for no SSN is coded as a DP or DH; their income remains countable to the eligible benefit group members.

Requirement to Provide or Apply for SSN: 461-120-0210

7. **SNAP Work Program Requirements; Who Must Comply**

SNAP clients aged 18 through 59, and ages 16 and 17 if the primary person, must cooperate with the work requirements to be eligible. Work requirements apply year-round other than participation in the OFSET Program, which is limited to eight weeks in each 12-month period.

8. **Work Requirement Exemptions**

The first step in deciding whether to apply SNAP work requirements is to determine which clients are exempt from the requirements. The following clients are considered exempt:

1. Heads of households who are age 16 or 17 and are either:
   a. Attending school or:
   b. Enrolled in an employment training program at least half time.

2. Clients who are working a minimum of 30 hours a week or earning money equal to at least the federal minimum wage x 30 hours a week x 4.3 weeks ($7.25 x 30 x 4.3 = $935.25 as of 7/24/09).
a. Self-employed clients with allowable costs must meet the earnings threshold after allowing the 50 percent deduction (SEC of $1,870.50 or SEN of $935.25);

b. Migrant (GP A.34) and seasonal (GP A.49) farm workers (SNAP I.1) meet this when they have a contract or agreement to work this amount and will begin work within 30 days.

3. Clients who are responsible for the care of a dependent child under age 6. In two-parent families, establish with the client who is the primary caretaker of the children. Additionally, if the client cannot pay for their child care, they are exempt from the work program.

4. Clients with a mental or physical condition that prevents them from working. Verify (SNAP B.11) this exemption with a statement from a medical practitioner if questionable.

5. Clients who are required to care for a person in the household with a disability (SNAP C.2). If the person with a disability is not a member of the household, the client must spend at least 30 hours a week caring for that person. In this case, the client must verify the disability, the need for care and the hours of care needed.

6. Clients enrolled at least half-time (as defined by the school) in:
   a. High school or an equivalent program, or
   b. A training program; or
   c. Higher education. Establish that clients who are in higher education are eligible students (SNAP D.3) before determining work program status.

**Note:** Clients remain exempt during normal periods of vacation and recess, including summer vacation.

7. TANF clients who are participating in JOBS.

8. Clients who have applied for or are receiving unemployment compensation (UC).

9. Clients attending alcohol or drug treatment, meetings or in rehabilitation programs.


11. Clients who have other barriers to employment, such as lack of child care, transportation, being homeless (GP A.28), having a medical condition or having family issues such as domestic violence. When evaluating these issues, decide whether they truly are barriers to employment.
Note: All exemptions must be narrated. It is particularly important to narrate why a client is exempt due to barriers based on the case worker’s judgment.

Participation Classifications: Exempt, Mandatory, and Volunteer: 461-130-0310

9. SNAP Work Requirements for Mandatory Clients

SNAP applicants and recipients who do not meet an exemption are considered mandatory. Clients who are mandatory and those who are exempt because of working 30 hours a week, participating in JOBS or getting UC, must do the following or be subject to disqualification:

1. Register for work. By signing the application, the head of household registers all adults in the filing group.

2. Cooperate in determining their mandatory or exempt status.

3. TANF clients must cooperate with their JOBS requirements.

4. Comply with OED work search requirements for UC.

5. Accept a bona fide offer of employment, as long as the position is not vacant due to strike or lockout, and it pays the applicable minimum wage.

6. Not quit a productive job unless they have a good reason. A productive job is one that averages at least 30 hours per week or pays at least 30 hours per week times the federal minimum wage. Clients must not quit these jobs within 30 days before applying for SNAP or while receiving SNAP. Reducing hours of work below the productive job standard is also considered job quit.

7. Complete the OFSET work activities agreed to in their case plan, which includes making progress reports to the local contractor.

Note: Exempt clients, and mandatory clients who have completed their OFSET participation, may volunteer for the program if the district budget supports it.

General Requirements; Pre-TANF, REF, TANF: 461-130-0315
General Requirements, SNAP Program: 461-130-0320
Job Quit by Applicants; SNAP: 461-135-0521

10. Changes in Work Requirement Status

Each adult’s mandatory or exempt status is reviewed at certification, recertification and when processing the Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852), if follow up
on earlier changes is required. When status changes, update FSMIS coding and narrate the change.

1. If a client’s status changes from exempt to mandatory:
   a. On an ongoing case, including at interim report, notify the client of their new work program requirements within 10 calendar days:
   b. At recert, notify the client of their new work program requirements when eligibility is determined.

   Example: An exempt client is working 22 hours a week at $11.00 an hour. The case is in SRS. He has reported that his income has stopped. If he is not exempt for another reason, evaluate for job quit. If the client is not disqualified, refer him to the OFSET Program.

   Note: If a client becomes mandatory during the cert period, send an OFSET Program-Client Agreement (DHS 7832R) or Notice Writer FS7832R.

2. If a client’s status changes from mandatory to exempt, notify the client within 30 calendar days from receiving information on the change. Offer the client the opportunity to continue participation as a volunteer if the district serves volunteers.

   Example: A mandatory client is participating in job search and reports he has gone to work 22 hours a week at $11.00 an hour. He is now exempt. The case is in SRS and the client was not required to report this change. Remind him of his reporting requirements. Narrate the report of the new job, suspension of the OFSET assignment and the number of weeks he had completed. Follow up when processing the DHS 852 or the next recert, whichever comes first.

11. Referrals to the OFSET Program

Mandatory clients are required to participate in the OFSET Program for eight weeks out of every 12 months. The intent of OFSET is to provide short-term, focused resources to help individuals improve their employability.

OFSET is administered by local contractors. Contractors work directly with clients to assess their strengths, skills and support needs. The contractor and client together develop a case plan. Workers’ responsibilities are limited to issues concerning SNAP eligibility and to the two activities managed out of the branch office.

Follow local procedures to refer clients to OFSET. In most cases, this can be done by using the DHS 7832R or the NOTM FS7832R.
1. Duties of local offices:
   a. Determine and narrate mandatory or exempt status:
   b. Explain to mandatory clients what they need to do to meet the work requirement;
   c. Review the OFSET Rights and Responsibilities (DHS 7280F);
   d. Refer mandatory clients to a local contractor for the OFSET Program. If a client wants to do individual job search, let them know they will need to work with the contractor to qualify for support service payments;
   e. Apply and lift disqualifications, as appropriate.

2. Duties of OFSET contractors:
   a. Assess the client, which includes a review of work history;
   b. Write an OFSET case plan;
   c. Issue support service payments to clients in need of help with transportation;
   d. Track client participation;
   e. Notify the local office if the client is not cooperating with the case plan;
   f. Participate in conciliation if requested.

12. OFSET Components

The availability of OFSET components varies depending on location. Work components for all mandatory clients may include the following:

1. Activities supervised by the local branch office are:
   a. Independent Job Search – Mandatory clients must do a minimum of 12 contacts a month for eight weeks of job search. Clients who prefer to conduct their own job search will be allowed to do so. They must report their progress to their SNAP worker via a Job Search Verification (DHS 475) at the end of their assignment period. No support service payments are available. If the client needs help with transportation costs, they must be referred to the contractor for job search:
b. Maintaining employment – Clients who are employed 20 hours a week or more, but are still mandatory, must maintain employment and try to increase work hours. Participation in another activity is not necessary. The SNAP worker creates a case plan specifying this and the client is not referred to a contractor.

2. Activities supervised by the contractor are:
   a. Contracted Job Search – Mandatory clients must do a minimum of 12 contacts a month for eight weeks of job search. The contractor may ask clients to do job search in combination with other work activities;
   b. Contracted job preparation training – Clients who need help developing skills to obtain employment may be assigned to job preparation training. This includes interviewing skills, writing a resume or basic skills education such as ABE, ESL and GED;
   c. Contracted vocational or educational training – Vocational or educational training is short term and is limited to no more than three months. As with other work program components, the intent is to provide in-demand skills that will improve employability.

13. OFSET Support Service Payments

1. Support service payments may be authorized by the contractor to reimburse a client’s transportation costs for program participation. This includes bus tickets, passes for other public transportation or gas vouchers. Costs directly related to job acceptance, such as uniforms, tools or certifications are also allowable.

2. Up to $80 per participant may be paid for the eight-week period.

14. OFSET Noncooperation

Mandatory clients must cooperate with their work requirements. Noncooperation includes the following and results in a disqualification penalty if the client does not have good cause:

1. Failure to cooperate in determining mandatory or exempt status.

2. Failure to cooperate with JOBS requirements if they are exempt from OFSET only because of JOBS participation. The JOBS activity must have an equivalent in the OFSET Program (e.g., both have Job Search; OFSET does not have Life Skills).

3. Being disqualified from UC for failure to meet OED work search requirements.
4. Failure to accept a *bona fide* offer of employment. A *bona fide* job offer means a position with a specific starting wage and date that is not vacant due to strike or lockout, and pays the applicable minimum wage.

5. Quitting a productive job within 30 days of applying for SNAP benefits or while receiving SNAP. Voluntarily reducing hours of work to less than 30 per week is also considered a job quit.

6. Failure to keep scheduled appointments and complete work activities as assigned in case plans.

15. **Conciliation; Determining Good Cause**

Conciliation is an opportunity for clients to establish good cause for noncooperation with SNAP work requirements. It can also be used to resolve disputes and misunderstandings.

Conciliation can be requested by the client, the department or the contractor. It includes:

- Informing clients of their OFSET rights and responsibilities and of potential disqualifications;
- Exploring whether good cause exists for noncooperation;
- Changing the OFSET case plan, if needed.

Mandatory clients must provide evidence to establish whether their reasons for not meeting the work requirements are acceptable. Consider clients to have good cause if they:

1. Have a medical authority's statement that the task has an adverse effect on their physical or mental health.
2. Left a work site that violates health and safety standards.
3. Have no means of transportation and would have to walk more than two miles to employment or to a pick-up point. The person must show that they have made a good-faith effort to secure the needed transportation.
4. Have to commute more than two hours round trip.
5. Were not being paid at least minimum wage or the acceptable piecework rate.
6. Left because the work hours are
   a. Not customary to the occupation;
b. More than customary to the occupation; or

c. Interfere with religious observances or beliefs of the client.

7. Do not have child care arrangements or those arrangements have broken down. The household must attempt to get child care from another provider.

8. Do not want a job that is vacant due to strike, lockout or other labor dispute.

9. Do not want to join a union due to religious objections.

10. Belong to a union and a potential job goes against the conditions of that union. Good cause does not exist if the employment is not governed by the rules of the union to which the client belongs.

11. Are offered a job within the first 30 days of participation and the job is not in the client's field of expertise. The department must determine that the job offered will not meet the goals of the client’s case plan.

12. Have a job referral or employer that is discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin.

13. Failed to cooperate due to circumstances beyond their control, such as a medical condition, court appearance, break down in transportation, inclement weather, family issues or a misunderstanding in the cooperation requirement.

14. Were subject to job quit provisions but they quit their job to stay with another filing group member who moved for employment or school.

15. Quit employment when they were under age 60 but the employer considers them retired.

16. Left a job to follow a type of employment that moves, such as migrant labor.

17. Accepted a new job that failed to materialize or resulted in fewer hours, if it was beyond the client's control.

18. Have unreasonable employment, such as not being paid on schedule or at all.

Good Cause: 461-130-0327
16. **OFSET Noncooperation; Disqualification Penalties**

Disqualification penalties are intended to motivate clients to comply with the SNAP work requirements. Penalties are imposed only after consideration of each client’s situation, which includes determining whether the client:

- Meets an exemption;
- Had good cause for not cooperating;
- Was able to do the activities assigned in their plan.

1. A notice of disqualification must be sent before imposing the penalty, even if the certification period is ending. Use Notice Writer FSC1FJQ to close benefits and FSC2FJQ to reduce benefits. SPD/AAA workers may also use the *Notification of Planned Action* (SDS 540). The notice must state:
   
a. The action that resulted in disqualification;
b. The length of the minimum disqualification period;
c. The reduced benefit amount; and
d. How they can end the disqualification after the minimum period.

2. The disqualification periods are in full calendar months.
   
a. The disqualifications are progressive as follows:
   
   • The first disqualification is at least one calendar month. (Coded as LV1 on FSMIS.);
   • The second disqualification is at least three calendar months. (Coded as LV2 on FSMIS.);
   • Every time thereafter, the disqualification is at least six calendar months. (Coded as LV3 on FSMIS.)
   
b. Disqualification periods have minimum durations, but no maximum. They last until the client demonstrates cooperation or notifies the department of a change that makes them exempt. For example, a client could be disqualified for the first time, never demonstrate cooperation and have the penalty last forever rather than just one month.

3. The disqualified client remains in the SNAP filing group. Their income and resources count when determining eligibility for the group.
Note: If the head of household is serving an OFSET disqualification, the case is no longer categorically eligible. Change the Cat El code on FSMIS to N. Count the resources of the disqualified head of household.

Use of Income and Income Deductions When There Are Ineligible or Disqualified Group Members; SNAP: 461-160-0410
Notice Situation; Disqualification: 461-175-0220

17. Job Quit Penalties

Mandatory clients are not eligible for SNAP if they voluntarily quit a productive job (SNAP D.11) without good cause during their certification period or in the 30 days before applying for SNAP.

1. If an applicant had a disqualifying job quit, they are ineligible from the filing date. The appropriate OFSET disqualification penalty, level 1-3, is applied effective the first of the month following the filing date. No 10-day notice is required for applicants.

2. For ongoing clients, follow the same steps as for any other OFSET disqualification.  
   Job Quit by Applicants; SNAP: 461-135-0521

Note: There is no job quit penalty when the client is fired, laid off or has hours cut at the employer’s discretion.

 REFER TO EXAMPLES 20 OF JOB QUIT PENALTY.

18. OFSET; Showing Cooperation and Ending Disqualification

1. When disqualifying a SNAP client, the worker must inform them of the requirement to demonstrate cooperation in order to regain eligibility. The worker also needs to explain what task will meet the requirement and give the client the assignment in writing.

2. Local offices and districts have operational flexibility to decide what disqualified clients must do to demonstrate cooperation. They may decide this on a case-by-case basis, or have a standard in their area. The task should be:

   a. Something the client can complete during their minimum disqualification period;

   b. Reasonable, considering local labor market conditions. For example, a branch or area could decide all disqualified clients must complete two weeks of job search including at least two in-person contacts, in order to demonstrate cooperation.
3. For job quits, cooperation is considered met if the client does any of the following:
   a. The client gets another job of similar wage or hours to the one they quit;
   b. Gets work hours restored to more than 30 hours per week if they reduced their work hours;
   c. Complies with the task determined by the local branch.

4. Disqualified clients cannot be given good cause for failure to demonstrate cooperation.

5. For ongoing cases, the client is added back to the case the first of the month after they complete their minimum disqualification period and demonstrate cooperation. Follow add-a person (SNAP H.8) policy when adding the client to an open SNAP case.

6. For cases that were closed because the certification period ended or due to the disqualification, the client must show cooperation and serve the penalty period before becoming eligible for SNAP. Open the case on the filing date or the date the client shows cooperation with OFSET, whichever is later.

7. Remove any disqualification applied in error, and do not count it as a time that the client failed to meet their work requirement.

8. The disqualification follows the person. If the person leaves the filing group, remove the disqualification from the case.

9. If a disqualified client becomes exempt:
   a. On an ongoing case, remove the disqualification and add the person back to the case the first of the month after the change becomes known;
   b. On a closed case, the client must reapply and can be SNAP eligible from the date they apply.

10. Do not disqualify applicants who withdraw their application before benefits are approved.

19. **Fleeing Felon and Violators of Parole, Probation or Post-Prison Supervision**

On August 22, 1996, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 became law. This law made fleeing felons and persons in violation of conditions of parole, probation or post-prison supervision ineligible for the Supplemental Nutrition Assistance Program.

*SEE GP L FOR MORE INFORMATION ON HOW TO DETERMINE ELIGIBILITY AFTER A PERSON HAS BEEN IDENTIFIED AS A FLEEING FELON OR AS A PERSON WHO HAS NOT BEEN MEETING THE CONDITIONS OF THEIR PAROLE, PROBATION OR POST-PRISON SUPERVISION.*

*SEE SNAP F.13 ON HOW TO TREAT THE INCOME AND DEDUCTIONS OF AN INELIGIBLE GROUP MEMBER.*

20. **SNAP D – Nonfinancial Eligibility Examples**

**Section 3. Student Examples**

Examples of student status:

**Example 1:** Lucas (age 17) is attending University of Oregon full time. There is no need to look at student status because he is under age 18.

**Example 2:** Kit (age 50) is attending college under a displaced worker program. There is no need to look at student status because he is over age 49.

**Example 3:** Belle (age 21) is attending beauty college. She is attending a program that does not require a high school diploma or GED. There is no need to look at student status because she is not participating in a higher education program.

Examples of ineligible student status situations (assume all of these students are attending college at least half time):

**Example 4:** Sophia (age 18) is living with a friend. She is working around the house doing housework and yard work in exchange for rent. They claim that she is doing housework 20 hours a week. She does not meet the work requirement because she is not paid for this work and there is no employer/employee relationship. Sophia is an ineligible student unless she can meet one of the other student criteria.
Example 5: James (age 23) was awarded work study. He has not accepted a work study job. James is an ineligible student unless he can meet one of the other student criteria.

Example 6: Horatio (age 28) was awarded work study. He is interested in doing the work and needs the money. However, the school has stated that although he was awarded the work study, they do not have the money available and therefore cannot offer him a work-study job. He does not meet the eligible student criteria for receiving work study and is an ineligible student unless he can meet one of the other student criteria.

Example 7: Arabella (age 19) attended college during spring term and plans to return to college in the fall. She was awarded work study and worked until school let out in June. She was also awarded work study for the fall. It is July and she is not working in a work-study assignment and does not meet any other student criteria. She is considered a student during the summer even though she is not attending classes. Arabella is an ineligible student.

Example 8: Ana (age 26) is a graduate student and receiving a graduate teaching fellowship. She claims to be working 20 hours a week in this teaching fellowship. She is not working elsewhere and does not meet the eligible student criteria in any other way. She is not an eligible student as the fellowship is educational income and not considered employment.

Examples of eligible student status situations (assume all of these students are attending college at least half time):

Example 9: Phoebe (age 19) is babysitting for a friend 20 hours a week at $1 an hour. She claims she is not self-employed. She meets the eligible student criteria and may be eligible for SNAP if she meets all other eligibility criteria.

Example 10: Max (age 35) is receiving free rent for acting as apartment manager and maintenance person. He states he is actively working 20 to 30 hours a week at this job. This is an employer/employee relationship and he is being paid mostly in-kind for his employment. He only receives $150 a month in cash. He meets the eligible student criteria and may be eligible for SNAP if he meets all other eligibility criteria.

Example 11: Lizzie (age 45) is attending college under VA Chapter 31. In addition to the stipend she receives for going to school, the VA has also located a VA work-study job for her. She is working 10 hours a week at this job. She meets the eligible student criteria as the VA has determined she is not employable and has placed her in
college under a vocational rehabilitation program. In addition, she is working in a federally funded work-study program (not title IV).

Housing and utility deduction examples when there is an ineligible student:

Example 12: Three students are sharing a residence and are applying for SNAP together. One of the students is ineligible. All three students pay an equal share of the housing and heating costs. The rent of $600 is divided by the three that pay to arrive at $200 share per person. There are two eligible persons in the filing group and so $400 shelter costs plus the FUA are allowed.

Example 13: Three persons live in the same household, one adult and two children. The adult is an ineligible student. The children have child support income and the family is using their income to pay the $650 rent. The two eligible persons are entitled to have a deduction for the amount of rent they pay, ($650). They are not eligible for the FUA or LUA as their income is not being used to pay the utility costs.

Section 18. Applying the Disqualification Penalty and Lifting the Penalty Examples

One-Person Need Groups

Example 1: Not meeting work requirements; disqualification notice sent

Facts:
Certification period: December through November
Household composition: John (age 40)
OFSET status: Mandatory.
The contractor notified the department on 9/20 that John stopped performing his assigned activities.

Notices: The FS00CON was sent requesting conciliation. John did not contact his worker. The disqualification notice (FSC1FJQ) was sent in October and he was told what he must do to regain benefits.

Disqualification effective: 11/1 as LV1

Situation 1: John turned in his application for recertification on 11/10. He received the Notice of Pending Status (DHS 210) telling him what he needed to do to show cooperation. Per the contractor on 11/24, John performed the assigned activities. John's SNAP case was recertified effective 12/1. Even though he
demonstrated cooperation, he must serve the minimum disqualification.

Situation 2: John reapplied on 4/6. Even though he has not received SNAP benefits for several months, he still needs to cooperate with OFSET. He received the DHS 210 informing him of the activity he needed to do to have his benefits recertified. On 5/8, the contractor informed the worker that John completed the assigned activities on 5/6. John’s SNAP case was recertified effective 5/6.

Situation 3: John turned in his application for recertification on 12/3. He received a DHS 210 showing what he must do to complete the application process. John was scheduled to do a week of job search with four contacts. He called his worker on 12/12 to say he had been sick and could not look for work. John’s worker explains that he must do the job search to regain SNAP eligibility: DHS cannot give him good cause. John completed his activities on 12/17 and was recertified effective that day.

Example 2: Not meeting work requirements; disqualification notice not sent

Facts:
Certification period: December through May
Household composition: Jake (age 28)
OFSET status: Mandatory.
On 4/20, the contractor notified the department that Jake stopped performing his assigned activities.

Notices: The FS00CON, a notice for conciliation, was sent to Jake. Jake did not contact his worker. No notice of disqualification was sent to Jake.

Situation 1: On 6/5, Jake filed his application for recertification. Jake cleared all eligibility factors except the work requirement. He was recertified beginning 6/5 but was given a notice of disqualification effective 7/1 for a minimum of one calendar month and until he returned and performed at least one week of the assigned activities.

Situation 2: On 8/5, Jake came to the office about his recertification. He cleared all eligibility factors except the work requirement. He was recertified beginning 8/5 and agreed to do the assigned work activities. A disqualification was not applied as no notice was sent, and there was a break in receipt of
benefits of more than one month (June 1 - August 5). Too much time has passed to apply the penalty and review for possible exemption during the months when Jake’s case was closed.

Example 3: Reduction in work hours without good cause; disqualification notice sent

**Facts:**
- **Certification period:** October through September
- **Household composition:** Jerod (age 24)
- **OFSET status:** Exempt.

He was working 26 hours a week at $8.50 an hour, which equates to more than 30 hours a week at federal minimum wage. On 11/2, he reported he was now working 16 hours a week. The employer verified that Jerod asked to work fewer hours. This is treated the same as job quit. Jerod told his worker that he asked for fewer hours because he works at night and he wants to spend more time with friends. This is not good cause.

**Notices:** The FS00CON (conciliation) and FSC1FJQ (disqualification) notices were sent. The disqualification also told him that one way to comply with the work requirements was to ask his employer to restore his work hours.

**Disqualification effective:** 12/1

**Situation 1:** On 11/26, Jerod reports that his employer agreed to restore his hours. He is again OFSET exempt because he is working the equivalent of 30 hours a week. Undo the 12/1 close action on FSMIS. Remove the LV1, LV2 or LV3.

**Situation 2:** On 1/5, Jerod reapplied for SNAP. He is still working 16 hours a week. His supervisor stated that the busy season is over and he cannot increase Jerod’s hours. A DHS 210 is given to Jerod asking him to do six job search contacts in two weeks. He arrived in the office on 2/8 with a completed Job Search Verification (DHS 475) showing he had completed the requested job search activity. The disqualification can be lifted 2/8, the date he completed the required work activity and the case is recertified.
Example 4: Not meeting work requirements; disqualification notice sent

**Facts:**

**Certification period:** April through March  
**Household composition:** Tim (age 32) and two children (ages 10 and 12)  
**OFFSET status:** Mandatory.

Tim failed to cooperate with his job search activities without good cause in February.

**Notices:** The FS00CON (conciliation) and FSC1FJQ (disqualification) notices were sent to Tim in February. On 3/17, Tim contacted his worker about his recertification. Benefits were recertified for April for the children only. The household is no longer categorically eligible and Tim’s resources must be counted. He was given notice indicating the need to do six employer contacts in two weeks to have the disqualification lifted.

**Disqualification effective:** 4/1

**Situation 1:** Tim turned in his six employer contacts on 4/10. He was added back to the SNAP benefits effective 5/1. Review cat el status.

Example 5: TANF/SNAP client not meeting TANF JOBS requirement

**Facts:**

**Certification period:** January through December  
**Household composition:** Louise (age 30) and two children (ages 10 and 12)  
**OFFSET status:** Exempt.

Louise was participating in JOBS. However, she failed to cooperate with her self-sufficiency plan in February and began TANF disqualifications effective 3/1. Louise was only OFFSET exempt due to participating in JOBS, so she also must meet the OFFSET requirements.

**Notices:** Louise’s worker sent a TANF disqualification notice only.

**Situation 1:** Louise was JOBS disqualified was because she failed to cooperate with the job search activities. The JOBS job search requirement is comparable to OFFSET, so OFFSET disqualifications also apply. The FSC1FJQ notice was sent to Louise informing her of the SNAP DQ effective 3/1 and what she needed to do to show cooperation. In addition, DQI income was coded onto FSMIS for 3/1 and the case lost cat el status. On 3/1, Louise tells her TANF worker she
wants to cooperate and the TANF DJ is lifted. Louise again becomes OFSET exempt. Follow add-a-person policy and lift the OFSET DQ effective 4/1.

**Situation 2:** The JOBS disqualification was because Louise failed to cooperate with a referral for parenting classes. This TANF requirement is not comparable to OFSET, so OFSET disqualifications cannot be applied. Code DQI income on the SNAP case effective 3/1. Louise is now mandatory for OFSET and should be referred to the local contractor.

---

**Example 6:** Recipient job quit

**Facts:**

Certification period: October through September  
Household composition: Zane (age 28), Marilyn (age 26), and three children (ages 2, 4, and 7)  
OFSET status: Zane is exempt due to working 35 hours a week; Marilyn is exempt to care for a child under age 6. Zane reported in December that he was no longer working. It was determined he quit his job without good cause.  
Notices: NOTM FSC2FJQ was sent to Zane for a one-month penalty. The notice specifies that Zane needs to do 12 job search contacts and leave four applications within a 30-day period before he could again receive SNAP.  
Disqualification effective: 1/1 for Zane only. Marilyn and the children continued to receive benefits. Remember to change the catalog status to N if Zane is the HH on SNAP.

**Situation 1:** Zane arrives in the office on 1/24 with a completed Job Search Verification (DHS 475) showing he completed the requested job search. The disqualification was lifted as of 2/1.

**Situation 2:** Zane arrives in the office on 2/8 with a completed DHS 475 showing he completed the job search. Following add-a-person policy, remove the disqualification effective 3/1.

---

**Example 7:** Ending the disqualification due to a change in status

**Facts:**

Certification period: November through October
Household composition: Gen (age 32)
OFSET status: Mandatory.
She agreed to do 12 job search contacts a month. In November, she did not turn in the Job Search Verification (DHS 475) and when questioned, she stated that she did not get around to doing the job search. It was determined in December that she did not have good cause.

Notices: The FSC1FJQ, notice of disqualification, was sent to Gen informing her that she needs to do 12 job search contacts and leave four applications within a 30-day period before she can receive SNAP again.

Disqualification effective: 1/1

Situation 1: Gen comes into the branch office on 12/26 to report and verify she is now working 30 hours a week. Gen is now exempt. Process SNAP benefits for January based on the anticipated income. Remove the LV1 coding.

Situation 2: Gen comes into the branch on 1/6 to report and verify she is working 30 hours a week. Gen is now exempt. Process SNAP benefits for February based on anticipated income. Remove the LV1 coding.

Situation 3: On 5/5, Gen reapplies for SNAP and medical. She verifies that she is three months pregnant and therefore exempt. Lift the disqualification and process the application as of the new filing date. Do not remove the LV1 coding as she served the one-month disqualification.

Example 8: Ending the disqualification due to a change in status

Facts:
Certification period: October through September
Household composition: Harry (age 32) and Ginny (age 30)
OFSET status:
Harry is Mandatory. Ginny is exempt as she is pregnant.
Harry failed to cooperate with his job search activities in November.

Notices: The FS00CON (conciliation) and FSC1FJQ notices were sent to Harry in late November.

Disqualification effective: 1/1.

Situation 1: Harry comes into the branch on 12/22 to report and verify he is now working 20 hours a week at $8.90 an hour. He is now exempt. Lift the disqualification and process SNAP benefits for January with Harry
included. Remove the LV1 coding. If including his anticipated earnings for January would result in a reduction in benefits, send 10-day notice before adding Harry and his income.

**Situation 2:** Harry comes into the branch on 1/15 to report and verify he is working 20 hours a week at $8.90 an hour. He is now exempt. Lift the disqualification for February (following add-a-person policy). Add both Harry and his anticipated earnings to FSMIS. Send a 10-day continuing benefit decision notice if this change results in less benefits for February than were issued in January. Do not remove the LV1 coding as Harry began to serve the disqualification before showing that he was exempt.

### Section 20. Disqualification for Job Quit in 30-Day Period Before Getting SNAP

#### Examples

**Example 1:**

**Facts:**
- **Filing date:** 2/26
- **Household composition:** Robert (age 35)
- **OFSET status:** Mandatory.

During the interview it was determined that he walked off the job on 2/15. The branch determined he did not have good cause for the job quit.

**Notices:** Denial notice (DHS 456) stating he is not eligible before 4/1 and until he shows cooperation.

**One calendar-month period of ineligibility due to a job quit:**
- 2/15 - 3/1 not eligible; 3/1 to 3/31 is the one month LV1 disqualification.

**Example 2:**

**Facts:**
- **Filing date:** 3/10
- **Household composition:** Elizabeth (age 32) and two children (ages 7 and 10)
- **OFSET status:** Mandatory.

Elizabeth was employed 40 hours a week in Iowa. She quit her job on 2/18 and moved her family to Oregon. It was determined that she did not have good cause for the job quit.

**Notices:** Denial notice (DHS 456) stating she is not eligible before 5/1. However, the children may be eligible during this period.
One calendar-month period of ineligibility due to a job quit:
3/10 - 3/31 not eligible; 4/1 to 4/30 is the one-month LV1 disqualification.

Example 3:

Facts:
Filing date: 4/19
Household composition: Richard (age 32)
OFSET status: Mandatory.

During the interview it was determined that his work hours were recently reduced. He was working 40 hours a week and is now working 20 hours a week. The branch determined that he asked to work fewer hours on 3/30 and he did not have good cause. This reduction is treated like a job quit.

Notices: Denial notice (DHS 456) stating he is not eligible before 6/1 and until he demonstrates cooperation.

One calendar-month period of ineligibility due to reduction in work hours:
4/19 - 4/30 not eligible; 5/1 to 5/31 is the one-month disqualification.

Example 4:

Facts:
Filing date: 1/21
Household composition: Lawrence (age 30)
OFSET status: Mandatory.

During the interview, Lawrence said he was fired on 1/15. The worker called the employer to verify and was told he did not show for work so the employer considers it a job quit. The branch determined he caused his own dismissal but did not voluntarily quit his job. Lawrence is not subject to disqualification due to voluntary job quit.
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E. **Categorical Eligibility for SNAP**

**QC Hot Tip**

To ensure categorical eligibility for all households, establish categorical eligibility based on 185 percent of FPL, and give the *Information and Referrals for Low-Income Households* (DHS 3400) at each certification and recertification.

**Categorical Eligibility the Easy Way**

Categorical eligibility for SNAP can be very easy. It is simply developing a habit for every certification or recertification action.

To establish categorical eligibility:
- Check financial group (SNAP C.5) countable income against the 185 percent FPL standard.* (SNAP E.1)
- Give the group a copy of the DHS 3400.

Code the **Cat El** field on FSMIS “C.”

Do not count any resources. When the filing group is coded as categorically eligible, FSMIS will skip the countable and adjusted income tests and issue at least $16 to eligible benefit groups (SNAP C.7) of one or two persons and the calculated amount to groups of three or greater. (SNAP F.25)

**Remember** to check the income limit whenever the group reports changes during certification.

* Exception: Cases in TANF Transition are categorically eligible even if over 185 percent.

**People are not categorically eligible if:**
- At or over 185 percent FPL.
- The head of household is currently serving an OFSET disqualification (SNAP D.20).
- Anyone in the filing group is currently serving an IPV penalty (GP C.5).

Code the **Cat El** field on FSMIS “N.”

Count the resources of the OFSET disqualified head of household and anyone serving an IPV disqualification. Code on FSMIS in **Tot Res**.

FSMIS will run the countable and adjusted income tests – and the resource test – on the case to determine financial eligibility unless the filing group contains someone meeting the SNAP definition of *elderly* or *disabled*. 
1. **What Does Categorical Eligibility For SNAP Mean?**

The term “Categorical Eligibility” is a misnomer. Categorical eligibility (GP A.7) does not mean that the household or person is automatically eligible for SNAP. What categorical eligibility means is that certain eligibility factors do not apply to the SNAP case when all individuals in the filing group (SNAP C.2) are categorically eligible for SNAP.

A SNAP filing group is considered categorically eligible for the entire month when, at any time during the month, all of its members receive or have been determined eligible to receive any combination of benefits or services from the following programs:

- EA, ERDC, GA, Pre-TANF Program, Post-TANF, SSI, TA-DVS, TANF, TANF-JOBS Plus, TANF Transition services and Housing Stabilization Program through Housing and Community Services.
- REF and TANF Retention Services if a group member is participating in JOBS or receiving JOBS support services.
- Considered to be receiving SSI under 1619(a) or 1619(b) of the Social Security Act.
- The filing group’s countable income (GP A.29) is below 185 percent of the federal poverty level and they are given the TANF information and referral services pamphlet, *Resource Guide for Low-Income Households* (DHS 3400).
- 185 percent of the Federal Poverty Level is:

<table>
<thead>
<tr>
<th>Financial Group Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,670</td>
</tr>
<tr>
<td>2</td>
<td>2,247</td>
</tr>
<tr>
<td>3</td>
<td>2,823</td>
</tr>
<tr>
<td>4</td>
<td>3,400</td>
</tr>
<tr>
<td>5</td>
<td>3,976</td>
</tr>
<tr>
<td>6</td>
<td>4,553</td>
</tr>
<tr>
<td>7</td>
<td>5,130</td>
</tr>
<tr>
<td>8</td>
<td>5,706</td>
</tr>
<tr>
<td>Each additional person</td>
<td>577</td>
</tr>
</tbody>
</table>

**Note:** For NC1s, the 185 percent FPL test is done on total gross income before proration.

*If using self-employment income with allowable costs, count the gross SEC less 50 percent for the costs for the 185 percent test. If there are no allowable costs, count the gross SEN for the 185 percent test.*

*Eligibility for medical assistance (EXT, MAA, MAF, OHP, etc.) does not make the household categorically eligible for SNAP.*
Remember to document on TRACS or ACCESS if the household is not categorically eligible.

All members of the filing group for ERDC, Housing Stabilization or TA-DVS services are considered to be receiving the benefit or service because they receive a benefit from the payment to the head of household or other adult in the home. In addition, the income and resources of all filing group members are considered in determining a family’s eligibility. Therefore, all members of the other programs’ filing group are categorically eligible for SNAP.

SEE CATEGORICAL ELIGIBILITY EXAMPLES #1 THRU #8 (SNAP E.8 EXAMPLES)

Categorical Eligibility for SNAP: 461-135-0505

2. Who Cannot Be Categorically Eligible For SNAP?

A person is not considered categorically eligible if they are disqualified from receiving SNAP due to serving a SNAP program IPV (GP C.5) or if the head of household is disqualified for failure to comply with OFSET (SNAP D.20) requirements. In addition, categorical eligibility does not end SNAP disqualification. When one of these persons cannot be categorically eligible, the case must not be coded as categorically eligible on the computer.

SEE CATEGORICAL ELIGIBILITY EXAMPLE #11 (SNAP E.8 EXAMPLES)

3. How Long Is a Household Categorically Eligible?

Households determined categorically eligible due to household income less than 185 percent of FPL and the receipt of the pamphlet on TANF information and referral services are categorically eligible for the entire certification period unless an OFSET (SNAP D.20) or IPV (GP C.5) disqualification is applied or a change in circumstances is reported indicating the income exceeds 185 percent of FPL (SNAP E.1).

If categorical eligibility is based on eligibility for specific programs and the eligibility for that program ends, categorical eligibility does not continue. Review and determine if categorical eligibility exists another way, such as, household under 185 percent of FPL.

Remember to change the categorical eligibility coding in the CAT EL field from “Y” or “C” to “N” when categorical eligibility ends. The household may move from one related program to another. For example, a TANF family may gain employment and begin to receive ERDC. When there is a change from one program to another, determine categorical eligibility based on the new program. In the example of a TANF family moving to ERDC, the CAT EL coding should change from “Y” to “C.”

Former TANF families who ended TANF due to employment are eligible for Transition services for 12 months after their TANF ends. Housing Stabilization is approved for a
12-month period in which the household may continue to receive benefits as needed. TA-DVS is approved for a three-month period in which the household may continue to receive TA-DVS benefits as needed. Therefore, the households receiving benefits or services from these programs are considered categorically eligible for the full three-month or 12-month period.

4. **Eligibility Factors**

In creating categorical eligibility for SNAP, Congress assumed that certain eligibility factors were met in the program that made the individual categorically eligible. Therefore, if they are verified in the other program, they are verified for SNAP also. The eligibility factors that are assumed met and not used in determining SNAP eligibility for categorically eligible individuals are: SSN (SNAP D.6), resources (SNAP F.3) and the sponsored alien (NC A.4) information. Workers are required to look at SSN and sponsored alien information if they have not been verified in the categorical program. However, workers are not required to look at resources beyond verifying the income the household is getting from those resources.

In addition to not looking at these eligibility factors, a categorically eligible SNAP household with income above the countable and adjusted income limits can still be eligible for SNAP because there is no comparison of income to the countable (SNAP F.2) or adjusted (SNAP F.26) income limits. Categorically eligible clients are not assumed eligible for SNAP; they must meet all of the other program requirements.

Categorical eligibility is an important determination because less information must be verified when determining eligibility for SNAP. The biggest plus to workers is that there is no need to look at resources, including vehicles, owned by categorically eligible persons. There is also a big impact on some clients. The greatest impact will be felt by many clients who have income that exceeds the SNAP countable income limit. Due to categorical eligibility, clients may be eligible for SNAP when their income or resources exceed the federal SNAP standards.

**Note:** These eligibility factors must still be verified for the other programs, if those programs require verification of the factors. Although residency is not verified, the members of the benefit group (SNAP C.7) must be considered Oregon residents. All persons applying for SNAP must provide their SSN; however, it is not verified at application. The BENDEX match will verify the number.

Determine SNAP eligibility and benefit amounts for all categorically eligible households. This means all of the nonfinancial and financial eligibility factors other than SSN, Oregon residency, and resources must be explored. These eligibility factors include household composition (who must be included in the SNAP filing group (SNAP C.2)), student status (SNAP D.3) (is a student eligible) and citizen/alien status (SNAP D.5) (if a noncitizen meets the eligibility criteria for SNAP). Those individuals who are mandatory for OFSET (SNAP D.11) must still comply with the work requirements. Verify (SNAP B.11) and determine what income is countable and the amount to be used in the benefits computations. Also determine eligibility for the various deductions (dependent care
(SNAP F.18), shelter (SNAP F.21), utility (SNAP F.22), medical (SNAP F.19) and child support payment (SNAP F.20)). In addition, categorical eligibility does not end SNAP disqualifications.

For categorically eligible SNAP benefit groups (SNAP C.7), a benefit calculation is done solely to determine the amount of benefits. If the income of the benefit group is over the payment standard (SNAP F.24), they may receive no benefits in the initial month due to a proration (SNAP F.27). However, they will receive $16 in benefits for ongoing months when there are one or two persons in the benefit group. Benefit groups of three or more persons will receive the calculated amount only (SNAP F.25). When a benefit group is eligible for zero dollars, they will remain coded as eligible on FCAS. This is so they can continue to be eligible for OTAP, school lunch programs, etc.

Ineligible noncitizens may be categorically eligible when the other members of the household are receiving ERDC or some TANF-related benefits and the ineligible noncitizen is a member of the filing group for that other program. This does not mean the ineligible noncitizen becomes eligible for SNAP benefits. It means their resources are not used and the household income is not compared to the countable and adjusted income limits.

Categorical Eligibility for SNAP: 461-135-0505

5. **Households With Noncategorically Eligible Members**

When a group contains some members who meet categorical eligibility criteria and others who do not, exclude the resources of those who meet the criteria. Do this even if the resources are jointly owned by those who meet categorical eligibility criteria and those who do not. Determine eligibility based on the resources of the person(s) who are not categorically eligible. When one member of the group is not categorically eligible, the case must be coded “NA” with an “N” code in the CAT EL field. Therefore, the household must have resources and income within the resource and income limits to qualify for SNAP.

SEE CATEGORICAL ELIGIBILITY EXAMPLES #9 AND #10
(SNAP E.8 EXAMPLES)

6. **Advantages of Categorical Eligibility**

Categorical eligibility is an important determination because less information must be verified when determining eligibility for SNAP. The biggest plus to workers is that there is no need to look at resources, including vehicles, owned by categorically eligible persons. There is also a big impact on some clients. The greatest impact will be felt by many clients who have income that exceeds the SNAP countable income limit. Due to categorical eligibility, clients may now be eligible for SNAP when their income or resources exceed the SNAP standards. In addition, families eligible for SNAP may also be eligible for other programs (WIC, OTAP, etc.).
SEE WG MP #10 FOR INFORMATION ON OTAP AND LINK UP AMERICA.

SEE WG MP #16 FOR INFORMATION ON SCHOOL LUNCH AND CHILD CARE FOOD PROGRAMS.

7. **Categorical Eligibility Guidance Table**

For the case to be categorically eligible, each person in the SNAP filing group must be determined eligible for or receiving services or benefits from one of the following programs. If part of the SNAP filing group is receiving benefits from one program but another member of the SNAP filing group is not eligible to receive benefits from any of these program benefits, the household is not categorically eligible for SNAP.

<table>
<thead>
<tr>
<th>Program</th>
<th>CMS Coding/Identification</th>
<th>Program Time Frames</th>
<th>Who is Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>EA</td>
<td>Open program E2 case on CMS and an ET resource code.</td>
<td>30-day program.</td>
<td>The adult and children in the EA household are considered to receive EA benefits.</td>
</tr>
<tr>
<td>ERDC</td>
<td>Open program M5 case on CMS.</td>
<td>As long as eligible for ERDC.</td>
<td>The adult and children in the M5 financial group are considered to receive ERDC benefits.</td>
</tr>
<tr>
<td>GA</td>
<td>Open program 5 case on CMS.</td>
<td>As long as eligible for GA.</td>
<td>All persons in the GA program financial group.</td>
</tr>
<tr>
<td>Housing Stabilization through Housing and Community Services</td>
<td>Not coded on CMS. There may be narration in TRACS. If the client states they received Housing Stabilization, contact the community action agency to determine the start date of the program. None</td>
<td>1-year program. May receive one or several payments during that year. Categorically eligible for the entire year. Length of SNAP certification period unless income exceeds 185% FPL.</td>
<td>All persons in the household are considered to receive the Housing Stabilization benefits. All persons in the financial group.</td>
</tr>
<tr>
<td>Program</td>
<td>CMS Coding/Identification</td>
<td>Program Time Frames</td>
<td>Who is Included</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pre-TANF</td>
<td>Open program 2, M5 or P2 on CMS, ASM case descriptor, ASM need code with the month the family entered the program.</td>
<td>45-day program.</td>
<td>All persons in the Pre-TANF program financial group.</td>
</tr>
<tr>
<td>Post-TANF</td>
<td>Open 2, M5 or P2 on CMS, PDF case descriptor and resource codes of PT1 or PT2.</td>
<td>Up to 12 months.</td>
<td>All persons in the Post-TANF program financial group.</td>
</tr>
<tr>
<td>SSI</td>
<td>Open program 4, D4 (disabled), 3, B3 (blind) or 1, A1 (aged) case on CMS. Code the SSI case descriptor and SSI and SIP N/R codes. Code ESB if not zero. May be verified through BEIN or letter from the Social Security Administration.</td>
<td>As long as the Social Security Administration finds eligible for SSI.</td>
<td>Any individual receiving SSI benefits or determined eligible for SSI under 1619(a) or (b) of the Social Security Act.</td>
</tr>
<tr>
<td>TANF and Tribal TANF</td>
<td>Open program 2 or 82 case on CMS.</td>
<td>As long as eligible for TANF.</td>
<td>All persons in the TANF financial group.</td>
</tr>
<tr>
<td>TA-DVS</td>
<td>Any open case on CMS with a DVS need/resource code and the start month.</td>
<td>90-day program.</td>
<td>The adult and children in the DVS household are considered to receive TA-DVS benefits.</td>
</tr>
<tr>
<td>TANF JOBS Plus</td>
<td>Open program 2 case on CMS, with a PLS case descriptor and PLS resource code with the starting month.</td>
<td>As long as eligible for JOBS Plus up to 6 months.</td>
<td>All persons in the TANF JOBS Plus financial group.</td>
</tr>
<tr>
<td>TANF Transition retention and wage enhancement services</td>
<td>Pending, open or closed program 2, M5 or P2 case on CMS. JAS generally shows an “R” Service group code (at risk of TANF) and TRA participation status. There should be narration on TRACS.</td>
<td>Transition is for 12 months after TANF closes. Retention and wage enhancement services do not require previous receipt of TANF.</td>
<td>All persons in the TANF-related financial group are considered to receive Transition Services for at least 12 months. All persons in the TANF-related financial group are considered to receive retention and wage enhancement</td>
</tr>
</tbody>
</table>
### Program Time Frames

- Who is Included
  - services in the month of receipt only.

### Note:

Remember, eligibility for medical program benefits does not make a person categorically eligible for SNAP.

Categorical Eligibility for SNAP: 461-135-0505

SEE THE CATEGORICAL ELIGIBILITY EXAMPLES (SNAP E.8 EXAMPLES)

### 8. SNAP E – Categorical Eligibility for SNAP Examples

#### Example 1:
A couple and their 20-year-old son are applying for SNAP together. They have income below 185 percent of FPL. They receive the TANF information and referral pamphlet Resource Guide for Low-Income Households (DHS 3400). This family is categorically eligible the length of the certification period unless the family income exceeds 185 percent of FPL.

#### Example 2:
A client is getting SSI and living in a Group Care home. He is categorically eligible for SNAP. The CAT EL field should have a "Y" and the CATEG field must be "PA." SSI income must be coded. The CMS case number for medical and person letter should be coded with the person.

#### Example 3:
A client is receiving SSI. Her two children are receiving TANF (Program 2). They are categorically eligible for SNAP. The CAT EL field should have a "Y" and the CATEG field must be "PA" and each person has a CMS case and person letter listed.

#### Example 4:
A client and her three children are receiving ERDC. They are categorically eligible for SNAP. The CAT EL field should have a "C" and the CATEG field should be "NA" and each person should have a CMS case and person letter listed.

#### Example 5:
A client and his child are not receiving TANF cash benefits because they are eligible for less than $10. They are receiving MAA. They are categorically eligible for SNAP because they are eligible for TANF (Program 2) even though they are not receiving cash benefits. The CAT EL field should have a "Y" and the CATEG field must be "PA" and each person has a CMS case and person letter listed.
Example 6: A family lost their eligibility for TANF when the client got a job. This family is now eligible for one year of Post-TANF benefits. Therefore, this family is categorically eligible for one year. The CAT EL field should have a “C” and the CATEG field should be “NA” and each person should have a CMS case and person letter listed.

Example 7: An ineligible noncitizen is receiving TANF (Program 2) for a child. Her income and resources were used to determine eligibility for TANF and she is ineligible for TANF solely due to citizenship/alien status. This family is categorically eligible for SNAP. This means that even though the noncitizen is not eligible for SNAP, their resources are not considered when determining SNAP eligibility for the rest of the household. It also means that the computer will not look at the countable or adjusted income limits. The CAT EL field should have a “C” and the CATEG field should be “NA” and each person should have a CMS case and person letter listed.

Example 8: A 20-year-old client and her child are receiving TANF. They live with the client’s mother. Her mother is not receiving any program benefits. The daughter is under the age of 22; therefore, she is required to apply for SNAP with her mother. The combined household income exceeds 185 percent of FPL. The 20-year-old and her child are categorically eligible but the mother is not categorically eligible. The SNAP filing group is not categorically eligible for SNAP. Code the CAT EL field with an “N” and the CATEG field must be “NA.” If the FCAS message is over income, close or deny the case.

Example 9: A 52-year-old grandmother is receiving TANF (Program 2) for her two grandchildren. She is not receiving any program benefits for herself. She is not categorically eligible for SNAP because her income in combination with the children’s exceeds 185 percent of FPL. Close or deny the case and code the CAT EL field with an “N” and the CATEG field must be “NA.”

Example 10: A client and her child (age 14) have been receiving SNAP. Their household income is below 185 percent of FPL. The client quit her job without good cause and is disqualified due to noncooperation with OFSET. The client is not categorically eligible for SNAP because of the OFSET disqualification. To be categorically eligible she must meet the OFSET work requirements and have her needs restored to the SNAP case. The CAT EL field should have an “N” and the CATEG field must be “NA.”
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F. Financial Eligibility

1. Overview of Assets

Assets include both income and resources. Income is the monthly cash flow considered available to meet basic needs. Resources include liquid assets, such as cash in bank accounts, stocks, bonds, IRA and KEOGH accounts. Resources also include nonliquid assets, such as vehicles and real property. An asset cannot be counted as both income and a resource in the same month. An asset counted as income in one month but that remains left over the following month becomes a resource.

SEE AVAILABILITY OF RESOURCES IN CA A.2.

For SNAP, clients do not need to pursue assets they are not getting but could get. For example, a client who refuses to apply for unemployment benefits is not required to apply. Similarly, if a client has sustained a personal injury and could file a personal injury claim, they cannot be required to pursue the resource in order to qualify for SNAP.

Reimbursements (CA B.63) and in-kind income (CA B.40) do not count for SNAP. In addition, some assets do not count because they are excluded by federal law.

See the Counting Client Assets chapter of this manual for determining when to consider assets available, since assets that are not available do not affect eligibility (GP A.19). The chapter on Counting Client Assets also includes definitions of assets, more detailed explanations and some assets (Indian/Native American benefits, motor vehicles, self-employment and trusts) that are too complicated to display in a chart. A quick-reference chart showing how to treat most available assets under the SNAP program is in SNAP F.5.

Income that is withheld from a payment to repay an overpayment (CA A.2B) in that income source is considered unavailable unless it is repayment on a TANF IPV or client-caused overpayment.

SEE AVAILABILITY OF INCOME IN GP A.29 AND CA A.2.

SEE INCOME STANDARDS CHART IN MP-WG #7 AND RESOURCE LIMITS IN SNAP F.3.

SEE SNAP F.12 FOR HOW TO COUNT AN OVERPAYMENT COLLECTED FROM TANF BENEFITS.
2. **Countable Income Limit**

The SNAP countable income limit is one of the tests used to determine whether clients are eligible for SNAP. All need groups (SNAP C.6) must pass this income test each month, unless they are categorically eligible (SNAP E.1) or they include a member meeting the SNAP elderly (GP A.18) or client with disabilities (GP A.15) criteria.

The countable income limit is as follows:

<table>
<thead>
<tr>
<th>Need Group Size</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,174</td>
</tr>
<tr>
<td>2</td>
<td>$1,579</td>
</tr>
<tr>
<td>3</td>
<td>$1,984</td>
</tr>
<tr>
<td>4</td>
<td>$2,389</td>
</tr>
<tr>
<td>5</td>
<td>$2,794</td>
</tr>
<tr>
<td>6</td>
<td>$3,200</td>
</tr>
<tr>
<td>7</td>
<td>$3,605</td>
</tr>
<tr>
<td>8</td>
<td>$4,010</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$406</td>
</tr>
</tbody>
</table>

*Remember to code the correct income type (SSI, SSD, not SSB) so FCAS will skip this income test for clients with disabilities.*

To use this income limit, the branch worker or computer system totals all of the group’s countable income (GP A.29) each month. Next, the income is compared to the SNAP countable income limit for the group. When the income is equal to or exceeds the SNAP countable income limit, the application is denied or benefits are suspended or stopped (SNAP H.8). This applies to all households that are not categorically eligible. The eligibility calculation continues further for groups whose income is under the limit.

- SEE NC B.2 FOR INFORMATION ON HOW TO COMPUTE INCOME FOR NC2S, OR PRORATE INCOME FOR NC1S PRIOR TO COMPARING THE GROUP’S INCOME TO THE COUNTABLE INCOME LIMIT.

- SEE SNAP F.13 FOR INFORMATION ON HOW TO COMPUTE INCOME FOR DISQUALIFIED NEED GROUP MEMBERS (SNAP C.6) PRIOR TO COMPARING THE GROUP’S INCOME TO THE COUNTABLE INCOME LIMIT.

**Note:** *Countable self-employment income is the gross income less allowable costs. For SNAP this means 50 percent of the SEC income or 100 percent of the SEN income.*

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Income and Payment Standards; SNAP: 461-155-0190
Use of Income to Determine Eligibility and Benefits; SNAP: 461-160-0400
3. **Resource Limit**

The SNAP resource limit is another test used to determine whether clients are eligible for SNAP. All need groups (SNAP C.6) must pass this resource test each month, unless they are categorically eligible (SNAP E.1). The SNAP resource limit is as follows:

- $3,000 when at least one member is age 60 or over, or meets the SNAP definition of clients with disabilities (GP A.15); and
- $2,000 for all others.

To use this resource limit, the branch worker totals all of the financial group’s (SNAP C.5) countable resources (both liquid and nonliquid) each month. Next, the worker or computer system compares the resources to the appropriate SNAP resource limit from the bullets above. The application is denied, or benefits are suspended or stopped after giving the appropriate notice (SNAP H.9), when the available resources exceed the SNAP resource limit. The eligibility calculation continues further for groups whose resources do not exceed the limit.

Categorically eligible groups are assumed to meet the resource limit. In addition, in groups where some members are categorically eligible and others are not, do not count the categorically eligible members’ resources. Exclude these resources even if they are jointly owned with members who do not meet the categorical eligibility criteria.

SEE SNAP WG #4, “DETERMINING THE VALUE OF MOTOR VEHICLES FOR SNAP” FOR GUIDANCE ON HOW TO COUNT MOTOR VEHICLES WHEN THE HOUSEHOLD IS NOT CATEGORICALLY ELIGIBLE.

4. **Transfer of Resources of Noncategorically Eligible Households**

Applicants and recipients of SNAP are not eligible if they make a disqualifying transfer of resources in order to qualify for benefits. Clients must report transfers of resources at application, at redetermination, and when the transfer occurs. The department must evaluate a transfer of resources to determine whether it was valid, whenever it becomes known that a transfer occurred within the preceding three months.

In order for the department to evaluate the transfer, the client must provide documentation showing the terms of the sale or disposal of the resource. They also must provide evidence, if they are claiming the transfer was valid. A transfer of a resource may be disqualifying if the transfer occurs during the three months preceding the filing date or during a certification period.

SEE SNAP WG #4, “DETERMINING THE VALUE OF MOTOR VEHICLES FOR SNAP” FOR GUIDANCE ON HOW TO COUNT MOTOR VEHICLES WHEN THE HOUSEHOLD IS NOT CATEGORICALLY ELIGIBLE.

Categorical Eligibility for SNAP: 461-135-0505
Motor Vehicle: 461-145-0360
Use of Resources in Determining Financial Eligibility: 461-160-0010
Resource Limits: 461-160-0015

Asset Transfer; General Information and Timelines: 461-140-0210
Criteria for Valid Transfers. Consider a transfer valid if any of the following are true:

- The resource was excluded or owning the resource did not cause the group to exceed the resource limit, so transferring it does not change eligibility (GP A.14);
- The resource is transferred between people in the same financial group, since it is still counted regardless of who owns it;
- The resource was sold or traded for compensation near, equal to, or greater than its fair market value;
- The transfer settled a legally enforceable claim against the resource or client;
- The transfer was court-ordered;
- The transfer happened because the client was a victim of fraud, misrepresentation or coercion and legal steps have been taken to recover the resource;
- The resource is an annuitized annuity;
- The transfer is between members of the filing group and an ineligible student;
- The resource was transferred for reasons other than to qualify for benefits, e.g., a parent placing funds in an education trust fund.

SEE OAR 461-140-0220 FOR MORE DETAILS.

When the transfer does not meet any of the criteria above, it may still be determined valid if the client can establish that their intent was not to transfer the resource in order to become eligible for SNAP. To prove this, the client would need evidence that they made a good-faith effort to sell or exchange the resource for compensation or for goods or services equal to fair market value.

Disqualifying of Invalid Transfer of Resources. If the department determines the transfer of resources was invalid, a disqualification of up to one year is imposed. The length of the disqualification depends on the amount of uncompensated value that was involved.

Here is the formula for determining the uncompensated value:

- Determine the fair market value of the resource;
- Subtract the compensation received for the transfer;
- Add this amount to the group’s other countable resources;
- The amount that this total exceeds the group’s resource limit is the uncompensated value.

SEE OAR 461-140-0220 FOR MORE DETAILS.
The following chart shows the disqualification periods:

<table>
<thead>
<tr>
<th>Amount of Uncompensated Value</th>
<th>Period of Disqualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00 - 249.99</td>
<td>1 month</td>
</tr>
<tr>
<td>$250.00 - 999.99</td>
<td>3 months</td>
</tr>
<tr>
<td>$1,000.00 - 2,999.99</td>
<td>6 months</td>
</tr>
<tr>
<td>$3,000.00 - 4,999.99</td>
<td>9 months</td>
</tr>
<tr>
<td>$5,000.00 or more</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Disqualification Due to a Resource Transfer; SNAP: 461-140-0260
Notice Situation; Asset Transfer Disqualification: 461-175-0310

Notify a client of disqualification with a basic decision notice (SNAP H.9) for applicants, and a timely continuing benefit decision (10-day) notice for recipients, Notice of Decision and Action Taken (DHS 456) or Notification of Planned Action (SDS 540). The notice must specify the amount of the uncompensated value used in the calculation and the length of the disqualification period. The disqualification starts the date the branch imposes the disqualification period by closing or denying benefits.

Ending the Disqualification

The disqualification ends when the client has served the entire disqualification period and not before.

Adjustments to the Disqualification for Asset Transfer: 461-140-0300

5. Asset Quick-Reference Chart

Note: This chart gives general information about treatment of assets. For more detailed information and complex situations, see the Counting Client Assets chapter.

Key: “See Policy” indicates that the rule is too complicated for the table or the asset rarely occurs. Review the rule or Counting Client Assets reference to access the appropriate information.
This is an alphabetical list.

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Treatment</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE (Active Corps of Executives)</td>
<td>Exclude</td>
<td>CA B.20 461-145-0110</td>
</tr>
<tr>
<td>Adoption Assistance</td>
<td>Unearned</td>
<td>CA B.1 461-145-0001</td>
</tr>
<tr>
<td>Agent Orange Disability Benefits</td>
<td>See policy</td>
<td>CA B.2 461-145-0005</td>
</tr>
<tr>
<td>Alaska Permanent Fund Dividend</td>
<td>Lump sum</td>
<td>CA B.3 461-145-0008</td>
</tr>
<tr>
<td>AmeriCorps</td>
<td>See policy</td>
<td>CA B.50 461-145-0365</td>
</tr>
<tr>
<td>AmeriCorps - VISTA</td>
<td>See policy</td>
<td>CA B.20 461-145-0110</td>
</tr>
<tr>
<td>Animals:</td>
<td></td>
<td>CA B.4 461-145-0010</td>
</tr>
<tr>
<td>• If pets or raised for food</td>
<td>Exclude</td>
<td>CA B.5 461-145-0020</td>
</tr>
<tr>
<td>• Income-producing (see income-producing property)</td>
<td>See policy</td>
<td>CA B.7 461-145-0050</td>
</tr>
<tr>
<td>Annuities</td>
<td>Unearned</td>
<td>CA B.12 461-145-0060</td>
</tr>
<tr>
<td>Approved EPD Accounts</td>
<td>Excluded</td>
<td>CA B.14 461-145-0086</td>
</tr>
<tr>
<td>Bank Account</td>
<td>Resource</td>
<td>CA B.15 461-145-0088</td>
</tr>
<tr>
<td>Bonds</td>
<td>Resource</td>
<td>CA B.16 461-145-0088</td>
</tr>
<tr>
<td>Burial Arrangements</td>
<td>See policy</td>
<td>CA B.36 461-145-0255</td>
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<tr>
<td>Burial Space and Merchandise</td>
<td>Exclude</td>
<td>CA B.9 461-145-0040</td>
</tr>
<tr>
<td>(One space per client)</td>
<td></td>
<td>CA B.10 461-145-0050</td>
</tr>
<tr>
<td>Capital Assets</td>
<td>See policy</td>
<td>CA B.11 461-145-0600</td>
</tr>
<tr>
<td>(see Work-Related Capital Assets, Equipment and</td>
<td></td>
<td>CA B.13 461-145-0080</td>
</tr>
<tr>
<td>Inventory CA B.86 for more information)</td>
<td></td>
<td>CA B.40 (in-kind) 461-145-0080</td>
</tr>
<tr>
<td>Cash and Foreign Currency that can be Converted to</td>
<td>Resource</td>
<td>CA B.36 461-145-0255</td>
</tr>
<tr>
<td>U.S. Currency</td>
<td></td>
<td>CA B.12 461-145-0060</td>
</tr>
<tr>
<td>Chafee Housing Program</td>
<td>Unearned</td>
<td>CA B.36 461-145-0255</td>
</tr>
<tr>
<td>Child Support and Cash Medical Support:</td>
<td></td>
<td>CA B.36 461-145-0255</td>
</tr>
<tr>
<td>• Assigned to the department</td>
<td>Exclude</td>
<td>CA B.13 461-145-0080</td>
</tr>
<tr>
<td>• To a third party</td>
<td>See policy</td>
<td>CA B.40 (in-kind) 461-145-0080</td>
</tr>
<tr>
<td>• All others</td>
<td>Unearned</td>
<td>CA B.15 461-145-0088</td>
</tr>
<tr>
<td>Contributions</td>
<td>See policy</td>
<td>CA B.15 461-145-0088</td>
</tr>
<tr>
<td>Corporations</td>
<td>See policy</td>
<td>CA B.15 461-145-0088</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>Treatment</td>
<td>References</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>See policy</td>
<td>CA B.16 461-145-0090</td>
</tr>
<tr>
<td>Disaster Relief (specific types)</td>
<td>See policy</td>
<td>CA B.17 461-145-0100</td>
</tr>
<tr>
<td>Disqualifying Income</td>
<td>Unearned</td>
<td>SNAP F.12 CA B.18 461-145-0105</td>
</tr>
<tr>
<td>Dividends</td>
<td>Unearned</td>
<td>CA B.19 461-145-0108</td>
</tr>
<tr>
<td>Domestic Volunteer Services Act (VISTA, RSVP, SCORE, ACE, Foster Grandparents, etc.)</td>
<td>See policy</td>
<td>CA B.20 461-145-0110</td>
</tr>
<tr>
<td>Earned Income; Definition</td>
<td>-</td>
<td>CA B.21 461-145-0120</td>
</tr>
<tr>
<td>Earned Income; Treatment:</td>
<td></td>
<td>CA B.22 461-145-0130</td>
</tr>
<tr>
<td>• Under 18 in school and under parental control</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>• In-kind</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>• Amount for future education for clients in military</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>• Other (not flex)</td>
<td>Earned</td>
<td></td>
</tr>
<tr>
<td>Earned Income Tax Credit (EITC)</td>
<td>See policy</td>
<td>CA B.23 461-145-0140</td>
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<tr>
<td>Educational Income:</td>
<td></td>
<td>CA B.24 461-145-0150</td>
</tr>
<tr>
<td>• Title IV and BIA</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>• Non-title IV or BIA (remainder after deducting costs)</td>
<td>See policy</td>
<td></td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>See policy</td>
<td>CA B.25 461-145-0170</td>
</tr>
<tr>
<td>Experience Works</td>
<td>Exclude</td>
<td>CA B.51 461-145-0370</td>
</tr>
<tr>
<td>Family Abuse Prevention Act (FAPA) Payments</td>
<td>Unearned</td>
<td>CA B.26 461-145-0175</td>
</tr>
<tr>
<td>Farmers - additional self-employment costs</td>
<td>See policy</td>
<td>CA C.4 461-145-0931</td>
</tr>
<tr>
<td>Flexible Benefits for Health Insurance or Child Care</td>
<td>See policy</td>
<td>CA B.21 461-145-0130</td>
</tr>
<tr>
<td>Floating Homes and Houseboats</td>
<td>See policy</td>
<td>CA B.27 461-145-0185</td>
</tr>
<tr>
<td>Food Programs:</td>
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<td>CA B.28 461-145-0190</td>
</tr>
<tr>
<td>• WIC, School Lunch</td>
<td>Exclude</td>
<td>SNAP I.2</td>
</tr>
<tr>
<td>• Nutrition Assistance Program</td>
<td>Unearned</td>
<td></td>
</tr>
<tr>
<td>• Tribal Food Distribution Program</td>
<td>Ineligible for SNAP</td>
<td>461-165-0030</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>Treatment</td>
<td>References</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Foster Care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foster care recipient gets SNAP</td>
<td>Unearned</td>
<td>CA B.29 461-145-0200</td>
</tr>
<tr>
<td>• Foster care recipient excluded from file group</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>• Foster care recipient lives in different HH group</td>
<td>Self Employment</td>
<td></td>
</tr>
<tr>
<td>Foster Grandparents</td>
<td>Exclude</td>
<td>CA B.29 461-145-0110</td>
</tr>
<tr>
<td>Garage Sale Proceeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sell personal items</td>
<td>Exclude</td>
<td>CA B.53 461-145-0390</td>
</tr>
<tr>
<td>• Ongoing sale (more than 1 or 2 a year)</td>
<td>Self Employment</td>
<td>CA C.1 461-145-0910</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>Unearned</td>
<td>CA B.56 461-145-0410</td>
</tr>
<tr>
<td>GI Bill</td>
<td>Educational Income</td>
<td>CA B.24 461-145-0150</td>
</tr>
<tr>
<td>Gifts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodic</td>
<td>Unearned</td>
<td>CA B.30 461-145-0210</td>
</tr>
<tr>
<td>• One time</td>
<td>Lump sum</td>
<td></td>
</tr>
<tr>
<td>Green Thumb</td>
<td>Exclude</td>
<td>CA B.51 461-145-0370</td>
</tr>
<tr>
<td>Groundfish Disaster Benefits</td>
<td>Unearned</td>
<td>CA B.31 461-145-0230</td>
</tr>
<tr>
<td>Guardianship Assistance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recipient in filing group</td>
<td>Unearned</td>
<td>CA B.29 461-145-0200</td>
</tr>
<tr>
<td>• Recipient not in filing group</td>
<td>Exclude</td>
<td></td>
</tr>
<tr>
<td>Home and Contiguous Property</td>
<td>Exclude</td>
<td>CA B.32 461-145-0220</td>
</tr>
<tr>
<td>Home equity loan or line of credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Monthly payment</td>
<td>Exclude</td>
<td>CA B.44 461-145-0330</td>
</tr>
<tr>
<td>• One-time payment</td>
<td>Lump sum</td>
<td></td>
</tr>
<tr>
<td>Housing and Urban Development (HUD)</td>
<td>See policy</td>
<td>CA B.33 461-145-0230</td>
</tr>
<tr>
<td>Income-Producing Property</td>
<td>See policy</td>
<td>CA B.34 461-145-0250</td>
</tr>
<tr>
<td>Income-Producing Sales Contract:</td>
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<tr>
<td>• Equity value</td>
<td>Exclude</td>
<td>CA B.35 461-145-0240</td>
</tr>
<tr>
<td>• Income (minus costs)</td>
<td>See policy</td>
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<tr>
<td>Independent Living Subsidies</td>
<td>Unearned</td>
<td>CA B.36 461-145-0255</td>
</tr>
<tr>
<td>Indian/Native American Benefits</td>
<td>See policy</td>
<td>CA B.37 461-145-0260</td>
</tr>
<tr>
<td>Individual Education Account (IEA)</td>
<td>Exclude</td>
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<td>Reception and Placement Grant to Refugees</td>
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<td>• To provider’s child in filing group</td>
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<td>• To child in care</td>
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6. **Prospective Eligibility and Budgeting**

When we look at something *prospectively*, it means looking forward.

*New applications.* For SNAP eligibility on a new application, we always look at applicant circumstances prospectively. That is, we consider what we already know has happened in the current month (the month containing the filing date [SNAP B.5]) and what we expect will happen for the remainder of the month. When the whole month is considered, eligibility (GP A.19) and benefits are issued based on the same information. If the applicant is not eligible, the application is denied. This is prospective eligibility and prospective budgeting (GP A.3). It is used for new applications regardless of what reporting system is used for ongoing months. There is one exception to using actual income already received plus income expected for the remainder of the month. This exception is for cases certified in SRS when ongoing income that is expected to continue is converted.

*Note:* An application is considered a “new application” only when it is received after a break in benefits. It is a “new application” if a household returns an application for redetermination after the prior certification period ends.

If the amount of income that will be received or when it will be received is uncertain, the portion of the client’s income that is uncertain should not be counted by the department.

*Example:* A client has received child support payments of differing amounts only twice in the past six months. None was received so far in the month of application. It is not known what amount will be received next or when the client will receive it again. Therefore, the child support should not be counted as anticipated income for the certification period. Be sure the client understands the need to report changes and that the decision and the reason to not use this income are carefully documented.

Determining Availability of Income: 461-140-0040

When prospective eligibility and budgeting is used (both for new applications and for ongoing cases), there is no client-caused overpayment when anticipated information does not match what truly happens during the month, as long as the client reported true and complete information. Similarly, no supplement is issued when anticipated information makes benefits lower than they would have been if based on what really happened.
However, there may be an administrative overpayment if the department incorrectly processed the anticipated income reported and verified by the client.

Self-employment or contracted income that is not received on an hourly or piecework basis, is *annualized* when it is:

- Received in less than 12 months, but is intended as a full year's income (such as school system employees, farmers and fishermen); or

- From a business that has operated for a full year and the previous year is representative of what income is expected for the next year.

Annualized means the income for a year is divided by 12 to arrive at a monthly amount. If past income is not representative of the income expected for the current year, anticipate the current yearly amount and divide it by 12.

Prospective Eligibility and Budgeting: 461-150-0020
Prospective or Retrospective Eligibility and Budgeting; ERDC, MAA, MAF, REF, REFm, SNAP, TANF: 461-150-0060

SEE CA A.2 ON AVAILABILITY OF INCOME.

SEE EXAMPLES OF PROSPECTIVE ELIGIBILITY AND BUDGETING IN MP WG#22.

For ongoing months (GP A.38): Workers are encouraged to use SRS whenever possible.

Simplified Reporting System (SRS) (SNAP F.8) is used for many clients. While in SRS, the benefits are based on prospective eligibility and budgeting similar to CRS. The SRS is used when circumstances have been anticipated over the redetermination period. In SRS, benefits will not change unless the client reports a change or a change is reported on the *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* form (DHS 852).

Prospective Budgeting of Stable Income; Not OHP; Not MRS: 461-150-0080

Change Report System (CRS) (SNAP F.7). Clients for ongoing months have their benefits based on prospective eligibility and budgeting the same as new applications, above. Again, if a change is anticipated that will cause ineligibility for one month only, the case can be suspended rather than closed. When using prospective eligibility and budgeting, circumstances have been anticipated over the redetermination period (GP A.47) and will not change unless the client reports a change.

Effective dates; Changes in Income or Income Deductions That Cause Increases: 461-180-0020
Effective dates; Changes in Income or Income Deductions That Cause Reductions: 461-180-0030
Transitional Benefit Alternative (TBA) (SNAP F.9) is for families that lose their eligibility for TANF. These families remain eligible for SNAP for five months at the same or a greater benefit level than they received the last month on TANF. During the months of frozen benefits, the household may report changes and the amount of benefits may increase. The benefits can only decrease if a household member applies for SNAP in another household or becomes ineligible for SNAP due to residency, being institutionalized, etc.

7. Change Report System

- SEE SNAP WG #7.1 TO SEE CRS AT-A-GLANCE.
- SEE SNAP H.2 FOR THE CRS REPORTING REQUIREMENTS.
- SEE SNAP H.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP H.8 ON THE EFFECTIVE DATE FOR ACTING ON CHANGES.

The Change Report System (CRS) (SNAP F.6) for SNAP is based on prospective eligibility and budgeting. Cases in this system are coded N in the Mand-Rprt field on FSMIS. Except for the ERDC companion cases or cases where all members are elderly (GP A.18) or clients with disabilities (GP A.15), the certification period is limited to six months. This is because it is not mandatory for clients to submit a report in order to keep receiving benefits in the CRS. ERDC clients are excluded from the six-month certification period limit because they file a periodic report each three to six months.

**Note:** Place SNAP cases with companion ERDC benefits in SRS whenever possible.

In this system, information is coded for the certification period. Clients are informed of changes they are required to report, and are given a Change Report (DHS 943) to use for reporting.

Clients in Change Report System must report when the income source changes in addition to the following:

- Clients who have earned income are required to report a change in their countable income (GP A.29) of $100 or more a month.
- Clients are also required to report changes in unearned income of $50 or more a month.

If no changes are reported for the certification period, benefits are issued for the same amount each month. When clients report changes, because it is a prospective system, take action only if the change is continuing and it will affect future benefits. For example, a client could receive a $500 bonus on May 5, and report the change on May 12. Since the bonus was a one-time payment, there is no action to take on the case.
When clients report a change that will affect future months, action to increase benefits is taken for the following month. That is, a client could report on the last day of the month that someone joined their SNAP group. The new person’s needs would be added for the following month’s benefits. However, if they report the person will be joining the home next month, do not add that person’s needs until the month following the month they actually move in.

**Caution:** When a person is added to the filing group (SNAP C.2), their income is also added. Sometimes this results in an increase in benefits. Other times the result is a decrease in benefits.

For changes that cause benefits to decrease, action is taken depending on when the change is reported. Clients are legally entitled to a timely continuing benefit decision (10-day advance) notice (SNAP H.8) when benefits will go down, so that they have time to adjust their household budgeting to the new amount. Therefore, if the client reports on May 5 that someone left their filing group, the worker would remove the person from the benefits and send notice of the reduction for June. If the client reports on May 25 that someone left their SNAP group, the worker would remove the person from benefits and send notice of reduction for July (not for June).

When there is a companion ERDC case, the SNAP case may be in CRS, SRS or TBA. The redetermination period should end in the same month as ERDC.

**Remember:** *The SNAP certification period can be extended but not shortened (SNAP B.13).*

SEE EXAMPLES OF CHANGE REPORT SYSTEM FOR ERDC (SNAP F. EXAMPLES 7)

**Note:** *In some cases, the income coded on UCMS for ERDC will not be the same as the income coded on FCAS for SNAP. In addition to the situation described in the preceding paragraph, some income, such as student income or self-employment income, may be treated differently by the two programs. Or if the ERDC certification period does not match the SNAP redetermination period, the income amounts may be different because the months in the period are different.*

SNAP clients who have their unearned income converted are only required to report when the income conversion changes by $50 or more. Clients who have their earned income converted are required to report (SNAP H.2) when the income conversion changes by $100 or more a month. Clients in other programs are required to report within 10 days all changes in income, resources, and circumstances that may affect their eligibility for benefits or the amount of benefits they receive.
8. Simplified Reporting System

SEE SNAP-WG #7.2 TO SEE SRS AT-A-GLANCE.

Intent and Overview

The Simplified Reporting System (SRS) (SNAP F.8) for SNAP is designed to stabilize benefits, increase accuracy, and be less work intensive than CRS. SRS is based on prospective eligibility (GP A.19) and budgeting (GP A.3). Cases in SRS are usually assigned a 12-month certification period. Most households must submit a report in the sixth month of the certification to continue getting benefits: NED households with no earned income in which all adult members are elderly (GP A.18) or clients with disabilities (GP A.15) do not.

Who Should Be in SRS and Certification Periods

To be in SRS, the filing group (SNAP C.2) must meet all of the following criteria:

1. Not be eligible for TBA; and
2. Be certified for either six or 12 months.

Simplified Reporting System (SRS); ERDC, SNAP: 461-170-0101

When possible, certify cases in SRS for 12 months, unless you need to use a shorter certification period to align with other programs.

Budgeting

SRS uses prospective eligibility and budgeting. Use actual expected income in the initial month if the income is just starting or ending or will be significantly different in subsequent months. Otherwise, convert or anticipate from the initial month.

For example, a person receiving $100 a week UC benefits will have $100 x 4.3 = $430 coded for the initial month in SRS. Another person reports their job just ended and they are receiving the final paycheck in the initial month. In addition, they applied for UC and expect one payment this month. Code the actual anticipated EML and UC income. Change the income in the second month to the converted UC only.

If income will increase in the second month, give or mail the client a Notice of Income and Benefit Calculation (DHS 7294) when you certify benefits. This allows the Department of Human Services (DHS) to change the benefit amount without 10-day notice.

SEE EXAMPLES OF BUDGETING INCOME IN THE INITIAL MONTHS (SNAP F. EXAMPLE 6).
Reporting Requirements

The SRS reporting requirements are limited. The only change that must be reported is when countable income for the filing group exceeds the SNAP countable income limit (130 percent FPL) (SNAP F.2).

**Note:** For cases with NC1s, countable income is what remains after the NC1 proration. However, FSMIS cannot make this distinction. The client notice lists the full, unprorated income for the filing group.

SNAP-only clients are given a *Simplified Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 853) to report required changes. Clients with a companion CMS case (e.g., OSIPM and TANF) should receive the *Change Report* (DHS 943) form.

Most SRS cases must complete an *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) in the sixth month of a 12-month certification. SNAP benefits from the seventh month are based on the DHS 852.

NED households are not required to complete the DHS 852. They are filing groups with:

- No earned income (EML, HCW, SEC, SEN or TNG income types); and
- Every adult member is either 60 or older; or
- Meets the SNAP definition of clients with disabilities.

Identify these cases on FSMIS using HH Type NED.

Acting on Changes

SRS is a prospective system. When the client reports a change that will increase benefits, action is taken for the month following the month it is reported or the month the change occurs, whichever is later. For example, a client reports on the last day of the month that someone joined their household earlier that month. The new person’s needs and income would be added for the following month’s benefits after receiving required verification. However, if they report the person will be joining the home next month, do not add that person’s needs until the month following the month they actually move in.

SEE SNAP H.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP H.8 ON THE EFFECTIVE DATE FOR ACTING ON CHANGES.

Act on all changes that:

- Are required to be reported for SRS; or
- Increase SNAP benefits; or
- Add a person to the filing group; or
- Are considered verified upon receipt.

Narrate only and act at Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852) or the next recertification, whichever is earlier, for other changes. These are changes not required to be reported and not verified upon receipt that:

- Cause a decrease in benefits; or
- Contain incomplete information so that you cannot determine how the change will affect benefits.

Reported information is considered “verified upon receipt” when the information is not questionable and the provider is the primary source of the information. Changes that cannot be verified by client statement alone are:

- Income;
- Medical costs for a deduction;
- Legal requirement to pay court-ordered child support and the amount paid.

**Hint:** If the client calls and reports a change in income, but it is unclear if filing group income will exceed the 130 percent level, send a Simplified Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 853) with a note to remind the client when to report.

If the client reports a change in mailing address, change the mail address field on FCAS. Update the residence field only if new shelter costs are reported. A change in the mail address field allows the client to receive department mail. In addition, FSMIS puts the residence address on the Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852) and asks the client to provide new shelter costs only if they have moved. Placing a new address in the residence field without new shelter costs will result in incorrect reporting of shelter costs. Remember to check for companion cases also needing update.

**Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)**

The DHS 852 is not an application. If a client receives the DHS 852 by mistake and completes it when the certification period is expiring, use the DHS 852 to establish the filing date. A new application (DHS 415F or SDS 539A) is required to gather all needed information and the client’s signature on their rights and responsibilities. Conversely, an application can be used for processing an interim report as long as you also have the client sign a DHS 852. Signing the DHS 852 waives the client’s rights to 10-day notice when changing their benefits for month 7.
Non-NED cases certified in SRS for more than six months are required to submit a completed DHS 852 in the sixth month. FSMIS issues the DHS 852 in the middle of the fifth month. The client is to report on the DHS 852 after the first of the sixth month.

Workers are expected to process the DHS 852 within 10 days after receipt. As part of the process, discrepancy lists and mainframe verification screens (BEIN/W204, DPPM, ECLM, HINQ, SMUX, WAGE and The Work Number) need to be checked to ensure all available information is used. Benefits in months 7-12 are based on the DHS 852.

See SNAP-WG#7 for FSMIS coding instructions at interim report.

Clients are not entitled to a 10-day notice if benefits go down based on changes on the DHS 852. They have waived this right by signing the DHS 852.

Use income information from the fifth month to project an accurate estimate for the remaining months of the certification period. This does not always mean using actual income. Some examples:

- Income received on a weekly or biweekly basis must be converted to a monthly figure.
- Income received sporadically, such as child support, must be averaged or otherwise anticipated.
- When the client indicates that overtime, bonuses, hours or other aspects of employment income are not expected to continue, use client contact and other information to determine representative income for ongoing months.
- Annualized self-employment income should change only if the client indicates that annual income is expected to change.

The DHS 852 is complete when all questions are answered, the required proof is provided and the form is signed by the primary person (GP A.43) or authorized representative (SNAP B.14) has signed. When the DHS 852 has not been processed by the 15th day of the sixth month, the system sends the client a notice advising them that they have until the end of the sixth month to submit the report, and if it is not received, benefits will end. When an incomplete DHS 852 is received, the worker sends a Notice of Incomplete Information (DHS 487) notifying the client of the information required.

See SNAP H.14 for additional information on the use of the DHS 487.

If a change in circumstance reported on the DHS 852 makes the client ineligible, send a close notice specifying the reason. The suspend-close notice for failure to complete the DHS 852 is not adequate.

If a completed report is not received by the end of the sixth month, the case suspends for the seventh month. If the report is not completed by the end of the seventh month, the
client is no longer entitled to that month’s benefits. FSMIS closes the case effective (SNAP H.8) the end of the seventh month. Clients must reapply to receive SNAP.

Federal regulations require the workers to give clients at least 10 days any time information is requested. Do not pend the DHS 852 to the end of the suspend month. If less than 10 days is remaining to process the DHS 852, let the client know they will need to reapply if you do not receive the information by that date. If it is so close to the end of the month that they cannot reasonably be expected to respond in time, it is good customer service to send an application with the DHS 487. The client must reapply after the case has suspend closed. If the DHS 852 is received after the case has closed, that date becomes the new filing date. Date stamp an application and mail it to the client along with brief instructions.

Notices

FSMIS sends the following notices automatically for SRS actions:

- Approval notices based on CRT SRS or REC SRS actions. The approval notices state the client’s income reporting limit. Notices are tailored to NED and non-NED cases;

- Notification of being moved to SRS, when the reporting system changes during the certification period;

- An Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852) sent out around the 20th of the fifth month of the certification period for non-NED cases;

- Reminder notice to submit the DHS 852 if it has not been processed by the 10th day of month six;

- Suspend notice at the end of the month six when the DHS 852 has not been processed. This notice informs the client that their case will suspend at the end of the month, then close at the end of month seven if they fail to submit a complete report;

- Benefit notice for months seven-12 when the DHS 852 is processed;

- Suspend notice for month seven when processing the DHS 852 causes noncategorically eligible cases to go over the income limits;

- Notification of being removed from SRS during the certification period.

9. **Transitional Benefit Alternative**

SEE SNAP-WG #7.3 TO SEE TBA AT-A-GLANCE.
SEE SNAP H.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP H.8 ON THE EFFECTIVE DATE FOR ACTING ON CHANGES.

Transitional Benefit Alternative (TBA) (SNAP F.6) is for families whose TANF cash benefits end which includes Program 2, and 82 cases and SFPSS. TBA is available for five months only. Cases in this system are coded T in the Mand-Rprt field on FSMIS and an end date in the RPT-due field. This is to tell the computer when the TBA period ends. To keep getting benefits after the TBA period ends, the family must reapply. Clients do not need to report any changes while in TBA.

TANF cash benefits are:

- TANF program 2 and 82 grants;
- TANF JOBS Plus;
- Tribal TANF;
- REF families receiving benefits funded by title IV-A are also considered to be receiving TANF;
- SFPSS grants;
- Pre-TANF cases are not eligible for TBA.

**Note:** Only TANF cash cases moving from CP status to VP (EXT or M5) or CL status are eligible for TBA. TANF clients in Money Management are receiving cash benefits. Eligible households may receive TBA while receiving Post-TANF benefits.

SNAP households cannot receive TBA when:

- The household violated a TANF provision and a penalty was imposed no later than the TBA effective date. This includes cases serving TANF penalties when TANF closes. This is most often due to noncooperation with a case plan or IPV (GP C.5). (Most commonly there will be DQI income coded on SNAP.)

**Note:** This includes a TANF case closed at client request after receipt of a disqualification notice. If a TANF client serving a disqualification for noncooperation with JOBS gets a job and goes prospectively over income, the JOBS disqualification is lifted only after the client signs a PDP and demonstrates cooperation for 15 days. To be eligible for TBA, the TANF disqualification must be lifted before the TANF case closes. In addition, if the job must have been reported in a timely manner, the SNAP case should move to TBA. This also includes a group ineligible because an adult failed to apply for UC or to pursue other assets.
• Any member of the SNAP filing group is receiving TANF cash (i.e., TANF ended for the family, but NPH continues for a child, or two families are receiving TANF (Program 2) and it ends for one family only).

• TANF benefits cannot have ended because of a change which results in ineligibility and the client failed to complete, in a timely manner, a required report for TANF. Generally this happens when the household did not complete the Monthly Change Report (DHS 859A), did not provide requested information or proof needed to continue TANF eligibility, or failed to submit a complete redetermination. It may also happen when a client fails to make a required change report for TANF within 10 days.

• A SNAP need group member (SNAP C.6) is ineligible for SNAP due to an OFSET disqualification (SNAP D.18), IPV, failure to cooperate with QC, a fleeing felon, violation of a condition of parole or probation or disqualified for trafficking or sale of SNAP.

• The TANF benefits ended because the family moved out of state or the primary person becomes institutionalized or goes to a treatment center that provides more than 50 percent of the meals.

Transitional Benefit Alternative (TBA) in the SNAP Program: 461-135-0506

Note: No SNAP filing group member (SNAP C.3) may receive both TANF cash and SNAP using TBA in the same month. Therefore, if a member of the TBA group reappplies for TANF, their TBA must end effective the first of the next month when TANF cash is approved.

The SNAP case in TBA remains with the head of household if a SNAP filing group separates. For example: Mom is head of household. Her 19-year-old daughter and grandson are part of Mom’s filing group. The daughter goes to work and TANF closes. This filing group of three becomes eligible for TBA. The daughter and grandson move out and apply for SNAP at their new address. The daughter and her son have lost eligibility for TBA. Mom’s SNAP case will continue in TBA for the full five months.

Clients with cases in TBA are not required to report any changes while receiving the transitional benefits. Their benefits during the five-month TBA period will generally not be less than the SNAP amount received in the month in which the client is no longer eligible for TANF. The one exception is when a member of the SNAP household moves out and applies for SNAP in another household. The normal CRS process for removing a household member and adding them to a new case will be followed.

For most cases, code the SNAP case as TBA for the first of the following month at the same time the action is taken to close or end TANF benefits. When a case is placed into TBA depends on the case situation. Always remember, the client must be notified of a change in reporting requirements before the effective date (SNAP H.8) of the change.

Example: If the TANF case closes on November 24 effective November 30, code TBA on the SNAP case effective December 1 through
April 30. However, if the TANF case is closed on CM on December 1 to end TANF November 30, the effective date for TBA is January 1 through May 31.

SEE SNAP-WG #7 FOR FSMIS CODING INSTRUCTIONS.

**Caution:** Cases going into TBA are changing from SRS or CRS. Their reporting requirements change while in TBA. The worker must make sure the client clearly understands the new change in reporting requirements and narrate this discussion with the client.

For cases moving to TBA, the certification period should be extended to the last month of the TBA period. This could be longer than the 12-month statutory limit if the case is going to TBA in the ninth or later month of the certification period.

**Caution:** Do not use transaction codes CRT or REC to extend the certification period.

Periodic Redeterminations; SNAP: 461-115-0450

Income is budgeted differently for cases in TBA. When a case is moved to TBA, change the TANF grant amount to zero. Make no other changes to the other income and case situation. Do not add any new anticipated income or deductions. In other words, use the exact income and case situation for the last month of SNAP before TBA minus the TANF grant. Generally, most households will receive the maximum SNAP allotment while in TBA.

SEE EXAMPLES OF TRANSITIONAL BENEFIT ALTERNATIVE BUDGETING INCOME FOR TBA (SNAP F. EXAMPLES 9)

When the client reports a change that will affect future months, the client is given the choice to continue TBA or to reapply for SNAP. If they choose to reapply and the new situation results in more SNAP, end TBA and recertify the case for the first of the next month. If the result is fewer SNAP, do not recertify and continue the TBA to the end of the five-month period. If the worker determines it is best to continue TBA, send the client the Notice Writer notice FSG1F01 to let the client know the decision on their application.

Changes That Must be Reported: 461-170-0011

The only changes allowed in TBA are if a person leaves the household and applies in another household, if the household moves out of state, or the head of household becomes institutionalized.

**Note:** The key here is if the person “applies for SNAP.” If the person who left the household does not apply for SNAP, do not remove them from the TBA case. Do not act on information gained on the monthly BENDEX or UC discrepancy lists. These lists are to be worked for TBA clients at the end of their TBA period. The discrepancy lists should not be worked while the household is in the TBA.
NOTICE WRITER NOTICE FSRTB01 CAN BE USED TO NOTIFY THE HOUSEHOLD WHEN TBA BENEFITS ARE BEING REDUCED BECAUSE A PERSON LEFT THE HOUSEHOLD AND APPLIED FOR SNAP BENEFITS IN ANOTHER.

THE NOTICE WRITER NOTICE FSCTB02 MAY BE USED TO END TBA EARLY.

There will be no overpayment for unreported changes that occur during the TBA period as there is no required reporting. As always, the department may end SNAP benefits if it learns that the household has moved out of state or at the client’s request. However, do not end TBA simply because mail has been returned as “undeliverable” with no forwarding address. TBA clients are not required to report a move or address change.

TBA ends early anytime a member of the SNAP TBA filing group begins to receive TANF cash benefits funded under title IV-A of the Social Security Act.

To get SNAP at the end of the TBA period, households must reapply for SNAP regardless of the number of months remaining in their certification period. In the fourth month of the TBA period, the computer will send the household a notice letting them know the TBA period is ending and they must reapply for SNAP if they wish to continue receiving benefits.

Notice Situation; SRS or TBA: 461-175-0270
Effective Dates; Cases Receiving Transitional Benefit Alternative (TBA): 461-180-0081

Note: Sometimes TBA eligibility is determined late or is adjusted. When this occurs the ending date on FCAS may be incorrect. The worker needs to set up a tickler to track the TBA period and manually send the notice regarding the end of the TBA. Notice Writer notice FSC00WF should be sent to these households about 45 days before the end of the TBA period.

10. Changing Budgeting Methods

It is possible to change reporting methods between CRS, SRS and TBA. Whenever a change in budgeting (GP A.3) method is made, the household must be notified with a continuing benefit decision notice (SNAP H.8) prior to the effective date (SNAP H.8) of the change in method. This means the effective date for changing budgeting systems is always the first of the next month.

CRS to SRS: Whenever possible, SNAP cases should be in SRS. To fully utilize the benefits of SRS, extend the certification period to the full 12-month limit (if appropriate) when placing the case into SRS. If the change in systems occurs during the certification period, the household must be notified in writing before the effective date (first of the month). The computer will send the client the “WC” notice. It must be received before the effective date. If the change to SRS is occurring at recertification, carefully explain the change in reporting income and changes to the client. Give or send the Simplified Reporting System (DHS 854) pamphlet (if case is in a 12-month certification period) and Simplified Change Report For Supplemental Nutritional Assistance Program (SNAP) and
**Employment Related Day Care (ERDC)** (DHS 853) form to each household when the case is placed into SRS.

Benefits will continue to be prospectively budgeted in SRS. Continue to use prospective or anticipated income to compute the benefits. Remember to send a timely continuing benefit decision notice if this switch will reduce benefits.

**SRS to CRS**: Sometimes it may be necessary to convert the case from SRS to CRS. This will happen when you need to process a reopen (ROP) action following a close. Be sure to inform the client of their new reporting requirements and send them the DHS 943 to report future changes.

**CRS or SRS to TBA**: Cases may be changed from CRS or SRS to TBA whenever a family becomes ineligible for TANF. This change can occur at anytime during the certification period. If the certification period is expiring before the end of the TBA period, extend the certification period to end the fifth month of TBA. Notify the household in writing before the effective date (first of the month) of the change in reporting requirements. The computer will send the client the “WD” notice. This notice must be received before the effective date. Also send or give the client the *Transitional Benefit Alternative* (DHS 856) pamphlet when the case is placed into TBA. It is recommended that this pamphlet be mailed with the *Notice of Decision or Action Taken* (DHS 456) when the client is informed their TANF cash benefits are ending.

**TBA to CRS or SRS**: SNAP benefits must end when TBA ends and the client must reapply for SNAP. In addition, a household may become ineligible for TBA when it applies for TANF. Cases in TBA will not move to another report system. Households must reapply for SNAP when TBA ends.

See SNAP F.9 for more information on TBA.

11. **Income in Prospective Systems**

Depending on how often income is paid and the type of income, there are different methods for anticipating how much to count each month.

See MPWG #22 for details and examples.

12. **Disqualified Income (DQI) for Cash Recipients Serving a Penalty**

When a TANF or Tribal TANF recipient has their cash benefits reduced, closed or ended for failure to comply with certain program requirements, their SNAP benefits must not go up due to the loss of cash. In addition, when a TANF or SFPSS recipient is repaying a client-caused (CE) or Intentional Program Violation (FR) overpayment, the amount being repaid from the grant is also counted as income.
Code as DQI:

To prevent the SNAP benefits from increasing when the cash is reduced or stops, count disqualified income (DQI) in the amount of the reduction. This applies whenever the client loses cash due to:

- Failure to comply with their JOBS program or self-sufficiency plan.
- Failure to comply with treatment for substance abuse and mental health.
- Disqualification for an intentional program violation (IPV).
- Failure to comply with pursuing child support, medical coverage and other assets.

Code as COP (client overpayment):

- Collection of a client-caused or SFPSS or TANF overpayment, or TANF IPV.

SEE CA B.18 FOR MORE ON DISQUALIFYING INCOME.

Following are situations where counting DQI income does not apply:

- When the client began a grant reduction prior to September 23, 1996, and the reduction continues or progresses without the client committing a new failure to comply with a TANF program requirement.
- When the client was not receiving SNAP benefits at the time the TANF benefits were reduced.
- When an applicant has TANF approved at a reduced amount because of a failure to comply with a TANF requirement. This is because the client is not experiencing a reduction from a prior level. They are simply starting at a lower level.

**Note:** TANF clients sometimes fail to comply with TANF program or JOBS requirements. Clients may not avoid the DQI if they ask to end or close TANF after receipt of a notice of impending disqualification or penalty. This voluntary closure may avoid the penalty for TANF. However, it does not avoid the DQI for SNAP.

**Note:** A TANF/SNAP client may have a DQI and serve disqualifications in both programs at the same time for the same offense. For example, if a client (who is mandatory for both TANF and SNAP) quits a job, which causes them to get reduced cash benefits, they will concurrently be penalized by having their needs removed from the SNAP companion case. Also code the DQI income.

For clients who begin a JOBS or substance abuse or mental health disqualification after September 23, 1996, and have their SNAP case in prospective budgeting, track the case so the calculation can be changed as the client progresses through the different levels of grant reduction and closure.
End the DQI income when:

- The family has complied with the TANF requirement and the TANF penalty is lifted.
- The family no longer meets other TANF eligibility criteria (examples: over TANF income limits, no child in home, etc.).
- The TANF case has been closed for one year.

End the COP income when:

- The SFPSS or TANF overpayment is repaid.
- SFPSS or TANF cash benefits end.

**Note:** Review the DQI and COP income at each recertification. Document this review on TRACS.

Using the DQI or COP income type on FSMIS stops benefits from going up. The amount of the DQI is the amount the grant is reduced due to the penalty. The COP is the amount of the overpayment collection from the grant.

The DQI income is calculated as follows:

- Amount of TANF grant before the disqualification, less the TANF grant after disqualification, equals the amount coded as DQI income on FCAS. The DQI income must be changed as the TANF disqualification progresses.

For TANF benefits that are closed or cash is stopped due to these penalties, use the benefit amount the group would be getting without a penalty, as the DQI entry.

**Note:** When the client voluntarily requests closure of their cash or TANF-related Medicaid, or fails to complete their redetermination forms, this is not a change in their situation that would stop the DQI from being counted.

SEE DISQUALIFIED INCOME EXAMPLES (SNAP F. EXAMPLES 13).

**Note:** The worker may choose to code the HH type of MNL on the case when DQI is first coded. This may resolve issues about tracking and changing the DQI every other month as the TANF case progresses through the disqualification levels. Do not forget to remove the MNL coding when the disqualification ends.

The COP income is the amount of the SFPSS or TANF overpayment collection.
**Note:** Enter the date the worker expects the OVP to be repaid in the comments field on the COP income line.

Requirement to Pursue Assets: 461-120-0330
Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340
Clients Required to Obtain Health Care Coverage and Cash Medical Support; CEM, EXT, GAM, MAA, MAF, OHP (except OHP-CHP), OSIPM, SAC: 461-120-0345
Disqualifications; Pre-TANF, REF, SNAP, TANF: 461-130-0330
Requirement to Attend an Assessment or Evaluation, or Seek Medically Appropriate Treatment for Substance Abuse and Mental Health; Disqualification and Penalties; Pre-TANF, REF, TANF: 461-135-0085
Disqualifying Income; SNAP: 461-145-0105
Intentional Program Violations; Penalties and Liability for Overpayments: 461-195-0621

13. **Income and Income Deductions for Ineligible/Disqualified Group Members**

Count the income, resources and deductions of ineligible household members as follows:

- See SNAP D.3 for treatment of income and deductions for ineligible students.
- See NC B.2 and 3 for treatment of income and deductions for ineligible noncitizens.
- Ineligible due to failure to comply with OFSET requirements (SNAP D.18 Intentional Program Violation (IPV) (GP C.5), or fleeing felon, probation or parole violator disqualification (SNAP C.6). For this provision, IPV includes persons convicted for trafficking $500 or more or for involving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.

Individuals who are disqualified for failure to comply with OFSET, IPV or fleeing felons are included in the financial group (SNAP C.5) but not in the benefit group (SNAP C.7).

Count all of the ineligible individual’s resources in the eligibility determination if this person is not categorically eligible (SNAP E.1) for SNAP. Count all of the income received by the ineligible individual. The entire household’s earned income deduction (SNAP F.17), standard deduction (SNAP F.17), medical deduction (SNAP F.19), dependent care deduction (SNAP F.18), court-ordered child support payment deduction (SNAP F.20) and excess shelter expenses will be allowed without a proration for the eligible benefit group members.

- Ineligible due to failure to obtain or provide an SSN (SNAP D.6).

Individuals who are disqualified for failure to obtain an SSN or for not providing their SSN are included in the financial group but not in the benefit group.

Count all of the ineligible individual’s resources in the eligibility determination if this person is not categorically eligible for SNAP. Prorate the ineligible person’s income by dividing the income by the number of persons in the financial group and multiplying this figure by the number of persons in the benefit group. Code the
prorated income onto the SNAP case. The computer will not do this proration for individuals on FSUP with member type DH or DP.

The 20 percent earned income deduction is applied to the prorated earned income of the disqualified individual. For dependent care, court-ordered child support payments and shelter costs (SNAP F.21) (excluding the FUA/LUA/TUA), divide the amount of the cost billed to or paid by the ineligible individual for each deduction by the number of persons in the filing group (SNAP C.2) and multiply this figure by the number of persons in the benefit group. All but the ineligible person’s share is allowed as a deduction. The computer does not make this determination, so remember to prorate the deductions before coding them onto FSUP.

**Caution:** Do not prorate the filing group’s share of the utilities among eligible/ineligible group members.

14. **People on Strike**

Strikers include the following:

- Employees on strike;
- Employees involved in a concerted work stoppage effort; **and**
- Employees whose work stopped due to the expiration of a collective bargaining agreement.

Clients are not considered to be participating in a strike when:

- The work place is closed by the employer to resist the employees’ demands (lock-out).
- They are unable to work because of striking employees (for example, a lumber mill strike may make truckers who deliver lumber unable to work).
- They end employment with the company involved in the strike and accept another full-time job. To qualify as full time, the job must be for 30 hours or more per week, and pay at least the federal minimum wage times 30 hours.
- The striker loses their job because the employer hired a permanent replacement.
- They are exempt from the work registration requirements under OFSET (SNAP D.7) the day prior to the strike due to a reason other than being employed 30 hours a week.

Clients cannot receive increased SNAP benefits because their income decreased due to participation in a strike. The client on strike is choosing not to access earned income that is available to them. Therefore, the pre-strike income is considered available in the eligibility determination (GP A.19).
To determine eligibility and benefits for applicants, count each striking member’s full month’s income prior to the strike. Also consider all other SNAP eligibility factors.

To determine eligibility for recipients, count either the pre-strike income or the current income (which could include strike benefits), whichever is more, for the duration of the strike.

Strikers are required to register for SNAP work programs. Let clients mandatory for work program participation know about jobs that are vacant due to a strike, but do not require them to accept the jobs.

Effect of Strikes: 461-130-0328

15. Special Treatment of Income

Some income types are rarely seen in the branch. Other types are treated differently depending on the individual case situation. For example, an in-home care giver may be an employee receiving a wage or may be self-employed. The determination must be carefully made for each client. The self-employment determination is not made based on who pays the income taxes, FICA, or worker’s compensation for the client.

A person has self-employment income if they are working in their own business, trade or profession where they are responsible for obtaining or providing the service or product. Clients who are self-employed independently determine the manner, method and process of business operations, and they have full responsibility for the success or failure of the business operation. If the person does not meet these criteria, they are not self-employed.

SEE CA C.1 FOR DEFINITION OF SELF-EMPLOYMENT AND CA WG #1 FOR EXAMPLES AND MORE INFORMATION.

Self-Employment; General: 461-145-0910

For SNAP, self-employment income is generally annualized if the business has been in operation for more than 12 months, the income may be earned part of the year but intended to live on for the full year, and the client anticipates the income from the past is representative of the future. However, do not annualize the income if the past income does not reflect the household’s actual income circumstances because the business is experiencing a substantial increase or decrease in business. In this situation, calculate the self-employment income based on anticipated earnings. In addition, income is not annualized if it is earned in part of the year, it is not intended to cover the full year, and the client has different employment for the other part of the year.

Program Benefits as Special Needs

Some department programs provide ongoing special needs payments (CA B.56) for laundry allowances, restaurant meals, shelter exceptions and telephone allowances. These are treated as unearned income. Exclude all other special needs payments as
reimbursements. For example, if a client was receiving a check each month for a telephone allowance which included payment for a basic telephone and a life line. The amount for basic telephone would be considered unearned income (should be included in the utility deduction) and the amount for the life line is considered a reimbursement. When the GNT amount on FSMIS is different from the check amount issued on CMS, a MNL code must be used in the HH Types field on FCAS page one.

If the client has a pay-in and an ongoing special need, generally the special need will reduce the pay-in. The pay-in amount should be included in the monthly medical deduction (SNAP F.19) on FSMIS.

Program Benefits: 461-145-0410

Child Care Provider

A child care provider may be either self-employed or not self-employed.

They are self-employed when they take children into their home or place of business to provide care. Child care providers are also self-employed if they receive payments from DPU. Some child care providers advertise that they provide care and also hire other persons to assist with providing the care. These self-employed child care providers generally have allowable costs (CA C.2) associated with rent, utilities, meals and snacks, toys, etc. However, if they are running the child care center in their own home, they may be allowed a self-employment cost for rent and utilities only if it can be separated from their home shelter costs. The household may not be allowed to deduct the same cost from income and also as a shelter and FUA or LUA deduction.

Other people are hired to provide child care in the child’s home. These people generally have no costs associated with their business. Remember, their cost to travel from home to place of business is a commuting cost and is not a self-employment cost. The 20 percent earned income disregard is for the commuting cost. Income may be coded as either SEC or SEN depending on whether or not there are allowable costs.

**Caution:** Do not forget to ask a child care provider if they are receiving USDA meal reimbursements for the children in care. USDA meal reimbursements must be included in the gross self-employment income.

Child care providers are not self-employed when they are hired as an employee of the parent (GP A.39). Code the gross income as EML. For example: a person hired by a child care business as an employee.

In-Home Care Givers

Homecare workers who provide in-home care to DHS clients are considered the employee of the client. They are not self-employed or regarded as independent contractors. They are an employee of the person for whom they provide the services. The state makes referrals, sets the rate of pay, authorizes the maximum hours of service and pays the FICA and workers’ compensation premiums. Some homecare workers are
eligible for health insurance and paid leave based on the number of hours they work per month. In addition, the state also reimburses the care giver for transportation costs when the care giver transports the person in care for medical, shopping, etc., when authorized by SPD and OMAP. Code their gross income less the mileage reimbursement as HCW.

Adult foster care providers are self-employed when they operate a business in which they set or negotiate the rate of pay, decide on how many clients they can provide care for and possibly advertise for additional clientele. In-home care givers may have costs for house cleaning supplies or other unreimbursed expenses. Determine if the care giver asks for reimbursement of these costs before allowing the cost. Code this self-employment income as SEC or SEN depending on the situation.

**Rental Property Income**

Some clients gain income from renting out a part of their home or a separate residence. A key question is: Does a member of the filing group (SNAP C.2) actively work 20 hours a week managing the rental property? (Actively working includes collecting rent, taking applications, showing the apartments to prospective tenants and personally doing maintenance and repairs on the rented units.)

If the client is actively involved managing the property 20 hours or more a week, they are self-employed. If self-employed, determine if there are any allowable costs associated with the income. Code the income as SEC or SEN based on this determination. Narrate the type of costs that are allowed. If the client lives in the residence also, determine if their housing and utility costs can be separated from the costs used for the SEC. Only allow housing costs for the client’s home that are separate from the costs allowed for the SEC.

If the client is not actively working as manager of the property 20 hours a week or more, it is not self-employment income. Treat the income according to the income-producing property policy. Income-producing property, which is not self-employment income, is allowed the actual costs of doing business. This is not the 50 percent deduction given for self-employment with costs. However, the allowable costs are the same as for self-employment.

SEE CA B.34 FOR MORE INFORMATION ON INCOME-PRODUCING PROPERTY.

Determine and verify (SNAP B.11) the costs. The client may have tax papers for the prior year. If not, verify the costs before using them to offset the income.

Example: $35,000 annual rental income (not self-employment) is computed as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual rental income</td>
<td>$ 35,000</td>
</tr>
<tr>
<td>less repairs (rentals only, not home)</td>
<td>-3,059</td>
</tr>
<tr>
<td>less licenses, fees, advertising, and office supplies</td>
<td>-5,371</td>
</tr>
<tr>
<td>less utilities (rentals only, not home)</td>
<td>-7,276</td>
</tr>
<tr>
<td>less sanitary services</td>
<td>-2,500</td>
</tr>
<tr>
<td>less mortgage</td>
<td>-6,000</td>
</tr>
<tr>
<td>less property taxes and insurance</td>
<td>-2,570</td>
</tr>
</tbody>
</table>
management fees (not paid to HH member) - 7,200
balance $ 1,024

In this example, the countable income from income-producing property is $85.33 a month ($1,024 ÷ 12). This income is coded as PTY on FCAS.

If this income is considered self-employment, the income of $2,916.66 ($35,000 ÷ 12) would be coded as SEC on FCAS.

California SSI recipient

Sometimes a client receiving SSI from California will apply for SNAP benefits. This person is receiving SNAP benefits already in their SSI benefits. Therefore, this person is not eligible for SNAP from Oregon until the SSI benefits are transferred to Oregon. In California, the family members received SNAP benefits in a separate filing group.

This creates a unique situation when the California SNAP has ended but the California SSI continues. When in this situation do the following:

(A) If California SSI recipient is sole person in the Oregon SNAP filing group (SNAP C.3), the person is not eligible for SNAP from Oregon until the California SSI has ended.

(B) If California SSI recipient is in an Oregon SNAP filing group that contains other group members who are not receiving SNAP in another state, take the following actions:

- Determine eligibility for the SNAP filing group. The person receiving California SSI is excluded from the SNAP filing group until the SSI is transferred to Oregon. This may take up to two months, depending upon notice requirements.

- Code the California SSI person as DH or DP and do not code their SSI income.

- Counsel the household to report the move to the social security office. They are creating a SSI overpayment.

- Ask for a copy of the SSI decision notice that changes the client’s residency to Oregon and reduces the SSI amount.

- Set a tickler to follow up and to add the person to the SNAP case within the next two months.
- When California SSI changes to Oregon SSI, change the SSI person member type to AD, CH or HH and add the SSI income effective the first of the following month.

SEE CA B.71 FOR TREATMENT OF SSI INCOME.

Farm Income

When a client states they have farm income, the first question to ask is, “Is the business/farm incorporated?” If the farm is incorporated, it is treated as incorporation income and the client is not self-employed. If the farm is not incorporated, proceed with the farm self-employment income determination.

SEE CA B.15 FOR MORE INFORMATION ON CORPORATIONS.

When a farmer applies for SNAP, obtain a copy of the most recent tax papers, if at all possible. Schedule F is needed.

Was the SNAP household actively involved in earning the farm income? If not, maybe they lease out the land, which is not considered self-employment income.

Ask the client if they are earning and/or expect to earn the same income this year. Do they also expect to earn the same income next year? Do they expect the costs to be the same each year?

Example: A farmer has $99,000 from the sale of livestock, produce, grains, etc. (look at Part 1 of Schedule F, form 1040.) Some of the incomes listed on this form are excluded for SNAP. If income is received from an excluded source, subtract the amount before arriving at the gross figure. The excluded incomes are:

- Line 7: Commodity credit corporation bans. If a loan, treat like a loan. If a commodity payment to not plant a crop, the proceeds are counted as self-employment.

- Line 8: Disaster assistance is excluded. However, payments made for crop failure that is not connected to a presidentially declared disaster are counted as self-employment income.

- Line 8: Crop insurance payments are a nonrecurring lump-sum income and counted as a resource.

- Line 10: Federal and state gasoline tax credit or refund is excluded.

Farmers who earn more than $1,000 (gross) a year can receive a special farm credit for income. This special farm credit is allowed if, after all allowable costs, they have a zero balance or a negative figure on the farm income. Start with line 36 (net profit or loss) on
the tax form. If it shows a loss, recompute the income allowing all allowable costs per CA C.2. Do not allow depreciation or amortization costs.

There may also be other costs that are not allowable for SNAP. Whether or not to allow these costs is determined in an interview (SNAP B.8) with the client. If after recomputing the income and allowable costs the net figure remains zero or a negative amount, the household is eligible for a special farm credit. If the final figure is 50 cents or higher, the gross income (before costs) is counted the same as all other self-employment income with costs.

\[ \text{SEE CA C.4 FOR SPECIAL FARMING CREDIT.} \]

If there is a need to recompute the farm income to determine if the household is eligible for the special farm credit, carefully review the costs with the client. These costs were true last year, are they still true this year? Determine if the costs are solely for the farm and do not include costs for the home. For example, are the costs for property taxes, mortgage, insurance, utilities, sanitary services and telephone noted for the farm billed separately from the utility, sanitation and telephone costs for the home. If these costs are billed on one bill and cannot be separated, the household is eligible for only one – the shelter deduction and FUA or LUA or a deduction from the self-employment income, but not both. Also determine if any of the wages include wages to members of the filing group. This includes farm labor as well as bookkeeping costs. Wages paid to any member of the filing group is not an allowable cost.

There may be other costs that are questionable. For example, if there is an identified cost for commissions, why are they paying commissions?

\[ \text{Example: $99,171 annual farm income. The computations based on tax forms are:} \]

\[
\begin{align*}
\text{Countable Farm Income:} & \quad $99,171 \\
\text{less fertilizers and lime} & \quad -6,769 \\
\text{lease on machinery} & \quad -2,000 \\
\text{repairs/maintenance} & \quad -3,646 \\
\text{gas, fuel, and oil} & \quad -2,327 \\
\text{insurance (farm only and not home)} & \quad -5,488 \\
\text{mortgage (farm only and not home)} & \quad -22,461 \\
\text{supplies} & \quad -274 \\
\text{utilities (farm only and not home)} & \quad -1,500 \\
\text{sanitary services (farm only, not on home)} & \quad -1,497 \\
\text{telephone (farm only, not on home)} & \quad -2,823 \\
\text{office costs (not wages paid to HH member)} & \quad -375 \\
\text{registration and permits (farm only)} & \quad -784 \\
\text{legal/professional fees} & \quad -547 \\
\text{other costs} & \quad -661 \\
\text{labor (excluding wages paid to the SNAP group)} & \quad -41,911 \\
\text{balance} & \quad $6,108
\end{align*}
\]
In this example, when the costs on the tax form for depreciation or amortization are removed, the balance is greater than zero. Use the income code SEC of $8,265.25 ($99,171 ÷ 12).

The balance in this example is not zero or in the negative, so follow self-employment policy and do not implement the special farm credit provision for farmers operating under a loss.

Additional Exclusions for Farming Costs; SNAP: 461-145-0931

However, if the final figure on the recomputed farm income was a negative $6,000 for the year, the annualized monthly figure would be a negative $500 ($6,000 ÷ 12). In this situation, the income from the farm should be coded on FCAS as zero and the $500 should be subtracted from other household income to reduce it by the $500 credit.

Note: This is a manual process because the computer does not have a code to allow for the $500 credit. Carefully narrate this action and the discussion about this income with the client.

16. When to Allow Deductions

SNAP clients receive certain deductions from their countable income, before comparing the income to the adjusted income limit (SNAP F.25). Deductions may or may not be appropriate, depending on whether the client has a cost for certain items. These include deductions for child support payments (SNAP F.20), dependent care (SNAP F.18), medical costs (SNAP F.19) and shelter costs (SNAP F.21).

The client is considered to have a cost when they incur a bill for these items, and they are responsible for paying the bill. Therefore, if someone outside the SNAP group pays the bill for them, it is not allowed as a deduction. This is regardless of whether the payment from others is by reimbursement, vendor payment or in-kind benefit. For example, when clients have health insurance that pays 80 percent of the costs (GP A.10) incurred, allow as a deduction only the 20 percent that the client has a responsibility to pay. Do not allow a medical deduction for costs written off by a medical facility.

Deductions are not allowed for services provided by someone in the filing group (SNAP C.2). For example, if an older child in the filing group provides child care while the parent (GP A.39) works, there is no deduction. This is because although the money has passed from one member of the filing group to another, it remains available to the group. It is not like paying rent, where the money is paid to someone outside the group. Therefore, it is not considered an allowable deduction.

Once a cost has been allowed as a deduction, it cannot be allowed again. Costs that are billed to the client but are delinquent are not allowed as a deduction.

Note: When not allowing a deduction, a denial notice must be sent. Use the Notification of Planned Action (SDS 540) for the denial.
17. **Standard Deduction and Earned Income Deduction**

Every SNAP case gets a standard deduction. The standard deduction for a benefit group (SNAP C.7) of one through three persons is $142. The standard deduction for a benefit group of four persons is $153. The standard deduction for a benefit group of five persons is $179. The standard deduction for a benefit group of six or more persons is $205.

Every client with earned income also gets at least the first 20 percent of this income deducted. This includes self-employment income and training incentives that are not reimbursements for training expenses. Enter the full countable earned income (codes EML, HCW, SEC, SEN, and TNG) into FSMIS, and the system allows the 20 percent.

**Reminder:** Clients who are self-employed and have allowable costs (CA C.2) of doing business get a 50 percent exclusion off the gross income. Some farmers get an additional deduction if they are operating the farm at a loss (CA C.4 and SNAP F.15). To do this, enter the income before the 50 percent exclusion and code it as SEC into FSMIS. If the income passes the countable income test, the 20 percent deduction is allowed.

18. **Dependent Care Deduction**

Allow this deduction when the SNAP group has a cost for caring for a dependent who is in the filing group (SNAP C.2) and requires the care. The care must be necessary in order for the client to:

- Accept or maintain employment;
- Comply with OFFSET (SNAP D.7) activities per case plan;
- Attend training or education preparing them for a job.
- Work Search
**Note:** Do not allow child care as a deduction when:

- **a)** The cost is being paid by JOBS or OFSET;
- **b)** There is no unmet need (negative dollar amount) for a higher education student after computing income on the Educational Income Calculation for ERDC and Food Stamps (DHS 7351) form;
- **c)** An unemployed parent is in the home and can provide the care.

**Note:** If a household incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, treat the cost as a medical deduction per SNAP F.19.

Educational Income: 461-145-0150

The person providing the dependent care must not be in the filing group (SNAP C.2), and must not be the dependent’s biological, adoptive or step-parent.

To figure the amount of necessary dependent care hours related to the above bulleted items, allow the time the client is performing the activity, commuting time from the provider’s residence to the activity, and meal breaks. Do not allow time when dependents are in school or other free care situations. In addition, allow up to five days per month when the dependent is scheduled for care but the care is not used, if the provider charges for this time. Often providers charge for care even when dependents are absent (due to illness, for example) in order to hold their slot until they return to care.

After determining the necessary dependent care hours from above, multiply it by the rate the client is being charged to determine the dependent care deduction. For example, in prospective budgeting: A client has 45 hours of dependent care each week and is charged $2.50 per hour. 45 hours X $2.50 X 4.3 weeks = $483.75. Code the full amount of dependent care that each person is receiving under that person in FSMIS.

**QC Hot Tip**

If the full cost of care is $290 and two children are in care equally, code CC of $145.00 on each child.

SEE NC B.3 FOR HOW TO TREAT DEDUCTIONS FOR FILING GROUPS (SNAP C.2) CONTAINING AN INELIGIBLE NONCITIZEN (SNAP D.5).

Dependent Care Costs; Deduction and Coverage: 461-160-0040
Income Deductions; SNAP: 461-160-0430
19. **Medical Deduction for Elderly/Clients with Disabilities**

Only clients who meet the SNAP definition of elderly (GP A.13) or clients with disabilities (GP A.10) are eligible for a medical deduction.

For these clients, a medical deduction is allowed for the costs (GP A.7) of services provided by, prescribed by, or used under the direction of a licensed medical practitioner.

Examples of medical costs include, but are not limited to:

- Health insurance premiums, deductibles and coinsurance. (Includes Medicare premiums not covered by Medicaid and EPD participant fees.) Long-term-care insurance premiums are deductible if the insurance pays for services while an individual is receiving waivered services, nursing facility services or is in an intermediate care facility for the mentally retarded. A policy set up to pay a lump sum, similar to life insurance, is not deductible.

- Medical and dental care, including psychotherapy, rehabilitation services, hospitalization and outpatient treatment.

- Prescription drugs and medications prescribed by a licensed medical practitioner, as well as medical supplies and equipment, dentures, hearing aids, prostheses and prescribed eyeglasses. (Include postage costs for order-by-mail prescriptions.)

- Over-the-counter medications approved by a licensed practitioner or other qualified health professional. No formal written prescription is required.

- Medical marijuana which is prescribed by a licensed medical practitioner is an allowed medical cost provided the individual has a Medical Marijuana Program card issued by the state. The cost can include the cost of the medical marijuana card and the cost to purchase or grow the medical marijuana. Please contact a SNAP Policy analyst in Central Office if you have question about what to allow.

**Note:** *Medical supplies include prescribed adult-sized diapers, such as Depends. Medical supplies do not include special diets or special foods prescribed by a doctor. A person on a low- or high-sodium diet may purchase prescribed high-sodium foods with their SNAP benefits. Some dietary drinks high in nutrients may be purchased on the medical card.*

- Nursing care, nursing home care and hospitalization, including payments on bills for people who were members of the household immediately prior to entering a state-certified hospital or nursing home.

- Maintaining an attendant, a home health aid, a housekeeper or dependent care services due to age or illness, including an amount equal to a one-person SNAP payment standard when the client furnishes the majority of the attendant’s meals.

- Client offset payment when residing in a group living facility.
Note: Allow the service cost, which is the amount over room and board.

- Prescribed assistance animal, (such as a Seeing-Eye Dog, a Hearing Dog or Housekeeper Monkey), that have received special training to provide a service to the client. This deduction includes the cost of acquiring these animals, their training, food and veterinarian bills.

Note: Special training means the animal has been trained to do something for their owner that the animal would not normally know to do. The training needs to be related to providing a service the client needs due to their disability. Obedience training does not constitute special training.

Questions the worker may want to consider:

- What disability created the need for the service animal?
- What is the service the animal is providing?
- What is the training the animal received?

- The reasonable cost of transportation and/or lodging needed to obtain medical treatment or services.

Note: Use the same rate as approved by DMAP for medical transportation.

All medical costs must be verified. If the service is under the direction of a licensed medical practitioner, verification (SNAP B.11) (prescription, note or collateral contact) must be in the file. Additionally, the specific cost and frequency of use should be verified.

To determine medical amounts at application and recertification, use a reasonable estimate of the client’s costs for the certification period. Arrive at this estimate by combining current and expected medical costs. Verify all current medical costs. Costs can include installment payments on a bill, as long as the bill has not been allowed previously, the installment plan arrangements were made with the creditor before the bill became past due and the client has not defaulted on the plan. Also verify current medical insurance cost and coverage, so that you can determine the portion of each medical cost that the client is responsible to pay. In addition, anticipate medical expenses reasonably certain to occur based on the client’s medical history. Total the current and anticipated expenses, then average the total over the certification period.

Note: Medical costs paid by credit card are considered paid in full at the time the payment is made. The subsequent ongoing credit card payments are not allowable as a medical deduction. For example: Lilly has a $450 dental bill. She pays this bill in full with her credit card. The medical deduction will be the one-time payment of $450 or the $450 will be prorated over the remainder of the certification period.

Caution: Do not allow medical costs of other filing group (SNAP C.2) members who do not meet the SNAP definition of elderly or clients with disabilities.
USE THE MEDICAL EXPENSE WORKSHEET FOR FOOD STAMPS (DHS 221 MED) FORM TO CALCULATE THE ALLOWABLE ONGOING MEDICAL COSTS.

In the actual SNAP calculation for benefits, the first $35 in medical deductions for the SNAP group is excluded. However, workers code the total allowable medical deductions to each eligible person, and FSMIS subtracts the first $35.

When the client subsequently reports unanticipated medical costs they have incurred during the recertification period, allow a deduction for the new or increased cost only if it is not past due or carried forward from a previous billing period. For medical costs that are reported in the certification period, the client can choose one of the following:

- Allow the cost the month after it is reported, or

- Average the cost as follows:
  - Whether paid, or not paid, and is not past due, average it from the first of the month after which it was reported to the end of the certification period.
  - If the client gets a medical bill that they have not paid, (and it is not past due), which is due after their certification period ends, allow the deduction in the next certification period, or

- Allow the amount of an installment payment, if the client and creditor made an installment plan before the bill became past due and the client has not defaulted on the plan.

After using one of these methods to determine how much of an unanticipated medical bill changes the deduction amount for each month, adjust benefits for the future only. No restoration of lost benefits is needed, because there has not been any administrative error.

Medical deductions are determined prospectively, and when there is a change, the new deduction amount only prospectively affects the future. Therefore, when a client reports a paid medical cost in the last month of their redetermination period (GP A.46), there is no adjustment to make. Benefits for the current month have already been issued, and prospectively, since the bill has been paid, there is no medical expense expected for the next certification period.

SEE SNAP-WG #5 FOR EXAMPLES OF HOW TO CALCULATE SNAP MEDICAL DEDUCTIONS.

SEE SNAP F.15 ON CONSIDERING PROGRAM BENEFITS FOR SPECIAL NEEDS.

SEE EXAMPLES OF MEDICAL DEDUCTIONS FOR ELDERLY AND CLIENTS WITH DISABILITIES (SNAP F. EXAMPLES 20)

Medical Costs That are Deductible; GA, GAM, OSIP, OSIPM, SNAP: 461-160-0055
Medical Deduction; SNAP: 461-160-0415
Income Deductions; SNAP: 461-160-0430
Restoring Benefits: 461-165-0200
Effective Dates; Changes in Income or Income Deductions That Cause Increases: 461-180-0020
Effective Dates; Changes in Income or Income Deductions That Cause Reductions: 461-180-0030
20. Child Support Payment Deduction

This SNAP deduction is different from the others, because it is based on what a member of the filing group pays rather than what they are billed. Clients paying legally obligated child support for children outside the household get this deduction. This means the child the support is paid for cannot be a member of the household group. Include amounts they are paying for current child support and arrearages, unless the payment is collected by Set-Off of Individual Liability (SOIL) recovery.

For example, in prospective budgeting: A client pays his court-ordered child support of $200 per month as he can, depending on how his income varies. For this month and the last two months he paid $125, $200 and $150. He expects payments to continue at about the same rate. $125 + $200 + $150 = $475 divided by 3 months = $158.33 child support deduction allowed.

The COS deduction is limited to the amount a member of the filing group paid for child support. The amount a noncustodial parent pays toward the child’s medical bills or for health insurance coverage is allowed as part of the COS.

**Note:** The COS is allowed when court-ordered support is being paid by a filing group member for children who do not live in the household. The person ordered to pay the support must be in the filing group. The person whose income pays the support must be in the filing group. They may be the same person or two different persons, as long as they are in the same filing group.

**QC Hot Tip**

To allow the deduction for payment of child support both of the following must be true:

- The child support must be court-ordered; and
- The child(ren) the support is for cannot be in the same household group as the person ordered to pay the child support.

If each of the above is true, the client must verify the following before the deduction can be allowed:

- The support is court-ordered and which child(ren) the support is for; and
- The amount of child support he or she is paying.

If the support is being paid through the Oregon Department of Child Support, this information can be verified on SMUX.
21. **Shelter Deductions; Housing**

Allow a deduction for the shelter costs incurred where the filing group (SNAP C.2) is currently residing. The shelter deduction is made up of two parts: housing and utilities. This section deals with the housing costs (GP A.10) for most situations. The next section deals with utility costs for most situations.

> SEE SNAP D.3 FOR HOW TO TREAT SHELTER COSTS WITH AN INELIGIBLE STUDENT.

> SEE NC B.3 FOR HOW TO TREAT DEDUCTIONS FOR FILING GROUPS CONTAINING AN INELIGIBLE NONCITIZEN.

> SEE SNAP F.23 FOR HOW TO TREAT SHELTER COSTS FOR SPECIAL SITUATIONS SUCH AS AN UNOCCUPIED HOME.

Housing costs include the billed amounts for the following:

- Continuing charges for rent, mortgage (including a second mortgage) or other continuing payments leading to home ownership, including interest on such payments. Allow the cost of the client’s monthly mortgage bill even when not being paid because it is in foreclosure; the client is still incurring the cost. Allow a shelter deduction for a reverse mortgage if the client has a balance owing on the mortgage. Do not include fees or deposits that are not continuing charges or for late payments. Allowable charges do not include rental fees for storage units or garages.

  *Note:* This includes payments on a home equity loan or line of credit if the home is listed as collateral on the loan and the financial institution is listed as a lien holder on the home.

- Property taxes (even when they are deferred), state and local assessments and insurance on the structure of the home, but not costs to insure furniture or personal belongings. Renters insurance is not an allowable deduction. Do not include payments on delinquent property taxes and their interest.

- Condominium and association fees charged to owners and renters to cover common area costs.

- Itemized housing costs paid at the time of closing, such as insurance or property taxes. Do not include closing costs.

- Costs that are not reimbursed by private or public sources, for repairing a home damaged or destroyed by a disaster (such as fire or flood).

- For homeless groups (GP A.28) living in their vehicle, payments on the vehicle and the portion of insurance payments that cover vehicle damage (comprehensive and collision, not liability, PIP, etc.).
The client can choose whether to get the housing deduction in the month the cost is billed or becomes due, or to average the cost over the period it is intended to cover. Therefore, a tax or insurance bill could be allowed as a deduction in one month, or averaged. For example, to average a tax bill for $1,800 over a 12-month period, the deduction would be $1,800 divided by 12 months = $150 per month. This tax amount would be added to any payment amount plus averaged insurance amount, to calculate the total monthly housing deduction. Usually it is to the client’s advantage to average the cost over a period of time and get increased benefits for the total certification period, rather than allowing the cost in one month and increasing benefits for one month only.

For housing costs that are billed on a weekly or biweekly basis, convert them to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15. For example, a client charged $80 per week would have a housing cost of $80 X 4.3 = $344 per month.

When a filing group shares housing costs with persons in the dwelling who are outside the group, allow as a deduction only the amount actually incurred by the filing group. For example, if two groups each pay half of the $450 rent, allow a $225 deduction. In addition, if the SNAP group collects the rent from the other group and then forwards the full amount on to the landlord, do not count the $225 collected from the other group as income or as part of the shelter cost. This is because it is considered unavailable and does not affect the SNAP calculation.

In some instances, a SNAP group is not eligible for a shelter deduction because they are not responsible for the shelter costs. A SNAP group may not be responsible for the shelter costs if they are working around an apartment complex in exchange for rent. In this situation, the value of the rent is not counted as income as it is income-in-kind. In addition, the SNAP group is not allowed a deduction for the value of the rent as the group is not responsible for making the rent payment.

Shelter Cost; SNAP: 461-160-0420

SEE EXAMPLES OF SHELTER DEDUCTIONS; SHARED SHELTER SITUATIONS (SNAP F. EXAMPLES 22).

22. **Shelter Deduction; Utilities**

Utility costs (GP A.10) include billed amounts for heating and cooling, cooking fuel, electricity, water, sewer, well installation and maintenance, septic tank system installation and maintenance, garbage collection fees and the basic service fee and taxes for one telephone including cell phone or pager charges. If a household claims their vehicle as their home, allow gasoline as a utility cost when it is used for heat. The receipt of energy assistance does not affect the utility deduction as long as the group will incur and be billed for heating or cooling costs.

**Note:** Each filing group must have an identified utility bill. Utility costs included in rent are not generally a separately identified bill. To be separate, the rent receipt or
identified billing statement must break out each identified cost (i.e., $350 rent, $50 electricity, $20 water and sewer, etc.).

Each filing group (SNAP C.2) with allowable utility costs gets one of four standard utility allowances for their deduction. The standard amount is derived from the average utility costs for households in Oregon. One allowance, the Full Utility Allowance (FUA), includes heating/cooling costs. A second allowance, the Limited Utility Allowance (LUA), is allowed when the filing group has two or more utility costs, but not heating/cooling costs. A third allowance, the individual utility allowance (IUA), is used when the filing group has only one utility cost and it is not for heating or cooling or telephone. A fourth allowance, the telephone utility allowance (TUA) is used when the filing group has a cost for a telephone only.

To get the FUA, the filing group must be billed on a regular basis for its heating or cooling costs. Cooling costs do not include portable home fans. All fuels (including geothermal, solar panels, wood, oil, propane, gas and electricity) are considered heating costs if they are the primary source actually used for heating. The FUA is allowed based on the client’s statement that they have these costs unless they are questionable. The filing group must incur an individual (out-of-pocket) expense for the heating/cooling costs.

**Note:** Wood heat is an allowed cost if the filing group buys wood. This does not include the cost of a cutting permit, gas for a truck to haul the wood, chain saw costs, etc.

Do not allow FUA for use of space heaters, stoves or electric blankets as a heat source. They qualify as utility costs, but not heat costs.

Allow the FUA if the client is billed for their individual usage or a flat rate for heating/cooling costs separate from the rent. Verification (SNAP B.11) is not necessary. Do not allow the FUA for filing groups that are charged a flat amount for rent and utilities that does not separately identify heating and cooling costs.

Some clients have low-income housing and receive a HUD payment for utility costs. The HUD utility reimbursement (paid directly to the client or the utility company) may cover all or most of the heating bill. If the client is responsible for the balance of the bill, they are also eligible for the FUA.

In addition, filing groups receiving LIHEAP at their current residence are eligible to receive the FUA. Once LHP is added for the year, local offices cannot remove it. Any changes in utility costs during the year should include narration about the household having received the LIHEAP benefit and expectation the household will qualify for the payment again next year.

When a filing group is sharing a dwelling with another group and they share utility costs, determine if the SNAP group is paying any part of the heating costs. If yes, each filing group that is paying a share of the heating costs is eligible to receive the FUA. There is no proration.
The second, third and fourth utility allowances (LUA, IUA and TUA) are for filing groups who have allowable utility costs but do not pay a heating/cooling cost. This includes those who have heating included in the cost of rent but pay for telephone, electricity, garbage, sewer, etc., separate from the rent.

**Note:**  *Cable TV or satellite is not an allowable utility cost. Phone cards also do not count as an allowable utility expense.*

To receive the LUA, the filing group must be billed on a regular basis for at least two allowable nonheating utility costs. One cost may be for a telephone.

To receive the IUA, the filing group must be billed on a regular basis for one allowable nonheating utility cost. This cost cannot be for a telephone.

To receive the TUA, the filing group must be billed on a regular basis for basic service on a telephone or a cell phone. Clients using prepaid cell phones are also allowed to receive the TUA. The telephone may be a land phone, a cell phone or an internet phone service. A filing group that pays only for a cell phone qualifies for TUA even if another filing group in the household has a land line available.

**Note:**  *The cost for phone cards is not a utility expense.*

Clients with allowable costs get one of the four allowances. There is no additional deduction for actual utility costs in excess of the utility allowances. There is also no proration when two or more filing groups share a residence and each pay utility costs.

Shelter Cost; SNAP: 461-160-0420

### QC Hot Tip

At each certification and recertification and anytime the client reports a move, assure how the home is heated and who is responsible for paying the heating costs. Narrate!

Only allow the FUA if the filing group is responsible for paying any part of the heating costs.

If not paying heating costs, carefully determine what utility costs the filing group is responsible to pay. Narrate which utility type. Allow the LUA if the filing group is responsible for paying at least two allowable utilities. Allow the IUA if the filing group is responsible for paying only one allowable utility (not phone). Allow the TUA if the filing group is responsible for paying the basic service on a telephone.

☞ **SEE SNAP D.3 FOR HOW TO TREAT SHELTER COSTS WITH AN INELIGIBLE STUDENT.**

☞ **SEE NC B.3 FOR HOW TO TREAT DEDUCTIONS FOR FILING GROUPS CONTAINING AN INELIGIBLE NONCITIZEN.**
23. Nonstandard Living Arrangements (GP A.37)

Group Living. (Also SNAP C.4) Clients living in a group living arrangement, such as RCF or domestic violence shelter may be eligible for a shelter deduction (SNAP F.21). The allowable shelter cost is the amount of the payment for the room only when the housing cost is separately identified. When the room and board is one payment and not separately identified, calculate the shelter cost by subtracting the Thrifty Food Plan from the room and board cost.

For example, an individual pays $523.70 room and board:

$523.70 - $200 = $323.70 allowable shelter. Allow this calculated amount, unless the client can prove the room cost exceeds it. In that case, allow the higher verified amount.

Note: A DD client receiving brokerage services is not considered to be residing in a RCF.

Income Deductions; SNAP: 461-160-0430

Unoccupied Home. In addition to shelter costs (GP A.7) incurred where the SNAP group resides, allow a deduction for a home the group is not occupying, if all of the following are met:

- The home is unoccupied because of illness, employment or training away from home, natural disaster or casualty loss;
- The SNAP group intends to return to the home;
- Any current occupants are not claiming shelter costs for SNAP; and
- The home is not leased or rented.

For an unoccupied home, allow only the actual verified utility costs as a deduction. Do this by adding the actual utility costs to the housing cost. Do not give the FUA or LUA for utilities on an unoccupied home.

Shelter Cost; SNAP: 461-160-0420

24. Benefit Levels

The United States Department of Agriculture (USDA) conducts studies to determine SNAP benefit levels. They look at the average cost of food for a household, considering the number of persons in the household. They expect that clients will shop with frugality;
therefore, USDA calls the SNAP benefit level the Thrifty Food Plan (TFP). The TFP is generally adjusted in October of each year to incorporate rising food prices due to inflation.

Following are the current SNAP benefit levels or TFP:

<table>
<thead>
<tr>
<th># in Benefit Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$200</td>
</tr>
<tr>
<td>2</td>
<td>$367</td>
</tr>
<tr>
<td>3</td>
<td>$526</td>
</tr>
<tr>
<td>4</td>
<td>$668</td>
</tr>
<tr>
<td>5</td>
<td>$793</td>
</tr>
<tr>
<td>6</td>
<td>$952</td>
</tr>
<tr>
<td>7</td>
<td>$1052</td>
</tr>
<tr>
<td>8</td>
<td>$1202</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$150</td>
</tr>
</tbody>
</table>

Clients with no income available for food based on the SNAP calculation receive the entire SNAP benefit amount. Clients with some income available for food as determined by the SNAP calculation receive the difference between the SNAP benefit level for their household size and their food income. For example, a three-person household has $120 available to spend on food, based on their SNAP calculation. The benefit level for three persons is $526 - $120 available for food = $406 SNAP benefits they are eligible for.

Income and Payment Standards; SNAP: 461-155-0190

25. Benefit Calculation

For clients who have passed the countable income limit (SNAP F.2) and resource limit (SNAP F.3), we perform the SNAP benefit calculation. Elderly (GP A.18) and persons with disabilities (GP A.15) need only to meet the adjusted income limit (SNAP F.25).

It is very helpful to understand the SNAP calculation in order to be able to explain changes or potential changes in benefit amounts to clients. Also, when coding changed information into the system record, understanding the process and knowing how much the benefit amount should change makes it easier to identify coding errors.

Amounts are rounded down for 1-49 cents and rounded up for 50-99 cents in each step of the calculation, except in step 9. The answer is rounded up for 1-99 cents in step 9. (FSMIS automatically does the rounding.) This means all of the following:

- For income, add all pay from the same income source before rounding. Round income amounts before converting, and again after converting;
Round the cost of dependent care for each person before comparing it to the limits;

Add medical costs for all persons before rounding and calculating the deduction;

Do not round shelter costs until the excess shelter deduction has been computed.

Use of Rounding in Calculating Benefit Amount: 461-160-0060

Following is a description of the SNAP calculation, along with some examples to illustrate the process.

**Note:** The 185 percent categorical eligibility income test (SNAP E.1) is not part of this calculation. This is because the worker must make a separate (manual) categorical eligibility determination before coding the case on the computer or computing benefits.

Step 1 Add all types of income (rounded). If income includes self-employment with allowable costs (CA C.2) of doing business, the system will allow 50 percent exclusion for the costs. The subtotal is the client’s SNAP countable income (GP A.29). This amount is compared to the SNAP countable income limit (SNAP F.2). Filing groups (SNAP C.2) that are categorically eligible or contain an elderly or a person with disabilities do not need to meet the SNAP countable income limit.

**Note:** If the household is not categorically eligible or does not contain an elderly or a person with disabilities, and income is equal to or exceeds the countable income limit, it is not eligible for SNAP and the computation ends with this step.

Step 2 Subtract 20 percent (rounded) of the earned income. (SNAP F.17).

Step 3 Subtract the standard deduction (SNAP F.17) amount of $142 for households of one through three persons, $153 for a household of four persons, $179 for a household of five, and $205 for a household of six or more persons.

Step 4 Subtract the dependent care deductions (SNAP F.18) (rounded).

Step 5 Subtract $35 from the allowed medical costs. (SNAP F.19).

Step 6 Subtract the court-ordered child support deduction (SNAP F.20) (rounded).

Step 7 Subtract the excess shelter costs (SNAP F.21 and SNAP F.22) (rounded). This requires a comparison of the subtotal through step 6 above to the client’s shelter costs. According to the SNAP calculation, half of this subtotal should be available for the client to pay their shelter costs. If half of this subtotal is less than the client’s shelter costs, then they have excess shelter and are entitled to another deduction. If half of the subtotal is equal to or more than the shelter costs, then the client has adequate funding for their shelter costs and does not have an excess to count as a deduction. For most SNAP groups, the excess shelter
deduction is the actual amount up to a limit of $458. However, for groups containing a member who is elderly or is a person with disabilities, the excess shelter deduction is the actual amount without a limit.

Step 8 The resulting subtotal is the client’s SNAP adjusted income (GP A.29). It must be compared to the SNAP adjusted income limit below:

<table>
<thead>
<tr>
<th>Number in Benefit Group</th>
<th>SNAP Adjusted Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 903</td>
</tr>
<tr>
<td>2</td>
<td>$1,215</td>
</tr>
<tr>
<td>3</td>
<td>$1,526</td>
</tr>
<tr>
<td>4</td>
<td>$1,838</td>
</tr>
<tr>
<td>5</td>
<td>$2,150</td>
</tr>
<tr>
<td>6</td>
<td>$2,461</td>
</tr>
<tr>
<td>7</td>
<td>$2,773</td>
</tr>
<tr>
<td>8</td>
<td>$3,085</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$ 312</td>
</tr>
</tbody>
</table>

Income and Payment Standards; SNAP: 461-155-0190

If the SNAP adjusted income is equal to or exceeds this limit, the group is not eligible unless they are categorically eligible. If the SNAP group’s adjusted income is below the limit or they are categorically eligible, we continue the calculation to determine the benefit amount.

Step 9 Multiply the subtotal in step 7 by 30 percent (rounding 1-99 cents to the next highest digit). This 30 percent of the SNAP adjusted income is the amount considered available to the group to spend on their food needs.

Step 10 Subtract the subtotal in step 9 (the group’s income available for food) from the TFP amount for the benefit group (SNAP C.7) size. The difference is the SNAP benefit amount (unless the situation meets one of the exceptions listed in SNAP F.26).

Income and Payment Standards; SNAP: 461-155-0190
Use of Rounding in Calculating Benefit Amount: 461-160-0060
Use of Income to Determine Eligibility and Benefits; SNAP: 461-160-0400
Income Deductions; SNAP: 461-160-0430

To manually compute benefits use the SNAP Benefits Computation form (DHS 221).

See the next two pages for sample SNAP calculations.
REMEMBER: Put all cases on FSMIS and let the system determine whether the case is eligible. Special groups can be over the 185 percent FPL and still be eligible for benefits (e.g., NC1, SEC, elderly or disabled with high deductions).

<table>
<thead>
<tr>
<th>Sample SNAP Calculations (Eligible Cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>3 persons with</td>
</tr>
<tr>
<td>$300 rent</td>
</tr>
<tr>
<td>$397 FUA</td>
</tr>
<tr>
<td>$697 shelter</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
</tr>
<tr>
<td>(income)</td>
</tr>
<tr>
<td>Under cat el limit</td>
</tr>
<tr>
<td>$300 rent</td>
</tr>
<tr>
<td>$397 FUA</td>
</tr>
<tr>
<td>$697 shelter</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
</tr>
<tr>
<td>(20% earned income deduction)</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
</tr>
<tr>
<td>(standard deduction)</td>
</tr>
<tr>
<td>$142</td>
</tr>
<tr>
<td>$372 subtotal</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
</tr>
<tr>
<td>(medical over $35)</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 5</strong></td>
</tr>
<tr>
<td>(dependent care)</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 6</strong></td>
</tr>
<tr>
<td>(child support)</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 7</strong></td>
</tr>
<tr>
<td>(excess shelter)</td>
</tr>
<tr>
<td>$697 shelter</td>
</tr>
<tr>
<td>- 187  (½ of $373)</td>
</tr>
<tr>
<td>$510 excess, therefore</td>
</tr>
<tr>
<td>use -$458 (maximum)</td>
</tr>
<tr>
<td><strong>Step 8</strong></td>
</tr>
<tr>
<td>(compare adjusted income to the limit)</td>
</tr>
<tr>
<td>$372 income</td>
</tr>
<tr>
<td>- 458 excess shelter</td>
</tr>
<tr>
<td>$0 (adjusted income)</td>
</tr>
<tr>
<td>OK</td>
</tr>
<tr>
<td><strong>Step 9</strong></td>
</tr>
<tr>
<td>(multiply adjusted income from Step 7 by</td>
</tr>
<tr>
<td>30%, round up)</td>
</tr>
<tr>
<td>$306 TFP</td>
</tr>
<tr>
<td>- $0 food funds</td>
</tr>
<tr>
<td>$306 SNAP benefit</td>
</tr>
<tr>
<td><strong>Step 10</strong></td>
</tr>
<tr>
<td>(difference between TFP and food funds)</td>
</tr>
<tr>
<td>$526 TFP</td>
</tr>
<tr>
<td>- $0 food funds</td>
</tr>
<tr>
<td>$526 SNAP benefit</td>
</tr>
</tbody>
</table>
### More Sample SNAP Calculations (Eligible Cases)

<table>
<thead>
<tr>
<th>Step</th>
<th>Example 3</th>
<th>Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> (income)</td>
<td>4 persons with $450 rent + $50 TUA + $500 shelter</td>
<td>6 persons with $300 rent + $283 LUA + $583 shelter</td>
</tr>
<tr>
<td>Under cat el limit</td>
<td>$980 earnings + $250 child support = $1,230 Subtotal</td>
<td>Under cat el limit = $1,032 UC</td>
</tr>
<tr>
<td><strong>Step 2</strong> (20% earned income deduction)</td>
<td>- $196 = $1,034 Subtotal</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 3</strong> (standard deduction)</td>
<td>- $153 = $881 Subtotal</td>
<td>- $205 = $827 Subtotal</td>
</tr>
<tr>
<td><strong>Step 4</strong> (medical over $35)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 5</strong> (dependent care)</td>
<td>- $120 child care = $761 Subtotal</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Step 6</strong> (child support)</td>
<td>N/A</td>
<td>- $150 child supp. = $677 Subtotal</td>
</tr>
<tr>
<td><strong>Step 7</strong> (excess shelter)</td>
<td>$500 shelter - $380 (½ of $761) = $120 excess shelter = Use - $120</td>
<td>$583 shelter - $338 (½ of $677) = $245 excess shelter = Use - $245</td>
</tr>
<tr>
<td><strong>Step 8</strong> (compare adjusted income to the limit)</td>
<td>$761 income - $120 excess shelter = $641 (adjusted income) = OK</td>
<td>$677 income - $245 excess shelter = $432 (adjusted income) = OK</td>
</tr>
<tr>
<td><strong>Step 9</strong> (multiply adjusted income from Step 8 by 30%, round up)</td>
<td>X 30% $193 food funds</td>
<td>X 30% $130 food funds</td>
</tr>
<tr>
<td><strong>Step 10</strong> (difference between TFP and food funds)</td>
<td>$668 TFP - $193 food funds = $475 SNAP benefit</td>
<td>$952 TFP - $130 food funds = $822 SNAP benefit</td>
</tr>
</tbody>
</table>
### More Sample SNAP Calculations (Eligible Cases)

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Example 5</th>
<th>Example 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>(income)</td>
<td>1 disabled person with $1085 rent +397 FUA +1482 shelter</td>
<td>1 disabled person and two children with $500 rent +397 FUA $897 shelter</td>
</tr>
<tr>
<td></td>
<td>Over cat el limit $1252 SSDI +450 OTH +$1702 income</td>
<td>Under cat el limit $1697 SSDI +1100 PTY +$2797 income</td>
</tr>
<tr>
<td>Step 2</td>
<td>(20% earned income deduction)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Step 3</td>
<td>(standard deduction)</td>
<td>-$142 Subtotal $1560 Subtotal</td>
</tr>
<tr>
<td></td>
<td>$142 $1560 Subtotal</td>
<td>-$142 $2655 Subtotal</td>
</tr>
<tr>
<td>Step 4</td>
<td>(medical over $35)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Step 5</td>
<td>(dependent care)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Step 6</td>
<td>(child support)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>-$225 child support $2430 Subtotal</td>
</tr>
<tr>
<td>Step 7</td>
<td>(excess shelter)</td>
<td>$1482 shelter -780 (¼ of $1560)</td>
</tr>
<tr>
<td></td>
<td>$702 excess, therefore use -$702 (unlimited)</td>
<td>$897 shelter -1215 (¼ of $2430)</td>
</tr>
<tr>
<td></td>
<td>OK</td>
<td>$0 excess, therefore use -$0</td>
</tr>
<tr>
<td>Step 8</td>
<td>(compare adjusted income to the limit)</td>
<td>$1560 income -702 excess shelter $858</td>
</tr>
<tr>
<td></td>
<td>$858 (adjusted income) OK</td>
<td>$2430 income -0 excess shelter $2430</td>
</tr>
<tr>
<td></td>
<td>OK</td>
<td>OK</td>
</tr>
<tr>
<td>Step 9</td>
<td>(multiply adjusted income from Step 7 by 30%, round up)</td>
<td>X 30% $258 food funds</td>
</tr>
<tr>
<td></td>
<td>$200 TFP</td>
<td>X 30% $729 food funds</td>
</tr>
<tr>
<td>Step 10</td>
<td>(difference between TFP and food funds)</td>
<td>$258 food funds</td>
</tr>
<tr>
<td></td>
<td>$16 SNAP benefit (1 and 2 person eligible households get the minimum benefit amount)</td>
<td>$526 TFP $729 food funds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 SNAP benefit (case eligible, but for zero benefits)</td>
</tr>
</tbody>
</table>
### Sample SNAP Calculations (Ineligible Cases)

<table>
<thead>
<tr>
<th>Step 1 (income)</th>
<th>Example 7 (Non Cat El case OVI)</th>
<th>Example 8 (Non Cat El case OVI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person with</td>
<td>$395 rent +397 FUA $792 shelter</td>
<td>1 elderly person with $1050 rent +397 FUA $1447 shelter</td>
</tr>
<tr>
<td>Over cat el limit</td>
<td>$2297 EML +250 support $2547</td>
<td>Over cat el limit $1897 SSB +1100 Dividends $2997 income</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 (20% earned income deduction)</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>$792 shelter - 973 (½ of $1946)</td>
<td>$1447 shelter - 1265 (½ of $2530)</td>
<td></td>
</tr>
<tr>
<td>$0 excess, therefore use -$0</td>
<td>$182 excess, therefore use -$182</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3 (standard deduction)</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1946 Subtotal</td>
<td>$2855 Subtotal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4 (medical over $35)</th>
<th>N/A</th>
<th>$360 med - $35 $2530 Subtotal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step 5 (dependent care)</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step 6 (child support)</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step 7 (excess shelter)</th>
<th>$792 shelter - 973 (½ of $1946)</th>
<th>$1447 shelter - 1265 (½ of $2530)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 excess, therefore use -$0</td>
<td>$182 excess, therefore use -$182</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 8 (compare adjusted income to the limit)</th>
<th>OK</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1946 income - 0 excess shelter $1946</td>
<td>$2530 income - 182 excess shelter $2348</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 9 (multiply adjusted income from Step 7 by 30%, round up)</th>
<th>X 30% $ 291 food funds</th>
<th>X 30% $ 705 food funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 TFP - 291 food funds $0 SNAP benefit (Household not eligible. Income over the limit. Deny case,)</td>
<td>$200 TFP - 705 food funds $0 SNAP benefit (Household not eligible as they are not categorically eligible. Income over the limit. Deny case,)</td>
<td></td>
</tr>
</tbody>
</table>

### Exceptions to the SNAP Benefit Calculation

When the SNAP benefit calculation results in benefits of less than $16, special amounts are issued, as follows:
• In the initial month (GP A.30), no benefits are issued if the prorated amount is less than $10;

• For an ongoing month (GP A.38) with one- or two-persons in the benefit group, $16 is issued;

• For an ongoing month, with three or more in the benefit group, the calculated amount will be issued. Except, if the calculated amount is $1, $3 or $5, the group will receive $2, $4 or $6 respectively.

Minimum Benefit Amount; REF, SNAP, TANF: 461-165-0060

27. Prorating Benefits

Initial month (GP A.30). When the benefit group (SNAP C.7) or an individual is eligible for less than a full month’s benefits, they get benefits intended to cover only the days for which they are eligible. This happens when benefits are approved on a new case, for example. This partial month’s benefit is called prorated.

Note: The exception is for filing groups (SNAP C.2) containing a migrant or seasonal farm worker (SNAP I.1). Their benefits are not prorated if they received SNAP in the prior month from any state.

To calculate prorated benefits, first determine the benefit amount for a full month. Next, divide the full benefit amount by the number of the days in the payment month. This will result in the benefit amount per day. Finally, multiply the daily benefit amount by the number of days the group or individual is eligible. The result is the prorated benefit amount.

Benefits for Less Than a Full Month: 461-160-0070

SEE MP WG #8 ON CALCULATING PRORATED BENEFITS FOR A CHART THAT SIMPLIFIES THIS CALCULATION.

At Recertification. Filing groups which establish their filing date (SNAP B.5) within the last month of their current redetermination period (GP A.47) and provide verification (SNAP B.11) within the 30-day processing time frame do not have prorated benefits.

• Filing groups which establish their filing date after the end of their current redetermination period and provide verification within the 30-day processing time frame have prorated benefits from the filing date. The exception is for filing groups containing a migrant (GP A.34) or seasonal (GP A.49) farm worker. Their benefits are not prorated if they received SNAP benefits in the prior month from any state.
• For groups that are not given extra time, but submit verification after 30 days but within 60 days of the filing date, prorate the benefits from the date the verification was provided if they are eligible on that date.

28. SNAP F - Financial Eligibility Examples

Section 4. Transfer of Resources of Noncategorically Eligible Households

Example 1: A client’s resource limit is $2,000 and they have $1,500 countable resources. They give a countable resource with a fair market value of $4,000 to a relative prior to applying for SNAP benefits, so that they will be found eligible.

\[
\text{\$4,000 (transferred) + \$1,500 (other resources) = \$5,500 - \$2,000 (allowable resources) = \$3,500 uncompensated value.}
\]

For this example, the client is disqualified for nine months for $3,500 uncompensated value per the disqualification period chart.

Section 6. Prospective Eligibility and Budgeting Examples

Example 1: In SRS: Filing date is 4/12. The applicant was just laid off work. As of the date of the interview on 4/13, he received one weekly pay check on 4/6 and expects to receive one more paycheck today. He has applied for UC and is currently serving the waiting week. This month’s income is not expected to continue. Issue April benefits using actual anticipated earned income for April, then zero out his EML for future months. Do not count any UC because the waiting week is not a guarantee of benefits. Explain reporting requirements.

Example 2: In TBA: A SNAP case can never be certified or recertified using the TBA report system. Therefore, TBA will never be the report method for a first month of SNAP benefits.

Section 7. Change Report System Examples

Example 1: The ERDC certification period runs from April through June and the SNAP redetermination period runs from May through July. The worker can do a four-month certification (July – October) for ERDC and a three-month SNAP redetermination (August –
October) so both end in October. Or the ERDC certification period could run three months from July through September and the SNAP redetermination five months from August through December. The SNAP redetermination would then end at the same time as the October through December certification period for ERDC. Once the end dates are aligned, a 12-month certification of both, with the SNAP case in SRS, is strongly encouraged.

Section 9. Transitional Benefit Alternative Examples

Example 1: CRS to TBA. Max and his child, Margaret, were receiving TANF (Program 2). On March 21, they report he went to work on March 12 and will get his first pay on March 31. This change was reported within 10 days of the start of the job and therefore timely reported. It was determined that the family is prospectively ineligible for TANF. The end of the 10-day notice period to close TANF or reduce SNAP benefits is after March 31. Notice is given to end TANF effective April 30. On CM, the TANF case is closed effective April 30 and the case is converted to EXT, effective April 1. On SNAP, the case is converted to TBA, effective May 1. For TBA, the GNT is changed to zero and any other income that was used to issue the April benefits continues unchanged. If the only income used for April benefits was the GNT, no income is used for TBA.

Example 2: Josie and her child, Johanna, are in Pre-TANF. Josie calls October 15 to report she began a job on October 10. Her Pre-TANF benefits are ended and her TANF case moves to Post-TANF. She is not eligible for TBA because she did not receive TANF cash benefits under Program 2. Make any changes to SNAP as appropriate for the CRS or SRS reporting system. Remember to code the $150 a month Post-TANF benefits.

Example 3: Erika and her child Donald receive TANF (Program 2). She reports on October 28 that she went to work October 15. The change was reported outside of the 10 days required from the first day of work for TANF. The family is not eligible for TBA. Make any changes to SNAP benefits as appropriate for the CRS or SRS reporting system. Remember to code the $150 a month Post-TANF benefits.

Example 4: A client reports that someone joined their SNAP group. They are told they can apply for SNAP using the current situation. Recertify the case if the new benefit amount is greater than under TBA. Change the report to SRS or CRS with the recertification. Make no changes to TBA if the new benefit amount is equal to or lesser than the amount under TBA.
Example 5: Children are removed from the household by child welfare and placed in foster care. These children remain coded as members of the TBA group for the five-month period. They are only removed from the group if their foster care provider begins to get SNAP for the children.

Example 6: Sarah was receiving TANF for herself and her 6-year-old son Adam. In April she started working and reported this information to the agency. Her TANF case ended April 30 as she was prospectively ineligible. Her SNAP case was converted to TBA effective May 1. On July 10, Sarah reapply for TANF. She is placed in the Pre-TANF Program. Sarah continues to be TBA eligible until her TANF cash case is opened.

Section 13. Disqualified Income (DQI) for Cash Recipients Serving a Penalty Examples

Example 1: A client with one child (age 4) has their TANF benefit of $404 closed because of failure to cooperate in the JOBS program. Count $404 DQI (the benefit amount they could be getting) on the companion SNAP case for one year unless they become ineligible for TANF due to other reasons. The client begins getting $200 child support. Code ($404 - $200 SUP) = $204 DQI due to this change.

Example 2: A client with one child (age 5) has their TANF benefit of $404 closed because of failure to cooperate with the JOBS program. Count $404 DQI on the companion SNAP case for one year unless they become ineligible for TANF due to other reasons. The client begins working part-time and will earn $400/month. Calculate the impact on their TANF eligibility as follows: $400 - $200 (50 percent disregard) = $200. $404 full benefit - $200 countable earned income = $204 DQI due to this change.

Example 3: A client with one child (age 2) has their TANF benefit of $404 closed because of failure to cooperate in the JOBS program. Count $404 DQI on the companion SNAP case. The client begins working and will earn $700/month. This earned income exceeds the TANF countable income limit, so the client no longer qualifies for TANF. Remove the DQI income from the companion SNAP case due to this change.

Example 4: A client with one child is applying for TANF. In the Pre-TANF program she decides she does not want to comply with the alcohol and drug (A&D) requirements. TANF is opened at DJ3 with a benefit of $214. No DQI is coded on the companion SNAP case because the family did not receive and later lost the higher benefit
amount. In two months, the case progressed to DJ5 and the TANF case is closed. Count $214 DQI on the companion SNAP case. DQI remains on the SNAP case for one year because the case is closed with a JOBS disqualification, even if the case closed at the client’s request. The exception to counting the DQI for one year is if the household becomes ineligible for TANF due to other reasons.

Example 5: A client with one child (age 8) has their TANF benefit of $404 closed because of failure to cooperate with the work search component. Count $404 DQI on the companion SNAP case for up to one year, unless they become ineligible for TANF due to other reasons. Also apply the OFSET disqualifications at the same time, as the client does not meet any of the OFSET exemptions and the JOBS work search requirements also apply to SNAP mandatory clients.

Example 6: A client with one child (age 2) has their TANF benefit of $404 reduced because the client is not cooperating with mental health treatment. DQI of $190 is coded on FSMIS ($404 minus new grant of $214). The worker, along with partners, determines it is harmful to the child to end the TANF benefits. Therefore, TANF continues for the child at level MA5 with a DQI of $190. This DQI income continues to be coded on the SNAP case as long as the child remains eligible for SNAP and the parent (GP A.39) is not cooperating with the plan. Review this situation with each SNAP recertification. Do not end the DQI after one year because the TANF case is not closed.

Example 7: A client with one child (age 8) failed to comply with her TANF JOBS requirement. Following re-engagement, a notice of disqualification was sent to the client. After receipt of the notice, she contacted the branch and asked that her TANF benefits end. DQI of $190 (the full grant amount) is coded on FSMIS. End the DQI after one year if the client has not otherwise become ineligible for TANF before that date.

Example 8: A client with two children has a $150 client-caused TANF overpayment. The TANF grant is reduced by $20 a month to repay the overpayment. The COP of $20 is coded on FCAS with an expected end date noted in the comment field. The COP is re-evaluated at each recertification and continues either until the overpayment is repaid or the TANF grant closes.

Section 17. When to Allow Deductions Examples

Example 1: A client is allowed a deduction for $300 per month rent. The client reports that they failed to pay their rent for two months because of
a family emergency, and now they are being billed $400 per month until the back rent is paid in full. Do not allow a deduction for the extra $100 per month that the client is now being billed, because it was already allowed during previous months when they failed to pay their rent.

Example 2: A client eligible for medical deductions reports they were in the hospital for a few days, and now have a $3,000 unanticipated medical bill. The client does not have a repayment plan with the provider, so the worker averages the bill over the remainder of the months in the certification period. When the client reapplies, they state they are still paying this bill at the rate of $150 per month. Do not allow a deduction for this $150 per month cost, because the entire bill was already allowed during the previous certification period.

Section 20. Medical Deduction for Elderly/or Person with Disabilities Examples

Example 1: A 67-year-old client who has been prescribed two medications has costs that amount to $55 a month. He also has a medical insurance premium of $100 per month that he pays. The client meets the definition of elderly for the SNAP program so he is eligible for medical deductions. Code $155 on FSMIS as a MED deduction.

Example 2: A 29-year-old mother of two pays for medical insurance for herself and her son who receives SSI. The total insurance cost is $249 a month. The portion she pays for herself is $145. Since the mother does not meet the SNAP definition of an elderly or person with disabilities, she is not eligible for a deduction. However, her son receives SSI and is eligible for a medical deduction. Code $104, the portion of the insurance that is for her son, on a line under her son, in FSMIS as an MED deduction.

Example 3: A 58-year-old man with a disability is told by his mental health counselor that he should be taking Melatonin to help him sleep and improve his mood. The cost of the melatonin is $13 at the local store for a month’s supply. He also pays $27 a month in prescription copays. Code $40 on FSMIS as a MED deduction.

Section 22. Shelter Deductions; Housing Examples

Example 1: Client reports renting her home and she has a roommate. They do not purchase and prepare meals together and each pays half the rent and half the utilities. This is a share-shelter situation. Allow half the rent, as owed by the client for the shelter deduction and the appropriate utility standard.
Example 2: Client is buying a home with a mortgage payment of $600 a month. There is also a roommate who pays half the mortgage ($300) plus half of the utilities. They are separate filing groups. Allow the client a shelter deduction of half the mortgage ($300) plus taxes and insurance and the appropriate utility allowance. If the roommate applies for SNAP benefits, he will receive a deduction for $300 rent plus the appropriate utility allowance.

Example 3: Client is renting a house for $500 a month. She is sharing the house with three other individuals who are paying her a flat $150 a month toward the rent and utilities. They are each separate filing groups. The full rent is $500 less $150 less $150 less $150 = $50 as her share of the rent. Code $50 rent for the client and the appropriate utility allowance.

Example 4: Client is renting a house for $500 a month plus heating costs. She is sharing the house with three individuals who are paying her a flat $200 each toward the rent and another $50 for the utilities. The full rent is $500 less $200 less $200 less $200 = $0 as her share of the rent. Code zero rent for the client and allow the FUA because she pays the heating costs. In addition, she has income of $100 from the excess rental income. Code the $100 income as PTY. (See CA B.34)

Example 5: Client is buying a home with a $500 mortgage payment plus $50 a month taxes and $25 a month insurance. She is sharing the home with two other persons who are paying her $400 a month rent, which includes the utilities. The full shelter cost is $575 less $400 less $400 = $0 as her share of the mortgage, taxes and insurance. Code zero shelter and allow the FUA because she pays the heating costs. In addition, she has income of $225 from the excess rental income. Code the $225 income as PTY. (See CA B.34)
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G. Issuing Benefits for SNAP

1. General Information

SNAP benefits are issued using more than one method. The primary method is EBT.

SEE IB A.1 FOR ISSUANCE METHODS.

2. SNAP Cash-Out Project for SSI or Seniors

When all members of a SNAP household are at least 65 years old or are SSI recipients and reside in Clackamas, Columbia, Multnomah or Washington counties, they receive their SNAP benefits through the “cash-out” program. This is called the SNAP Cash-Out project.

Clients receiving SNAP Cash-Out must meet the same eligibility criteria as other SNAP participants. To receive their benefits using cash-out, each person in the filing group must be one of the following:

- Individuals living alone who are 65 years of age or older or have been determined eligible to receive SSI benefits under title XVI of the Social Security Act; OR
- Individuals living together, all of whom are 65 years of age or older or have been determined eligible to receive SSI benefits under title XVI of the Social Security Act.

The SNAP Cash-Out benefits may be issued in one of three ways:

- EBT – SNAP are issued as a cash benefit into an EBT account. These are accessed as cash transactions. For ongoing monthly issuances, these are available on the first day of each month. The staggered mail schedule used for EBT SNAP benefits is not used for EBT benefits in the SNAP Cash-Out project.
- Direct Deposit (DD) – SNAP benefits are issued by direct deposit into their private bank or credit union account. For ongoing monthly issuances, these are available on the third bank day of the month.
- Check – SNAP benefits are issued by check and mailed to the client. For ongoing monthly issuances, these are mailed on the first mail day of the month.

These SNAP Cash-Out benefits are cash benefits and, as such, may be used to purchase food and nonfood items and for cash withdrawals. When a client’s status changes from SNAP Cash-Out client to a regular SNAP client, the case manager must explain how this change will affect their benefits.
**Note:** Cash-out clients may be exempted from EBT or Direct Deposit participation, if, in the professional judgment of the case manager and supervisor, the SNAP cash-out client has a medical or psychological condition (documented or not) that makes it very difficult for them to adapt to using an EBT card and they do not have a bank account for Direct Deposit. See Computer Guide Chapter IV-D.7 (7) on how to issue a check cash-out clients.

FSMIS has been modified to support the SNAP Cash-Out project. The computer program will use the case coding to determine if the client is age 65 or older and/or receiving SSI. The branch cost center is used to determine if the client lives in the cash-out area. There is no need to change the codes on FSMIS. The REL ATP code will be the same whether benefits are issued as EBT (cash) SNAP Cash-Out or EBT SNAP benefits. The two-character REL ATP code will be the same whether benefits are issued as EBT (cash) SNAP Cash-Out or EBT SNAP benefits. The two-character REL ATP code will start with a “D” if the case is direct deposit or “E” for EBT or Check. FSMIS automatically determines if the client gets EBT SNAP Cash-Out or EBT SNAP benefits.

To issue using EBT: To use the EBT issuance method, code the case the same as all other SNAP cases. The client must have an active EBT case and an EBT card. Normal ongoing issuances show up on FSUP page 3 with an EG.

> SEE COMPUTER GUIDE, CHAPTER X FOR A FULL EXPLANATION OF EBT TRANSACTIONS.

**Note:** To change a SNAP case from receiving cash-out checks to EBT, type S in the CHG Status field and press {F9} to save on the EBCAS screen.

To issue using Direct Deposit: To issue benefits using direct deposit, the client must have an EBT case. The EBT case must have an A-active or S-sent/submitted code in the status field on EBCAS. When there is an active EBT case and an active enrollment record, the direct deposit enrollment flag (DD) on FSUP page 1 will be Y. For normal monthly issuances, the Rel ATP code on FSUP page 3 will be DG.

Enrollment in Direct Deposit – The client must complete the Request For Direct Deposit – A Safer, Easier Way to Put Your Benefits in Your Bank Account form (AFS 7262). Send the completed form to the CMU unit. The DD enrollment record is created (submission code 1) and a prenote is sent overnight to the bank. The enrollment record becomes active the next day.

> SEE ISSUING AND RESTORING BENEFITS CHAPTER, SECTIONS 20-26, COMPUTER GUIDE SECTION X-D AND SPD GENERIC WORKER GUIDE F.4 FOR MORE INFORMATION.

Monthly issuances – During monthly processing, the system will check each SNAP Cash-Out case. If there is not a direct deposit account, the benefits will be sent to EBT.

Coding Initial/Exceptional Issuances – To issue initial benefits or any exceptional benefits (supplements, retroactive, etc.) through direct deposit, use D in the left-hand
digit of the Rel-ATP. The client must have a direct deposit enrollment in active status (DD:Y) for you to use the D Rel-Code.

\[SEE\ \text{THE\ COMPUTER\ GUIDE,\ SECTION\ IV-C.82\ FOR\ MORE\ INFORMATION\ ON\ REL-ATP\ CODES.}\]

Direct Deposit Rejected – If the direct deposit could not be made, a notice is sent to DHS Accounting, which forwards the information to CMU. CMU will contact the field office. The local office must determine the appropriate action. If the client has an EBT card, they may use it to access their benefits. If the client cannot use EBT to access their benefits, the local office can cancel the EBT benefit and issue a revolving fund or special pay check. Use pay reason code 81-FS Cash-Out Replacement.

To issue using a Check: To issue using a check, the client’s EBT case status must be changed to T on the EBCAS screen. Normal ongoing issuances show up on FSUP page 3 with a CG.

To issue initial benefits or any exceptional benefits (supplements, retroactive, etc.) by check, use C in the left-hand digit of the Rel-ATP. The client must have a T EBT case status for you to use the C Rel-Code.

\textbf{Note:} \textit{Using a T code on EBCAS status cuts the EBT connection to E-Funds, and EBT information will no longer be available. In order to complete transactions on untouched issuances on EBISH, or to view financial EBT transactions completed prior to bypassing EBT, you will need to reconnect to EBT.}

SNAP Cash-Out: 461-165-0082

3. \textbf{Access to Benefits via EBT}

\[SEE\ \text{IB\ A.11\ REGARDING\ HOW\ SNAP\ BENEFITS\ ARE\ ACCESSED\ VIA\ EBT.}\]

4. \textbf{EBT Benefit Aging}

EBT benefits will age off the system after 12 months from the date of issuance if they are not used. Once they age off the system, they are expunged from the state and are no longer available and cannot be restored. Clients will receive a notice prior to benefits aging off letting them know they need to spend their benefits.

\[SEE\ \text{IB\ A.14\ REGARDING\ SNAP\ BENEFITS\ AGING\ OFF\ AFTER\ 12\ MONTHS\ OF\ NO\ ACCESS.}\]
5. **Client Moves Out of State; EBT**

Unknown to many, access to Oregon SNAP benefits are available to clients visiting family or friends in another state. Most stores in other states can accept the Oregon Trail Card.

☞ SEE IB A.18 ON GIVING CLIENTS ACCESS TO BENEFITS IN THEIR EBT ACCOUNT WHEN THEY MOVE OUT OF STATE.

6. **Nonstandard Living Situations and EBT**

☞ SEE IB A.19 ON HOW CLIENTS ACCESS THEIR BENEFITS WHEN LIVING IN A NONSTANDARD LIVING SITUATION (GP A.37).

7. **Concurrent and Duplicate Program Benefits**

Clients cannot get SNAP benefits in two different filing groups (SNAP C.2) in the same month. This is true in Oregon as well as from another state. There is one exception for clients in a DV situation. This is where the client leaves the filing group and moves into a DV shelter (GP A.16) or a safe home (GP A.48) and leaves the balance of the SNAP benefits with the abuser.

Concurrent and Duplicate Program Benefits: 461-165-0030

☞ SEE IB A.29 FOR INFORMATION ON VERIFYING STATUS WHEN A CLIENT MOVES TO OREGON FROM ANOTHER STATE.

**Note:** A person receiving SSI from California is also receiving SNAP as a part of the SSI payment. They are not eligible for SNAP from Oregon until the SSI is transferred to Oregon. The Nutritional Assistance Program (NAP) benefits issued in American Samoa, the Northern Mariana Islands and Puerto Rico are not the same as SNAP and do not affect SNAP eligibility in Oregon.

☞ SEE SNAP F.16 FOR MORE INFORMATION.

**Note:** In a DV situation, ask the client to sign the Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D) or Agreement to Take Action (SDS 540A) to remove self, plus any children from the SNAP case. This enables the SNAP worker to set up a new SNAP case for the new group. Do not forget to send the head of household for the original case a reduction notice letting them know another adult in their filing group voluntarily requested change.
8. **Benefits of Less than $16**

In the initial month, an SNAP benefit group is not eligible for benefits if the allotment is less than $10. For ongoing months, SNAP benefits are issued as follows:

The minimum monthly SNAP benefit is $16 for one- or two-person benefit groups. Clients will sometimes get zero benefits when it is their first month of benefits and the benefits are prorated (SNAP F.27). The minimum monthly SNAP benefit is the calculated amount for benefit groups of three persons or greater. Except if the calculated amount is $1, $3 or $5, the benefits are $2, $4 or $6 respectively.

Minimum Benefit Amount; REF, SNAP, TANF: 461-165-0060

- SEE SNAP F.25 FOR MORE INFORMATION ON BENEFIT CALCULATION.
- SEE IB A.33 FOR MORE INFORMATION.

9. **Issuance of SNAP Benefits**

For ongoing months, SNAP benefits issued by EBT are issued based on the last digit of the case number over the first nine calendar days of the month. Those people who are receiving SNAP Cash-Out are getting their benefits on the first of the month.

Issuance Date of Benefit: 461-165-0100

- SEE IB A.37 FOR MORE INFORMATION.

10. **Prorating Benefits**

- SEE SNAP F.27 FOR MORE INFORMATION.

11. **Exceptions to Staggered Issuance**

Ongoing SNAP benefits are issued using the staggered issuance except for the second month’s allotment of SNAP benefits if the filing date (SNAP B.5) is after the 15th of the month and the application is not for a redetermination (GP A.46) of eligibility and SNAP Cash-Out.

- SEE IB A.38 FOR HOW BENEFITS ARE ISSUED WHEN THEY ARE NOT STAGGERED.

Exception to Staggered Issuance; SNAP: 461-165-0105
12. **Issuing Expedited SNAP Benefits**

Ensure that filing groups (SNAP C.2) qualifying for expedited services (SNAP B.6) receive their benefits by the seventh calendar day following the filing date (SNAP B.5).

Applicants qualifying for expedited SNAP benefits who apply on or before the 15th of the month get only the initial month (GP A.30) of SNAP using expedited service. Any requested verification (SNAP B.10) must be provided before issuing the second and following months of benefits. Code FSMIS so that the second month’s benefits are not automatically issued.

Applicants qualifying for expedited SNAP benefits who apply after the 15th of the month may get the initial and second months SNAP benefits using expedited service. Requested verification must be provided before issuing the third and following months of benefits. In this situation, it is recommended workers use a two-month certification and extend the certification period when the postponed verification is provided.

SEE IB A.39.

13. **Benefits to Survivors**

SEE IB A.43 FOR WHAT TO DO WHEN ALL MEMBERS OF THE FILING GROUP (SNAP C.2) DIE AND WHAT TO DO WHEN THE HEAD OF HOUSEHOLD DIES BUT OTHER MEMBERS OF THE FILING GROUP ARE ALIVE.

Endorsement and Survivorship of Benefits: 461-165-0140

14. **Restoration of Benefits**

SNAP clients may only have benefits restored or supplemented when the department made an error that caused the household to get fewer benefits than it was entitled to.

If a client notifies the office that a member of the filing group has left the household, the branch is to cancel any EBT card the member who left the household may have. If the office fails to cancel the card, this is an administrative error and the benefits that are used by the person who left must be restored to the filing group.

SEE IB B.1 REGARDING THE RESTORATION OF BENEFITS.

Restoring Benefits: 461-165-0200
Effective Dates; Restored Benefits: 461-180-0130
15. Calculating Restored or Lost Benefits

Before issuing restored benefits for SNAP, check to be sure there is not an unpaid overpayment. In SNAP, the restored benefits must first of all be used to repay an existing overpayment before the balance can be given to the household.

Use the Notice of Restoration of Lost Benefits (DHS 362) to document restoration. This form also serves as the client’s notice of restoration of benefits. Include all previous months on the same DHS 362. In some instances the restoration is for a full 12 months, and is so great that it is not reasonable to give the full amount to the household at once. In this instance, note how the restoration will be divided and make a tickler to manually issue the restored benefits according to the schedule set on the notice. Notice Writer FS00362 can also be used instead of form DHS 362.

Note: Restorations are limited to the most recent 12-month period.

Effective Dates; Restored Benefits: 461-180-0130

Note: The full restoration is calculated minus the overpayment collection with the balance to the client. Restored benefits are issued using EBT. No checks are issued unless the case is SNAP Cash-Out or the household has moved out of state.

When an overpayment exists, complete the Overpayment/Overissuance Change Report (DHS 284A), and send it to the Overpayment Recovery Unit along with a copy of the completed DHS 362.

On FSMIS use transaction code ISS and a Rel-ATP code ED or ID to issue restored benefits. Calculate the amount manually and type it in the N/C Dollar Amount field with month/year for the restored benefits in the Ben-Mo-Yr field. Use transaction code ISR on a closed case.

SEE IB B.2 ON HOW TO CALCULATE RESTORED OR LOST BENEFITS.

Calculating Restored and Supplemental Benefits: 461-165-0210
Methods of Recovering Overpayments: 461-195-0551

16. Replacing Benefits

Generally SNAP benefits are not replaced once they are placed into the client’s EBT account. Clients are responsible for protecting their PIN.

SEE IB B.3 ON REPLACEMENT OF SNAP BENEFITS.

Replacing Lost, Stolen, Destroyed or Undelivered Checks: 461-165-0220
17. **Replacement of Benefits Due to a Disaster**

SNAP benefits may be replaced when the value of food purchased with SNAP benefits has been spoiled or destroyed in a disaster (e.g., due to fire, flood or loss of electricity).

Look at the following when determining if food may be replaced and the amount:

- The filing group (SNAP C.2) must be currently receiving SNAP.

- The request for help must be received within 10 days of the disaster or loss. The department must act on the request within 10 days of receipt.

- Verify (SNAP B.10) the disaster exists. That is, the filing group resides in a power outage area, the national disaster area, flood area, etc. Also, narrate the date the disaster or event occurred. If the spoilage occurred due to a misfortune such as loss of power to the filing group’s residence (SNAP D.2) only, the verification may include statements from repair persons or the local utility company.

- The filing group must provide a detailed list of the spoiled food and the amount paid for that food. Also, ask the filing group where the food was located when it was spoiled (e.g., cupboard, refrigerator or freezer).

- Determine if the amount of food spoiled is a reasonable amount based on the situation. For example, refrigerated food will last about 24 hours without electricity. Food kept in a freezer will last about 48 hours and maybe longer if the freezer is kept closed and it is full. Also if the disaster happened at the start of the month, did they just get their SNAP benefits and spend them on a full month’s worth of food, or is it the end of the month and they have very little food left from the month?

- Assure the filing group has not received more than one replacement due to a disaster or spoilage within the past six months.

- The total value of the food being replaced cannot exceed a one-month SNAP allotment for the filing group.

  **Note:** Do not replace the full SNAP allotment for the month; the replacement is only for the value of the lost food up to the current one-month allotment that the filing group is entitled to receive.

Once it has been determined that food was spoiled or lost due to a valid disaster or misfortune, issue the replacement using the ISS transaction code and an IH or EH issuance code. Code the actual dollars being issued (replaced) and the current month’s date.

Carefully narrate the situation and decisions to show this is a replacement and not a duplicate issuance.
Replacing SNAP Program Benefits and EBT Cards: 461-165-0230

18. **SNAP Coupons Returned to the Branch**

With the passage of the Food & Nutrition Act of 2008 (formerly known as the Farm Bill), Congress has de-obligated the old Food Stamp Coupons. Effective June 18, 2009, coupons can no longer be redeemed or returned.

19. **Issuing the Oregon Trail Card When the Client or Alternate Payee Cannot be Present**

Sometimes a client or their alternate payee cannot come to the office to get their EBT card or their PIN. Under no circumstances should a PIN ever be released to another person (even if in the same filing group).

SEE THE FIELD BUSINESS PROCEDURES MANUAL II.J (BPM.II.J.) OR THE SPD MANUAL, SUPPORT STAFF ASSISTANCE MANUAL A.10 (SSAM.A.10) FOR A PROCESS ON ISSUING THE PIN OR EBT CARD IN THESE CIRCUMSTANCES.

20. **Replacing EBT Cards**

Clients may request replacement of EBT cards that are lost, stolen or damaged.

For SNAP, EBT cards must be replaced within two days of the request. The local office must ensure the replacement card is on the same account and not on a second or duplicate account.

Immediately cancel the PIN on cards reported lost or stolen to protect the client’s benefits. Narrate the date and time the report of lost or stolen card is received. The department is liable for replacement of benefits stolen after the date and time of the report.

SEE IB A.9 FOR MORE INFORMATION ON REPLACING LOST, STOLEN OR DAMAGED EBT CARDS.
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H. Changes and Notices

1. Overview of Changes

Clients report changes in their circumstances by telephone, office visit, report form or other statements made in writing. Any adult in the filing group can report a change. The change is considered reported the day it is received by the department. When a change is reported for one program, consider it reported for all programs in which the client participates. When reported, the total change must be acted on, not just part of the change. For example, the client reports one job ended but started another job. The income from the new job must be verified and coded when the old income is removed. Another example is a client reporting the birth of a child. The father of the child also lives in the household. In the SNAP program, the child, the father, and his income must be placed on the case at the same time.

Clients in CRS are required to report certain changes, as described in SNAP H.2. However, when any change is reported, regardless of whether it was required or not, it must be acted on for SNAP. Sometimes, the action is simply to note that a change was reported, because it does not affect the benefit amount. Other times, the action will be to recalculate benefits and send the appropriate notice.

<table>
<thead>
<tr>
<th>QC Hot Tip</th>
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<tbody>
<tr>
<td>Narrate the reported change and the action taken. If no action taken, narrate the reason why.</td>
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Clients in CRS must report most changes within 10 days of their occurrence. The 10-day time frame starts when the change occurs.

- The 10-day time frame for earned income begins the day the client receives the first paycheck from a new job or reflecting a change in rate of pay or the last day of employment when a job ends.
- The 10-day time frame for unearned income begins as soon as the client receives the new or changed payment.

This requirement to report within 10 days applies to all changes.

Reporting Changes – Overview: 461-170-0010

If the case is in SRS, the client is required to report changes as described in SNAP H.2 below. The SNAP office is required to act on all changes that a client is required to report and all changes that increase benefits. However, if the change decreases benefits, it is only acted on if the reported information is considered verified upon receipt (SNAP F.8).
For SRS, changes must be reported by the 10th day of the month after they occur.

Changes That Must be Reported: 461-170-0011

Clients in TBA are not required to report any changes. However, if a change is reported, the worker must take action if it will increase benefits. Do not take action if a reported change will reduce benefits while the household is receiving TBA, with one exception: if a household member applies for SNAP in another household, remove them from the TBA household so that they can be added to the other benefit group (SNAP C.7).

Changes That Must be Reported: 461-170-0011
Effective Dates; Cases Receiving Transitional Benefit Alternative (TBA): 461-180-0081

2. Changes That Must Be Reported

Following are the changes that SNAP clients must report. Clients cannot be required to report any more than these items. Therefore, if they fail to report something that changes their eligibility (GP A.19), but it was not a required change as listed here, there is no overpayment. For example, if rent is reduced for a client who did not move, the change is not required to be reported and there is no overpayment if the client does not report the change. However, if they fail to report a change that is required to be reported, and as a result, they receive more benefits than they were entitled to, then the department must file an overpayment.

SNAP clients in CRS must report:

- Changes in members of the filing group (SNAP C.2) and any resulting changes in income.
- Changes in employment, such as getting a job or quitting or losing a job.
- Changes in source of income.
- Changes in amount of income as follows:
  - For unearned income in the CRS, changes of more than $50 per month, except a change in a public assistance grant.
  - For earned income in the CRS, changes of more than $100 a month, except for the annual increase in state minimum wage.
- When they move to a different dwelling, including the change in shelter costs resulting from the move.
- A change in the legal obligation to pay child support.
- When cash on hand, stocks, bonds and money in bank accounts reach or exceed the appropriate resource limit.
• The acquisition or change in ownership of nonexcluded vehicles.

Changes That Must be Reported: 461-170-0011

SNAP clients in SRS must report:

• When countable income (GP A.29) exceeds the countable income limit for SNAP (130 percent FPL) (SNAP F.2).

Changes That Must be Reported: 461-170-0011

SNAP clients in TBA are not required to report any changes.

Changes That Must be Reported: 461-170-0011

3. **Mass Changes**

Some changes initiated by the state or federal government affect significant portions of or the entire caseload. Because the department is notified of these changes by the agencies responsible, clients do not need to report the changes. These changes include:

• Periodic cost-of-living adjustments to SSB, SSD or SSI benefits.

• Periodic cost-of-living adjustments to other assistance programs administered by the department.

• Changes in eligibility (GP A.19) criteria due to legislative or regulatory actions.

• Adjustments to the SNAP countable (SNAP F.2) and adjusted (SNAP F.25) income limits, Thrifty Food Plan (SNAP F.24), dependent care deduction (SNAP F.18), utility standard (SNAP F.22), excess shelter deduction and/or standard deduction (SNAP F.17). These adjustments generally are effective October 1.

For these mass changes, no client notice is required.

Notice Situation; Mass Changes: 461-175-0250

4. **Mail Returned as Undeliverable by Post Office**

GOR SEE MP WG #20

5. **Prison Discrepancy Lists**

A person is ineligible for SNAP when they are incarcerated (county and state systems). The OPAR Data Match Unit (DMU) Corrections Project team identifies incarcerated
individuals who are receiving SNAP benefits. When warranted, DMU closes the SNAP case according to the procedures below.

**Closures by DMU: Single Person Cases**

When no release date is listed on the jail Web site, or the release date is beyond the end of the month in which DMU becomes aware of the incarceration, the Corrections Team will close the SNAP benefits when the incarcerated person is the only one on the case.

- When the Corrections Team closes a SNAP case, they will disable the client’s EBT card to preserve benefits for use upon their release.
- Corrections Team staff will send the client 10-day notice FSC1PNE. Under Worker Name/Phone, “Contact local branch worker” will be listed.
- TRACS entry will be made on the client’s record to indicate the SNAP benefits were closed.

**Inactivation by DMU: Single Person Cases**

When no release date is listed on the jail Web site, or the release date is beyond the end of the month in which the Corrections Team becomes aware of the incarceration and there is not enough time for a 10-day notice, the team will place the client’s EBT card into an inactive status.

The Corrections Team will make a TRACS entry on the client’s case to indicate that the EBT card was inactivated due to incarceration.

These cases will be reviewed at the beginning of the following month and closed if the client is still incarcerated. Notice FSC1PNE will be sent. If the client is no longer incarcerated a TRACS narrative will be entered indicating no action to SNAP.

**Cases Requiring Branch Action**

The Corrections Team will not take action on any SNAP case that has companion benefits (e.g., medical) or cases where the incarcerated person is not the only person receiving SNAP benefits.

- When such a case has been identified, the Corrections Team will send a GroupWise e-mail advising the home branch of the client’s incarceration status.
- Each branch will have procedures in place so the transfer clerk can forward the email to the appropriate person for necessary case action.

The local office is required to take action when information is received that a person is in prison. *This includes sending a close or reduction notice. For SNAP, the notice must always be a timely continuing benefit decision notice (10-day).* Workers may use notice FSC1PNE (to close) or FSR1PWE (to reduce) on Notice Writer.

*Note: If a one-person case and they are incarcerated, inactivate the EBT card to protect the client’s benefits until their release.*
For cases in CRS or SRS:

1. Regardless of whether the release date is known, send notice to close or reduce benefits and remove the person from the SNAP case.

2. If the person is released before the effective date of the notice and contacts the local office before that date, the worker can do a ROP transaction or add the person to an open case as of the first of the next month. If the contact is made on the first of the next month or later, follow add a person policy for open cases or have the person reapply for closed cases.

   FOR CRS OR SRS CASES, SEE EXAMPLE #1 IN PRISON DISCREPANCY LISTS EXAMPLES (SNAP H. EXAMPLES 5)

For cases in TBA:

1. Determine if the release date is known. If expected to be before the effective date of closure, narrate the incarceration report and that no action is needed due to expected release date.

2. For those persons with no release date or an expected release after the effective date of closure, determine if the person is head of household on the SNAP case.

3. If head of household is incarcerated, send notice of closure and close the TBA.

4. If the incarcerated person is not head of household, narrate the report and do not remove the person from the SNAP case.

   FOR TBA CASES, SEE EXAMPLE #2 IN PRISON DISCREPANCY LISTS EXAMPLES (SNAP H. EXAMPLES 5)

6. **Action on Changes During the Certification Period**

   SEE SNAP B.11 FOR MORE ABOUT VERIFICATION OF CERTAIN CHANGES.

   SEE SNAP H.13 FOR MORE ON USE OF NOTIFICATION OF INFORMATION OR VERIFICATION NEEDED (DHS 210A).

   SEE SNAP-WG #6 FOR MORE INFORMATION ON PROCESSING CHANGES.

**Note:** When notified that an adult with an EBT card has left the household, be sure to cancel the card. If the card is not cancelled and the alternate payee continues to use it after being removed from the household, DHS must restore benefits.
Quite often changes are reported during the certification period. Sometimes these changes are reported with all the information needed to take action. Other times, the reported information is incomplete and additional information is needed. In these instances, send the Notice of Information or Verification Needed (DHS 210A) to the household giving them at least 10 days to provide the additional information. Clients may be allowed more than 10 days but not less. The worker notes the due date for the information on the DHS 210A. The due date depends on the time of the month and the individual client’s situation. For example, a client reports a new job on April 30; the DHS 210A is sent asking for the additional information due by May 11 to allow the worker time to take appropriate action for June benefits.

Another example is a client reports on April 15 that they just got a job and will start working on April 20. The client will be working full time but does not know the rate of pay or pay dates. The DHS 210A is sent to the client. The worker gives a due date between May 1 and May 15 (worker choice) to provide the needed information. This allows the worker enough time to send a reduction notice or closure depending on the client’s response to the request for additional information for June benefits.

When information is needed for continuing SNAP eligibility (GP A.14) during the certification period, send the DHS 210A and let the client know what specifically is needed and that the client may call or mail the requested information to the office.

The time to act on reported changes depends on if the result of the change is to increase, or decrease, or end benefits.

- **Increase:** If the result is to increase benefits and it is a change that must be verified (SNAP B.11), such as income, verify the new income amount or the end of the income source before taking action to increase the SNAP benefits. The information must be requested using the form DHS 210A. If the requested verification is not provided by the due date, send notice to end or reduce benefits if lack of the verification means the worker is not able to accurately determine eligibility or benefit level.

  *Note:* The effective date for the change depends on whether or not verification is received by the due date. See SNAP H.8 for more on effective dates.

- **Decrease or End:** If the result is to reduce or end benefits and it is a change that must be verified, such as income, immediately take action following the required 10-day notice time frames (SNAP H.8) to reduce or end benefits based on the reported change. Also, send a DHS 210A asking for verification of the new information when taking a reduce action. It may be necessary to adjust benefits and send a second notice of reduction after the verification is provided by the client. If the requested verification is not provided by the due date, send notice to end or reduce benefits if lack of the verification means the worker is not able to accurately determine eligibility or benefit level.
If the requested information is not provided by the due date, one of two actions is required:

- Send a 10-day continuing benefit decision notice to close or reduce benefits when unable to determine continued eligibility; or

- Send a 10-day continuing benefit decision notice to end a deduction (GP A.29) if the information needed is to compute benefits based on a reported change in a deductible cost. Most commonly this applies to a reported move but the new rent and utilities are unknown.

Sometimes the requested information is received between the date the close or reduce notice was sent and the effective date for the close or reduce action. When this occurs, recalculate benefits based on the new information and continue the certification period.

No additional notice is necessary if the prior notice anticipated the same or a lesser amount of benefits. If the requested information is received after the effective date for the closure, a new application is required. If the new information is received after the effective date for the reduction, action on the information is effective the first of the month following the date the information is received.

Federal regulations prohibit the state from requiring a client to come to the branch office in the middle of their certification period. The exceptions to having the client come to the office in the middle of the certification period are:

- An exempt person becomes mandatory and a meeting is set up to discuss OFSET (SNAP D.7) and write the case plan (this is an eligibility requirement); or

- When an OFSET case plan says the client is to come to the office to confer on the progress with their plan. Note the plan must identify this intent.

SEE EXAMPLES ON ACTIONS WHEN HEAD OF HOUSEHOLD LEAVES THE CASE, INCLUDING DUE TO DEATH (SNAP H. EXAMPLES 6).

**SRS**

Clients only need to report two changes while in SRS. However, clients may want to report changes that will increase their benefits. These changes are reduction in income or an increase in deductible costs (GP A.10) (i.e., shelter, child care, court-ordered support or medical). As always, anytime a client reports a change that will increase benefits, the worker is required to take action for the first of the next month.

As with CRS, an action is always necessary when a client reports a change that they are required to report. In SRS, this is primarily income over the countable income limit. The difference between SRS and CRS is that no action is necessary when a change is reported that will decrease benefits unless the information is considered verified upon receipt (SNAP F.8). In other words, does the worker have enough information to act on the reported change? If yes, take the action to reduce benefits after the appropriate notice period has ended.
TBA

Clients in TBA are not required to report changes. If the client reports a change that will increase benefits, they may reapply. If the group will get more SNAP using the current situation, recertify the SNAP case and end TBA. Continue TBA to the end of the TBA period if the change would reduce SNAP benefits. Act only on the following changes that will decrease benefits: when a person in the TBA benefit group (SNAP C.7) moves into another household and applies for SNAP in that household, the person will be removed from the TBA benefit group and added to the new household after the appropriate notice period ends.

SEE THE FOLLOWING SITUATIONS: EXAMPLE #3 FOR NEW INCOME; EXAMPLE #4 FOR NEW HOUSEHOLD MEMBER; AND EXAMPLE #5 FOR JOB QUIT OR NEW JOB OF THE ACTION ON CHANGES DURING THE CERTIFICATION PERIOD (SNAP H. EXAMPLES 6)

7. Transferring Cases Between Branch Offices Due to a Move

SEE MULTIPLE PROGRAM WORKER GUIDE #21 (MP WG.21) FOR INFORMATION ON TRANSFERRING CASES.

8. Effective Dates (GP A.17)

SEE CHANGES EXAMPLES #3, #4 AND #5 FOR NEW INCOME, JOB QUIT, AND NEW MEMBER (SNAP H. EXAMPLES 6).

Overview. The effective date is the day that an action will be taken or a change made on a case. When a change is not made on a case by the effective date, make the change as soon as possible and supplement benefits for the current month, restore lost benefits for past months or write an overpayment as appropriate. (Remember not to write an overpayment when the amount paid in error is due to an administrative error and is $100 or less.)

The effective date for an action is determined by the type of action and the reporting system.

Actions to close or suspend are effective on the last day of a calendar month. Actions to increase or reduce benefits are effective on the first day of a calendar month.

FOR ACTING ON CHANGES FROM THE REDETERMINATION, SEE SNAP B.21.

Approval. See SNAP B.16 for effective dates upon approval of an application or reapplication for SNAP.
Denial. See SNAP B.16 for effective dates upon denial of an application or reapplication for SNAP.

Effective Dates; Changes in Income or Income Deductions That Cause Increases: 461-180-0020
Effective Dates; Changes in Income or Income Deductions That Cause Reductions: 461-180-0030
Effective Dates; Denial of Benefits: 461-180-0060

Employed Child Turns 18. Count the earned income of a child in the budget month after the month in which the child turns 18. (For example, a child turns 18 on January 22. For cases in CRS, the child’s earned income becomes countable (GP A.11) in February). For cases in SRS, count the earned income of a child in the seventh month if the child turned 18 during the first six months of the certification period unless the client provides verification of the child’s earned income during the SRS period. Count the earned income of the child with the next certification action if the child turned 18 in the seventh or later month of the certification period.

Effective Dates for Changes Reported for SRS on Interim Change Report Form. Changes reported on the Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) form (DHS 852) that cause benefits to be increased, reduced, closed or suspended are effective with the seventh month of the certification period. That is, changes causing closure and reported on the DHS 852 in SRS are effective the last day of the sixth month of the certification period. Changes causing increases or reductions and reported on the DHS 852 are effective the first day of the seventh month of the certification period.

Note: An incorrect effective date on FSUP will result in an invalid notice to the client.

Effective Dates; Changes in the Simplified Reporting System (SRS); ERDC, SNAP: 461-180-0006

Effective Dates for Changes Reported Via Other Means. When changes are not reported on the Monthly Change Report (DHS 859A) or the DHS 852 forms, the effective date is not so immediate. Changes that cause closure or suspension of benefits are effective the last day of the month after the 10-day notice period expires.

Increased benefits. The effective date for changes that will increase benefits varies depending on whether or not verification is requested and when the proof is received. A reported change that will increase benefits is effective the first of the following month, if additional information or verification is not requested. If verification is requested on a DHS 210A and the client is given at least 10 days to provide the verification, the effective date for the change is:

- The first of the month following the date the client reported the change if the information is received no later than the 10th day (or later if given longer than 10 days). If the verification due date is after the first of the month, a restoration of benefits is necessary.

- The first of the month following the date the client provided the verification if the proof is received after the verification due date (at least 10 days).
Reduced Benefits. Changes causing reductions are effective the first day of the month after the 10-day notice period expires.

Effective Dates; Changes in Income or Income Deductions That Cause Reductions: 461-180-0030
Effective Dates; Suspending or Closing Benefits and JOBS Support Service Payments: 461-180-0050
Effective Dates; Removing an Individual: 461-180-0120

Changes causing increases have different effective dates, depending on when the client reports the change and whether it has to do with adding a person. If the client reports the change prior to the month in which it will occur, the effective date is the first of the month in which it will occur, unless the change is for adding a person.

When they report the addition of a person, the effective date is the first of the month after they report the person has joined the household. Even if they report that a person will join their household in advance, benefits are not increased until the month following when the change occurs. When the change is not reported until the month it occurs or later, the effective date is the first of the month following the date the change was reported.

Effective Dates; Adding a New Person to an Open Case: 461-180-0010

SEE EXAMPLE OF ACTING ON CHANGES IN CRS, #3 OF EFFECTIVE DATES (SNAP H. EXAMPLES 8)

SRS

Clients in SRS are only required to report when their income exceeds the countable income limit (130 percent FPL) (SNAP F.2). Anytime a client reports these changes, take the appropriate action. For income, close or reduce benefits at the end of the 10-day notice period. For all other reported changes in SRS, take action to reduce or close SNAP benefits only if the reported change is considered verified upon receipt (SNAP F.8). Take action to increase benefits that are considered verified upon receipt using regular change reporting time frames.

Changes That Must be Reported: 461-170-0011
Effective Dates; Changes in the Simplified Reporting System (SRS); ERDC, SNAP: 461-180-0006

SEE EXAMPLES OF ACTING ON CHANGES IN SRS, #4 THRU #9 OF EFFECTIVE DATES (SNAP H. EXAMPLES 8)

TBA

For cases in TBA, the benefits are frozen. Do not increase or reduce benefits during the TBA period, unless a member of the household applies for SNAP as a member of another household. Use regular CRS time frames. Only close SNAP benefits during the TBA period if the client requests case closure or it becomes known that the household has moved out of state or is otherwise ineligible for SNAP. All other reported changes that result in reduced benefits will be held until the household reapplies for SNAP benefits after the TBA period ends. If the household reports a change that will increase benefits,
they may reapply. End TBA and recertify if the group is eligible for more SNAP benefits using the current situation.

SEE SNAP F.9 FOR MORE INFORMATION ABOUT REAPPLYING WHILE GETTING TBA.

SEE EXAMPLES OF ACTING ON CHANGES IN TBA, #10 AND #11 OF EFFECTIVE DATES (SNAP H. EXAMPLES 8)

Effective Dates for Special Circumstances. Situations that are exceptions to the effective dates described above are:

- Ending disqualifications that are not related to work programs. For an IPV (GP C.5) disqualification where the person is required to be in the filing group (SNAP C.2), end the disqualification the day after the disqualification has been served. (This is assuming the person has no additional IPV period to serve and meets all other SNAP eligibility requirements.)

For other disqualifications requiring cooperation (such as when a client refuses to provide an SSN (SNAP D.6)), end the disqualification the date they agree to cooperate. Follow “add a person” policy to add this person to an open SNAP case.

Effective Dates; Ending Disqualifications: 461-180-0065

- The effective date for ending an employment program disqualification is the first of the month after the client fulfills the requirements to end the disqualification on an open SNAP case.

Effective Dates; Ending Disqualifications: 461-180-0065

- Reductions pending a hearing decision. When the department is upheld, begin work program disqualifications the first of the month following issuance of the hearing order. Work program disqualifications include failure to cooperate with OFSET, job quits, etc. See SNAP D.18 for a complete list of the work program disqualifications.

When the department is upheld on other issues, the effective date remains the same as in the original notice which caused the hearing request. Therefore, benefits issued in error from that effective date until the action is taken are an overpayment.

Effective Dates; Reductions Delayed Pending a Hearing Decision: 461-180-0105

- Restored benefits (IB B.1). When clients are underpaid benefits or have benefits denied or closed in error, they are entitled to a late payment for the benefits they should have gotten. This late payment is called a restoration of lost benefits. When an administrative error caused the underpaid benefits, the effective date of restoration is the date the error was made, up to a maximum period of 12 months.
**Note:** We do not restore SNAP benefits for client-caused errors.

Notice Situation; Restoring SNAP Benefits: 461-175-0320

When benefits have been suspended, the effective date is the month after the one-month suspension.

Effective Dates; Changes in Income or Income Deductions That Cause Increases: 461-180-0020
Effective Dates; Changes in Income or Income Deductions That Cause Reductions: 461-180-0030
Effective Dates; Suspending or Closing Benefits and JOBS Support Service Payments: 461-180-0050
Effective Dates; Removing an Individual: 461-180-0120
Effective Dates; Restored Benefits: 461-180-0130

9. **Notices; General Information**

**Overview.** A decision notice must be sent to the filing group (SNAP C.2) when benefits are approved, denied, reduced or closed. The notice can be computer generated or sent manually. This includes when a client asks for more benefits for a specific reason.

Some examples include:

- Request to include a medical deduction that was paid in the prior certification period using a VISA and the client is now paying the VISA payment each month.

- Request for retroactive or restored benefits when they report today that the rent changed three months ago.

- Request retroactive or restored benefits for a person who moved in a month ago.

The notice must always contain certain information. Notices are standardized, so that most of the required information is preprinted. The standard, preprinted information consists of the hearing rights and procedures around hearings. The part that is not standard consists of the action that the department intends to take, the effective date (GP A.17) of that action, the reason for the action, the date of the notice and a contact person’s name and telephone.

☞ **SEE GP J.1 FOR GENERAL INFORMATION ON DECISION NOTICES.**

☞ **SEE GP J.3 FOR INFORMATION ON THE NOTICE PERIOD.**

What a Decision Notice Must Include: 461-175-0010
Notice Situations; General Information: 461-175-0200

**Types of Notices.** Following are the three types of decision notices:

- **Basic decision notice.** This notice is mailed no later than the date of the planned action, gives the client a right to request a hearing, but does not give the right to continued benefits while the hearing decision is pending. This notice is generally sent on approval actions, denial actions, or when a certification ends.
- **Continuing benefit decision notice.** This notice is mailed in time to be received by the date benefits are or would be received, gives the client a right to request a hearing and gives the right to continued benefits while the hearing decision is pending. This notice is generally sent in situations where the client has waived their right to a timely (10-day) notice by reporting the information on and signing a *Monthly Change Report* (DHS 859A) or *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852).

- **Timely continuing benefit decision notice.** This notice is mailed no later than 10 calendar days before the effective date of the action. The 10-day count begins the day the notice is put into the mail. Remember that FSMIS computer-generated notices are not mailed until the working day after information is keyed into the system. Notice Writer notices generally take two days to be put into the mail. This notice gives the client a right to request a hearing and gives the right to continued benefits while the hearing decision is pending. This notice is generally sent in prospective budgeting systems (SNAP F.6).

☞ SEE MP WG #18 FOR A CALENDAR OF 10-DAY NOTICE DEADLINES.

☞ SEE GP J.2 FOR ADDITIONAL INFORMATION ON THE TYPES OF NOTICES.

Definitions for Chapter 461:
- Notice Period: 461-001-0000
- Notice Situation; Lump-Sum: 461-175-0240
- Notice Situation; SRS or TBA: 461-175-0270
- Notice Situation; Prior Notice: 461-175-0300
- Notice Situation; Removing an Individual From a Benefit Group (EXT, MAA, MAF, OHP, REF, REF M, SAC, SNAP, TANF) or Need Group (ERDC): 461-175-0305

10. **No Notice Required**

For SNAP, no notice is needed when:

- Everyone in the benefit group (SNAP C.7) is deceased.

- A hearing upholds the department’s decision, and a notice was sent before the client requested the hearing.

- The filing group has moved out of Oregon.

- Department mail has been returned with no forwarding address and the client’s whereabouts are unknown.

- There is a mass change.

- A drug or alcohol treatment center is disqualified by FNS as a retailer or an authorized representative (SNAP B.14) or loses its state certification.
• An adult foster care (GP A.9) home loses its state license.

• A residential care facility is disqualified as an authorized representative or loses its state certification.

• A client is notified of benefits changing month to month at application (usually given on the Notice of Income and Benefit Calculation (DHS 7294)).

• Client applied on a joint application for SNAP and cash benefits, when the receipt of a new public assistance grant reduces the SNAP (because the client received prior notice of this when they signed the Your Rights and Responsibilities (DHS 415R) or Rights and Responsibilities (SDS 539R)).

• An ongoing client reapplies for SNAP during the certification period (e.g., checks the food benefit box on the application when applying for medical benefits).

• A group was previously notified they would receive a restoration of benefits over a period of time, and the restoration payments end at the end of that time.

• Benefits are reduced when the SNAP certification period is extended following receipt of verification requested during expedited service.

\[\text{SEE EXAMPLES FOR SITUATIONS WHERE NOTICE IS REQUIRED FOR CONCURRENT BENEFITS (SNAP H. EXAMPLES 10).}\]

Notice Situations; General Information: 461-175-0200
Notice Situation; Client Moved or Whereabouts Unknown: 461-175-0210
Notice Situation; Nonstandard Living Situations: 461-175-0230
Notice Situation; Mass Changes: 461-175-0250
Notice Situation; Prior Notice: 461-175-0300
Notice Situation; Restoring SNAP Benefits: 461-175-0320
Notice Situation; Voluntary Action: 461-175-0340

11. Notice Situations

\[\text{SEE GP J.4 FOR GENERAL NOTICE SITUATION INFORMATION.}\]

Continuing Benefits. For the last two notices above, the client must request continued benefits within a specific time frame, in order to qualify for the continued benefits. They must make the request either within 10 days of the mailing of the notice, or on or before the effective date (GP A.17) of the action. When this request period ends on a weekend or holiday, extend it to the next working day.

When the client makes this request timely, continue their SNAP benefits in the same manner and amount as prior to the notice. Maintain benefits at this level until the hearing takes place or until another change in circumstances occurs that requires another notice and a new benefit amount.

When the hearing decision is in the favor of the department, the continued benefits are an overpayment, unless the hearing issue was a SNAP work program disqualification.
What a Decision Notice Must Include: 461-175-0010

When Notices are Void. Notices become void when the reduction or closure is not initiated on the effective date stated on the notice, unless the delay resulted from the client’s hearing request. Also, the department may amend a decision notice with another decision notice or a contested case notice, amend a contested case notice, delay a reduction or closure of benefits as a result of a client’s request for hearing or extend the effective date on a decision notice or a contested case notice and this does not cause a decision notice to become void. Once a notice becomes void, a 10-day notice is needed to reduce or close benefits for a future date.

Notice Situations; General Information: 461-175-0200

Unusual Notice Situations. The following situations do not follow the general rules stated above about when certain types of notices must be used:

- Benefits less than 30 days. Only a basic decision notice is required (like other approvals) when the initial approval notice tells the client when benefits will end. However, if a separate notice is sent, it must be a timely continuing benefit decision notice.

- Intentional Program Violations (IPVs) (GP C.5). When the client signs a waiver, send a continuing benefit decision notice. When the client is disqualified through other legal proceedings, send a basic decision notice.

- The client enters an institution, is placed in skilled nursing care, intermediate care, long-term hospitalization, official custody or a correctional facility. Send a timely continuing benefit decision notice.

- The client leaves a residential A&D facility in which they received SNAP benefits through an authorized rep. Send a basic decision notice (NOTM FSC1DAL) to the facility. Send a timely continuing benefit decision notice to the client to close.

- Overpayments. Send a timely continuing benefit decision notice the first time a filing group is being notified that benefits will be reduced to recover an overpayment. If the overpayment then follows a person who was notified to a new group, send another timely continuing benefit decision notice.

- Restoration of lost benefits. Send a basic decision notice, Notice of Restoration of Lost Benefits (DHS 362), informing the client of the amount of the restoration, any offsetting that was done and the method of restoration.

- An adult client requests reduction of benefits or closure. When a client requests a reduction or termination of benefits by phone, send a timely continuing benefit decision notice. Any adult in the filing group may request a reduction or termination of benefits by signing the Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D). When
the adult making the request is not the head of household, send a basic decision notice (such as NOTM Speedee Note) as a courtesy to the primary person.

- The filing group states that they wish to withdraw the application for benefits. Send the client a basic decision notice.

- Changing report method from CRS, SRS, or TBA to CRS, SRS or TBA during the certification period. A continuing benefit decision notice should be sent so that it is received before the effective date of the change.

**Note:** Refer to SNAP WG-2 for detailed procedures on clients living in facilities.

12. **Using the Notice of Pending Status (DHS 210) or Notification of Pending Status (SDS 539H)**

The DHS 210 or SDS 539H is used to inform applicants of verification needed to approve their request for benefits at certification and recertification.

- For 30-day processing, the pending notice must list proof needed to establish eligibility and state the application expiration date.

- For expedited service, the notice specifies verification that was not provided for the initial issuance and states when benefits will end if the requested verification is not returned on time. In addition, if the verification they provide causes a change in eligibility or benefits, the change will be made without further notice.

Once the determination is made that a pending notice is needed, benefits cannot be opened until the items pended for are received and processed. If an applicant fails to respond timely to a DHS 210 or SDS 539H, they must reapply and establish a new filing date to receive SNAP benefits. A denial notice is required.

> SEE SNAP B.10 FOR USING THE DHS 210 OR SDS 539H TO OBTAIN VERIFICATION.

13. **Using the Notice of Information or Verification Needed (DHS 210A)**

The DHS 210A is used within the certification period. The DHS 210A is sent to give clients at least 10 days to respond to a request for information.
Use a DHS 210A when:

- A client wants to add a new household member, including a newborn, to an ongoing case. Request name, DOB, SSN, citizen/alien status and income information (when appropriate).

- A client reports a change, but does not provide adequate information or proof required to act on the change.

- More information is needed to determine whether to act on a change.

- Eligibility becomes questionable.

**Caution:** For SRS, do not send a DHS 210A to pursue information on a change that was not required to be reported, if it is not to the client’s advantage. For TBA, send a DHS 210A only if the change will benefit the filing group.

The information on the DHS 210A should be as specific as possible, so the client clearly understands what needs to be provided. The DHS 210A is not a timely notice. If the filing group fails to respond to the notice with information needed to determine eligibility, the worker must send a 10-day notice before reducing or closing benefits.

SEE SNAP H.13 FOR MORE INFORMATION ON USING THE DHS 210A.

14. **Using the Notice of Incomplete Information (DHS 487)**

The DHS 487 is used within the certification period when a required report form is incomplete. The DHS 487 is sent to inform clients that more information is needed before the required report form can be processed.

Use a DHS 487 when:

- A *Monthly Change Report* (DHS 859A) is received, but more information is needed to process the report form.

- An *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) is received, but more information is needed to process the report for the next six-month period.

Benefits cannot be processed until the requested information is received. If the information is not received, FSMIS will automatically suspend and close benefits. FSMIS sends the notice and the worker does not need to send an additional notice.

SEE SNAP F.8 AND SNAP F.13 ON USING THE DHS 487 FOR SRS AND MRS CASES.
15. SNAP H - Changes and Notices Examples

Section 5. Prison Discrepancy Lists Examples

For cases in CRS or SRS:

Example 1: The SNAP case is in SRS; Joseph is the second adult in the filing group and was incarcerated on October 15. On October 25, the worker was notified. There is no release date. A reduction notice was sent effective November 30. On November 21, Joseph contacts the office to say he is out and back at his prior address. There have been no changes in his situation. The SNAP case is adjusted for December 1.

For cases in TBA:

Example 2: The SNAP case is in TBA; Peter is the head of household and was incarcerated on October 15. On October 21, the worker was notified. There is no release date. A closing notice was sent effective November 30, 2005. On December 2, Peter contacts the office to say he is out and back with his family. The TBA case closed end of day November 30, he needs to reapply for SNAP.

Section 6. Action on Changes During the Certification Period Examples

Actions when head of household leaves the case:

Example 1: On November 16, a client reports his wife left the home. She was head of household. The children have remained with him. He does not know where she went and the worker is not able to determine if she is still eligible for SNAP.

Keep her coded as head of household for her case and ask the father to reapply for SNAP for himself and the children. As an adult in the filing group, he may voluntarily reduce benefits (use the Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Decision and Action Taken (DHS 457D)) for the following month to exclude himself and the children. This action will get him and the children SNAP benefits and the mother will be able to continue SNAP for herself. Send a reduction notice to the mother at the last known address letting her know the reason for the reduction. This process will avoid having the mother come to the office later that month or after the first of next month wanting her SNAP benefits.
Example 2: On November 8, a client reports her husband is in jail for 90 days. He is head of household and not eligible for SNAP while in jail. Remove his needs from the SNAP case and change the head of household to the mother. Send a timely continuing benefit decision notice before removing his needs from the case. There is no need for a new application.

Example 3: On October 5, Betty calls to report that her husband, Ray, has died. Ray is the HH on the SNAP case. Process a CHH action on FSMIS to delete Ray and make Betty the HH effective November 1. If she has not signed the current application, she must reapply. The simplest way for her to do this is to sign the application and review it for any updates. Remember to enter the DOD (date of death) for Ray on the Person/Alias Update screen and check for other benefits.

Example 4: New Income

A client’s UC benefits end due to the start of a job. In all report systems, the ending of the UC and the start of the earned income must take place at the same time. Do not remove the UC income without also coding the new income that is replacing the UC. The direct actions to be taken depend on the report system for the case.

CRS: Send a DHS 210A and ask for proof of the income. Remove the UC income only when the new earned income is coded on the case.

SRS: If it is believed the new income will put the financial group over the countable income limit, send a DHS 210A requesting proof of the new income. If it is believed the new income will keep the group below the countable income limit, narrate the report and take no additional action because the income is not verified. Only remove the UC income when the new income is coded on the case.

TBA: Take no action to change income on the TBA case. If the client thinks they are eligible for more SNAP benefits if not in TBA, have them reapply. If they are eligible for more SNAP benefits using the current situation, end TBA and give regular SNAP.

Example 5: New household member

A client reports that her husband has moved into the home. He is required to be a member of the SNAP filing group. He is employed and working 32 hours a week. Always add the person with their income. Therefore, his income must be coded on the case at the same time his needs are added to the group.
CRS: Send a DHS 210A asking for the information needed to add the husband to the case. This includes his SSN, along with proof of income. Only add his needs to the case when his income is added.

SRS: The report that her husband has joined the household must be treated as a request for benefits. Send a DHS 210A, asking for any information needed to add the husband to the case. This includes his SSN, along with proof of income.

TBA: Narrate the report. To get SNAP benefits for the husband, the group will need to reapply for SNAP. His needs can be added only if the group will receive more benefits using the current situation. End TBA when benefits will be more using the current situation.

Example 6:  
Job Quit and New Job

A client reports she quit her job last Friday but began a new job today. She indicates her new job is for 15 hours a week at $8.00 an hour.

CRS: Send a DHS 210A and ask for proof of the income from the new job and the reason for the job quit. Explore OFSET disqualification if good cause does not exist. Change the EML amount when the new earned income is verified.

SRS: If it is believed the new income, in combination with other income, puts the group over the countable income limit, send a DHS 210A requesting proof of the income and the reason for the job quit. If it is believed the group’s income will remain below the countable income limit, narrate the report and take no additional action due to lack of verification. Make a decision regarding good cause for job quit and possible disqualification when the DHS 852 is processed or at next recertification, whichever action is first.

TBA: Narrate the report only.

Section 8. Effective Dates Examples

Acting on Changes in CRS Examples

Example 1:  
On February 10, a pregnant client in the CRS reports that her due date is March 3. She is advised to report it as soon as the baby is born. If the baby is born in February and she reports it that month, add the newborn to benefits effective March 1. If the baby is born in March and she reports it that month, add the newborn to benefits effective April 1. If the baby is born in February and she
does not report it until March, add the newborn to the benefits effective April 1.

Acting on Changes in SRS Examples

Example 1:  New Rent

On December 3, a client in SRS reports that her rent was increased by $50 per month. The certification period is November 1 through October 31. Rent does not need to be verified. The worker does not find the amount questionable and therefore changes the rent amount on FSMIS, narrates the action and waits for receipt of the DHS 852 to determine changes for the seventh through 12th month of the certification period.

Example 2:  New Address

On November 3, a client in SRS reports that she has moved to a new address. Her certification period is October 1 through September 30. She does not report the new shelter costs or household composition information. The worker changes the mail address field on FSMIS, effective December 1, narrates the action and waits for receipt of the DHS 852 to determine changes for the seventh through 12th month of the certification period. No further action is necessary because there is not enough information to determine if the change will increase or decrease benefits.

Caution: Change the residence address on FCAS only if the new shelter costs are reported.

Example 3:  Reduced Work Hours

On January 5, a client in SRS reports that she is only working 32 hours a week. Due to a drop in business, her employer reduced all employees work hours. Her certification period is November 1 through October 31. The worker finds this questionable and wants verification before recomputing the benefits. The worker tells the client to submit proof of the reduction before taking action to increase benefits. The client may submit the proof now or wait and submit it with the DHS 852 in April along with the verification of March income for the May through October benefits.

Example 4:  New Income Verified

On March 10, a worker from the Social Security Administration calls the branch office to report a client in SRS has been determined eligible for SSI and the first regular payment will be April 3. The certification period is November 1 through
October 31. This information is considered verified upon receipt because it was reported by a party that is responsible for the income. The worker narrates the information, sends a 10-day notice to reduce benefits and takes action for the April benefits.

Example 5: Income Over 130 Percent

On July 9, a client in SRS reports that their income last month increased over the countable income limit. The client expects to continue to receive this each month. The client was required to report this information. The worker sends a DHS 210A requesting proof of the income. If the requested verification is not received by the due date, the worker will also send a closure notice for lack of receipt of the requested information needed to accurately determine eligibility or benefit level. When the proof is received, the income must be adjusted if necessary following any required notices.

Example 6: Change in Household Composition

A household participates in SRS. A member of the SRS filing group leaves and becomes a member of another filing group. The new household is participating in CRS. The SRS filing group is not required to report changes in household size. However, the CRS filing group is required to report changes in household composition. What actions must the department take?

Remember: Losing a member does not necessarily mean a decrease in SNAP benefits (the departing member may have had income); and gaining a member does not necessarily mean an increase in SNAP benefits (for the same reason).

- Remove the person from the losing SRS filing group (SNAP C.2). This may require a Timely Continuing Benefit Decision Notice if the result is less benefits.

- Add the person to the gaining CRS filing group. This may require a Timely Continuing Benefit Decision Notice if the result is less benefits. This action does not become effective until the needs of the person leaving the SRS filing group have been removed from FSMIS and the notice period has ended.

Same situation as above except that neither household reported a change in household composition.

- The SRS household was not required to report the change.
• The CRS household was required to report the change but did not. Would either household be overissued or underissued, and would a claim be appropriate?

Let us take this in three parts:

• The effect on the losing household’s SNAP benefits:

First, let us consider the losing household in SRS, which is not required to report changes in household composition. There can be no over or underissuance because the household was not required to report the change.

• The effect on the gaining household’s SNAP benefits:

Second, the gaining household in CRS, which is required to report changes in household composition:

  - Calculate the benefit that the gaining household would have received, considering the new member’s circumstances.

  - Determine the first month in which the benefit would have changed, taking into account the extra time that will elapse if a Notice of Adverse Action is required.

  - If the calculated benefit would be lower, the gaining household was overissued.

  - If the calculated benefit would be higher, the gaining household was underissued. However, there would be no restored benefits because the household caused the underissuance (273.17(a)(1)).

• Claims:

Third, the possibility of a claim.

  - For the losing household there can be no claim. This household met all of its reporting requirements.

  - For the gaining household a claim is appropriate if there was an overissuance.

Acting on Changes in TBA Examples

Example 1: On December 16, a client in TBA reports that she has moved to a new address and that her 17-year-old child is no longer living with her. She is now in a low-income housing complex and her rent is $87 a month plus utilities. Her TBA period is November 1 through
March 31. The worker codes the new address onto FCAS and narrates the action. The daughter’s needs are not removed as she has not applied for SNAP in another household. The rent is not adjusted as it will change the benefits. These changes will be acted on when the client reapplyes after her TBA period ends.

Example 2: On November 5, a client on TANF reports her estranged husband has moved into the home. The worker sends a notice and closes TANF effective November 30, based on no deprivation. The family does not reapply for two-parent TANF and TBA begins December 1. The TBA filing group includes the client and children who received SNAP in November. The father is not added to the SNAP case in TBA. The group may apply for SNAP if they believe adding him and his income will increase the SNAP for the household. If he wants SNAP benefits, the group must apply. His needs will be added only if the group is eligible for more SNAP benefits using the new application. If eligible for more SNAP benefits, the TBA must end and the group recertified for regular SNAP.

Section 10. Notices; General Information Examples

Example 1: McKenzie just moved to Roseburg from Helena, MT. He files for SNAP on June 16. McKenzie received SNAP benefits from Montana in June, but he will be eligible here July 1. Send a denial notice for June citing concurrent benefits.

Example 2: Barbero’s SNAP certification expires August 31. He sends in his completed recertification packet on July 16. Because this application will be used to determine eligibility for his next certification period, a denial notice is sent only if he is found ineligible beginning September 1.

Example 3: Meg is receiving SNAP benefits through March 31. In December, she applies for medical and SNAP benefits. The worker should clarify to Meg that she is already receiving SNAP and there is no need to reapply. Narrate this conversation. No denial notice is needed.
I. Special Situations

1. Migrant and Seasonal Farmworkers

Definitions

*Migrant farmworker (GP A.34)* – An individual who regularly travels away from their permanent residence overnight, usually with a group of laborers, to seek employment in an agriculturally related activity.

*Seasonal farmworker (GP A.49)* – An individual employed in agricultural employment of a seasonal or temporary nature. Seasonal farmworkers are not required to be absent overnight from their permanent residence when they are:

- Employed on a farm or ranch performing field work related to planting, cultivation or harvesting operations; or
- Employed in a canning, packing, ginning, seed conditioning or related research or processing operation and they are transported to or from the place of employment by means of a day-haul operation.

Definitions; SNAP: 461-001-0015

*Destitute* – A filing group (SNAP C.2) containing a migrant or seasonal farmworker that has, during the month of application or first month of the recertification, total resources (cash, bank accounts, and lump sums) of $100 or less, and the group meets any one of the following:

- The group’s only source of income was from a terminated source and was received before the filing date (SNAP B.5);
- The group’s only source of income will be from a new source and income of more than $25 from the new source will not be received until after the 10th calendar day following the filing date; or
- The group had income that was from a terminated source and was received prior to the filing date and they will have a new source of income, but income of more than $25 from the new source will not be received until after the 10th calendar day following the filing date.

SNAP Expedited Services: 461-135-0575

Expedited Service (SNAP B.6). Filing groups that contain a migrant or seasonal farmworker and that are destitute are eligible for expedited service. That is, they must receive benefits within the seven-day processing time frame. The only exception to this is if they apply for benefits before the end of their current certification.

SNAP Expedited Services: 461-135-0575
Work Program Requirement Exemption. Migrant and seasonal farmworkers are OFSET exempt (SNAP D.8) if they are under contract or similar agreement with an employer or crew chief for work equal to 30 hours at federal minimum wage and they will begin work within 30 days.

Participation Classifications: Exempt, Mandatory, and Volunteer: 461-130-0310

Resources. Exclude the vehicle a migrant farmworker uses for long-distance travel to follow crop-related jobs.

Motor Vehicle: 461-145-0360

Prospective Budgeting (SNAP F.6). Whenever a migrant or seasonal farmworker is in the filing group (regardless of whether they are destitute), the income must be prospectively budgeted (GP A.3). Under prospective budgeting, there is no overpayment when anticipated information does not match what truly happens during the month, as long as the client reported true and complete information. Similarly, no supplement is issued when anticipated information makes benefits lower than they would have been based on what really happens.

**Note:** Use the Notice of Income and Benefit Calculation (DHS 7294 (Section 3)) to let the household know what income will be used each month, and set up a tickler if it will vary during the certification period.

In addition, for groups meeting the definition of destitute, special budgeting is required for the month of application or the first month of a recertification period. For these groups, count only the income they received between the first of the month and the filing date. Do not count income from a new source that is expected after the filing date.

**Effective Date (GP A.17 and SNAP H.8) for Initial Benefits (GP A.30).** When migrant or seasonal farmworkers received SNAP in another state in the month before applying for SNAP in Oregon, the first month of benefits here is not prorated. That is, benefits begin on the first of the month, regardless of when their filing date falls.

**Effective Dates; Initial Month SNAP Benefits:** 461-180-0080

SEE EXAMPLES OF MIGRANT AND SEASONAL FARMWORKERS,
(SNAP I. EXAMPLES 1)

2. **Tribal Food Distribution**

Tribal Food Distribution (TFD) is a program through which eligible clients receive food products, rather than benefits intended for purchasing food. TFD is an extension of the SNAP program. Both programs are funded and controlled by the same federal agency. Tribal organizations participating in TFD are the Burns-Paiute Tribe, the Confederated
Tribes of the Siletz, the Klamath Tribe, the Confederated Tribes of the Umatilla Indian Reservation, the Confederated Tribes of the Grand Ronde, the Confederated Tribes of Warm Springs and the Yurok Tribe. These organizations may issue benefits to their own tribal members and to any enrolled member of a tribe that is living in Oregon.

Because TFD is an extension of the SNAP program, recipients cannot legally get benefits from both programs simultaneously. This is unlike other food programs, such as the Supplemental Food Program for Women, Infants and Children (WIC), which supplements SNAP benefits. When a client receives TFD, they get food for everyone living in their household. That is why the entire household is denied SNAP if a member is getting TFD.

At application, clients must state whether they are receiving TFD. Verify (SNAP B.11) the client’s TFD participation status when their negative allegation is questionable. For the Siletz and Grand Ronde tribes, call 1-800-922-1399 to verify participation status. This program covers every county in Oregon. In addition, contact local TFD programs to verify the status for the Burns-Paiute or Klamath Tribe, the Confederated Tribes of the Umatilla, the Confederated Tribes of Warm Springs or the Yurok Tribe.

If clients get benefits from both the SNAP program and the TFD program for the same month, they have an overpayment. The overpayment must be written and collected in the second program that certified them for benefits. Often, clients would prefer to have a SNAP overpayment, because they can repay the claim through future benefit reduction, while they must voluntarily repay cash for TFD. However, clients cannot choose which program establishes and collects the overpayment.

Because SNAP and TFD are essentially the same program, a client with an IPV (GP C.5) disqualification on SNAP is disqualified from TFD for the same penalty period. IPV disqualifications are the only type of disqualification that affects TFD participation. Clients with other disqualifications (such as failure to cooperate with work program requirements, transfer of resources, etc.) are not barred from TFD participation.

If a client who is serving an IPV disqualification for SNAP applies for and receives TFD, this could mean a second IPV. However, if a client is disqualified from TFD, they are not disqualified from SNAP. They can apply for and receive SNAP during the TFD penalty period.

SEE CA B.28 FOR TREATMENT OF TFD BENEFITS.

3. **Situations Where Meals are Provided**

People in institutions and other living situations where at least 50 percent of their meals are provided are usually not eligible for SNAP.
Ineligible Situations. Institutions and other situations where clients are not eligible for SNAP include the following:

- General hospitals;
- State institutions;
- Intermediate care facilities;
- Semi-skilled or skilled nursing facilities;
- Commercial boarding houses (SNAP C.4);
- Residents of nonrelative and relative foster care, when the care is not licensed by the state unless the household chooses to include the foster care person in their filing group (SNAP C.4);
- Correctional facilities;
- For-profit group living arrangements (Residential Care Facility (GP A.9)).

Note: People are considered living in the correctional facility even when they are: temporarily released to perform court-imposed community service work, granted a short-term release for less than 30 days, or released only to receive medical care.

Eligible Situations. Clients in the following living situations can be eligible for SNAP, even though their meals may be provided.

- Domestic violence (GP A.16) or homeless shelters (SNAP C.4);
- Public or private nonprofit shelters for homeless people (GP A.28);
- Federally subsidized housing for the elderly or disabled when the residents are recipients of title I, II, X, XIV or XVI of the Social Security Act;
- Correctional facility situations such as halfway houses or when people are released under parole or house arrest, as long as the facility does not provide at least 50 percent of the meals;
- Residential Care Facilities (RCFs) (SNAP C.4) where all of the following are true:
  - The facility is public or nonprofit, serves no more than 16 residents and is licensed by the State of Oregon according to regulations issued under section 1616(e) of the Social Security Act;
- The residents apply through an authorized representative (SNAP B.14) who is an employee of the RCF, unless the facility determines that the resident can apply on their own;

- The resident meets the SNAP definition of blind or disabled (GP A.15);

- The resident meets all other SNAP eligibility (GP A.19) requirements.

- Drug or alcohol treatment facilities (SNAP C.4) that are state certified and where residents apply through an authorized representative who is an employee of the facility;

- Drug or alcohol treatment facilities that are not state certified when the facility is providing less than 50 percent of the meals and cooking facilities are available to the client for individual preparation of their own meals;

- The owner/manager of a commercial boarding house and their filing group (SNAP C.2) separate from the residents (SNAP C.4);

- Residents receiving guardianship assistance or nonrelative or relative foster care that has been licensed by the state, as long as they apply with their caregiver (SNAP C.4).

See SNAP F.23 and SNAP WG #2 for more information on clients living in a facility.

Residents of Drug Addiction and Alcohol Treatment Facilities; SNAP: 461-135-0550

4. Using SNAP to Purchase Prepared Meals

Under the three following special circumstances, certain clients can use their SNAP benefits to purchase prepared meals.

**Alcohol and Drug (A&D) Treatment Centers.** Clients residing in some A&D Treatment centers may receive SNAP benefits and use these benefits to pay for meals. To be able to use SNAP benefits to pay for prepared meals, the A&D treatment center must be state certified.

**Note:** A list of certified drug/alcohol treatment centers is available on the State of Oregon Office of Alcohol and Drug Abuse Programs website at http://www.oregon.gov/DHS/addiction/index.shtml. Refer to the Oregon Alcohol and Other Drug Prevention Services Directory.

See SNAP B.14 and WG SNAP #2.1 for information on who can apply when the client lives in an A&D Treatment Center.

The Food and Nutrition Service has authorized some A&D treatment centers to have a point of sale (POS) device. The following is a list of treatment centers with the POS.
- ADAPT The Crossroads, 3099 NE Diamond Lake Blvd, Roseburg, OR
- Best Care Treatment Services, Inc. – Programa de Recuperacion de Madras, 236 SE “D” St, Madras, OR
- BestCare Treatment Services Inc. – Vision of Hope, 676 Negus Way, Redmond, OR
- Central City Concern – Letty Owings Center, 2545 NE Flanders, Portland, OR
- CODA – Alpha Family Treatment Center, 1427 SE 182nd Oregon, Portland, OR
- CODA – New Directions Family Treatment, 8623 SE Woodstock, Portland, OR
- DePaul Treatment Centers, PO Box 3007, Portland, OR
- Eastern Oregon Alcoholism Foundation, 216 SW Hailey Ave, Pendleton, OR
- Klamath Community Treatment Center, 5160 Summers Lane, Klamath Falls, OR
- Lincoln County Council on A&D Abuse, 351 SW 7th St, Newport, OR
- Malheur County Alcohol Recovery Center (ARD), 686 NW 9th St., PO Box 606, Ontario, OR
- Multnomah County Department of Community Justice, 501 SE Hawthorne Blvd, #250, Portland, OR
- Native American Rehabilitation Association (NARA) of the NW, Inc, 17645 NW St. Helens Hwy, Portland, OR
- Network Behavioral Health Care, Inc. – Residential Integrated Treatment Services (RITZ), 5009 NE Killingsworth, Portland, OR
- New Directions NW, Inc. – Baker House, PO Box 1005, Baker City, OR
- Ontrack, Inc., 221 West Main St., Medford, OR
- Rimrock Trails, 1333 NW 9th, Prineville, OR
- Rogue Valley Addiction Recovery Center (ARC), 1003 W Main, Medford, OR
- Teen Challenge International, PO Box 14886, Portland, OR
- Teen Challenge International Ministry Institute, PO Box 2146, Lebanon, OR
- Teen Challenge International Pacific NW Centers, 31700 Fayetteville Dr, Shedd, OR
- Teen Challenge International Eugene Women’s Center (Hannah’s House) 85989 Bailey Hill Rd, Eugene, OR
• The Salvation Army Portland Adult Rehab Center, 139 SE MLK Jr Blvd, Portland, OR

• Transformation Wellness Center, 1431 Avalon, Klamath Falls, OR

• Tualatin Valley Centers – Mountaindale Recovery Center, 971 SE Walnut St, Hillsboro, OR

• Union Gospel Mission, 15 NW 3rd Ave, Portland, OR

• Volunteers of America (VOA) Of Oregon, Inc. – Men’s Residential Treatment Center, 2318 NE Martin Luther King, Portland, OR

• Volunteers of America (VOA) of Oregon, Inc. – Women’s Residential Treatment Center, 200 SE 7th Ave, Portland, OR

• Willamette Family Treatment Center, 687 Cheshire, Eugene, OR

• WMBLE Naalam T’at’aksni, 121 Iowa St, Klamath Falls, OR

**Communal Dining.** Clients age 60 or over and their spouses (GP A.51), and clients receiving SSI and their spouses, may use SNAP benefits to purchase meals prepared especially for them at communal dining facilities authorized by the federal Food and Nutrition Service (FNS).

The following sites have been authorized by the FNS to accept SNAP benefits in payment for prepared meals:

• Harney County Senior Center, 17 S. Alder, Burns, OR

• Oak View Gardens, 410 NE Anderson St, Suite 10, Grants Pass, OR

• Patton House, 4619 N. Michigan Ave, Portland, OR

• Samaritan Village, Inc., 285 NW 35th St, Corvallis, OR

**Domestic Violence (DV) Shelters.** Clients residing in DV shelters may qualify for SNAP benefits. The FNS can authorize a DV shelter to have a point of sale (POS) device. The following is a list of DV Shelters with the POS.

• V of A Family Center in Portland, OR

**Nonprofit Mental Health (MH) Resolution Crisis Facilities (RCFs)**

Clients residing in a nonprofit MH RCF may qualify for SNAP benefits. The following is a list of nonprofit MH RCFs:

• 70th Street House, 3909 SE 70th St, Portland, OR 97206, 503-777-2278
• Alder Street Residence, 1774 Alder St, Eugene, OR 97402, 541-683-7532
• Andrea Place, 7621 N. Portsmouth Ave, Portland, OR 97203, 503-240-7599
• Arbor Place (Secure), 2330 NE Siskiyou, Portland, OR 97212, 503-528-0757
• Carnahan Court, 1644 Carnahan Ct, Grants Pass, OR 97527, 541-474-5363
• Coos Crisis Resolution Center, 1885 Thompson Rd, Coos Bay, OR 97420, 541-266-8480
• Cornerstone, The, 271 Columbia Blvd, St. Helens OR, 97051, 503-397-0391
• CRC “Crisis Resolution Center” (Secure), 320 SW Ramsey, Grants Pass, OR 97527, 541-474-5363
• Driftwood Lodge, 29413 Russell St, Gold Beach, OR 97444, 541-474-5367
• Edwards House, 4180 SW 185th Ave, Aloha OR, 97007, 503-591-9280
• Faulkner Place (Secure), 13317 SE Powell Blvd, Portland, OR 97236, 503-760-9606
• Fir Hill Group Home, 1487 Main St, Dallas OR. 97338, 503-623-4230
• Garden Place (Secure), 3692 Hickory, Eugene, OR 97401, 541-686-1262
• Glisan Street House, 2375 NW Glisan St, Portland, OR 97210, 503-243-2236
• Glynn Terrace, 360 SW 6th, Gresham OR, 97080, 503-667-9799
• Harmony House, 11458 SE McEachron St, Milwaukie, OR 97222, 503-794-2928
• Hazel Center (Secure), 330 Maple St, Ashland, OR 97520, 541-968-9878
• Heeren Center (Secure), 2222 Coburg Rd, Eugene, OR 97401, 541-465-3323
• Horizon House (Cottage #28), 2435 Greenway Dr NE, Salem, OR 97301, 503-588-5357
• Hugo Hills Residential Treatment Facility (Secure), 900 Hitching Post Rd, Grants Pass, OR 97526, 541-474-5380
• Independence Place, 120 S. Roanoke, Hines, OR 97738, 541-573-8376
• Janus House, 606 SW 5th, Corvallis, OR 97333, 541-753-9219
• Leland House, 18980 S. Leland Rd, Oregon City, OR 97045, 503-650-8605
• Marion Manor, 807 N. 1st St, Woodburn, OR 97071, 503-981-3853
- McCarthy Place, 945-949 NE 165th, Portland, OR 97230, 503-408-8100
- More House (Cottage #12), 2430 Greenway Dr NE, Salem, OR 97301, 503-588-5357
- Nadine’s Place, 2270 SE 39th St, Portland, OR 97206, 503-238-0705
- Paul Wilson Home (Secure), 525 South 57th Pl, Springfield, OR 97478, 541-747-3373
- Pearl Street, 304 Pearl St, Oregon City, OR 97045, 503-645-5971
- Phoenix Place, 711 Washburn Way, Klamath Falls, OR 97603, 541-882-4471
- Pisgah Home Colony, 7511 SE Henry St, Portland, OR 97206, 503-771-6061
- Rita Mae Manor, 13541 SE Market, Portland, OR 97233, 503-320-6934
- Roethe Manor, 5230 SE Roethe Rd, Milwaukie, OR 97267, 503-642-9092
- Royal Avenue Crisis Respite Services, 780 Hwy 99 N, Eugene, OR 97401, 541-461-2845
- Sage View Secure (New), 1835 NE Purcell Blvd, Bend, OR 97232, 541-322-2791
- Sandvig House, 10313 SW 69th Ave, Tigard, OR 97223, 503-246-5493
- Springer House, 1106 SW Broadway, Albany, OR 97321, 541-967-8634
- Wallula Place, 801 NW Wallula, Gresham, OR 97030, 503-674-3579
- Ward 41A, 2600 Center St. NE, Salem, OR 97310, 503-945-9239
- Ward 41B, 2600 Center St. NE, Salem, OR 97310, 503-945-2870
- Ward 41C, 2600 Center St. NE, Salem, OR 97310, 503-945-2870
- William Elaine Care Home, 2521A SE 74th Ave, Portland, OR 97206, 503-777-1311
- William Ware Residence, 910 Jefferson, Eugene, OR 97402, 541-686-8438

See WG SNAP #2.4 for information on DV shelters.

Homeless Meal Providers. Homeless clients (GP A.28) may use their SNAP benefits to purchase prepared meals from homeless meal providers who are certified by the state and authorized by FNS to accept SNAP benefits.

See SNAP WG #2.3 for more information on clients living in a homeless facility.
The following sites have been certified by the SNAP program as homeless meal providers and the FNS has authorized them to accept SNAP benefits in payment for prepared meals:

- Salvation Army Homeless Shelter, 304 Beatty St, Medford, OR
- Salvation Army Homeless Shelter, 1887 Front St NE, Salem, OR
- Sisters of the Road Café, 133 NW 6th Ave, Portland, OR
- YWCA Salem Outreach Center, 2933 Center St NE, Salem, OR

Meal Providers for Homeless Individuals; SNAP: 461-135-0610

**Meals on Wheels.** The following clients and their spouses may use SNAP benefits to purchase meals prepared for them and delivered to them by a nonprofit meal delivery service authorized by FNS:

- People age 60 and over;
- Housebound people;
- People with an impairment (physical or other) that makes them unable to prepare their own meals.

Prepared Meals; SNAP: 461-135-0580

5. **Free Meals or Milk Program**

   ➤ SEE MP WG #16 FOR INFORMATION ON SCHOOL LUNCH OR CHILD CARE FOOD PROGRAMS.

   ➤ SEE CA B. 28 FOR TREATMENT OF THESE BENEFITS.

6. **Farmers Market Program**

   Summer Farmers Market Programs are run through WIC and SPD.

   ➤ SEE CA B.28 FOR HOW TO TREAT THESE BENEFITS.

   Food Programs Other Than the SNAP Program: 461-145-0190
7. **Quality Control (QC)**

**SEE GP F FOR MORE INFORMATION ON QC.**

QC is a system for determining if clients receiving SNAP are eligible and receiving the correct benefits. Each month, staff in the Quality Control Unit reviews a statistically reliable statewide sample of SNAP cases using specific federal review methodology. Children, Adults, and Families (CAF) tracks the number and types of QC payment errors identified through these reviews.

Federal staff re-reviews some of the state QC reviews to confirm the validity of state error rates. The federal agency uses the QC findings to determine whether the error rate is:

- Acceptable compared to the national error rate;
- Too high and needs improvement; **or**
- Low enough to warrant enhanced funding for the state.

**QC Hot Tip**

Clients must cooperate with the QC review or the entire benefit group (SNAP C.7) becomes ineligible for SNAP.

Client Cooperation with QC. Clients are required to cooperate with the QC review process. The QC reviewer will notify the branch when the client fails to cooperate. When this happens, send a 10-day notice to end benefits for the entire benefit group.

The household may reapply for SNAP but is not eligible again until one of the following occurs:

- They cooperate with the QC review; **or**
- They reapply January 3 or later after the federal fiscal year has ended in which their case was reviewed. A federal fiscal year covers October 1 of one year through September 30 of the following year. Therefore, for example, a client who fails to cooperate with a QC review anytime from October 1, 1997, through September 30, 1998, is not eligible for SNAP again until January 3, 1999, unless they cooperate with the QC review prior to this date.

Client Requirement to Cooperate in Quality Control Review; ERDC, REF, REFM, SNAP, and TANF: 461-105-0410

**Branch Action on Cases Selected for QC Review.** A branch office notified that a case has been selected for review must do all the following:
• Assemble all case material from the worker’s desk, TRACS and elsewhere in the office;

• Mail the material within three working days to (or hold for) the QC reviewer as requested;

• Do not discuss the pending review with the client before the QC home visit unless the client has failed to cooperate with the QC reviewer. QC will use the *Quality Control Request for Branch Assistance* form (AFS 375) to request branch office assistance;

• If QC selects a case that has been transferred out of the branch, notify QC immediately, informing them of when the case was transferred and where the case can be located;

• If a worker needs information from a case record being read by QC, contact the QC reviewer to obtain the information.

In addition, any corrective action taken on a case after selection by QC cannot be considered in the review.

**QC Review Process.** The review process focuses on verification (SNAP B.11) of all factors of eligibility (GP A.19) and benefit amount. Verification is obtained through the case record review and field investigation. The field investigation includes a personal interview with the client and any collateral contacts needed to obtain verification.

Eligibility and benefit amount are reviewed for the single month in which the case was sampled.

**QC Relationship with Branch Offices.** The QC reviewer secures information from the records in the branch office and may use certain branch office resources for securing further information. The review itself must be completely independent of the branch office, with one exception. The exception is when additional medical information is needed to substantiate eligibility. In that case, the reviewer may request that the branch secure medical information or a report.

The responsibility for evaluating the information and making an eligibility determination remains solely that of the QC staff.

Review findings are promptly reported to the branch office. The reviewer’s findings are considered final if the branch does not indicate disagreement within five working days after receiving notice of the error citation.

If the branch does not agree with the findings, within five working days the branch must present to QC factual evidence and documentation as to why the review finding is in error.

The disagreement must be resolved before the QC reviewer’s completion deadline. Program or other appropriate staff will be used to resolve the disagreement.
Distribution of QC Findings. Individual case review decisions are distributed to branch/AAA staff at the end of the review.

QC also analyzes statewide data to identify costs (GP A.10) and causes of errors and statewide trends. Composite information is distributed to appropriate management monthly or as needed. Quarterly and annual reports are also generated. All reports are very helpful in planning and evaluating corrective action activities aimed at improving payment accuracy.

8. Disaster (Emergency) Supplemental Nutrition Assistance Program (DSNAP)

When is the DSNAP Program Used?

Following a natural disaster, people may be unable to supply their everyday needs for food, clothing, and shelter. Services and facilities may be available to victims from volunteer agencies on either an individual basis or through emergency group shelters or feeding stations.

In Oregon, in cases of natural disaster, local governments and volunteer agencies provide the immediate response. State resources are not committed until, or unless, the Governor declares a state of emergency. At the state’s request, and the President’s concurrence that a major disaster exists, the federal government will also participate and provide additional services. Where more than one agency or level of government provide similar assistance, close communication will be maintained to avoid duplication and to assure the best level of assistance to the victims.

Background

The Stafford Disaster Relief and Emergency Assistance Act of 1988 allows distribution of emergency SNAP benefits to victims of a Presidentially-declared major disaster. In areas affected by a Presidential declaration, the only two requirements that must be met are that commercial channels of food distribution are available so that SNAP benefits can be used, and that the ongoing SNAP program is unable to handle the increased number of households needing assistance.

Under the Food and Nutrition Act of 2008, the Secretary of Agriculture can authorize emergency food assistance to areas not declared a major disaster by the President if a disaster has caused the disruption and subsequent restoration of commercial channels of food distribution. A disruption in the commercial channels of food distribution will include conditions that limit households’ access to food outlets as well as the closing and reopening of retail and wholesale food outlets.

Evidence of disrupted food distribution would include significantly curtailed business hours; impassable roads; significantly hampered delivery of commodities to food outlets; unusually heavy demand on food outlets to the extent that the normal opportunity to purchase food is significantly hampered due to households replacing food supplies.
damaged or destroyed by the disaster; or power failure which significantly restricts the operation of food outlets.

Commercial channels of food distribution will be considered restored when conditions or operations have improved to the extent that households in the disaster area have reasonable access to food outlets. The three conditions which must be met before disaster SNAP assistance can be authorized are (1) that commercial channels of food distribution have been disrupted; (2) that commercial channels of food distribution have been restored; and (3) that the normal, ongoing SNAP program is unable to expeditiously handle the number of households affected by the disaster who are in need of emergency SNAP assistance.

The FNS Regional Disaster Task Force will serve as the primary coordinator for SNAP disaster activities, gathering data, evaluating the need for emergency food assistance, and providing information and/or recommendations to the FNS National Disaster Task Force.

Eligibility Criteria

To be eligible for emergency SNAP assistance during a disaster, a household must file an Application for Emergency Food Stamp Assistance (DHS 349), and be interviewed, determined to meet all the following criteria and provide the required verification.

- At the time the disaster struck, the household must have resided within the geographical area authorized for disaster procedures. The household may be certified for emergency SNAP assistance even if at the time of application it is occupying temporary accommodations outside the disaster area. However, the household’s representative would need to come to the disaster certification site to be certified for disaster SNAP assistance;

- The household must plan on purchasing food during the disaster period. A household residing in a temporary shelter but not expected to remain there for the entire benefit period is eligible for DSNAP benefits;

- The household must have experienced at least one of the following adverse effects due to the disaster:
  - Loss or inaccessibility of income involving a reduction or termination of income or a significant delay in receipt of income. This could occur if the disaster has caused a place of employment to close or reduce its work days, if pay checks or other payments are lost or destroyed, or if there is a significant delay in the issuance of pay checks or other payments. It could also occur if the work location is inaccessible due to the disaster;

  - Inaccessibility of liquid resources. The household is unable to reach its cash resources and is not expected to be able to access its liquid resources for most of the disaster benefit period. This may occur because the financial institutions where the household has its resources are closed due to the disaster;
- Loss of food;
- Real Property Damage. Damage to or destruction of the household’s home or self-employment business.

Determining the availability of income

To be eligible for disaster SNAP assistance, the household’s take-home pay for the disaster benefits period, plus its cash resources (cash on hand and accessible funds in checking and savings accounts), less disaster-related expenses, must be less than or equal to the SNAP maximum income level for the household size of DSNAP.

Take-home pay includes:

- The wages a household actually receives after taxes and other payroll withholding is taken out; and
- The assistance payment or other unearned income a household received; and
- Self-employment income earned after personal income and social security taxes as well as costs of producing the self-employment income are subtracted. Allowable costs of producing the self-employment income are described in OAR 461-145-0930.

**Note:** The household must meet the income limit for emergency SNAP assistance. Because this standard requires that cash resources be added to income, large numbers of households in disaster areas will be screened out of the program unless the cash is inaccessible. Inaccessible resources are disregarded if they are expected to be inaccessible for most of the disaster benefit period.

Disaster-related expenses include expenses the household has paid or is expected to pay during the disaster benefit period for one of the following expenses and full reimbursement is not expected during the disaster benefit period. Expenses are only limited to the following:

- Expenses to repair damages to the household’s home or other property essential to the employment or self-employment of a household member;
- Expenses for temporary shelter if the household’s home is not livable or if the household cannot reach its home;
- Expenses for moving out of an area evacuated due to the disaster;
- Expenses related to protecting property from disaster damage including for paying for storage for such items;
- Food destroyed in the disaster;
- Dependent care needed during the disaster; and
• Medical expenses for disaster-related injury to a person who was a household member at the time of the disaster (including funeral and burial expenses in the event of death).

Calculating benefits:

Income would be counted if it had already been received in the disaster benefit period or if it is reasonably certain to be received during the benefit period.

For any expense to be deductible, the household has to have paid, or expect to pay for the expense during the one-month or half-month disaster benefit period. If the household will not pay for the expense until after the disaster benefits period, it is not a deductible expense. Likewise, if the household has received or reasonably anticipates receiving a reimbursement for part or all of the expense during the disaster benefit period, only the net expense to the household would be deductible. If reimbursement is not anticipated until after the benefit period ends, the full amount of the expense paid or expected to be paid would be deductible.

If the disaster benefit period is one month, income over that full month period and all accessible resources shall be counted, disaster-related expenses that are paid, or are expected to be paid over that full month period, shall be deducted and the maximum income limit shall be for a one month period.

If the disaster benefit period is for one-half month, income over the half-month period shall be counted, disaster-related expenses paid or expected to be paid over this period shall be deducted, and the disaster eligibility limit shall be one half of the monthly SNAP maximum limit. However, the full amount of accessible cash resources shall be counted, regardless of the length of the disaster benefit period.

Disaster Supplemental Nutrition Assistance Program (DSNAP): 461-135-0491

Application

A household must submit a completed DHS 349 application form at a certification site in person or through an authorized representative. If the household designates a nonhousehold member as authorized representative, a Designation of Authorized Representative or Alternate Payee form (DHS 231) must be completed and filed with the case record.

The application must be filed during the period designated by FNS for acceptance of applications for disaster SNAP assistance.

The application must be signed by a responsible member of the household or by an authorized representative designated by the household.

No emergency SNAP benefits shall be authorized after the expiration of the period for which the state is authorized by FNS to process and approve applications for emergency SNAP assistance.
The household or its authorized representative must be interviewed and must provide the required verification.

The length of the benefit period, which is the length of time corresponding to the allotment to be provided, either one-half or one full month, will be based on an estimate of how long it will take households to return to their normal means of support.

Application, Interviews, and Verification for DSNAP: 461-135-0492

Interviews

All applicants must be interviewed. The interviewer shall advise the household orally or in writing of the disposition of its application, its rights and responsibilities, when its emergency certification period ends, and of the regular SNAP program.

The interviewer shall advise the household of the civil and criminal penalties for violations of the Food and Nutrition Act, and of the fact that the household may be subject to a post-disaster review.

The interviewer shall inform each household certified eligible of the proper use of and the amount of SNAP benefits, and the period the benefits are intended to cover. If the application is denied, the household must be given an explanation of the basis for denial.

If the household also wishes to file an application for the ongoing SNAP program, the interviewer shall advise the household orally or in writing of the address and telephone number of the appropriate office.

Eligibility and Benefit Amount for DSNAP: 461-135-0493

Verification

The applicant must verify the following:

- The identity of the head of household;
- The location of the applicant’s residence in the disaster area. This can be determined using clearly marked area maps;
- The applicant’s residence in the disaster area at the time of the disaster. Use rent receipts and utility bills, or when necessary, through sources such as telephone books or city directories.

Note: Since documents can be destroyed or be unobtainable in a disaster situation, the emergency certifier may use a collateral contact as a source of verification when the household’s identity and residency cannot be verified through documentary evidence or when a collateral contact would expedite the household’s certification. It is program intent that in those instances where the household has arrived in the area just prior to the disaster and residency cannot readily be
verified, the household would not be denied if residence is the only requirement that cannot be verified. The worker must be satisfied that this is actually the case.

DSNAP Treatment of Households Already Certified and Receiving SNAP Benefits: 461-135-0494

Issuance of Benefits

Disaster SNAP benefits will be issued to an eligible household immediately after completion of the application and eligibility determination (benefits can be issued to the head of the household, spouse or properly identified authorized representative). Households determined eligible shall receive benefits no later than three days after the date of application. If the third day falls on a weekend, issue benefits on either the first or second day.

Recertifications for DSNAP: 461-135-0495

Treatment of Households Already Certified and Receiving SNAP

Households certified and receiving SNAP benefits may also be eligible for emergency SNAP assistance. They may get a replacement allotment.

If the households are later determined eligible for disaster benefits, they may receive a supplement up to the maximum allotment amount per household size.

Ongoing program benefits will be used to reduce the disaster benefits unless the household’s food has been damaged by the disaster and the household must replace the food.

Household Liability in the DSNAP: 461-135-0497

Recertifications

If FNS extends the authorization period beyond the original designation and the extension goes beyond the end of the original disaster benefit period, FNS may authorize CAF to permit certified households who have already received emergency benefits to apply for recertification and receive additional SNAP benefits for an additional benefit period, if they still meet the disaster eligibility criteria.

A household applying for recertification must again submit a DHS 349 and be interviewed.

At recertification, identity and residency need not be reverified unless the branch office believes these items to be questionable. If an extension is granted, the State Office shall issue a press release notifying households that the disaster authorization period has been extended for emergency SNAP benefits. The press release will advise households of where they may apply for additional emergency benefits and the date by which a household must file an application to receive extended benefits.

Eligibility and Benefit Amount for DSNAP: 461-135-0493
Hearings

1. Households denied emergency SNAP benefits may request a hearing.

2. Households requesting hearings shall be offered immediate supervisory reviews of their cases due to the time that is likely to pass before a hearing decision can be rendered.

3. The supervisory review shall not replace the regular hearing. The request for a hearing may be withdrawn if the situation is resolved by the supervisory review. Requests must be withdrawn in writing.

Recertifications for DSNAP: 461-135-0495

Household Liability

Households will be held liable for any overissuances discovered in the course of post-disaster audit activities.

CAF will establish claims and apply penalties in accordance with Rules 461-195-0501 through 461-195-0621 against any household that received more emergency SNAP benefits than it was entitled to receive.

Regardless of whether overissuances are discovered in the course of the post-disaster review or by other means, in accordance with Rules 461-195-0501 through 461-195-0621, a claim will be established against any household that received more emergency SNAP than it is entitled to receive.

Household Liability in the DSNAP: 461-135-0497

9. SNAP I – Special Situations Examples

Migrant and Seasonal Farmworkers Examples

Example 1: Mark is a migrant farmworker. He and his wife and two children meet all nonfinancial eligibility requirements for SNAP. They moved to Oregon in April and live in a migrant camp where they are awaiting the strawberry harvest. Work is expected to be available the first or second week of June. The family applies for SNAP in April. Their only resources are $50 cash and a vehicle they depend on to follow the crops from state to state. Their only income for the month is $200 Mark received from the camp he left the first week of April.

Mark is reasonably certain that he will be able to work in June, but he says he has no idea how much money he will make. He tells his worker that he has never picked strawberries in Oregon before and has no way of
even guessing how much he will earn. He will be the only member of the filing group working. The family expects to leave Oregon in August.

Mark and his family are destitute and therefore eligible for expedited service. Count $200 earned income in April, $0 in May. Exclude the vehicle. Use DHS 7294 to list the income amounts that will be used each month to calculate benefits. To determine the redetermination period, choose one of these two options:

**Approve SNAP benefits for two months.** If the family wants SNAP in June, they will have to reapply and have their prospective income determined.

**Require Mark to get a statement from his prospective employer stating the approximate amount Mark can be expected to earn during the three months he will be working in that camp.** Then use this estimate to determine jointly with the client his anticipated income during those months. If the amount is under income limits, approve SNAP benefits through the end of August. Flag your calendar to adjust the income amount online before June 1.

**Note:** If Mark’s family received SNAP benefits in another state before moving to Oregon, contact their state of origin per MP-WG#4 to confirm that they do not receive and use duplicate benefits for April. Also, April benefits in Oregon would begin on April 1.

**Example 2:** Julie is a migrant farmworker who applies for SNAP on May 18. She has no resources or income so far this month. She expects to start work the following week and receive her first paycheck May 29, but this depends largely on the weather. She will be paid every week and from past experience knows that she can expect to earn about $400 per month until August, when she expects to earn only $200 due to the crop slowing down and the harvest ending before the end of the month. She plans to return to California in August when the work runs out.

Julie meets all nonfinancial eligibility requirements. She says she received SNAP in California in April but not in May, and this has been verified by phone.

Julie is destitute because her only income for May is a check she expects to receive from a new source on May 29, more than 10 days after the filing date. **Approve her SNAP benefits for four months (May through August). Count $0 income in May because the only anticipated income that month is from a new source after the filing date.** Give her expedited service and open the case effective May 1, not May 18, because she received SNAP from another state in April.
Two computer transactions must be done on two separate days: one to open the case and issue May benefits, another to adjust the earned income amount for June. After agreeing with Julie on what income to reasonably anticipate, count $400 for June and July, $200 for August. Because Julie cannot be in SRS, the worker must flag a calendar to adjust the income amount on-line before August 1.

Use DHS 7294 to list the amounts that will be used for each month of the redetermination period. Provide her with a copy of the Change Report (DHS 943) and explain reporting requirements.

**Overpayment Situation #1:** When Julie’s quarterly wage match is received, the income exceeds the total amount calculated but the income source is the same. There is no overpayment because the client used the best information available at the time of the eligibility determination and was not able to anticipate the change.

**Overpayment Situation #2:** Julie’s quarterly wage match indicates earnings that exceed the varied amount by $800 due to a second employer, not reported and not taken into consideration at the eligibility determination. An overpayment may exist because the client did not report a change in the source of income. Earnings information would have to be obtained from the second employer to determine when the earnings occurred. If the money was all received during the last month of the redetermination period, there would be no overpayment because, even if she had reported, no action would have been taken.

**Example 3:** Jim is a seasonal farmworker applying for SNAP for himself in June. He works on a farm for five months of the year, May through September. He has worked there for several years, knowing the work will end when the season ends. He earns $1,000 per month for five months, then approximately $200-$300 each of the other seven months when he finds odd jobs.

Jim is not destitute, but he still cannot be in SRS. His income can be averaged over a five-month period; it is possible and easy to anticipate income due to past history and a long-standing commitment with this employer. Jim can choose whether his income is averaged or counted on a month-to-month basis, but with $1,000 monthly earnings, he is over income either way. He cannot have his income averaged over a 12-month period, taking into account the $200-$300 per month he usually makes in the off-season, because there is no way to be reasonably certain what will happen that far in advance when his current job ends. Deny the application and invite Jim to reapply when his seasonal farm work ends or when there is another change in circumstances that could make him eligible.
Example 4: Shirley and Howard are migrant farmworkers who permanently reside in Texas. They work crops in Texas during the winter months and travel to Oregon each summer to work for Acme Fruit picking apples. They finished winter crops in Texas in April, received their final pay checks totaling $534 on April 27, and moved to Oregon to begin work May 1. On May 5, they file for SNAP benefits in Oregon. They received SNAP benefits in Texas for April before they left and closed their case, but were unable to provide verification. Contact Texas per MP WG#4 to confirm that they will not receive and use duplicate benefits.

The worker, with the client’s input, calculates income for the redetermination period, using information from the previous summer’s employment and the pay rate expected for this year. They are paid weekly, on Friday, and their first paycheck will be received May 10. Resources are $200 in cash savings from April income. They plan to return to Texas in September to harvest chickpeas.

Shirley and Howard meet all nonfinancial eligibility requirements. They choose to have their income averaged. They are not destitute because they anticipate receiving income from their current jobs on May 10 (less than 10 days from May 5, the date of application) and they have more than $100 in resources. The redetermination period is May through August. The filing date is May 5, but they are eligible for benefits effective May 1, because they received SNAP benefits in another state the previous month. Income is computed as follows:

<table>
<thead>
<tr>
<th></th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Total</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirley</td>
<td>$175 +</td>
<td>$200 +</td>
<td>$300 +</td>
<td>$275 =</td>
<td>$950 ÷ 4</td>
<td>= $237.50</td>
</tr>
<tr>
<td>Howard</td>
<td>$200 +</td>
<td>$300 +</td>
<td>$250 +</td>
<td>$325 =</td>
<td>$1,075 ÷ 4</td>
<td>= $268.75</td>
</tr>
</tbody>
</table>

The family is eligible because the total monthly income of $506.25 ($237.50 + 268.75) is within the countable income limit for two.

Give Shirley and Howard a copy of the completed DHS 7294 showing how the income was averaged. Inform them of reporting requirements and give them a DHS 943.

Overpayment Situation #1: A quarterly wage match report is received indicating Shirley and Howard have a discrepancy in the earnings they anticipated. Although they worked only for Acme Fruit, they earned a total of $400 more than the figures used to average the income. There is no overpayment as there was no way for them to anticipate their earnings would have exceeded the projected amount and they used the best knowledge available at the time of the eligibility determination.
Overpayment Situation #2: Same situation only the quarterly wage match report indicates Howard and Shirley worked not only for Acme Fruit, but also for Franklin Farms during the redetermination period, earning $1,005 total. The worker contacts Franklin Farms, and they confirm that Howard and Shirley worked for them in June and July, cutting asparagus. An overpayment exists in this situation because they failed to report a new income source. However, when computing the overpayment, the $400 excess from Acme Fruit is not part of the overpayment, as explained in overpayment situation #1.

Example 5: Ben, a seasonal farmworker, applies for SNAP benefits March 15. For the past few years, he has worked for various farmers during the growing season and has received UC benefits during the winter. His UC benefits ended February 15. He has been hired to work for Crunchy Carrot Farms and started work on March 14. Ben has no resources and the only income he received in March was $25 from the sale of plasma on March 1.

Ben has been guaranteed at least two months work for Crunchy Carrot Farms; crops look good and he is optimistic that work will continue throughout the summer. He estimates earnings in April and May of $400 per month. He is paid weekly, on Saturdays, and will receive his first paycheck March 26. He is being paid for the number of pounds of carrots he washes, sorts, and bags a day. He has not worked for this farm before but has worked in the carrot harvest and earned about $100 a week then.

Ben meets all nonfinancial eligibility criteria. He is destitute and is eligible for expedited SNAP benefits. He is a seasonal farmworker; the only income he earned in the month of application was from a one-time sale of plasma; he has no resources; and the only income from the new job will be received after the 10th calendar day following the filing date. Since Ben is unable to predict with any reasonable certainty what his income beyond May will be, a three-month redetermination period is appropriate. The only countable income for March is $25 received from the first of the month through the filing date. For April and May, $100 X 4.3 weeks = $430 per month is counted prospectively.

Give Ben a copy of the completed DHS 7294 showing the income used to calculate benefits. After explaining reporting requirements, give him a DHS 943.
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Worker Guide

Forms Used in the SNAP Program

Following are the forms and their uses, as related to the Supplemental Nutrition Assistance Program (SNAP) program. The forms with the most high-volume use are grouped by type (for example, *applications*). The remainder of forms are listed in numerical order.

1. **Applications**

<table>
<thead>
<tr>
<th>Form #</th>
<th>Title/Use</th>
<th>Paper</th>
<th>Forms Server</th>
<th>ACCESS</th>
<th>Notice Writer</th>
</tr>
</thead>
</table>
| DHS 415F | *Application for Services*  
Used at initial application and at recertification at self-sufficiency branches for clients receiving SNAP, cash, and/or medical benefits. This form also serves to work register all OFSET mandatory members of the filing group. For initial applications, the form is used with the DHS 6609 packet. | X     | X            | X      | X            |
| DHS 415X | *Additional space for other people living with you*  
Used to supplement DHS 415F for large households applying for benefits. | X     | X            |        |              |
| DHS 415Y | *Re-Application for Food Stamp Benefits (Part 1)*  
Used at recertification at self-sufficiency branches to establish a filing date when the client picks up the DHS 6608 recertification packet. | X     | X            |        |              |
| SDS 539A | *Application Form*  
Used at initial application and redetermination at branches serving the aged/clients with disabilities when they are applying for multiple programs. The form also serves to work register all OFSET mandatory members of the filing group. Must be used with the SDS 539F. | X     |   | X            |
| SDS 539F | *Food Benefit Filing Form*  
Used at branches serving aged/clients with disabilities to establish the filing date and to gather information to screen for expedited service. | X     | X            |        |              |
<table>
<thead>
<tr>
<th>Form #</th>
<th>Title/Use</th>
<th>Paper</th>
<th>Forms Server</th>
<th>ACCESS</th>
<th>Notice Writer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDS 539M</td>
<td>Medicaid/Food Stamp Application for SSI Individuals and Couples Used at initial application and redetermination at branches serving aged/clients with disabilities when all members of the SNAP group are receiving SSI. Must be used with the SDS 539F.</td>
<td></td>
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<td>X paper only</td>
<td></td>
</tr>
<tr>
<td>DHS 6608</td>
<td>Client Packet for food benefits redetermination only –NA w/OFSET Prepackaged application packet used for recertification of open SNAP cases and consists of the following forms: DHS 415F Application for Services DHS 415R Your Rights and Responsibilities DHS 223 Proof for Eligibility DHS 3400 Information and Referrals for Low-Income Households DHS 6608A Supplemental Nutrition Assistance Program (SNAP) Recertification Interview Information DHS 7280F OFSET Rights and Responsibilities DHS 9001 Client Complaint Information DHS 9013 We Want to Serve You Well DHS 1005 Alternate Format Notification</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS 6608A</td>
<td>Supplemental Nutrition Assistance Program (SNAP) Recertification Interview Information To use with mailed out recertification packets and allows a client to identify their hardship for an in-office interview.</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>
### 1. Prepackaged Forms

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<thead>
<tr>
<th>Form #</th>
<th>Title/Use</th>
<th>Paper</th>
<th>Forms Server PDF</th>
<th>Access</th>
<th>Notice Writer</th>
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</thead>
<tbody>
<tr>
<td>DHS 6609</td>
<td><em>Department of Human Services (DHS)</em> Application for Services Information and Referral Packet*&lt;br&gt;Prepackaged forms that apply to all applicants and is given the DHS 415F filing page is received.</td>
<td>X</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>DHS 415R Your Rights and Responsibilities Information and Referrals for Low-Income Households</td>
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<td></td>
<td>DHS 3400 Information and Referrals for Low-Income Households</td>
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<td></td>
<td>DHS 7254 Oregon Telephone Assistance Program</td>
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<td></td>
<td>DHS 9001 Client Complaint Information</td>
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<tr>
<td>DHS 6623</td>
<td><em>Client TANF Packet – PA</em> Used by SSP offices when a client is reapplying for TANF or medical along with SNAP.*</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS 7476</td>
<td><em>Employment Related Day Care (ERDC) Re-Application and Food Stamp (FS) Application</em>&lt;br&gt;Used at redetermination at self-sufficiency branches for clients receiving ERDC and SNAP. The SNAP certification period and ERDC certification period should match.</td>
<td>X</td>
<td>X</td>
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</table>

### 2. Pending Forms

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<tr>
<th>Form #</th>
<th>Title/Use</th>
<th>Paper</th>
<th>Forms Server PDF</th>
<th>Access</th>
<th>Notice Writer</th>
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</thead>
<tbody>
<tr>
<td>DHS 210</td>
<td><em>Notice of Pending Status</em> Used at application at self-sufficiency branches to notify the client of what further information is needed and by what date, in order to determine eligibility.*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>GS00210</td>
</tr>
</tbody>
</table>
### Forms Used in the SNAP Program

<table>
<thead>
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<th>Forms Server ACCESS Notice Writer</th>
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</thead>
<tbody>
<tr>
<td>DHS 210A</td>
<td>Notice of Information or Verification Needed Used to request information or verification on an open SNAP case. The notice notifies the client of the information needed for their continued eligibility and the due date.</td>
<td>X X X</td>
<td>GS0210A</td>
</tr>
<tr>
<td>DHS 487</td>
<td>Notice of Incomplete Information Notice to the client when the DHS 852, DHS 859A or DHS 7476 is incomplete and cannot be processed, and gives the client the deadline for completing the report.</td>
<td>X X X</td>
<td>GS00487</td>
</tr>
<tr>
<td>SDS 539H</td>
<td>Notice of Pending Status Used at application at branches serving the aged/clients with disabilities to notify the client of what further information is needed and by what date, in order to determine eligibility.</td>
<td>X X X</td>
<td></td>
</tr>
</tbody>
</table>

### Rights and Responsibilities

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<tr>
<th>Form #</th>
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<th>Paper</th>
<th>Forms Server ACCESS Notice Writer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS 222</td>
<td>Facility as Authorized Representative Used to notify A&amp;D treatment centers and Group Care Homes of their responsibilities when they are the authorized representative.</td>
<td>None X</td>
<td></td>
</tr>
<tr>
<td>DHS 415R</td>
<td>Your Rights and Responsibilities Used at self-sufficiency branches with applications to explain client rights, responsibilities, and reporting requirements.</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>SDS 539R</td>
<td>Rights and Responsibilities Used at branches serving aged/clients with disabilities with applications to explain client rights, responsibilities, and reporting requirements.</td>
<td>X X</td>
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</tr>
</tbody>
</table>
## 4. **Client Report Forms and Related Forms**

<table>
<thead>
<tr>
<th>Form #</th>
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<td>Paper</td>
<td>PDF</td>
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<tr>
<td>DHS 852</td>
<td><em>Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)</em> Used by clients in the SRS report system to report the required information in the sixth month of the certification period. No benefits will be issued for the seventh month of the certification period until this form is submitted to the department and determined to be complete.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS 853</td>
<td><em>Simplified Change Report For Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC)</em> Used by clients in SRS to report changes at times other than the Interim Change Report. Send a new DHS 853 to the client for future change reporting each time one is submitted to the department.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS 943</td>
<td><em>Change Report</em> Used by CRS clients to report all changes. Send a new DHS 943 to the client for future change reporting, each time one is submitted to the department.</td>
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<tr>
<td>Form #</td>
<td>Title/Use</td>
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<td>Notice Writer</td>
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</tr>
</tbody>
</table>
| DHS 487 | *Notice of Incomplete Information*  
Notice to the client when the DHS 852 or DHS 859A is incomplete and cannot be processed, and gives the client the deadline for completing the report. | X     | X            | X      | GS00487      |
| DHS 854 | *Simplified Reporting System*  
Pamphlet explaining the requirements of SRS, what information is needed and how it is used to calculate benefits for cases certified longer than six months. | X     | X            |        |              |
| DHS 856 | *Transitional Benefit Alternative*  
Pamphlet explaining the requirements of TBA, what information is needed and how it is used to calculate benefits. | X     | X            |        |              |
| DHS 7294 | *Notice of Income and Benefit Calculation*  
Notice to the client about how income was averaged or anticipated or counted. | X     | X            | X      | FS07294 CM07294 |
| DHS 7351 | *Educational Income Calculation for ERDC and Food Stamps*  
Worksheet for calculating educational income. | X     | X            | X      |              |

5. **Miscellaneous**

<table>
<thead>
<tr>
<th>Form #</th>
<th>Title/Use</th>
<th>Paper</th>
<th>Forms Server</th>
<th>ACCESS</th>
<th>Notice Writer</th>
</tr>
</thead>
</table>
| DHS 138A | *Affidavit Concerning Lost Check*  
Client’s application to have benefits replaced when their SNAP benefits are issued by check and have been lost. | X     | X            |        |              |
| DHS 208 | *How to Use Your Oregon Trail Card* (EBT Card Brochure). | X     |               |        |              |
| AFS 215 | *Authorization to Cancel Benefits Deposited to an Electronic Benefits Transfer (EBT) Account*  
Worker request to cancel EBT benefits. | X     |               |        |              |
<table>
<thead>
<tr>
<th>Form #</th>
<th>Title/Use</th>
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</thead>
<tbody>
<tr>
<td>DHS 221</td>
<td><strong>SNAP Benefits Computation</strong> Worksheet for hand-calculating SNAP benefits when computer systems are not available.</td>
</tr>
<tr>
<td>DHS 221F</td>
<td><strong>NC₂ Two-Step Calculation</strong> Interactive step 1 and step 2 calculation worksheet for NC₂ cases.</td>
</tr>
<tr>
<td>AFS 222A</td>
<td><strong>Monthly List of Residents Receiving Food Stamp Benefits</strong> Used by A&amp;D treatment centers and Group Care Homes acting as authorized representative to report residents receiving SNAP each month.</td>
</tr>
<tr>
<td>DHS 223</td>
<td><strong>Proof for Eligibility</strong> Explains to the client what verifications may be required to determine eligibility.</td>
</tr>
<tr>
<td>AFS 231</td>
<td><strong>Designation of Authorized Representative or Alternate Payee</strong> Used to designate persons with the authority to apply for benefits on behalf of the SNAP group or to designate persons to get an EBT card and use the benefits. The AFS 231 only needs to be completed when a nonfiling group member is named as AP or AR.</td>
</tr>
<tr>
<td>SDS 246</td>
<td><strong>Assignment of Personal Identification Number (PIN)</strong> Used to designate a proxy should a housebound client be unable to come to the branch office to get a personal identification number (PIN) for their EBT card.</td>
</tr>
<tr>
<td>DHS 284</td>
<td><strong>Overpayment/Over-Issuance Report</strong> Form forwarded to the Overpayment Recovery Unit when an overpayment is written.</td>
</tr>
<tr>
<td>DHS 284A</td>
<td><strong>Overpayment/Overissuance Change Report</strong> Form forwarded to the Overpayment Recovery Unit when the amount of a previously written overpayment is adjusted.</td>
</tr>
<tr>
<td>Form #</td>
<td>Title/Use</td>
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</tr>
<tr>
<td>DHS</td>
<td>Notice of Overpayment and Planned Action</td>
</tr>
<tr>
<td>284B</td>
<td>Notice to the client prior to collection beginning on an overpayment.</td>
</tr>
<tr>
<td>DHS</td>
<td>Notice of Restoration of Lost Benefits</td>
</tr>
<tr>
<td>362</td>
<td>Notice to the client when benefits are issued to make up for an agency</td>
</tr>
<tr>
<td></td>
<td>caused underissuance of benefits.</td>
</tr>
<tr>
<td>DHS</td>
<td>Fraud Investigation Unit</td>
</tr>
<tr>
<td>371</td>
<td>Investigation Referral</td>
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<tr>
<td></td>
<td>Used to refer a case to the Investigator when information has been</td>
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<td>received through a community complaint or other source indicating that</td>
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<td></td>
<td>eligibility is questionable.</td>
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<tr>
<td>DHS</td>
<td>Missed Appointment Postcard</td>
</tr>
<tr>
<td>411</td>
<td>Postcard sent to applicants when they miss their first intake appointment.</td>
</tr>
<tr>
<td>DHS</td>
<td>Notice of Transfer</td>
</tr>
<tr>
<td>414</td>
<td>Notice of new branch office, sent to the client when the case is</td>
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<td>transferred to a different office or the client has moved to a new service</td>
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<td>area.</td>
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<tr>
<td>DHS</td>
<td>Enumeration Request</td>
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<tr>
<td>415Z</td>
<td>Used to verify that a client has applied for a new or duplicate Social</td>
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<tr>
<td></td>
<td>Security Number, in order to meet the enumeration requirement for</td>
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<tr>
<td></td>
<td>eligibility.</td>
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<tr>
<td>DHS</td>
<td>Administrative Hearing Request</td>
</tr>
<tr>
<td>443</td>
<td>Form the client may use to put a request for a fair hearing into writing</td>
</tr>
<tr>
<td></td>
<td>(must be completed by the department if it is a verbal request).</td>
</tr>
<tr>
<td>DHS</td>
<td>Notice of Decision and Action Taken</td>
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<tr>
<td>456</td>
<td>Hand-initiated notice to the client when benefits are approved, denied,</td>
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<td>reduced, or closed and there is no appropriate computer-generated</td>
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<td>notice.</td>
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<tr>
<td>DHS 457D</td>
<td><em>Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken</em> Notice signed by the client giving the department permission to take action on benefits immediately, which waives the right to a timely notice. Also used to withdraw an application request. Also used to take benefits out of EBT account to avoid an overpayment.</td>
</tr>
<tr>
<td>DHS 475</td>
<td><em>Job Search Verification</em> Form used by clients performing job search to verify employer contacts.</td>
</tr>
<tr>
<td>DHS 491</td>
<td><em>Statement of Person Living in the Household</em> Form used to verify the financial arrangements and how food is shared when the client lives with others.</td>
</tr>
<tr>
<td>SDS 540</td>
<td><em>Notification of Planned Action</em> Hand-initiated notice to the client when benefits are approved, denied, reduced, or closed, and there is no appropriate computer-generated notice.</td>
</tr>
<tr>
<td>SDS 540A</td>
<td><em>Agreement to Take Action</em> Notice signed by the client giving the department permission to take action on benefits immediately, which waives the right to a timely notice. Also used to withdraw an application request.</td>
</tr>
<tr>
<td>SDS 541</td>
<td><em>Notice of Eligibility and Responsibility</em> Notice tells the clients they are eligible, and their first and second month’s benefit amount.</td>
</tr>
<tr>
<td>DHS 824F</td>
<td><em>OFSET Appointment Letter</em> Form letter used to advise OFSET participants of a scheduled appointment.</td>
</tr>
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<td>Form #</td>
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<tr>
<td>DHS 851</td>
<td>Verification of Earnings</td>
</tr>
<tr>
<td></td>
<td>Form sent to employers to verify earned income for a specified period. This is generally used to determine if there is an overissuance.</td>
</tr>
<tr>
<td>DHS 857</td>
<td>Free Meals or Free Milk at School or Child Care</td>
</tr>
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<td></td>
<td>Give to clients after they are determined eligible for SNAP so their children can get free school meals or WIC.</td>
</tr>
<tr>
<td>DHS 859B</td>
<td>Self-Employment Income Worksheet used to determine whether a self-employed client has allowable costs related to their self-employment.</td>
</tr>
<tr>
<td>DHS 859C</td>
<td>Paycheck Tracking Calendar Tool for ensuring that clients report all of their earned income.</td>
</tr>
<tr>
<td>SDS 905</td>
<td>Notification of Case Transfer Notice of new branch office, sent to the client when they have moved to an area served by a different branch.</td>
</tr>
<tr>
<td>DHS 1005</td>
<td>Alternate Format Notification Notice given to all applicants that forms and notices may be received under an alternate format.</td>
</tr>
<tr>
<td>DHS 1058</td>
<td>Declaration of Indigency Statement of indigence by a sponsored noncitizen, used to exempt the noncitizen from deeming their sponsor’s assets.</td>
</tr>
<tr>
<td>DHS 1219SA</td>
<td>Verification of School Attendance Used to collect and organize case record information to be used in calculating an overpayment.</td>
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<tr>
<td>DHS 1295</td>
<td>Food Stamp Claim Data Sheet</td>
</tr>
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<td>Form #</td>
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<tr>
<td>DHS 2099</td>
<td>Authorization for Use &amp; Disclosure of Information&lt;br&gt;Used in instances where the client is unable to provide necessary verification. The form gives the department permission to contact a specific person or organization and share information about the client in order to verify eligibility.</td>
</tr>
<tr>
<td>DHS 3400</td>
<td>Resource Guide for Low-Income Households&lt;br&gt;Given to all SNAP households at each certification and recertification when they have income below 185% FPL.</td>
</tr>
<tr>
<td>DHS 7253</td>
<td>Link-Up America&lt;br&gt;Application for financial help to connect with a telephone service.</td>
</tr>
<tr>
<td>DHS 7254</td>
<td>Oregon Telephone Assistance Program&lt;br&gt;Notice and application to the client that because they are eligible for benefits, they can apply for a discount on their monthly telephone bill.</td>
</tr>
<tr>
<td>AFS 7262</td>
<td>Direct Deposit — A Safer, Easier Way to Put Your Benefits in Your Account&lt;br&gt;Used for clients in Cash-out counties using direct deposit.</td>
</tr>
<tr>
<td>DHS 7832D</td>
<td>Oregon Food Stamp Employment and Transition (OFSET) program Disqualification Referral&lt;br&gt;Contractor to complete and send to SNAP office when recommending disqualification.</td>
</tr>
<tr>
<td>DHS 7832F</td>
<td>OFSET Employment and Training Case Plan&lt;br&gt;Contractor completed case plan with OFSET mandatory clients.</td>
</tr>
<tr>
<td>DHS 7832R</td>
<td>OFSET Program-Client Agreement&lt;br&gt;Use to refer OFSET mandatory clients to contractor or for independent work search.</td>
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</table>
### Forms Used in the SNAP Program

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<thead>
<tr>
<th>Form #</th>
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<th>Forms Server</th>
<th>ACCESS</th>
<th>Notice Writer</th>
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</thead>
<tbody>
<tr>
<td>DHS 9001</td>
<td><strong>Client/Complaint Information</strong>&lt;br&gt;Form explains client complaint procedures, should they perceive that they are being treated with discrimination. It is mandatory for use with all applications.</td>
<td>X</td>
<td>X</td>
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<tr>
<td>DHS 9013</td>
<td><strong>We Want to Serve You Well</strong> (Contained in client application packets DHS 6608 &amp; DHS 6623 only)&lt;br&gt;An information only pamphlet that tells clients how to file a grievance.</td>
<td></td>
<td>X</td>
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</table>

### Outreach Publications

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<tr>
<th>Form #</th>
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<th>Paper</th>
<th>Forms Server</th>
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<th>Notice Writer</th>
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<tbody>
<tr>
<td>AFS 9206</td>
<td><strong>Student Food Flyer</strong>&lt;br&gt;Flier on SNAP rules for college students.</td>
<td>X paper only</td>
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<tr>
<td>AFS 9207</td>
<td><strong>“Oregon Helps: Now Showing at a Computer Near You.”</strong> Bookmark (4” x 9”)&lt;br&gt;on using <a href="http://www.oregonhelps.org/to">www.oregonhelps.org/to</a> find out if you might be eligible for SNAP benefits.</td>
<td></td>
<td>X</td>
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<tr>
<td>DHS 9208</td>
<td><strong>More Reasons to Sign Up for SNAP</strong>&lt;br&gt;Explains how SNAP benefits make families eligible for free school meals and two phone assistance programs.</td>
<td>X paper only</td>
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<tr>
<td>AFS 9211</td>
<td><strong>Food Stamp Expedited Issuance</strong>&lt;br&gt;Flier on expedited SNAP benefits.</td>
<td>X paper only</td>
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<tr>
<td>DHS 9213</td>
<td><strong>Eating Right When Money’s Tight – A Guide for Seniors and People with Disabilities</strong>&lt;br&gt;Client brochure for seniors and people with disabilities and the SNAP Program. Includes eligibility guidelines.</td>
<td>X</td>
<td>X</td>
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<tr>
<td>DHS 9216</td>
<td><strong>Know Your Rights, Client Bill of Rights</strong>&lt;br&gt;Poster – lists rights of SNAP recipients.</td>
<td>X paper only</td>
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<tr>
<td>DHS 9217</td>
<td>“Know Your Rights.” Flier – lists rights of SNAP recipients.</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>DHS 9221</td>
<td>“Putting Healthy Food Within Reach” Introduces the new name – SNAP – and gives general information about the program.</td>
<td>X</td>
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</tbody>
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Worker Guide
Clients Living in a Facility

Individuals living in certain types of facilities may be eligible for SNAP, while persons living in others are not. The first question to resolve is “What type of facility?” The type of facility determines who can file the application. The type of facility also determines if a client may be eligible for SNAP benefits regardless of purchase and prepare requirements.

1. **Alcohol and Drug Treatment Center (A&D)**

When a client enters a residential A&D treatment facility, the first step is identifying the type of facility and the meal situation. Residents are not eligible for SNAP when the facility provides the meals unless that facility is certified by the state. Following are the procedures for various A&D facilities.

*Note:* If the SNAP client also receives TANF benefits, refer questions to the TANF Program Unit in Central Office.

**State-Certified or FNS Retailer**

Individuals living in an A&D facility where meals are prepared for them may be eligible to receive SNAP benefits if the facility meets one of these criteria:

1. Certified through the DHS Addictions and Mental Health Division to receive funding under part B of title XIX of the Public Health Service Act. To determine if the facility is state certified, look at the Oregon Alcohol and Other Drug Prevention Services Directory or [http://dhsmanuals.hr.state.or.us/EligManual/06-TOC.htm](http://dhsmanuals.hr.state.or.us/EligManual/06-TOC.htm).

2. Certified by the DHS Addictions and Mental Health Division as operating to further the purposes in the above listed Public Service Act (identified by a letter); or

3. Authorized as a retailer by the Food and Nutrition Service (FNS). Refer to SNAP I.4 for a list of these authorized locations.

For clients who are in an A&D facility that meets any of these criteria:

- The facility must apply via an authorized representative (SNAP B.14) who completes and signs the application. The authorized rep also completes the interview for each client. (If necessary, the rep should review the application with the client in advance.) Signing the application makes the facility responsible for reporting all changes and for repaying any overpayments. Only the facility rep, not the client, should sign;

- Along with the application, the authorized representative must sign the “Facility as Authorized Representative” form (DHS 222), acknowledging their responsibilities.
Review these responsibilities to ensure they are understood and provide the facility a supply of AFS 222A forms for reporting monthly on their resident SNAP clients;

- Issue an EBT card and PIN to the authorized representative;
- If the client has an open SNAP case when moving into the facility and:
  - The client is the only person on the case, send close notice (FSC1DA1) to the client. Cite living in the facility as the close reason and take this action on FSMIS. Cancel the client’s card and process the facility’s application as a REC;
  - There is another adult on the case, make that other adult the head of household. Send a reduction notice (FSC1DA2) to the new head of household and issue a new EBT card/PIN. Cancel the client’s card. Open a new case for the client and issue an EBT card/PIN for the facility resident to the authorized representative;
  - There are children on the case who are not in Child Welfare custody, but no other adult, cancel the client’s card. Do not issue a card to the facility until the first of the following month. This allows time for another adult to come forward as the alternate payee and use the SNAP benefits issued to the rest of the household.
- There is no need to question how meals are purchased and prepared to determine the filing group. Each person is a separate filing group, unless they are living in the facility with their spouse or children under age 22;
- Narrate the name of the facility that the individual is living in, and how you determined that they were eligible to receive benefits;
- Enter the facility name as the authorized representative on FSMIS;
- Maintain a central file in the branch on each facility, including a copy of the authorized rep’s I.D. and the monthly AFS 222As. There is no requirement for the authorized representative to provide an SSN. It is best practice to assign one worker and a backup to handle all A&D facility cases;
- The facility is required to notify the local office within 48 hours when the client leaves. Cancel the authorized representative's EBT card and send a notice (FSC1DAL) to the facility notifying them they are no longer liable for the client’s case or entitled to the benefits;
- Send 10-day notice to the client’s last address, even if it is at the facility, notifying them that their case will close;
- If the client wants to continue receiving benefits, they must reapply (or follow add-a-person policy if joining an ongoing case). This can be done by having the client update and sign the most recent application on file or by taking a new application. By signing the application, the client transfers responsibility back from the center
to themselves. The client must be interviewed for the recertification, but there is no requirement for a face-to-face. Issue the client a new EBT card.

Non-State Certified
For clients in an A&D facility that does not meet one of the criteria listed above;

- Determine the meal situation. If the facility provides 51 percent or more of the meals, the individual is not eligible for SNAP benefits;

- If the facility provides less than 51 percent of meals, the client must apply on their own. If they choose an authorized rep, it cannot be a facility employee;

- The individual needs to be able to identify their own food separately from other people living in the facility and have access to cooking facilities to prepare the food separately;

- Follow the procedures above for narration, communication with the facility and transitioning current SNAP recipients into facility cases.

Facility Rights to Access Benefits
The A&D facility has no rights to SNAP benefits issued before the client entered the facility.

While the client is in a residential program, the facility can take half of the client’s benefits on the first of the month. If the client is in the facility on the 16th of the month, they can take the remaining benefits for that month. However, once the client has left the facility, the facility has no more rights to access their benefits.

Under no circumstances may any facility require a resident to apply for SNAP, then hand over their EBT card and PIN to that facility.

Notify the SNAP Unit in Salem if any facility repeatedly uses SNAP benefits they do not have rights to. The state will end that facility’s authorization to have residents receive SNAP benefits.

Simple Narratives
Type of Interview/Contact: PC to Jill Hawthorn at Clean & Sober.
Authorized Rep/Alternate Payee Name: Jill Hawthorn at Clean & Sober, state-certified A&D facility. Jill signed DHS 222 and stated she understood responsibilities.
Filing group: Joel Cairo living in A&D facility.

Identifying Current SNAP Clients in Unknown Facilities
If you discover that a client is receiving SNAP benefits on their own case while living in a facility:

- Determine what type of facility the client is living in. Is the facility state certified? Do they have an EBT machine? If they are not certified, what is the meal situation?
• If the facility is state certified:
  
  - Close the case (unless there are other individuals on the case) and send 10-day notice letting the client know that the facility must apply for them (FSC1DA1). If there are other people on the case, send a reduction notice;
  
  - Cancel the EBT card;
  
  - The facility needs to submit an application and be interviewed in order to continue receiving SNAP benefits.

**Note:** If you encounter a group living situation that cannot be identified, please contact the SNAP Unit in Central Office for help.

**Examples**

**Example 1:** Djimon receives SNAP on his own and enters state-certified A&D on May 18. Cancel his EBT card and send 10-day notice to close. The facility must assign an authorized rep to apply and be interviewed for Djimon.

**Example 2:** In this instance, Djimon enters a state-certified A&D facility May 28. Cancel his EBT card and send 10-day notice to close. The facility must assign an authorized rep to apply and be interviewed for Djimon. If the facility applies no later than June 1, issue them a card and process an ADJ to stop the close action on FSMIS. The facility can begin accessing his benefits June 1.

**Example 3:** Lara, Roger and their two children receive SNAP. On February 20, Lara (the HH) moves into residential treatment. Send a 10-day reduction notice to Lara, unless Lara or Roger signs a Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D) form. Make Roger the HH; issue him an EBT card and PIN. Use the appropriate date based on whether a DHS 457D is signed. The facility must apply for Lara.

**Example 4:** Earl enters a sobriety house that is certified via a letter from the DHS Addictions and Mental Health Division. He is an A&D on an ongoing SNAP case. Cancel his card, if any. Send 10-day notice to reduce the case by removing him if no adult on the case will sign a DHS 457D to waive it. The sobriety house must apply for Earl.

**Example 5:** Allison has moved into a nonstate certified A&D treatment program. Each resident has access to the kitchen once a week to prepare meals for all. They are asked to contribute to the food and share. There is no SNAP eligibility for anyone.

**Example 6:** Marcus lives in a nonstate certified A&D facility. The home has full kitchen privileges for all its residents. Each is assigned a color
for their food storage bins. The facility provides dinner nightly.
Marcus is eligible to apply on his own for SNAP.

☞ SEE SNAP C.4 FOR MORE INFORMATION ABOUT CLIENTS LIVING IN FACILITIES.

☞ SEE SNAP I.3 FOR MORE ABOUT USING SNAP TO BUY MEALS.

2. Group Living Arrangement

Clients live in a community-based care (GP A.9) group living arrangement when they live in a Residential Care Facility (RCF), Group Home or Assisted Living Facility (ALF).

Note: A client receiving brokerage services is not considered to be living in a group living arrangement.

(A) Licensed nonprofit and have no more than 16 residents: For a client to be eligible for SNAP, the group living facility must be state-licensed and serve no more than 16 residents at a time, and the client must meet the SNAP definition of disabled (GP A.15). There is no requirement to determine if the resident is separately purchasing and preparing meals. If the client is residing in a state-licensed RCF, group home or ALF, either the client or the facility may apply for the client. An authorized representative (SNAP B.14) from the facility applies when it is determined that the client is not able to apply for himself or herself. If a representative from the facility applies for the client, they must sign the application and will be responsible for reporting all changes and overpayments. Have the authorized representative sign the Facility as Authorized Representative (DHS 222) form showing they understand their responsibilities. If the client is able to apply for himself or herself, the client will be responsible for reporting changes and any overpayments.

Note: If the client is elderly (GP A.18) but does not meet the definition of disabled, the client is not eligible for SNAP while living in a group living facility.

(B) Not licensed or licensed with more than 16 residents or for-profit: If the group living facility is not state-licensed or is licensed but there are more than 16 residents or is a for-profit facility, the resident cannot be eligible for SNAP. Any nonprofit RCF, Group Home or ALF can apply for a state license with Seniors and Persons with Disabilities or State Mental Health.

☞ SEE SNAP C.4 FOR MORE ABOUT PEOPLE IN GROUP LIVING ARRANGEMENTS.

☞ SEE SNAP F.23 FOR MORE INFORMATION ABOUT GROUP LIVING ARRANGEMENTS.
3. **Homeless Shelter**

A person who meets the definition of homeless (GP A.22) may apply for himself or herself. They are considered homeless when they lack a fixed and regular nighttime residence or their regular nighttime residence is a supervised nonprofit shelter for the homeless or they are temporarily residing with another person for less than 90 days. A homeless facility cannot apply for the client. The client has the right to decide if they want an authorized representative (SNAP B.14) and who that authorized representative will be. No person representing a homeless facility that provides meals may act as authorized representative.

When the client meets the definition of homeless, the separate purchase and preparation of meals determination is not required while they get meals at a certified homeless shelter. This is because homeless clients may use their SNAP benefits to purchase prepared meals at a certified homeless shelter. Homeless shelters providing meals and homeless meal providers must be certified by the CAF SNAP Program in central office as a homeless meal provider. Any certified homeless meal provider may apply with FNS for authorization to accept SNAP benefits by calling (503) 326-5971. With FNS authorization, the homeless meal provider may accept SNAP benefits in payment for meals. To assure that homeless clients may use their SNAP benefits to purchase prepared meals, code FSMIS as follows: Meals: “CD”; HH Type: “HLL” and Print ID: “Y.”

4. **Domestic Violence (DV) Shelter (GP A.16) or Safe Home (GP A.48)**

A client may apply for himself or herself when residing in a temporary shelter or safe home for DV survivors. DV survivors living in DV shelters are not required to separately purchase and prepare meals. The DV shelter cannot apply for the client. The client has the right to decide if they want an authorized representative (SNAP B.14) and who that authorized representative will be. They do not have to name anyone from the DV shelter as authorized representative.
5. **Teen Shelter, Unwed-Mother Home, Halfway House, etc.**

There are many teen shelters, homes for unwed mothers, and halfway houses in Oregon. When living in one of these facilities, the client may apply for himself or herself. The facility cannot apply for the client. To be eligible, the client must have a kitchen available and be responsible for purchasing and preparing at least 51 percent of their own meals. The client has the right to decide if they want an authorized representative (SNAP B.14) and who that authorized representative will be. They do not have to name anyone from the facility as authorized representative. If the facility regularly provides 50 percent of the meals, the client is not eligible. If 50 percent of the meals are communal, the client cannot be a separate SNAP case from the other residents that they eat with.

**Caution:** Some clients live in a house that is under the control of a correctional facility. They may have the right to leave the facility during the day to work, etc. However, they must return to the home at night. In many of these cases, the home is providing most of the meals.

6. **Adult Foster Care (AFC)**

If the client is residing in AFC, the client must apply for SNAP with the caregiver. The caregiver may apply for SNAP without the individual in foster care but the individual in foster care may not apply separately from the caregiver.
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Worker Guide
Determining the Value of Motor Vehicles for SNAP

If the entire group is categorically eligible (SNAP E.1) or all vehicles (CA B.50) are owned by a categorically eligible member, this calculation is not needed. If all members of the financial group (SNAP C.5) are not categorically eligible, the value of vehicles may affect SNAP eligibility. So when a group has a relatively valuable vehicle (which cannot be excluded) or has several vehicles, the vehicles can cause ineligibility. However, a leased vehicle does not affect eligibility unless the client has the ability to sell the vehicle.

Step 1: Determine the availability of the vehicle as a resource. Clients might own or have an interest in a vehicle, but it may not be available to them as a resource.

See CA A.2 on availability for more information regarding the availability of resources.

Step 2: Determine the equity value of all vehicles that are available to the financial group. Total the value for all vehicles to arrive at one equity value.

Equity Value = Fair Market Value - Amount Owed

Using the National Automobile Dealers Association’s (NADA) Used Car Guide (or similar publication), look at the “Average Trade-In Value” for the vehicle. The Kelly Blue Book is also available on the internet and at the Staff Tools -SPD page: (http://www.dhs.state.or.us/spd/tools/index.htm#other).

Do not add disability-related apparatus, optional equipment or low mileage to increase the value. Subtract from that amount any amount the client owes on the vehicle, or any other costs, such as liens. The remainder is the equity value.

See CA A.3 for more information.

Step 3: Subtract $10,000 from the combined equity value of the vehicles.

Step 4: Compare the remaining equity value to the resource limit.

Example 1: John Smith is applying for SNAP with his wife and two children. They own a 1999 Ford Aerostar van and they owe $1000. Per the Kelley Blue Book, the fair market value is $4375.

Equity Value = Fair Market Value - Amount Owed

Aerostar = $4,375 - $1,000 = $3,375 Equity Value
How much of the $3375 would count towards their resources?

None, because it is below the $10,000 exclusion.

Example 2: James Smith is applying for SNAP with his wife. They own a 1998 Ford Ranger (owe nothing) and a 2000 Toyota Camry with which they owe $1000. Per the Kelly Blue Book, the fair market value is $2,200 on the Ranger and $8,900 on the Camry.

Equity Value = Fair Market Value - Amount Owed

\[
Ranger + Camry = \$11,100 - \$1,000 = \$10,100 \text{ Equity Value}
\]

How much of the $10,100 would count towards their resources?

$100, because it is the amount over the $10,000 exclusion.
Worker Guide
SNAP Medical Deductions

At initial application and at each recertification, use a reasonable estimate of the client’s anticipated medical expenses for the certification period (SNAP B.1) as the SNAP medical deduction (SNAP F.19). The estimate should be based on current medical expenses (including any medical insurance premiums) and any anticipated expenses based on the client’s medical history. Verify (SNAP B.11) the costs and code the anticipated or averaged monthly medical expenses on FSMIS.

If the client incurs and reports medical expenses that were not anticipated at initial application or recertification (GP A.38), these expenses may also be used in determining the client’s SNAP medical deduction. The client can choose to use the full expense in the month after it is billed or becomes due, or to have the expense averaged over the remainder of the certification period. Medical expenses should be averaged if averaging would be beneficial to the client. Paid medical expenses can be averaged, beginning with the month after the expense is paid (as long as the expense was paid in the month it became due). Unpaid medical expenses can be averaged beginning with the month after the expense is billed to the client.

Caution: Changes (SNAP H.6) in medical costs reported during the middle of a certification period can only be used to adjust the next month’s benefits. Do not act on reported changes retroactively back to the first of the month.

If the case is in SRS, act on a reduction in medical costs during the certification period only when a one-time cost is used to increase benefits for just one month.

1. Partially Paid SNAP Medical Expenses That Were Not Anticipated

Facts: Bob is eligible for SNAP benefits from January through December. He is 70 years old and receives $700 per month in Social Security benefits. He also gets Medicare. His Medicare premium payment is $88.50 per month. His Medicare Part D cost is $22.50 a month. Other than his Medicare premium, Bob anticipates no medical expenses for the certification period. He chooses not to apply for QMB-BAS. His medical deduction at certification would be $111 = ($88.50 + $22.50)

Situation: In March, Bob tells his worker that he has just started an allergy treatment program. It will cost him $300 after Medicare pays 80 percent of the total cost. Bob pays $200 in March and still owes $100, for which he agrees to pay $20 each month beginning in April. Bob tells his worker to average the $200 he paid in March over the remaining months of his certification period. His March benefits cannot be supplemented to reflect the extra medical expense. The $200 expense is averaged from April through December (nine months) and added to Bob’s medical deduction for those months.
Bob’s gross monthly medical deduction for April through August (the month in which his allergy treatment will be paid off) is:

\[
\frac{200}{9} = 22.22 + 20 + 88.50 + 22.50 = 153.22
\]

Bob’s gross monthly medical deduction for September through December is:

\[
\frac{200}{9} = 22.22 + 88.50 + 22.50 = 133.22
\]

2. **Paid SNAP Medical Expenses That Were Not Anticipated**

**Facts:** Jane is eligible for SNAP from January through December. Jane is 58 and is disabled (GP A.15). She receives $750 per month in Social Security disability benefits. Her Medicare premium payment is $88.50 per month. Her Medicare Part D premium is $21.70 a month. Other than her Medicare premium, Jane anticipates no medical expenses for the certification period. She does not want to apply for QMB. Her medical deduction at certification would be $110.20 = ($88.50 + $21.70)

**Situation:** In July, Jane shows her worker that she paid a medical bill of $350. Jane had not anticipated this medical expense. Her July benefits cannot be supplemented to reflect the extra medical expense. The $350 expense is averaged from August through December and added to Jane’s medical deduction for August through December. (Jane could also choose to apply all $350 as a deduction in August.)

Jane’s gross monthly medical deduction for August through December is:

\[
\frac{350}{5} = 70.00 + 88.50 + 21.70 = 180.20
\]

Jane pays for some prescription drugs in August (another expense she had not anticipated). She sends a copy of the charges to her worker on August 12. The total amount is $154. She tells her worker to average the amount over the remaining months of her certification period. Her August benefits cannot be supplemented to reflect the extra medical expense. The $154 expense is averaged from September through December and added to Jane’s medical deduction for those months.

Jane’s gross monthly medical deduction for September through December is:

\[
\frac{154}{4} = 38.50 + 180.20 = 218.70
\]

Jane is billed for and pays for a pair of eyeglasses on December 2. The eyeglasses cost $65. Jane sends a copy of the eyeglasses bill to her worker on December 6. No additional medical deduction is allowed for the eyeglasses because Jane paid the cost and reported it in the last month of her certification period, after December 1. Jane’s SNAP benefits for December cannot be supplemented because no errors were made in calculating her benefit amount. Jane simply reported the eyeglass expense too late to be used in calculating her December benefits.
Therefore, Jane’s gross medical deduction for December is $218.70. Because the bill was paid in December, she is not eligible for a deduction for the glasses in the next certification period starting in January.

3. Unpaid SNAP Medical Expenses That Were Not Anticipated

Facts: Harry is eligible for SNAP from January through December. He is 67 and receives $700 per month in Social Security benefits. He also gets Medicare. His Medicare premium payment is $88.50 per month. His monthly Medicare Part D cost is $22.00. Other than his Medicare premium, Harry anticipates no medical expenses for the certification period. He chose not to enroll in QMB. His medical deduction at certification would be $110.50.

Situation: Harry is unexpectedly hospitalized in March. The hospital sends him a medical bill of $850 in April, which he sends to his worker that same month. His worker calls him. He states he did not make an arrangement to make payments each month. The worker explains how the bill is averaged over the remaining months of his certification period, beginning in May (the month after the expense was billed). The worker also explains to Harry that anything that Medicare covers cannot be used as a deduction. Harry says that Medicare has already paid their portion. Harry’s gross monthly medical deduction for May through December (eight months) is:

\[ \frac{850}{8} = 106.25 + 88.50 + 22.00 = 216.75 \]

In July, Harry is billed for two checkups he received in June that were not anticipated. The total amount is $140 after Medicare. His worker receives a copy of the bill on July 6. Harry chooses to have the bill averaged over the remaining months of his certification period, beginning in August. Harry’s gross monthly medical deduction for August through December (five months) is:

\[ \frac{140}{5} = 28 + 216.75 = 244.75 \]

In September, Harry is billed for a lab test that was not anticipated. The amount due is $35. He has not paid the bill yet. He tells his worker that he would like to have the bill used in full for his October deduction.

Gross medical deduction for October only is:

\[ 35.00 + 244.75 = 279.75 \]

Gross monthly medical deduction for November and December is $244.75
4. **Medical Expenses Change, But Are Not Reported**

**Facts:** Myrtle gets $900 per month Social Security benefits. Her Medicare premium costs $88.50 but it is covered by Medicaid (SMB). At her initial intake, she was expecting office visits with her doctor twice a month, at the cost of $45 per visit. She also expected her cost at $35 per month in prescription medicines.

The worker calculated 2 x $45 = $90 x 20 percent (Myrtle’s share) = $18 per month for office visits.

$18 office visits + $35 prescriptions = **$53.00** medical deduction for the certification period.

**Situation:** At recertification, Myrtle reports that four months ago, she began having doctor’s office visits only once every other month and her prescription costs (GP A.10) dropped to $12 per month. The charge for the doctor’s office visit continues to be $45 per visit. The worker calculates a new medical deduction for the next certification period as follows:

$22.50 ($45 ÷ 2) office visit + $12 prescriptions = **$34.50** medical deduction. Although this amount will not affect Myrtle’s SNAP allotment (it is less than $35), it is a good idea to code it on FSMIS.

There is no overissuance for the prior certification period because Myrtle is not required to report changes (SNAP H.2) in medical expenses.

**Note:** Although Myrtle is not required to report a change in her medical expenses, the worker must recalculate the medical deduction if changes up or down are reported and verified during the certification period for cases in CRS. For cases in SRS, changes must be verified when the reported change will increase benefits.

5. **Medical Expenses Reported monthly for Companion Medical Case**

**Facts:** Martha is eligible for SNAP from January through December. She receives $1045 a month Social Security benefits. Her $88.50 Medicare premium is picked up by the state and her monthly Medigap plan premium is $124.80 a month. In addition she has other medical costs – over-the-counter (OTC) costs for prescribed aspirin, vitamins, and Depends of $90.00 a month. She is receiving in-home services.

For the purpose of the SNAP medical deduction her medical program liability is **$225.50** ($1045 SSB - 604.70 standard - $124.80 insurance costs - other costs of $90.00 OTC). The client is required to report the other medical costs on a month by month basis for the Medical program. However, the costs are anticipated and averaged for the year for the SNAP program.
The medical deduction is calculated as:

\[ \$124.80 \text{ insurance} + 90.00 \text{ other costs} + $225.50 \text{ liability} = \$440.30 \]

medical deduction per month of the certification period.

Situation: Martha is reporting other medical costs each month for her medical case. The other medical costs change monthly and thereby change her liability. The costs and liability were anticipated at certification and there are no new costs and, therefore, no changes to the medical deduction. However, during April she reports and verifies that her March costs increased because she had a one-time over the counter cost of $20. Because this is a one-time cost, $20 is averaged out over the balance of the certification period (eight months). The expense is included in Martha’s medical deduction for May through December.

\[ \frac{$20}{8} = $2.50 + $440.30 = \$442.80 \]

In August, Martha reports she purchased glasses that were outside of the two-year cycle and her cost was $250. She has set up a payment plan and will pay $50 a month for five months. The expense of $50 a month is included in Martha’s medical deduction for September through December (4 months). The remaining $50 can be allowed for a new certification period in January if the $50 is still due and not in arrears.

\[ $50 + $445.30 = \$492.80 \]
Worker Guide
SNAP Report Systems At-A-Glance

The SNAP program uses several report systems. The following are the basics about each report system at-a-glance.

Additional information about each report system is located in:

- Change Report System (CRS) SNAP F.7
- Simplified Reporting System (SRS) SNAP F.8
- Transitional Benefit Alternative (TBA) SNAP F.9

1. Change Report System (CRS)

<table>
<thead>
<tr>
<th>Purpose &amp; Benefits</th>
<th>CRS is a report system with many reporting requirements. While in CRS, SNAP benefits may change each time the household reports a change that is expected to continue.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who must be in CRS</td>
<td>Any SNAP case that cannot be in one of the other report systems must be in CRS.</td>
</tr>
<tr>
<td>Who cannot be in CRS</td>
<td>The clients who cannot be in CRS are:</td>
</tr>
<tr>
<td></td>
<td>- Clients receiving SNAP under Transitional Benefit Alternative (TBA).</td>
</tr>
<tr>
<td>Certification Periods</td>
<td>SNAP cases in CRS are limited to a six-month certification period, except:</td>
</tr>
<tr>
<td></td>
<td>- ERDC/ SNAP households may be certified for 12 months if the ERDC certification form is being processed at least once each six months.</td>
</tr>
<tr>
<td></td>
<td>- Households where all members are elderly or are persons with disabilities and there is no earned income may be certified for 12 months.</td>
</tr>
<tr>
<td>Budgeting</td>
<td>Use prospective budgeting. Anticipate the initial month’s income considering all that has been received to date and anticipating what will be received yet in the month. For the second and future months of the certification, anticipate or convert the income to a monthly figure in the first month and use that amount continually until a change is reported.</td>
</tr>
<tr>
<td>Reporting</td>
<td>Report all required changes as outlined in SNAP H.2.</td>
</tr>
</tbody>
</table>
### Acting on Reported Changes

Act on all reported changes. Reported changes may increase or decrease benefits.

**Increase Benefits** = Act immediately for the next month unless more information is needed. If more information is needed, send a Notice of Information or Verification Needed (DHS 210A) requesting the information. Do not act to increase benefits until the proof or information is provided. DO NOT hold benefits for the information.

**Decrease Benefits** = Act immediately for the next month’s benefits following the timely continuing benefit decision notice period to reduce benefits. If proof of income is needed, make the change and request the required proof via the DHS 210A. A second adjustment may be needed when the requested information or proof is received.

### When does CRS end?

CRS is the default report system and ends when the case is placed into another report system.

### FSMIS coding

There are no special **Trans** coding for CRS. The **Mand Rpt** field is “N.”

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2. **Simplified Reporting System (SRS)**

<table>
<thead>
<tr>
<th>Purpose &amp; Benefits</th>
<th>SRS is a report system with limited reporting requirements. While in SRS, SNAP benefits will generally remain unchanged for a six-month period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who can be in SRS</td>
<td>Any SNAP case not excluded from SRS.</td>
</tr>
</tbody>
</table>
| Who cannot be in SRS| The following types of households cannot be in SRS:  
                        - A case eligible for TBA;  
                        - Certification period for less than six months. |
| Certification Periods | A 12-month certification is recommended. Do not certify for less than six months.                                           |
| Budgeting          | Use prospective budgeting. Anticipate or convert ongoing income to a monthly figure in the first month and use that amount continually until a change is reported.  
                        For initial month, use actual and anticipated income only if the income is just starting or ending, or will be significantly different in subsequent months. |
### Reporting

Between report forms, the SRS client must report when:

- Income exceeds the SNAP Countable Income Limit (130 percent FPL);

Clients will still need to report the changes required in other programs. If they report a change that impacts SNAP, the worker will need to act on it for SNAP also.

An *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* form (DHS 852) is due in the sixth month of the certification period and must be processed for benefits in months seven through 12.

All cases certified for longer than six months must complete the DHS 852, except those cases with no earned income and all adult filing group members are elderly (GP A.18) or are clients with disabilities (GP A.15).

### Acting on Reported Changes

In addition to acting on the *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852), act on all reported changes that the client is required to report. That is, any report that income is over the countable income limit.

For all other changes:

**Increase Benefits** = Act on changes that will increase benefits. Send a *Notice of Information or Verification Needed* (DHS 210A) if more information is needed first. If the change requires verification, (i.e., income, or medical) do not act to increase benefits until the proof is provided.

**Decrease Benefits** = Do not act on information that will decrease benefits, unless the information is “verified upon receipt.” Only request proof if a client reports their income has exceeded the countable income limit. Carefully narrate.

Information is “verified upon receipt” when it is not questionable and the provider of the information is the primary source. (Examples: employer, SAVE, worker’s compensation, client’s statement on new shelter costs, etc.)

### When does SRS end?

End SRS anytime the client:

- Becomes eligible for TBA;
- Becomes ineligible (they may report income that exceeds 185 percent FPL and they are no longer categorically eligible, this may lead to being over income).
### FSMIS Coding

Use a transaction code (Trans) of SRS to place the case into or to remove a case from SRS.

The Mandatory Reporting (Mand Rpt) field is “S.”

Use household type code (HH Type) of NED when there is no earned income and all adult members are elderly or are clients with disabilities.

Enter the sixth month of the certification period or the last day of the certification period, whichever date comes first, into the date field (Rpt Exp). (Always code last day of certification period if using NED in the HH Type field).

Use the ADJ to extend the certification period to the full 12 months when placing the case in SRS that was certified for less than 12 months.

Use ADJ to adjust benefits due to reported changes during the six months. Do not use SRS transaction code or touch the “S.”

Use SRS, ADJ to process the interim report form in the sixth month. Change the Rpt flag from N to Y (as with MRP). Do not touch the “S” or change the Rpt Exp date.

When converting a case from MRP to SRS, first do an MRP action to remove the MRP coding and record update. The SRS action can take place immediately following this action.

At recertification, use REC, SRS and change the Rpt flag from N to Y. This will change the report expiration date.

### 3. Transitional Benefit Alternative (TBA)

<table>
<thead>
<tr>
<th>Purpose &amp; Benefits</th>
<th>TBA is a report system that freezes SNAP benefits for five months for clients whose TANF cash benefits end for a good reason.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who must be in TBA</td>
<td>SNAP cases with TANF cash benefits ending and that are not excluded from being in TBA. (No one in the SNAP filing group can be getting TANF.)</td>
</tr>
<tr>
<td>Who cannot be in TBA</td>
<td></td>
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<tr>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- Benefit groups that lose cash benefits due to moving out of state.</td>
<td></td>
</tr>
<tr>
<td>- Failure to comply with reporting requirements or RI or did not report a required change within 10 days).</td>
<td></td>
</tr>
<tr>
<td>- TANF cases being penalized for noncooperation (JOBS or Support DQ or IPV) and disqualification was not lifted when the case closed due to a new job; or received notice of TANF disqualification and voluntarily ended their TANF cash benefits.</td>
<td></td>
</tr>
<tr>
<td>- SNAP filing groups with an ineligible member (IPV, QC, OFSET disqualification, fleeing felon, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> This does not include members ineligible for SNAP due to noncitizen status.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the case is due to recertify prior to the end of the TBA period, extend the certification period to match the TBA end date. Do not recertify. TBA households must recertify at the end of the TBA period, even if the certification end date is later.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budgeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use prospective budgeting. Change the TANF grant to $0 and leave the rest of the SNAP case situation as it was the month before TBA begins. Do not code new income unless adding a new person to the case.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>No required changes to be reported during TBA.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Acting on Reported Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase Benefits</strong> = Client needs to reapply for SNAP. Determine if the new situation will result in more SNAP. If now eligible for more SNAP benefits, end TBA and REC the case. If not eligible for more SNAP benefits using the current situation, continue TBA unchanged to the end of the TBA period.</td>
</tr>
<tr>
<td><strong>Decrease Benefits</strong> = Only act to decrease benefits in one instance. That is if someone moves out of the household and applies for SNAP benefits in another household. In that event, remove them from the TBA case, allowing for the 10-day notice. Narrate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When does TBA end?</th>
</tr>
</thead>
<tbody>
<tr>
<td>End TBA early when the benefit group:</td>
</tr>
<tr>
<td>- Is no longer eligible for SNAP (e.g., moves out of state or requests case closure);</td>
</tr>
<tr>
<td>- Head of household goes into a facility.</td>
</tr>
<tr>
<td>- Applies for SNAP benefits and will get more SNAP benefits if not in TBA; or</td>
</tr>
<tr>
<td>- Re-opens a TANF cash case.</td>
</tr>
</tbody>
</table>
| FSMIS Coding | Use a transaction code (Trans) of TBS to enter or remove a case from TBA.  
The Mandatory Reporting (Mand Rpt) field is “T.”  
Enter the last month, day and year of TBA eligibility in the Report Expiration (Rpt Exp) field. The date is edited and cannot be greater than five months from the TBS effective date (D-Eff).  
Change the Y Cat El. field to C.  
Use the ADJ transaction to extend the certification period to match the Rpt Exp date. The end cert (Expr Cert) date must either match the Rpt Exp date or can be further into the future. If this date is not at least five months into the future, the certification must be extended.  
To remove a case from TBA, use the TBS transaction and change the Mand Rpt type to “N.” The system will remove the Rpt Exp date. If the certification period was extended and is longer than 12 months, the system will change the Expr Cert date to the end of the current month. The case must be recertified to continue benefits. |
# Child Care Assistance

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B. **Application Process and Verification Requirements**

**Note:** This section covers the application process for Employment Related Day Care (ERDC) only. Please refer to the chapters on Supplemental Nutrition Assistance Program (SNAP), Pre-TANF and TANF programs for information about the application process for these programs.

1. **Intent**

The application process should encourage convenient access to DHS child care assistance while resulting in enough information to determine eligibility and benefit level. The process should:

- Be flexible and convenient for clients who are balancing work and family responsibilities;
- Allow for changes from one program to another simply, and in a way that is easily understood by workers, clients and providers;
- Give the client information about how the program works;
- Offer resources to help clients find quality child care;
- Include an assessment of the client’s child care needs.

**Case Management Opportunity**

When explaining the listing and provider requirements of the program, ask clients open-ended questions about how comfortable they are with their provider. What does the provider offer? How do you feel about leaving your child with this person? How does your child feel? What kind of activities are provided for your child? What information would you like to have about choosing the best child care provider for your child? What information or training do you think your provider would like to have? Explain that the local CCR&R can help answer questions for both parents and providers.

2. **Application Process for ERDC (Not Transitioning from TANF)**

Persons applying for ERDC begin the application process by contacting the local DHS branch or CCR&R where they live. This contact establishes the *date of request*.

- Although the application process should be completed as soon as possible, the applicant and worker have 45 days from the date of request to complete it. The 45 days can be extended if circumstances beyond the control of the applicant delay the eligibility decision past that limit.
- The date of request also establishes when benefits can begin. This is the first day of the month in which the request is made if eligibility requirements and application processing time frames are met.

Those applying for ERDC only can complete the *Application for Employment Related Day Care Program (ERDC)* (DHS 7470) or the *Application for Services* (DHS 415F). Those applying for other programs must complete the DHS 415F. The application must be signed by the caretaker of the child(ren) requiring care.

**Note:** Caretakers can also get an application for the ERDC program, (DHS 7470), and establish a Date of Request at their local CCR&R. The CCR&R can also give them general information on the ERDC program and answer questions they may have. Their application must then be mailed or delivered to the local DHS branch office.

An intake interview is required to process the application. A face-to-face interview is preferable if it can be arranged around the applicant’s work schedule; it is the most effective way to obtain information from the client and give the client information about the program. However, a phone interview is an option when a face-to-face interview is not practical.

**Note:** Refer to the *Supplemental Nutrition Assistance Program* chapter if the client is also applying for SNAP benefits. SNAP requires a face-to-face interview and there are other eligibility factors that do not apply to ERDC.

If eligibility cannot be determined at the intake interview, give or mail the client a *Notice of Pending Status* (DHS 210) explaining what is needed to determine eligibility.

When a client is over income, the client may reapply in a subsequent month. A new budgeting period is established and income is recalculated.

Application Process; General: 461-115-0010
Application Requirements: 461-115-0020
Date of Request: 461-115-0030
When an Application Must Be Filed: 461-115-0050
Offices Where Clients Apply: 461-115-0150
Application Processing Time Frames; Not Pre-TANF or SNAP: 461-115-0190
Interviews: 461-115-0230

3. **Transitioning from TANF to ERDC**

When the TANF case has gone over income, the client should be contacted right away to discuss ERDC eligibility instead of waiting for an application. Clients who have been receiving TANF child care assistance sometimes do not understand they need to apply to receive ERDC. In other cases, they think the notice telling them they are over income for TANF means they are not eligible for any assistance. The process for converting from TANF to ERDC is a lot simpler if it is done soon, rather than a month or so later. This also gives clients more time to budget for the ERDC copay.
For clients transitioning from TANF, application for ERDC can be made in one of the following ways:

- A phone call or office visit initiated by either the worker or the client. A new written application is not necessary as long as the worker has enough information to reliably predict the need for employment-related child care;

- A notice returned by the client. When a TANF case goes “no action” (NA) because of increased income, a computer notice (6E) is usually sent by the system. This notice serves as an application if the client fills it out and sends it back. Follow up must include a conversation with the client either in person or over the phone;

- Any other method that results in enough information to determine employment-related child care need.

When an Application Must Be Filed: 461-115-0050

4. **Verification Requirements**

Verify the following at initial application (this includes cases that are transitioning from TANF to ERDC):

- All countable earned and unearned income received 30 days prior to the date of request;

**Note:** For new employment, acceptable verification includes first paycheck from a new job (if hours are representative of future) or, when no pay has yet been received, an employer statement including anticipated hours, pay dates and rate of pay. If verified by phone, narrate the conversation including anticipated hours, pay dates, rate of pay, the name of person who verified the information, employer name and phone number. Additional verification may be needed and requested if income is variable, questionable, or if income changes between the date of request and interview.

- Citizen/Alien status of a child needing care (See Noncitizens Worker Guide #1 – Noncitizen Charts);

- Second parent unable to provide adequate child care;

- If questionable, anything that affects eligibility or benefit level;

- Verify or document why a child 12 or older needs care, or why a child with a disability needs special care;

- Verify that at least one member of the ERDC filing group has received a partial or full month of REF, SFPSS or TANF program cash benefits from the State of
Oregon in at least one of the preceding three months. The TANF requirement does not include Pre-, Post-TANF or TA-DVS benefits.

Specific Requirements; ERDC: 461-135-0400

**Note:** Staff may not ask applicants or recipients to verify their citizenship solely on the basis of the client’s ethnicity or ability to communicate in English. If an applicant identifies a child needing care as a noncitizen on the application, noncitizen status must be verified.

Verify the following changes during certification periods:

- Source of income and related changes such as new rate of pay. For new employment – see note above.
- If questionable, anything that affects eligibility or benefit level.

**Note:** For cases in SRS, changes that are not required to be reported and are not “verified upon receipt,” need to be narrated and acted on at Interim Change Report or the next recertification, whichever is earlier. Reported information is considered “verified upon receipt” when the information is not questionable and the provider of information is the primary source. Income changes cannot be verified by client statement alone.

SEE CC E.7 REPORTING REQUIREMENTS AND CHANGES.

Verify the following at reapplication:

- All countable earned and unearned income received in the last 30 days. For new employment – see note above;
- If questionable, anything that affects eligibility or benefit level;
- At least once every 12 months, verify or document why a child 12 or older needs care, or why a child with a disability needs special care.

Verification; General: 461-115-0610

5. **Approving the ERDC Application**

If found eligible, send or give client the following forms:

- *Notice of Income and Benefit Calculation* (DHS 7294);
- *Child Care Provider Guide* (DHS 7492);
- A pre-headed *Child Care Provider Listing* (DHS 7494) or a *Child Care Provider Letter* (DHS 7494E) if the provider is already listed. (See the Listing Worker Guide at the end of this chapter for more details.)
• Parent Guide to Child Care (DHS 7478);

• Information about accessing the local CCR&R.

It is important to code the case on CMS as soon as eligibility is established. The billing form can not be sent until DPU has the completed listing form and CMS has been updated.

See Section III-G in the Computer Guide for information about coding and setting up the ERDC case on CMS. See “Changes in Programs” in the Worker Guide section of this chapter for more information on converting from TANF to ERDC and from ERDC to TANF.

FOR REAPPLICATION PROCESS FOR ERDC, SEE CC E.3.

6. Denying the ERDC Application

Deny the application in the following circumstances:

• Information obtained during the application period establishes ineligibility;

• The client fails to complete the application process. The application process is complete when the client has furnished all necessary information and required verification. Unless there are extenuating circumstances, an application should be denied if it is still incomplete 45 days after the initial date of request;

• The client withdraws the application for assistance, verbally or in writing.

In all denied cases, the client is sent a basic decision notice explaining the reason for the denial and the client’s right to a hearing.

Workers must contact the Direct Pay Unit (DPU) via e-mail erdc.reservation@state.or.us to have the applicant(s) added to the Child Care Reservation list.

Specific Requirements; ERDC: 461-135-0400

Note: Applications denied because the 45-day limit has expired ordinarily require a new application if the client still requests ERDC. However, the DHS worker has the option of updating and/or correcting the information already gathered. Factors that should be considered include circumstances beyond the client’s control, or care that has been provided in good faith by a provider in the belief the client is eligible for assistance.

Application Processing Time Frames; Not Pre-TANF or SNAP: 461-115-0190

What a Decision Notice Must Include: 461-175-0010
D. Nonfinancial Eligibility Requirements

Note: ERDC nonfinancial eligibility requirements include residency, citizen/alien status of child and age of child. Please refer to the chapters on the Pre-TANF, SNAP and TANF programs if you need information about their nonfinancial eligibility requirements.

1. Residency

Families receiving child care assistance must be residents of Oregon. This means they are residing in the state and intend to remain, although there is no minimum time requirement. Persons on vacation are not considered residents.

Residency Requirements: 461-120-0010

2. Citizen/Alien Status of Child

(A) Alien Status Requirement

In addition to qualified noncitizens specified in Noncitizens A. (NC A), the following noncitizens also meet the alien status requirement for ERDC.

- Victims of a severe form of trafficking under the Trafficking Victim’s Protection Act of 2000;
- American Indians born in Canada;
- Noncitizens who are at risk for domestic violence. If one member of the filing group is at risk, the entire filing group is at risk. Thus, the benefit includes all of the members of the filing group.

(B) Determining and Calculating Benefits for Eligibility Groups with Ineligible Noncitizens

To qualify for ERDC, there must be at least one child who has a child care need who meets the citizen or alien status requirements (unless the caretaker relative has a current safety issue related to domestic violence).

The filing group must meet all other eligibility requirements to be eligible for child care benefits.

- Treat the entire filing group as if all members meet citizen/alien status when conducting the income tests;
Compare their countable income to the ERDC Gross Monthly Income Limit Chart;

**Note:** Include any countable self-employment income even though the self-employment hours are not counted for the allowable child care hours.

- If the countable income exceeds the gross income limit, the filing group is not eligible;

  Filing Group; ERDC: 461-110-0350
  Specific Requirements; ERDC: 461-135-0400
  Self-Employment; Costs That Are Excluded To Determine Countable Income: 461-145-0920
  Self-Employment; Determination of Countable Income: 461-145-0930

- If the countable income is equal to or below the gross income limit, calculate the copay from the number in the benefit group. If the copay amount is more than the child care benefit (subsidy) amount, the family is not eligible for ERDC.

  Need Group: 461-110-0630
  Citizenship and Alien Status Requirements: 461-120-0110
  Age Requirements for Clients to Receive Benefits: 461-120-0510
  Specific Requirements; ERDC: 461-135-0400
  Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150

3. **Age of Children**

Ordinarily, children must be younger than 12 for ERDC and younger than 13 for other child care programs to receive child care assistance. However, older children included in the filing group can receive child care assistance if the Department of Human Services (DHS) determines the child should not be left unsupervised during the hours the caretaker is working or participating in self-sufficiency activities. Refer to Section F for more information. This determination must be documented and supported by one of the following:

- A verbal or written statement by a physician, nurse practitioner, psychologist, social worker, school counselor or other qualified professional who is familiar with the child;

- Eligibility for SSI;

- Supervision by a court;

- Receipt of foster care payments;

- Special needs designation as defined in Section F, (CC F), of this chapter;

- Other unique circumstances where the child’s safety or the caretaker’s ability to work or participate in assigned activities will be significantly compromised if child
care is not authorized. For example, child care might be necessary for an older child whose parent works an overnight shift.

Age Requirements for Clients to Receive Benefits: 461-120-0510

4. Child Care Need

Families receiving child care assistance must have a child care need as described in Section F.

Specific Requirements; ERDC: 461-135-0400
Dependent Care Costs; Deduction and Coverage: 461-160-0040

5. Caretaker/Relationship

A caretaker is the person who is responsible for the care, control and supervision of the child. To be eligible for child care assistance, the child must live with the caretaker.

- The child does not have to be related to the caretaker;
- Caretaker status ends when the responsibility for care, control and supervision is given to another person for 30 days or more, unless the caretaker is called to active duty – see below.

A parent is still considered the caretaker even though he/she is gone for 30 days or more if he/she is a member of the National Guard or U.S. Armed Forces Reserve unit and has been called to active duty away from the child’s home.

Example: A single mom with two kids, ages 7 and 8, asks her neighbor to provide care for her children while she is away on active duty. Mom still has custody, even though she is out of the home for more than 30 days. In this case, you can authorize up to 172 hours of child care. Do not authorize more than full time hours. The provider should not bill for the time children are in school.

Definitions for Chapter 461: 461-001-0000
Filing Group; ERDC: 461-110-0350

6. Copay Requirement; ERDC

For ERDC, the client must have paid or made satisfactory arrangements to pay any copay amount owed to the current or past providers. Refer to Section F for more detailed information.

Requirement to Make Copay or Satisfactory Arrangements; ERDC: 461-135-0415
7. **Listable Provider**

The client’s provider must be listed and approved or in the process of becoming listed. For a provider who is not yet listed and approved, authorization, billing forms or payments for child care will not be sent to the provider unless the provider has passed the background check and is approved by DHS. The only exception is for the temporary situation described in Section H. See Section G for complete information on listing and other provider requirements.

Specific Requirements; ERDC: 461-135-0400
Eligibility of Child Care Providers: 461-165-0180

8. **Immunization Requirements**

The intent of the requirement is to ensure that children in child care situations paid through DHS are immunized according to a schedule approved by the Oregon Health Division. This schedule and a list of county health departments can be found in *Parent Guide to Child Care* (DHS 7478) and the *Child Care Provider Guide* (DHS 7492). The state requirement allows for exemptions due to a medical condition or for religious reasons.

The application asks if children’s shots are up to date. If the parent indicates they are not, they should be referred to the local health department and told they have six calendar months to bring the shot record up to date. At the end of the six months, if the immunizations are still not up to date, contact the parent and remind them of the requirement. DHS will accept the client’s word unless there is reason for doubt. If there is reason to doubt, DHS can require verification. In situations where there is no cooperation, the case worker may send a closing notice. However, the goal is to encourage the parent to get the child’s immunizations current, so closing the case should be a last resort.

Specific Requirements; ERDC: 461-135-0400

9. **TANF Leaver Requirement**

To be eligible for ERDC program benefits, a new applicant or a recipient who has had a break in benefits for more than 30 days with an application date of October 1, 2010, or later under OAR 461-180-0070 must meet the following requirements:

- At least one member of the ERDC *filing group* must have received a partial or full month of REF, SFPSS or TANF program cash benefits from the State of Oregon in at least one of the three prior months; and
- No member of the ERDC program *filing group* may be concurrently receiving TANF program benefits except as allowed under OAR 461-165-0030.

Specific Requirements; ERDC: 461-135-0400
E. Prospective Eligibility and Budgeting Income

1. Intent and Overview

This policy is intended to help the worker and client predict the family’s income with a reasonable degree of accuracy using prospective eligibility and budgeting. Important considerations include:

- The copay the family is expected to pay should correspond with the amount of income they will receive for the same period;
- The copay for future months should be known in advance so both the family and the provider will know how much the Department of Human Services (DHS) will pay and how much the family will be expected to pay;
- The copay should remain stable over a period of several months, so the family can more accurately budget household income;
- Some differences between estimated income and actual income are to be expected. However, unanticipated changes or circumstances that substantially affect the family’s income should be acted on, even if they occur in the middle of a budget period.

For information on what income is counted and when it is considered available, refer to the chart at the end of this chapter and to the manual section on Counting Client Assets. This section also has information about how to treat self-employment income. There are no resource limits for the ERDC program.

2. Certification Periods with CRS and SRS

ERDC calculates certification periods by calculating anticipated income over a period of several months so the same amount of income is attributed to each month including the initial month. (Note: For SNAP, the initial month may differ – see SNAP F.8). When past income is not representative, the client and the worker jointly estimate future income using the best information available. Narrate the reason for the change in income and how the monthly figure was calculated. The anticipated monthly amount is used to determine program eligibility and the family’s copay.

Change Reporting System (CRS)

CRS is assigned when there is a short-term child care need, the companion SNAP case is in TBA or there is no companion SNAP case.

Clients use the Change Report form (DHS 943) to report changes. They are not required to report income changes during the certification period unless it is a change in the source of income or rate of pay – see Reporting Requirements in section 7 below.
certification period is limited to six months. It is not mandatory for clients to submit a report in order to keep receiving benefits when in the CRS.

**Simplified Reporting System (SRS)**

SRS is assigned when there is a companion SNAP case that is participating in SRS.

Clients use the *Simplified Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 853) to report a limited number of changes – see Reporting Requirements in section 7 below. To continue receiving benefits in months seven through 12, the client must submit a completed *Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) in the sixth month of the SNAP certification period.

The ERDC case may continue to follow SRS requirements without a companion SNAP case in SRS only when:

- The ERDC case was certified in the fifth or sixth month of the SNAP certification period; **and**
- The companion SNAP case automatically closed because the *Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 853) was not received.

**Removing from SRS**

When a worker closes the companion SNAP case, the ERDC case needs to be removed from SRS. Shorten the certification period if there are more than six months left (the certification period cannot be longer than six months when the ERDC case is not in SRS). Inform the client of their new reporting requirements and send the DHS 943 to report future changes.

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Prospective or Retrospective Eligibility and Budgeting; ERDC, MAA, MAF, REF, REF, MAF, SNAP, TANF: 461-150-0060
Changes That Must be Reported: 461-170-0011

### 3. Processing the Employment Related Day Care (ERDC) Re-Application and Food Stamp (FS) Application (DHS 7476) and the Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)

**Initial Application**

The initial certification period is set up based on income reported at the time of the initial application. After that, a system-generated *Employment Related Day Care (ERDC) Re-Application and Food Stamp (FS) Application* (DHS 7476) is sent to the client a few days
before the beginning of the last month of the certification period. The client is asked to complete and return the review by the 10th of the last month of the certification period.

*Application for Services (DHS 415F), Application for Employment Related Day Care Program (ERDC) (DHS 7470), and the Employment Related Day Care (ERDC) Re-Application and Food Stamp (FS) Application (DHS 7476) ask clients to verify income received in the past 30 days and report what they currently receive. The intent is to use past income to help calculate a reasonably accurate estimate of future income.*

When processing the DHS 415F and DHS 7470 applications, use the *Notice of Pending Status* (DHS 210) to give the ERDC applicant up to 45 days from the date of request to respond with needed verification. If verification is not received by the due date, send a denial notice to deny the application for ERDC.

When the client is approved for child care, send the client a *Notice of Income and Benefit Calculation* (DHS 7294) to show how the income was calculated and the copay amount.

*SEE CHILD CARE SECTION B FOR ADDITIONAL INFORMATION ON APPLICATION.*

*SEE CHILD CARE WORKER GUIDE #3 – LISTING CHILD CARE PROVIDERS FOR PAYMENT.*

**Reapplication**

For ongoing eligibility, a completed DHS 7476 is due by the 10th day of the last month of the certification period, and must be received no later than the last day of the month. If the DHS 7476 is not processed by compute deadline, the case is automatically closed—see note below.

If all eligibility requirements are met within 30 days of the close date, reopen the case effective the first day of the month following the close date. If the DHS 7476 is received without required verification or the form is incomplete, use the DHS 210 to notify the client what is needed and the date it is due. If required verification is not received by the due date, send a denial notice.

If the DHS 7476 or required verification is received after the end of the month following the certification period, treat it as a new application.

*Note: When the certification date is not updated by compute deadline, the computer will automatically close the ERDC case and change the status to “AC” effective end of the month. A continuing benefit notice (CM 08A) is automatically sent by the computer prior to the end of the certification period to notify the client of the date benefits will end. If the client is receiving ERDC and medical, the case will be automatically converted from M5 to P2.*

Send an electronic connection request to DPU when reopening or restoring ERDC benefits to ensure a CCB is issued for that month.
Send the client a DHS 7294 to show how the income was calculated.

**Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)**

During the sixth month of the certification period for cases using SRS reporting, the client must submit a completed DHS 852 to receive benefits in the seventh through 12th months.

When the DHS 852 has not been processed by the 15th day of the sixth month, the FSMIS system sends the client a notice advising them that they have until the end of the sixth month to submit the report, and if it is not received, ERDC and SNAP benefits will end. To prevent this notice from being sent when an ICR is received before the 15th of the month, process an ADJ action and change the “N” code to “H” in the form field on FSMIS.

When an incomplete DHS 852 is received, the worker sends a Notice of Incomplete Information (DHS 487) notifying the client of the information required.

Clients are not entitled to a 10-day notice if benefits go down based on changes on the DHS 852. Signing the DHS 852 waives the client's rights to 10-day notice when their benefits change. An application can be used for processing at interim report as long as you also have the client sign a DHS 852.

Use income information from the fifth month to project an accurate estimate for the remaining months of the certification period. This does not always mean using actual income. For example, income received on a weekly or biweekly basis must be converted to a monthly figure. Income received sporadically, such as child support, must be averaged or otherwise anticipated.

If a change in circumstance reported on the DHS 852 makes the client ineligible, send a closure notice specifying the reason. The closure notice for failure to complete the DHS 852 is not adequate.

If the ICR is not processed by compute deadline of the sixth month, the computer will automatically close ‘AC’ the case at the end of the month. If the client is receiving ERDC and medical, the case will be automatically converted from M5 to P2. If the ICR is not returned by the end of the seventh month, the client is no longer entitled to that month's benefits. Clients must reapply to receive benefits.

Send an electronic connection request to DPU when reopening or restoring ERDC benefits to ensure a CCB is issued for that month.

Send the client a Notice of Income and Benefit Calculation (DHS 7294) to show how the income was calculated.

SEE CHILD CARE SECTION F-3. FOR INFORMATION ON CODING WORK HOURS.
4. **Prospective Budgeting for ERDC**

For ERDC, income is budgeted so the anticipated amount is the same for each month including the initial month – see OAR 461-150-0060.

When initial month income is significantly lower (i.e. zero), the initial month is still used to calculate an average for ERDC budgeting. When a client gets a new job, in most cases their initial month will be significantly lower compared to ongoing months. The number of months used to get an average will vary depending on the length of the eligibility period. See examples below.

**Example 1:** If the certification period is six months, add the total anticipated income for six months including the initial month and divide by six.

**Example 2:** A SNAP client in the third month of SRS applies for ERDC in March. The SNAP cert period expires in December with an Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852) due in June; use a four-month average to compute income for March - June. This income calculation will not match SNAP income. Remember to update SNAP income when income is verified upon receipt. At ICR, use the same calculation for both ERDC and SNAP for July – December.

**Example 3:** A SNAP client in the fifth month of SRS applies for ERDC in May. The SNAP cert period expires in December; use an eight-month average to compute income from May to December as an ICR would not be required for ERDC in this example.

If the client turns in the ICR for SNAP (due in June) and income reported on the ICR is different than the ERDC average on PCMS, update ERDC income at the same time as the SNAP income, since the income is verified upon receipt, for July - December.

SEE MULTIPLE PROGRAM WORK GUIDE #22 TO DETERMINE TYPE OF INCOME AND BUDGETING EXAMPLES.
5. **Self-Employment Income for ERDC**

The following is a brief description of how to treat self-employment income in the ERDC program. **Self-employment income must be counted as income, but child care hours during self-employment time are not allowed.** See Counting Client Assets, section C, for more details about allowable costs and a more complete description of self-employment income as it applies to all programs.

*SEE COUNTING CLIENT ASSETS WORKER GUIDE 1 – IDENTIFYING AND BUDGETING SELF-EMPLOYMENT INCOME.*

The self-employment income amount used to determine the client’s copay is usually calculated by allowing a standard 50 percent deduction of the total gross amount received. This deduction is intended to cover the allowable costs of producing the income.

There are only two situations where the standard 50 percent deduction would not be used:

- If the client does not claim costs associated with producing self-employment income, do not allow a deduction;

- If the client can verify the actual cost of producing the income exceeds 50 percent of the total gross, a higher deduction can be used. The amount of the deduction is limited to costs that are verified and fit the definition of an allowable cost described in Section C of Counting Client Assets.

After subtracting the deduction, if any, from the gross self-employment income, what remains is used to determine the copay and is the amount to be coded as SLF on UCMS.

If the self-employment income was reported on the prior year’s tax return and is a reliable indicator of current year income, the income is annualized and the prior year’s return is used to determine income and deductions.

**Self-Employment; Costs That Are Excluded To Determine Countable Income:** 461-145-0920

**Self-Employment; Determination of Countable Income:** 461-145-0930

6. **ERDC Certification Period Lengths and Coding with SRS**

**One- or Two-Month Certification Period** – A one- or two-month ERDC certification period should be used only when it is reasonably certain the income and corresponding child care need will last two months or less, or when a shorter certification period is needed to match the certification date period of a companion OHP or SNAP case.

**Three- to Six-Month certification period** – Three- to six-month ERDC certification period should be used when the amount of income to be received in the certification period can be reliably predicted.
 Twelve-Month certification period (used only with SRS) – A 12-month ERDC certification period is recommended when there is a companion SNAP case participating in SRS.

When there is an open companion SNAP case, align the ERDC certification end date. ERDC certification periods may be anywhere from one to 12 months when aligning end dates. Whenever appropriate, place the case in SRS. Keep in mind the DHS 852 is always sent out in month five of the SNAP certification period no matter when you are opening the ERDC case. See section 2 above for certifying for ERDC in the fifth or sixth month of the SNAP certification period.

**Coding ERDC certification periods with SRS**

An SRS case descriptor and SRS need resource (N/R) date is required for ERDC cases in SRS:

- When establishing a new ERDC certification period in months one through four of the SNAP cert period, the SRS N/R date on PCMS/CMUP should match the Interim Change Report date on FSUP;
- When establishing a new ERDC certification period in months five through 12 of the SNAP cert period, the SRS N/R date should match the ERDC and SNAP end date.

Simplified Reporting System (SRS); ERDC, SNAP: 461-170-0101
Certification Period; ERDC: 461-170-0150

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7. Reporting Requirements and Changes

**For cases in CRS**

Cases in CRS must report the following changes within 10 days:

- A change in child care provider. The client will need a new listing form for the provider if the provider is not already listed. If the new provider is already listed for another client, this can be done electronically without a listing form;

  ➥ SEE CC WG#3 FOR EXCEPTIONS FOR EXEMPT CENTERS.

  ➥ SEE “HOW TO USE THE ELECTRONIC PROVIDER CONNECTION FORM” IN THE *LISTING CHILD CARE PROVIDERS WORKER GUIDE (CC WG#3.3).*

- A change in employment status. This includes getting a new job or losing a job;
- A change in mailing address or residence;
- A change in membership of the filing group. Filing group changes that result in a reduced copay should be acted on for the following month. If the change results in
increased copay, the change should be acted on for the following month only if there is adequate time for a *timely continuing benefit decision notice*;

- A change in source of income expected to continue. This includes a change in hourly or monthly rate of pay or starting to receive other income such as child support. This does not include changes in the number of hours worked or one-time payments that will not continue such as an unanticipated bonus.

**Caution:** Clients will need to report changes required in other programs. If there is a companion SNAP case in CRS and a reported change will affect the SNAP benefit amount, an adjustment of SNAP income is required. Failure to act on the change would result in a SNAP payment error.

**For cases in SRS**

Cases in SRS must report the following changes by the 10th day of the month following the month of occurrence:

- A change in child care provider;
- Monthly income exceeding the SNAP countable income limit (SNAP-F.2);
- Loss of employment;
- A parent of a child or unborn or the spouse of the caretaker moves into the residence.

Act on all changes that are required to be reported for SRS or if the change reported is considered *verified upon receipt*. Changes that are not required to be reported and are not *verified upon receipt*, need to be narrated and acted on at *Interim Change Report For Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) or the next recertification, whichever is earlier.

Reported information is considered “*verified upon receipt*” when the information is not questionable and the provider of information is the primary source. Income changes cannot be verified by the client statement alone.

*SEE SNAP F.8 – “SIMPLIFIED REPORTING SYSTEM” FOR MORE SNAP PROGRAM INFORMATION.*

**Changes and Considerations**

Whether required to or not, if a client reports a change in income that is expected to continue, and will affect the future average, the worker needs to decide whether or not to take action on the ERDC case. ERDC allows for some discretion on the part of the case worker. The decision must be clearly narrated. The ERDC certification period should be shortened or the income recalculated over the remaining months of the period if this will make a significant difference in the copay.
The decision to adjust ERDC income should take into account the ability of the family to pay the current copay if it is not reduced, or an increased copay if income has gone up. Other considerations include the value of keeping the copay amount stable, cost to the program when no adjustment is made for increased income, and workload involved if a family repeatedly requests adjustments for minor income fluctuations.

If the adjustment will result in decreased benefits (an increased copay), notice requirements apply. For example, if a client reports a raise on the 22nd of the month, no adjustment would be made until after the end of the following month, to allow for a timely notice. If the ERDC certification period ends in the meantime, no adjustment would be made. Instead, the new information would be used in calculating the average income for the next ERDC certification period.

Occasionally, an adjustment may require canceling and reissuing a Child Care Billing (CCB) form. This can occur only if the reissued CCB will result in an increase in benefits.

\[\text{FOR INFORMATION ON HOW TO PROCESS THE CHANGES, SEE WORKER GUIDE CC-2: CHANGES IN PROGRAMS, PROVIDERS AND ERDC FILING GROUPS.}\]

\[\text{FOR INFORMATION ON CANCELING AND REISSUING CCBs, SEE SECTION CC-H, PAYMENT PROCESS.}\]

Specific Requirements; ERDC: 461-135-0400
Changes That Must be Reported: 461-170-0011
Simplified Reporting System (SRS); ERDC, SNAP: 461-170-0101
Actions Resulting From Changes in Household Circumstances; Simplified Reporting System (SRS); ERDC, SNAP: 461-170-0103
Certification Period; ERDC: 461-170-0150

### 8. ERDC Income Quick-Reference Chart

This chart does not include treatment of resources because there are no resource limits for the ERDC program.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Exclude</th>
<th>Count as Earned</th>
<th>Count as Unearned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Assistance (461-145-0001)</td>
<td>X</td>
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</tr>
<tr>
<td>Child Support and Cash Medial Support (461-145-0080)</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Contributions (461-145-0086)</td>
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<td>X</td>
</tr>
<tr>
<td>Disability Benefit received monthly or more frequently (461-145-0090)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Disaster Relief (461-145-0100)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Volunteer Services Act (VISTA, RSVP, SCORE, ACE) (461-145-0110)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Type of Income</td>
<td>Exclude</td>
<td>Count as Earned</td>
<td>Count as Unearned</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Earned Income; Treatment (461-145-0130)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Earned income of children</td>
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<td></td>
<td></td>
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<tr>
<td>• Earned income of adults in filing group</td>
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<td>Earned Income Tax Credit (EITC) (461-145-0140)</td>
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<td>Educational Income (461-145-0150)</td>
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<tr>
<td>• Title IV and BIA</td>
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<tr>
<td>• Non-title IV or BIA (remainder after deducting costs)</td>
<td>X</td>
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<tr>
<td>Energy Assistance Payments (461-145-0170)</td>
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<tr>
<td>Food Programs Other than the SNAP Program</td>
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<tr>
<td>Foster Care Payments and Guardianship Assistance Benefits (461-145-0200)</td>
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<td>X</td>
<td></td>
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<tr>
<td>• In filing group</td>
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<tr>
<td>• Not in filing group</td>
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<tr>
<td>Gifts and Winnings (cash) (461-145-0210)</td>
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<td>HUD (461-145-0230)</td>
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<tr>
<td>• Paid to member of financial group</td>
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<tr>
<td>• Youth build</td>
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<tr>
<td>Income-Producing Sales Contract (461-145-0240)</td>
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<tr>
<td>• Income (minus costs)</td>
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<tr>
<td>Independent Living subsidies (461-145-0255)</td>
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<td>Indian/Native American Benefits (461-145-0260)</td>
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<tr>
<td>Individual Education Account (461-145-0145)</td>
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<tr>
<td>(while it accumulates, is kept, and withdrawn for education)</td>
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<tr>
<td>Inheritance (cash) (461-145-0270)</td>
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<tr>
<td>In-Kind Income (461-145-0280)</td>
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<tr>
<td>• Earned</td>
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<tr>
<td>• Unearned</td>
<td>X</td>
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<td>CC-Job Corps (461-145-0290)</td>
<td>X</td>
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<td>JTPA (461-145-0300)</td>
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<td>•needs-based stipend</td>
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<td>• OJT and work experience</td>
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<td>Life Insurance payments to beneficiary (461-145-0320)</td>
<td></td>
<td>X (allow up to $1500 for costs)</td>
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<td>Loans - Interest from loan being repaid to client (461-145-0330)</td>
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<tr>
<td>Lodger income (461-145-0340)</td>
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<td>X (self-empl)</td>
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<tr>
<td>National and Community Services Trust Act (461-145-0365)</td>
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<tr>
<td>• Child care allowance when client pays provider</td>
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<tr>
<td>• Child care allowance when client does not pay provider</td>
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<td></td>
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<tr>
<td>• NCSTA payment if not paid to caretaker of children</td>
<td>X</td>
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<tr>
<td>• NCSTA payment if paid to caretaker of children</td>
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<td>Older Americans Act (461-145-0370)</td>
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<td>Pension and Retirement Plans paid monthly (461-145-0380)</td>
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<td>Personal Injury Settlement (461-145-0400)</td>
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<tr>
<td>Program Benefits (461-145-0410)</td>
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<tr>
<td>• Paid directly to client</td>
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<td>Radiation Exposure Compensation Act (461-145-0415)</td>
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<td>Refunds (461-145-0435)</td>
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<td>Reimbursements (461-145-0440)</td>
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<td></td>
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</tr>
<tr>
<td>• Noncash or used for specific item</td>
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<td></td>
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<tr>
<td>• Non-DHS ICCP reimbursement for child care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Income</td>
<td>Exclude</td>
<td>Count as Earned</td>
<td>Count as Unearned</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
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<td>-----------------</td>
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<tr>
<td>Annuities; Not OSIPM (461-145-0020)</td>
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<td>Royalties Doing activity to accrue royalties</td>
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<tr>
<td>• Not doing the activity</td>
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<tr>
<td>Self-Employment (461-150-0090)</td>
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<tr>
<td>Social Security Benefits (461-145-0490)</td>
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<tr>
<td>Spousal Support (461-145-0505)</td>
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<tr>
<td>Supplemental Security Income (SSI) (461-145-0510)</td>
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<td>X</td>
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<tr>
<td>Strikers’ Benefits (461-145-0525)</td>
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<tr>
<td>Unemployment Compensation (461-145-0550)</td>
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<td>X</td>
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<td>Uniform Relocation Act reimbursement (461-145-0560)</td>
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<tr>
<td>USDA Meal Reimbursement (461-145-0570)</td>
<td></td>
<td>X (self)</td>
<td>X</td>
</tr>
<tr>
<td>• Paid to provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For a financial group’s children</td>
<td></td>
<td></td>
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<tr>
<td>Veterans’ Benefits (461-145-0580)</td>
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<td>X</td>
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<tr>
<td>• Aid and Attendance</td>
<td></td>
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<tr>
<td>• Spina Bifida Payments to Children</td>
<td></td>
<td>X</td>
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<tr>
<td>• Other monthly payments</td>
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<tr>
<td>Victim’s Assistance (461-145-0582)</td>
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<td>X</td>
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<tr>
<td>Vocational Rehabilitation Payment (461-145-0585)</td>
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<td>X</td>
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<tr>
<td>• Payments for food/shelter/clothing (for other see Reimbursement)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Worker’s Compensation (461-145-0590)</td>
<td></td>
<td></td>
<td>X</td>
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</tbody>
</table>
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FOR DMAP (DIVISION OF MEDICAL ASSISTANCE PROGRAMS) WORKER GUIDES, PLEASE VISIT THE DMAP WORKER GUIDES WEBSITE AT:


FOR ADULT PROGRAMS INFORMATION, PLEASE VISIT THE SPD WORKER GUIDES WEBSITE AT:

http://www.dhs.state.or.us/spd/tools/additional/workergd/index.htm
D. **Nonfinancial Eligibility Requirements**

1. **Age and School Attendance**

   To be eligible for CEM, a child must be non-CAWEM and under the age of 19.

   To be eligible for CEC, a pregnant child must be non-CAWEM and under the age of 20.

   To be eligible for MAA, MAF and EXT medical assistance, a child must be under 18 years of age or age 18 and regularly attending school full time. The caretaker(s) may be of any age.

   To be eligible for SAC medical assistance, the person must be under age 21. There are no school attendance requirements for SAC.

   When determining eligibility for OHP medical assistance, use the following age requirements for each OHP category:

   - **OHP-OPU**: A person age 19 or older who qualifies under the 100 percent income limit;
   - **OHP-OPC**: A person under age 19 who qualifies under the 100 percent income limit;
   - **OHP-OP6**: A person under the age of six who qualifies under the 133 percent income limit;
   - **OHP-OPP**: A pregnant female of any age, or their newborn children under the age of one who qualifies under the 185 percent income limit;
   - **OHP-CHP**: A person under the age of 19 who qualifies under the 201 percent income limit.

   For Healthy KidsConnect:

   - For a referral to OPHP, a *non-CAWEM* child must be under the age of 19;
   - For ongoing HKC subsidy benefits (income 201 percent to 301 percent with KCE case descriptor), a child must be under the age of 19.

   For CAWEM, the person must meet the age and school attendance requirements of the program they would qualify for if they met the program’s alien/citizen requirements.

   To be eligible for the BCCM program, a woman must be under age 65. (The BCC Screening program, coordinated by DHS Health Services, has its own eligibility criteria...
for screening services which includes a requirement that the woman be at least 40 years old.)

Definitions for Chapter 461: 461-001-0000
Age Requirements for Clients to Receive Benefits: 461-120-0510
Regular School Attendance: 461-120-0530
Specific Requirements; Healthy KidsConnect (HKC): 461-135-1101
OHP-OPU, Effective Dates for the Program: 461-135-1102

2. **Oregon Residence**

To be eligible for medical assistance, people must be residents of Oregon. They must be currently living in Oregon and intend to remain in the state. There is no requirement that they must have been in Oregon or intend to remain in the state for a minimum amount of time. Residents can leave the state for temporary purposes (e.g., vacation, school attendance, medical treatment, employment) and keep their residency as long as they intend to return to Oregon.

A new resident receiving medical assistance from another state may receive duplicate medical assistance from Oregon, if the person would be eligible in Oregon and would not otherwise receive medical care.

Residency Requirements: 461-120-0010
Incapable of Stating Intent to Reside; EXT, MAA, MAF, OHP, OSIPM, QMB, REFM and SAC: 461-120-0050
Concurrent and Duplicate Program Benefits: 461-165-0030

3. **Eligibility for People in Correctional Facilities**

An inmate of a public institution is not eligible for benefits. An inmate is a person living in a public institution who is:

- Confined involuntarily in a local, county, state or federal prison, jail, detention facility or other penal facility, including a person being held involuntarily in a detention center awaiting trial and a person serving a sentence for a criminal offense;

- Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution;

- Residing involuntarily in a facility that is under governmental control; or

- Receiving care as an outpatient while residing in a public institution.

A public institution is an institution that is the responsibility of a governmental agency or over which a governmental agency exercises administrative control. Administrative control includes but is not limited to ownership and control of the physical facilities and
grounds used to house inmates. A governmental agency exercises administrative control when it is responsible for the ongoing daily activities of a facility; for example, when facility staff members are government employees, or when a governmental agency, board, or officer has final authority to hire or fire employees of the institution. As used in this section, public institution relates to individuals residing in a correctional facility and not a medical facility.

Close benefits for inmates with a basic decision notice effective the last day of the month in which the notice is sent. If the inmate is released prior to the effective date for closure, and DHS is notified of the release prior to the effective date, restore medical benefits.

An individual is no longer an inmate when:

- The person is released on parole or probation;
- The person is on home- or work-release, unless the person is required to report to a public institution for an overnight stay; or
- The person is staying voluntarily in a detention center, jail or county penal facility after his or her case has been adjudicated and other living arrangements are being made for the individual.

Eligibility for Inmates: 461-135-0950
Notice Situation, Nonstandard Living Situations: 461-175-0230

4. **Incarcerated Pregnant Women Receiving Medical Assistance**

An inmate as described in section 3 above is not eligible for benefits. However, a pregnant woman determined eligible for Medicaid assistance is assumed eligible for medical assistance through the date her pregnancy ends.

If a pregnant woman receiving Medicaid assistance becomes an inmate of a public institution, her medical benefits are suspended. However, her medical eligibility continues as an assumed eligible pregnant woman. Upon notification the pregnant woman has been released, her medical benefits are restored without an application if she continues to reside in Oregon.

To suspend medical benefits for a pregnant woman who becomes an inmate of a public institution:

- Create a separate medical case for the pregnant woman if she is not already on her own case;
- Use the “SUSM” incoming code to suspend medical benefits. The case will remain in suspense status for six months before the case is auto-closed showing a “SUSPCL” incoming code;
• Use the “IN” reason code and “IN” notice code. The notice code will initiate the “IN” CMS notice (Pregnant female benefits suspended – Incarceration);

• Add the “INM” case descriptor to the case.

To restore the pregnant woman’s medical benefits upon notification she is no longer an inmate of a public institution:

• Start medical eligibility effective the first day she is no longer an inmate of a public institution;

• Remove the “INM” case descriptor from the case;

• If her eligibility period has already passed, complete a Request for Retroactive Eligibility (DHS 148) form and submit it to Client Maintenance Unit.

When An Application Must Be Filed: 461-115-0050
Assumed Eligibility for Medical Programs: 461-135-0010
Eligibility for Inmates: 461-135-0950

5. Citizen/Alien Status

Alien Requirements Overview

To determine if an applicant meets the alien status requirements (except CAWEM), see section C.1 of the Noncitizens Chapter (NC C.1).

CAWEM applicants who are not documented (do not have a legal immigration status) are not required to declare or provide proof of their citizenship or immigration status. Nonapplicants do not have to meet the citizenship or alien status requirement. Nonapplicants are not required to declare or provide proof of their citizenship or immigration status. The disclosure of information regarding citizenship and alien status for nonapplicants is voluntary.

Note: Nonapplicants are persons who choose not to apply for benefits or who are not eligible to receive benefits, even though they may be required to provide verification of income and resources.

To be eligible for the CAWEM program, a client must be ineligible for EXT, MAA, MAF, OHP (except OHP-CHP), OSIPM or SAC solely because they do not meet citizenship or alien status requirements. See section C.3. of the Noncitizens Chapter (NC C.3).

SEE THE NONCITIZEN CHARTS IN NC-WG#1 FOR MORE INFORMATION.
Citizenship and Alien Status Documentation Requirements

On the medical program application, applicants for Medicaid and CHIP declare whether they are U.S. citizens or not U.S. citizens. If they declare they are a U.S. citizen, most applicants must provide proof of U.S. citizenship and identity. If they declare they are not a U.S. citizen, but that they have a legal immigration or INS status, they must provide proof of their noncitizen status.

Some Medicaid and CHIP clients are considered to have met the U.S. citizenship documentation requirements already and do not need to provide evidence of citizenship:

- SSI recipients;
- Medicare recipients;
- SSDI recipients;
- Assumed eligible newborns born in Oregon. Once determined to be an assumed eligible newborn born July 1, 2006, or later, the client is exempt from providing citizenship documentation. A new system code to track Oregon born AENs has been requested.

If an applicant declares they are not a U.S. citizen and their declared noncitizen status does not meet the alien status requirements, consider CAWEM.

Application Processing

The application requirements are the same for persons declaring U.S. citizenship and persons that declare a noncitizen legal status that meets the alien status requirements.

Instead of waiting for the citizenship or alien status documentation, if the Medicaid or CHIP applicant is otherwise eligible for Medicaid or CHIP, open their Medicaid or CHIP benefits and pend for the citizenship or alien status documentation.

- For new applicants, pend for citizenship documentation for 45 days from the date of request. Remember, do not delay medical benefits to an otherwise eligible applicant who has been pended for citizenship documentation for the first time;
- If an applicant or recipient can get the documentation, but needs extra time, it is possible to authorize an extension of the 45-day pend period, but be very careful to provide a new pend notice with a new date and to track progress. Determine what new pend date to use by jointly determining with the client the length of time you both believe will be necessary;
- If the client is required to provide citizenship documentation and does not provide the necessary documentation within the time allowed, and does not request an extension, medical benefits must be closed with a timely continuing benefit notice;
If they reapply for medical, determine if there was good cause for their not having provided documentation earlier. If there is no good cause, the applicant must provide documentation before their medical can be reopened.

**Notices and CM System Coding**

**CIP/CIE coding for Citizens:** If pending for documentation of citizenship and/or identity, enter the pend information on the *Notice of Pending Status* (DHS 210), *Notice of Information or Verification Needed* (DHS 210A), CMCITPD, CMNCSPD or other notice. At initial pend, add the CIP need/resource to each person needing documentation. If necessary to provide additional time, repend and convert the CIP to CIE. If documentation is provided remove the CIP or CIE coding. If documentation is not provided and the client does not have good cause the CIP/CIE coding will prompt the CM system to send an 80B close notice and end benefits based on the CIP or CIE end date.

**Alien Status Coding:** The CM system does not have coding and automatic notices to support the alien status documentation pend process. New need/resource items and notices will be available soon. A transmittal will be distributed when the notices are available. Until coding is available, track the pend period and if necessary repend to provide additional time for the client to provide the documentation. If documentation is not provided and the client does not have good cause, send a 10-day close notice for failure to provide documentation. A *Notice of Medical Assistance Program Eligibility Decision* (DHS 462A) is not required.

**Examples:**

**Example 1:** Maria has applied for medical for herself and one child April 15. Her child is a U.S. citizen, verified via BBCN and Maria’s identification of her child’s DOB and place of birth on the application. Maria declares she is an LPR and that her LPR status began seven years ago. She meets the alien status requirements, but cannot find her I-551 card. Maria and her child are eligible for MAA except that Maria needs to provide proof of her LPR status and DOE. Open MAA for Maria and her child. Pend Maria to provide documentation.

**Example 2:** Jane is receiving CHP benefits with her mother, Ann Doe. Ann lost her job and applied for TANF/MAA on April 15. Jane and Ann’s citizenship documentation is the only item remaining before MAA can be opened. Convert Jane and Ann to MAA and add the CIP coding for 06/09 to both Jane and Ann.

**Example 3:** Bill applied for OHP for his two children on March 15. The children are eligible for OHP except that Bill lost his children’s citizenship documentation from California. Open the children’s OHP-OPC medical effective April 1 (the date the new policy was effective), add the CIP coding to each child, and add OPC.
need/resource items with end date of 03/2010. Once the citizenship documentation is provided, send a 148 to add the children’s medical from March 15 through March 31. In this example, the certification is 12 months. Following current policy, the initial prorated month does not count toward the 12-month certification.

Example 4: Frank applied for OHP for his two children February 15. The children are eligible for OHP except for citizenship documentation. Open the OHP-OPC medical effective April 1, add the CIP coding to each child, and add the OHP need/resource items with an end date of 02/2010. In this example, consider March the first month when determining the 12-month certification. The initial prorated month does not count toward the 12 month certification, but March does count.

Note: If the benefits for a recipient are closed because they did not provide the citizenship documentation within the time frame allowed, and they reapply after benefits are closed, determine if the individual had good cause for not requesting an extension. If there was good cause, restore the medical and repend, extending the due date. Narrate in TRACS. If there was no good cause, pend for the documentation, but do not open medical while pending for the citizenship or alien status documentation.

Recording Documentation

You may be provided documentation by mail or in person. If mailed, place a copy in the case record and return original documents via regular mail.

You may also be provided documentation from contracted outreach facilities and application assister programs including: Application Assistance Program, Outreach and Enrollment Grant Program, Volunteer Organizations and CHIPRA Application Assisters Program. Outreach facilities and application assister programs can attest they have viewed the original citizenship and identity documents. They use the U.S. Citizenship and Identity Proof Documentation (OHP 7203) (paper only) form to verify which documents they have viewed. We can accept the OHP 7203 when it is date-stamped by the outreach center or application assister and bears the outreach facility or application assister identification code.

- DHS has made a commitment that there will be “no wrong door” for applicants and recipients who are providing documents. If an individual brings original documents to any DHS office or branch, even when the client’s case is in another branch, the following steps must be taken:
  - Accept whatever original documents or certified copies from issuing agencies the client brings in;
  - Copy and return the original documents to the client;
- Date stamp the copies, make a note on them that we have viewed the original documents (some branches have a date stamp that already says this) and sign or initial;

- Some branches review the documents provided, and if the documents meet the requirements of citizenship and identity for this provision, they update the CI Person/Alias Update screen before they send the copies to the appropriate branch. This is a decision that can be made on the branch level;

- Narrate in TRACS that the client brought in documentation; state what the documentation was and what branch it is being sent to, if it is going to another branch;

- If an individual provides fraudulent citizenship related documentation, we are required to report it to the agency that issued the document. For example, if a fraudulent birth certificate is submitted, notify the issuing state’s vital records agency.

Once documented, we should not need to verify a client’s U.S. citizenship status again. The expectation is that the citizenship field on Person/Alias Update will be a key tool in tracking citizenship documentation. If you look on Person/Alias Update and the citizenship field indicates acceptable verification has been provided, you do not need to reverify citizenship.

Noncitizens who declare a legal immigration status and request full benefits need to have their immigration status verified at every redetermination.

Copies of the accepted documents should be included in the case record. We can photocopy passports and other documents marked “Do not copy” for our files.

The case record includes:

- Imaged documents;
- Case file;
- Updated citizenship field on the client’s Person/Alias Update screen Citizenship Field.

The Person/Alias Update citizenship field must be updated to reflect citizenship or alien status. All reports, audits and other reviews will use the citizenship field.

**Acceptable Citizenship Documentation**

States are required to use the most reliable form of citizenship documentation available. A hierarchical list has been provided.
SEE WORKER GUIDE MA-3: CITIZENSHIP AND IDENTITY DOCUMENTATION
HIERARCHICAL LIST FOR THE COMPLETE HIERARCHICAL CITIZENSHIP
DOCUMENTATION LIST.

- “Primary documents” from the hierarchical list are considered the most reliable
  and may be used to document both citizenship and identity;

- However, we can accept secondary documentation if primary documentation is
  available within 45 days, but secondary is already available. We can also accept
  secondary level documentation if a client has a passport but they do not have
  immediate access to it or their birth information is on BBCN;

- If it is determined that the client cannot obtain a higher level citizenship
  documentation within 45 days from the DOR, accept lower level documentation.
  Do not pend for higher level documentation;

- If the applicant or recipient needs to order birth certificates from out of state,
  provide the list or the link to state vital records contacts at:
  http://www.cdc.gov/nchs/w2w.htm;

SEE FSM MULTIPLE PROGRAM WORKER GUIDE MP-3, VITAL STATISTICS, FOR
A LIST OF OUT-OF-STATE VITAL RECORDS CONTACTS.

**Hardship Criteria**

In certain limited circumstances, we may be able to help assist with payments for
citizenship documentation.

Pay via the *Authorization of Cash Payment* (DHS 437) using pay reason 30 or SPOTS
object code 4961. We can pay when the individual is unable to pay for the required
documentation due to:

- Gross income is at or below 10 percent of the federal poverty level (FPL); or

- Liquid resources are less than $100; or

- When income, less shelter and utilities, is less than 10 percent FPL; or

- When the client is homeless; or

- When there is domestic violence.

In circumstances where the individual meets one of these hardships, but has a resource
to pay the cost of documentation, we will allow them to pay for the documents. We will not
purchase driver’s licenses in place of state I.D. We will not pay for passports or
naturalization papers except in very rare circumstances. Consult a Medical Program
Analyst before paying for passports or naturalization papers.

Payments cannot be made to reimburse the applicant or recipient.
To order a birth certificate for clients meeting the hardship criteria:

- Go to the CDC “Where to Write for Vital Records” Web site at: http://www.cdc.gov/nchs/w2w.htm. The Web site has links to each state’s vital records for birth certificate requests;

- Follow the state’s instructions for ordering a birth certificate and complete the required letter or form. The requirements vary by state; for example, some states require the client or the client’s parent sign a statement authorizing the request for a birth certificate;

- Mail the required letter or form requesting the birth certificate. Enclose a pay reason 30 revolving-fund check in the requirement amount.

**Oregon’s Vital Records Screens**

Access to Vital Records screens is limited to viewing. **NEVER PRINT VITAL RECORDS SCREENS!** Narration and updating citizenship documentation fields on the Person/Alias Update screen fully meets the documentation requirements.

We have been given access to screens that provide birth, marriage and divorce data.

The birth screens are:

BBCN Browse by child’s name

- The mother’s birthplace listed on BBCN is self-disclosed and does not meet documentation requirements.

BBMN Browse by mother’s name

You may need to confirm name changes to verify identity. Vital records has also provided access to marriage and divorce screens:

For marriage:

BMBW Browse by bride
BMBH Browse by groom
BMBD Browse by date of marriage

For divorce:

BABW Browse by wife
BABH Browse by husband
BABD Browse by date

We have also been given access rights to death data:

BDBN Browse by name of deceased
The Citizenship/Alien Status Fields on the Person/Alias Update Screen

- To access the Citizenship field on Person/Alias Update, go to the client’s CI-FIND screen. Press F16.

There are three fields that are used to support citizenship. The first field is the “Cit” field. The Cit field indicates if client has met the Medicaid/CHIP required documentation of citizenship, including identification requirement:

An “A” in the Cit field means that the client has provided “Acceptable documentation” and has met the Medicaid/CHIP and HKC documentation requirements. The client has declared U.S. citizenship and provided the approved Medicaid/CHIP documentation of citizenship and identification.

A “D” in the Cit field means the client has declared U.S. citizenship but has not yet provided documentation.

An “X” in the Cit field means the client has not requested Medicaid/CHIP medical assistance or that no information is available.

An “N” in the Cit field means noncitizen who meets Medicaid/CHIP alien status (noncitizen) requirements, i.e., is eligible for full medical benefits (is not limited to CAWEM). A documentation source code is not allowed for persons with an “N” in the Cit field.

Note: Do not code a Refugee with an “N.”

A “C” in the Cit field means noncitizen who has not yet met alien status requirements (if otherwise meets the Medicaid program requirements may receive CAWEM benefit package). A document source code is not allowed for persons with a “C” in the Cit field.

The “V/R” field indicates whether the documentation has been reported but not verified. A “V” means both citizenship and identity meet the requirements.

The next field identifies what source was used to report or verify citizenship and identity. For example, “PS” is the code for passport; “BP” is the code for public birth record and includes Vital Records screen verification such as BBCN.

To update the citizenship fields on Person/Alias Update:

- Tab to the bullet to the left of the “Cit” field. Enter an X on the bullet. Press F13. The Citizenship Update screen will display.
• Enter the appropriate codes in the Cit, V/R, and Src fields. Press F9 to save.

• F3 will return you to Person/Alias Update.

   Application Processing Timeframes; Not Pre-TANF or SNAP: 461-115-0190
   Required Verification; BCCM, EXT, HKC, MAA, MAF, OHP, SAC: 461-115-0705
   Citizen and Alien Status Requirements: 461-120-0110
   Alien Status; Not REF or REFM: 461-120-0125
   Declaration of Citizenship or Alien Status: 461-120-0130
   Assumed Eligibility for Medical Programs: 461-135-0010

6. Social Security Number

To be eligible for medical benefits, all applicants (except assumed eligible newborns and CAWEM applicants) must provide a Social Security number (SSN) or verify they have applied for one as a condition of eligibility.

Applicants who do not have to meet the SSN requirement include:

• A newborn is assumed eligible for medical benefits for up to one year;

• CAWEM applicants.

Nonapplicants do not have to meet the SSN requirement. It is only on a voluntary basis that a nonapplicant provide their SSN. Nonapplicants are persons who choose not to apply for benefits or who are not eligible to receive benefits, even though they may be required to provide verification of income and resources.

If an applicant has not been issued a SSN, assist the applicant in applying for a SSN. If an applicant does not recall their SSN, assist the client in verifying the number.

SEE MULTIPLE PROGRAM WORKER GUIDE #2, VERIFYING CLIENT INFORMATION.

Do not deny or delay medical benefits to an otherwise eligible applicant pending the issuance or verification of an individual’s SSN. However, if an applicant required to meet the SSN requirement refuses to apply for or provide an SSN, the applicant is not eligible for benefits.

Requirement to Provide or Apply for SSN: 461-120-0210

7. Pursuing Assets

To be eligible for medical assistance, people must actively pursue assets for which they have a legal right or claim, i.e., unemployment compensation, workers compensation, Social Security Benefits or any third party which may be liable for payments. However, people applying for one of the department’s programs are not required to apply for other
programs it administers. Persons eligible for CEC, CEM, EXT, HKC, MAA, MAF or SAC are not required to pursue SSI benefits.

To pursue assets, they must apply for and satisfy all requirements to receive benefits from other programs. They must also pursue legal remedies to obtain assets from any other source if they can secure legal counsel on a contingency fee basis. People do not have to pursue loans.

People without good cause who do not pursue assets they may be entitled to are not eligible for medical assistance. This ineligibility ends when they provide evidence that they are willing to cooperate. Only the individual who can pursue the asset is assessed the penalty and loses medical eligibility. Other individuals in the benefit group, such as other adults or children, continue to receive medical assistance.

For example: Unless there is good cause not to pursue, clients who have been in a car accident must help pursue third-party coverage. Clients may be pended for Vehicle Related Personal Injury (DHS 451) or Non-Vehicle Related Personal Injury (DHS 451NV) form.

Pursuing UC

One key asset is unemployment compensation (UC). Most clients applying for or receiving CEC, CEM, HKC, EXT, MAA, MAF, OPC, CHP, OPP and OPU and SAC are required to pursue UC if it could be an available asset.

\[ \text{See MA D.10 for information about MAA/MAF PWE applicants and the requirement to apply for UC to meet deprivation requirements.} \]

As with other assets, pursuing UC means applying for UC and, if eligible, meeting the Employment Department work search (or other) requirements. The eligibility worker can determine whether or not an individual has met the requirement of pursuing UC by checking the ECLM screen. Once the ECLM screen shows the individual has initiated a claim, the eligibility worker can assume the individual will continue to follow through with the Employment Department’s requirements and consider the client to have met the requirement to pursue UC. If an individual does not have good cause not to pursue UC, that person is not eligible for SSP medical program benefits.

If it is later discovered the client did not follow through with meeting the Employment Department’s requirements, after considering good cause, it may be necessary to end their medical benefits.

Example: Dave and his children apply for medical benefits. Dave has a potential UC claim and is pended to pursue this claim. Dave contacts the worker and indicates he has applied for UC, this is confirmed on the ECLM screen. Dave has met the requirement to pursue UC. Dave and his children meet all other eligibility requirements and are determined eligible for MAA. Two months
later Dave files a SNAP application. Upon review of SNAP eligibility, the worker determines Dave did not continue pursuing his UC claim. The eligibility worker considers whether or not Dave had good cause not to pursue the UC claim by calling the client. The eligibility worker determines there is no good cause. Dave is sent a 10-day close notice and a DHS 462A to end his benefits.

Example: John is receiving OPU and reapplies for medical benefits. John has a potential UC claim and is pended to pursue this claim. John contacts the worker and indicates he has applied for UC, this is confirmed on the ECLM screen. John has met the requirement to pursue UC. John meets all other eligibility requirements and is determined eligible for OPU. Two months later John files a SNAP application. Upon review of SNAP eligibility, the worker determines John did not continue pursuing his UC claim. The eligibility worker considers whether or not John had good cause not to pursue the UC claim by calling the client. The eligibility worker determines there is no good cause. John’s OPU benefits will continue for the remainder of his certification period. At the next redetermination evaluate whether or not John has a potential UC claim. If he does have a potential claim and does not have good cause not to pursue UC, consult with a medical policy analyst to determine what John will need to do to meet the requirements of pursuing UC and what to put on the pending notice.

Pregnant women and pursuit of UC

- Unless the pregnant woman has good cause not to apply or is receiving TANF and determined to be JOBS exempt, require pregnant women at initial application (not yet receiving Medicaid benefits) to pursue UC;

- Once the pregnant woman’s Medicaid benefits have begun, she has protected eligibility. Do not require ongoing pregnant Medicaid recipients to pursue UC as part of their eligibility for Medicaid. Once a pregnant woman is receiving Medicaid, she cannot be penalized for refusing to pursue UC.

Note: The Oregon Employment Department will not deny a UC applicant due solely to their being pregnant. Many claimants who are pregnant tell OED they are unable or unavailable to work all hours. This is the reason the claimant is denied, not because they are pregnant, but due to how they answer OED’s questions. In these cases, consider whether or not the individual has good cause for not pursuing UC; if there is no good cause, and it is at initial application, deny the applicant for failure to pursue UC.
Applicants

- MAA and MAF applicants may notify you they will not apply for UC. If an MAA or MAF applicant lets you know they choose not to apply for UC, determine if the client has good cause for not applying. If they do not have good cause, deny just the applicant who refuses to apply. Do not deny anyone else in the filing group such as the children or second parent;

- If you have pended the MAA or MAF applicant to pursue UC and the applicant does not respond to the pend notice (does not contact you about the UC requirement during the pend period), the entire filing group is denied assistance. You can let the CM system deny everyone on the application for failure to complete the application process (“DD” or “AP” denials). The denial is not for failure to pursue UC, but because the client did not complete the application process;

- For OHP, if the adults are not applying for OHP for themselves or if they are applying for OHP-OPU and ineligible because they are new applicants, do not pend the adults for pursuit of UC.

Recipients

When pending a client at redetermination, add the BED coding and send the pend notice to require the client to pursue UC. The pend notice should include a statement directing clients to contact the worker if they have concerns about applying for UC. Notice Writer notice, GS0UCPD, can be used when pending clients to apply for UC.

- If there is more than just UC pended and the client does not respond to the redetermination pend notice, let the CM system send the 77B BED close notice and end benefits for everyone in the household for failure to complete the redetermination process. The CM system will not end benefits for clients who have protected eligibility, such as AENs or women still in their protected eligibility period. The closure is not for failure to pursue UC, but because the client did not complete the redetermination process;

- For OHP only, if there is an ongoing OHP-OPU client and the only item to pend is UC, recertify everyone else in the household. Pend the ongoing OHP-OPU client for UC and add the BED coding. Do not update the STD need/resource end date.

If the client pended for pursuit of UC does not respond to the pend notice, the CM system will send the 77B BED close notice and end benefits for that client. CM will end benefits only for the person(s) whose medical was not recertified. It will not end medical for pregnant women or AENs.

If there is no ongoing OHP-OPU client, do not pend the adults for UC.

For EXT, MAA, MAF and OHP at redetermination/recertification, if a recipient notifies you that they choose not to apply for UC, determine if the client has good cause for not pursuing. If no good cause:
- Send a 10-day close notice and the DHS 462A and end the recipient’s medical benefits. Do not end the benefits for anyone else on the case because the recipient refused to apply for UC. If the recipient is pregnant, do not require her to pursue UC as part of her medical redetermination.

For ongoing medically eligible clients not at redetermination:

- If an ongoing EXT, MAA or MAF client reports a change that indicates they might be eligible for UC, pend the client for UC, unless pregnant. If they do not respond, send a 10-day notice and DHS 462A and end their benefits.

**Guidance for determining good cause**

For CEM, EXT, HKC, MAA, MAF and OHP, if the client has been pended for pursuit of UC and contacts the department within the 45-day pend period with concerns about applying for UC, consider if the client has good cause for not pursuing UC before denying or ending benefits. To qualify as good cause, there must be a circumstance beyond the client’s control for not pursuing.

**Reasons for good cause include but are not limited to:**

- An individual in the ninth month of pregnancy or experiencing a medical condition due to pregnancy. Accept the client’s statement of a medical condition unless questionable;

- An individual who is unable to obtain or maintain appropriate child care and there is not another caretaker in the household who can provide child care;

- There is a recommendation by Child Welfare or other agency that the client should not work;

- An individual who is in the JOBS program and determined to be JOBS exempt;

- An individual going to school and in the Parents as Scholars (PAS) program;

- An individual who is a teen parent and in high school through the JOBS program;

- A teenager who is attending high school or high school equivalent program;

- An individual who is staying home to provide care to a disabled household member;

- A noncitizen who cannot legally work in the U.S. Even if the individual was working under an acquired social security number, they do not have a legal right to pursue UC; or

- An individual working 30 hours or more per week.

**Note:** The pursuit of UC policy applies to SAC children who are receiving behavioral rehabilitation services (BRS) and psychiatric residential treatment services.
(PRTS); however, BRS and PRTS children always have good cause not to apply for UC. (SAC cases are carried by the Children’s Medical Project Team at the OHP Statewide Processing Center.)

Reasons that would not be considered good cause include:

- An applicant applying for the first time who is pregnant and not in the ninth month or experiencing medical complications due to pregnancy;
- An individual attending college is not sufficient good cause. Oregon Employment Department does not automatically deny a UC applicant because they are attending college;
- An individual working less than 30 hours a week; or
- An individual who reports they quit their last job and indicates they will not be eligible for UC due to the job quit. There are many times a claimant is approved for UC benefits when they quit their last job. Let the Employment Department make the decision.

Frequently asked questions and answers

**Question 1**: For DV applicants, can we open medical without having them apply for UC?

**Answer 1**: Yes, you can give them good cause not to apply if it appears they are not available to look for work because of DV issues.

**Question 2**: I have an MAA/TANF client in JOBS. She is attending high school and you are telling me she has to apply for UC?

**Answer 2**: JOBS exempt clients do not have to pursue UC (it is in OAR 461-120-0330). Technically, mandatory JOBS clients need to pursue UC, but I can see why you would not want a teen parent to have to do so as part of her medical eligibility. You can give her good cause for not applying for UC if it would interfere with her JOBS plan. Remember to narrate your decision. (It could turn out to be a QC error if you do not narrate it.)

**Question 3**: Why do we need to pend an OHP client for UC? It does not matter for them because it can not be a part of the three-month income average.

**Answer 3**: At field request and to streamline eligibility, we are no longer requiring OHP clients who are not eligible for benefits or not applying for benefits to apply for UC.
**Question 4:** What if my client tells me he is not going to pursue UC?

**Answer 4:** If he is a new MAA/MAF applicant and refuses to apply for UC, we do not need to pend him for pursuit, but we do have to consider whether he must be denied MAA or MAF. First, consider if he has good cause. If he does not have good cause for refusing to apply for UC, deny just him (just the person who refuses to apply for UC) and open the children and the second parent on the case, if there is one. (The penalty for failure to apply for UC only applies to the person that does not apply for UC). Send him a denial notice explaining the UC issue and a DHS 462A. The person who refused to pursue UC is still in the need group; his income and resources still affect the family’s eligibility.

If he is an ongoing MAA/MAF client at redetermination and he refuses to apply, send him a close notice and a DHS 462A and continue the review process for the rest of the family. Let him know he can change his mind, pursue UC and get back on MAA/MAF at any time.

**Question 5:** My MAA client is pregnant. Does she need to pursue UC?

**Answer 5:** Yes, she does at initial application (unless she is exempt from JOBS participation. JOBS-exempt clients do not have to pursue UC). If she has health concerns or is unable to look for work, you can give her good cause not to apply for UC, but for medical only clients, it is usually better to have clients apply for UC and let the Employment Department make a decision about whether the client is available to look for work. The good news is it is a prudent person (common sense) decision, so you can pretty much do what you want as long as it makes sense and you narrate it. If you are not sure, ask your lead or a policy analyst.

Do not pend pregnant clients already receiving Medicaid to apply for UC. Technically, they are required to pursue UC, but since they have protected eligibility status, we cannot end their benefits because they refused to apply for UC. Rather than create extra workload, the policy decision is not to require pregnant recipients to apply for UC.

**Question 6:** Why make MAA/MAF clients apply for UC if their WBA (weekly benefit amount) will not affect their medical anyway?

**Answer 6:** We called an Employment Department trainer about WBAs. The trainer said that WBA calculations expire and that we cannot know for sure what the current WBA amount is. It is better to have the client apply, let the Employment Department figure it all out and then make a decision.

**Question 7:** My MAA client is working part time and I know he is not eligible for UC because his earnings are over the WBA amount. I do not need to make him apply, do I?
**Answer 7:** Yes, have him apply for UC. Let the Employment Department make the decision. There are lots of ins and outs about UC that we do not know (just like they do not know all our rules).

**Question 8:** My MAF client is a college student. He did not quit a job to go to school but since he is in school I know he can not get UC. Why make him jump through hoops and apply for UC just to be denied?

**Answer 8:** We called an Employment Department trainer about this issue. The trainer said that the Employment Department does not automatically deny UC just because the UC applicant is a student. He needs to apply for UC. If he refuses, deny his medical with a denial notice and DHS 462A and open for the rest of the family.

**Question 9:** My MAA client quit work to go to school. Do I still need to make him apply for UC?

**Answer 9:** Yes. For EXT, MAA, MAF and OHP clients, quitting a job does not automatically make the client ineligible for UC. If he refuses to apply for UC, he will no longer be eligible for CAF SSP medical. Send a 10-day close notice and a DHS 462A and end his medical benefits. Narrate your decision.

**Question 10:** My MAA client applied for UC and I opened the case, but then he did not follow up on the UC.

**Answer 10:** If he does not have good cause, send a 10-day close notice and a DHS 462A and end his benefits.

**Note:** Frequently, there is a time lag from the time the client initially applies for UC and the time the medical is opened. Before opening, check on the UC screens to see if the client is actually pursuing the UC. If not, then determine if the client has good cause. If no good cause, deny just the person who did not pursue UC.

**Question 11:** What if my MAA client does not want to look for work right now?

**Answer 11:** This is a single-parent MAA only client (not JOBS exempt)? If so, unless she has good cause for not looking for work, send her a pend notice. If she does not start pursuing UC, send a 10-day notice of reduction and DHS 462A and end her medical. (Do not end medical for anyone else in the filing group.)

**Question 12:** My MAA CWM client just lost his job. Do I need to pend him for UC?

**Answer 12:** Yes, but only if he could be eligible for UC. Do not pend if UC is not an available asset. For example, if he is using someone else’s SSN or does not have a work
permit, it is not an available asset and there is no reason to pend him. Narrate why you did not require him to apply.

Requirement to Pursue Assets: 461-120-0330
Determining Availability of Income: 461-140-0040
Personal Injury Claim: 461-195-0303

8. **Pursuing Assets; Health Care Coverage and Cash Medical Support**

To be eligible for medical assistance, most people must pursue available health care coverage or cash medical support for members of the benefit group. Requirements vary by program, depending upon whether the asset is health care coverage or cash medical support.

**Health Care Coverage Cooperation**

Cooperation in pursuing health care coverage includes, but is not limited to, applying for, accepting, and maintaining all available cost-effective health care coverage and identifying and providing information to the department in obtaining health care benefits.

**Medicare**: Adult clients must make a good-faith effort to obtain coverage under Medicare.

**Pursuing claims for damages**: Adults must pursue a claim for damages from personal injuries, including the completion of the *Vehicle-Related Personal Injury* (DHS 451) and *Non-Vehicle Related Personal Injury* (DHS 451NV) personal injury forms.

**Employee-sponsored health care coverage**: Cooperation with health care coverage means that persons (except for pregnant women, OHP-CHP-eligible individuals, OHP-OPU-eligible individuals and persons excused for good cause) eligible for medical assistance are required to:

- Apply for, accept and maintain cost-effective, employer-sponsored health insurance.

Insurance is considered cost-effective when the employee’s share of the premium is equal to or less than the Cost-Effective Health Insurance premiums (HIP) standard. If the insurance is not cost-effective, the person cannot be required to apply for or accept the insurance. See Specific Eligibility Requirements, section E of this chapter (MA E) for more information about obtaining employer-sponsored, cost-effective health insurance.

**OHP-OPU clients**: Cooperation with health care coverage includes the requirement that OHP-OPU clients cooperate with the FHIAP application process. In the OHP-OPU program, a person (except for American Indians/Alaska Natives; persons eligible for Indian Health benefits; and persons eligible under CAWEM) who has group health insurance available (but is not enrolled) through an employer is required to:
• Cooperate in determining eligibility for the Family Health Insurance Assistance Program (FHIAP). Under FHIAP, a person receives a monthly subsidy to cover a portion of the person’s health insurance premiums;

• If eligible for FHIAP, the person must apply for and accept the health insurance and enroll all OHP-OPU recipients on the case who are eligible for the insurance.

Eligibility under the OHP-OPU program ends and the person receives assistance for the health insurance premiums under FHIAP. If not eligible for FHIAP, the person is not required to enroll in their employer’s insurance and, if otherwise eligible, continues to receive benefits under the OHP-OPU program.

**Cash medical support:** Cash medical support is cash ordered to aid the custodial caretaker in meeting medical needs for the child. Cash medical support is part of the requirement to cooperate with the Division of Child Support and is included in the “Cooperation with the Division of Child Support” subsection below.

**Cooperation with the Division of Child Support**

Applicants for Medicaid assistance are required to agree to cooperate with the Division of Child Support to obtain health care coverage or cash medical support through a noncustodial parent unless they have good cause not to cooperate.

**Exceptions to the requirement to cooperate with the Division of Child Support:**

• Parents of OHP-CHP and HKC children are not required to cooperate with the Division of Child Support;

• Pregnant women are excused from cooperating with the Division of Child Support;

• Persons with good cause not to cooperate with the Division of Child Support (see the Good Cause subsection below).

Most Medicaid clients cannot be required by the department to complete paternity affidavits or pursue health care coverage or cash medical support at initial application or at redetermination of Medicaid eligibility. Signing the application is proof the client has agreed to cooperate. However, if the Division of Child Support sanctions an adult applicant for failure to cooperate during the application process, the adult applicant who failed to cooperate is denied. Use the CSM case descriptor to identify applicants denied for failure to cooperate.

**What cooperation with the Division of Child Support includes:**

Medical program recipients (except OHP-CHP clients, HKC clients, pregnant women and persons excused for good cause) are required to:

• Assist the department and the Department of Justice, Division of Child Support in establishing paternity for a child and obtaining health care coverage and cash medical support;
Assign cash medical support payments to the department. Once Medicaid coverage for a child receiving cash medical support begins, the Division of Child Support will send the cash medical support payment to the Division of Medical Assistance Programs (DMAP).

SEE THE CHILD SUPPORT CHAPTER FOR INFORMATION ON THE ASSIGNMENT PROCESS AND HOW TO IDENTIFY THE CASH MEDICAL SUPPORT PAYMENT

Applying the penalty for noncooperation with health care coverage and cash medical support:

Adults who do not cooperate and do not have good cause, are not eligible for medical assistance. There is no ineligibility for pregnant females who refuse to cooperate.

Note: Medical-only clients may be disqualified for failure to pursue a cash medical support order. They cannot be disqualified for failure to pursue cash support not specifically dedicated to medical expenses.

Additionally, only the individual who can legally assign rights and obtain the insurance is assessed the penalty for failure to meet this requirement, or in other words, loses medical eligibility. The other individuals in the group, such as other adults and children, continue to receive Medicaid.

Ineligibility for medical assistance ends when the person provides evidence that they are willing to cooperate.

Good cause for not cooperating with the Division of Child Support:

A person is excused for good cause from the requirement to obtain health care coverage or cash medical support from the Division of Child Support if:

- Cooperation would result in emotional or physical harm to the dependent child or to the person. The person’s statement alone is sufficient evidence that harm would result. Additional evidence is not necessary to grant good cause;
- Continuing efforts to establish paternity or obtain medical support would be detrimental to the dependent child because the child was conceived as a result of rape or incest. The person’s statement alone is sufficient evidence on the issues of conception and detrimental effect to the child. Additional evidence is not necessary to grant good cause;
- Legal proceedings are pending for the adoption of the child;
- The parent is being helped by a public or licensed private social agency to resolve the issue of whether to release the child for adoption.

People who claim good cause for refusing to cooperate on grounds other than those listed above have 20 days from the date of refusal to provide the statement or evidence. If they have difficulty getting evidence, allow a reasonable time to provide the information.
Consider them to have good cause if they have made a good-faith effort to provide verification but are unable to do so.

Medical Assignment: 461-120-0315
Requirement to Pursue Assets: 461-120-0330
Clients Required to Obtain Health Care Coverage and Cash Medical Support; CEM, EXT, GAM, MAA, MAF, OHP (except OHP-CHP), OSIPM, SAC: 461-120-0345
Clients Excused for Good Cause from Compliance with OAR 461-120-0340 and -0345: 461-120-0350
Personal Injury Claim: 461-195-0303

9. **FHIAP Referral Process; OHP-OPU Program**

An OHP-OPU applicant who has access to (but is not enrolled in) group health insurance available through his or her employer must cooperate in determining eligibility for the Family Health Insurance Assistance Program (FHIAP). Exempt from this requirement are OHP-OPU clients who are American Indians/Alaska Natives, persons eligible for Indian Health benefits and for persons eligible under CAWEM.

For an OHP-OPU applicant to complete the application process, the Group Insurance Information form (442-091) is required. Once the application process is completed, medical assistance eligibility is determined.

If eligible:

- Certify OHP medical benefits;
- Make a referral to FHIAP for the OHP-OPU eligible person by mailing the Group Insurance Information form (442-091) along with a copy of the medical assistance application to:

  FHIAP  
  PO Box 5880  
  Salem, OR 97304-0880

When a person receiving benefits under the OHP-OPU program reports he or she has access to (but not enrolled in) group health insurance available through his or her employer, the person needs to have the Group Insurance Information form (442-091) completed by the employer and returned. A referral is made for the person by simply mailing the Group Insurance Information form to FHIAP.

The referral will be processed by FHIAP to determine if the OHP-OPU person is eligible for a subsidy under that program. If eligible for FHIAP, the OHP-OPU person must apply for and accept the health insurance.

FHIAP staff will notify the OHP-OPU client and the OHP-OPU client’s eligibility worker of the FHIAP eligibility determination:
If FHIAP eligible, FHIAP staff will notify the OHP-OPU client’s eligibility worker when a subsidy will start. The eligibility worker will end OHP-OPU benefits, send a decision notice and narrate the information on TRACS;

If not FHIAP eligible, FHIAP staff will notify the OHP-OPU client’s eligibility worker and the person of the reason for the FHIAP denial.

A person eligible under a medical assistance program other than OHP-OPU can choose to receive benefits under FHIAP, if eligible for that program. However, a person cannot receive benefits from both programs. Clients should be advised to notify FHIAP that they have applied for DHS medical. Clients who receive FHIAP and DHS medical concurrently may incur a FHIAP overpayment.

10. Deprivation for MAA/MAF

Determining Deprivation for a Child

In order to receive MAA or MAF, a dependent child must be deprived of parental support or care because of absence, death, incapacity, unemployment or underemployment of a parent.

When a child lives with one parent or does not live with any parent, the basis of deprivation is the continued absence or death of a parent. When a child lives with both parents, the basis of deprivation is either unemployment, underemployment or incapacity of a parent.

Note: Not all children in a MAA or MAF need group will have the same basis of deprivation.

Deprivation Based on Death

If either parent of a child is deceased and the other parent has not remarried, or has remarried but the stepparent is not living in the home, the child meets deprivation based on death.

Deprivation Based on Continued Absence

Continued absence may exist when the child lives with only one parent or does not live with any parent and the absent parent has been or is expected to be gone from the household for at least 30 days. The parent is considered absent when any of the following is true:
• He/she lives in a separate residence and does not visit the child in the child’s home more than four times or 30 hours per week;

• He/she is confined to an institution and the confinement is anticipated to last more than 30 days;

• He/she is living in the child’s home only to serve a court-imposed sentence by performing unpaid public work and unpaid community service during the workday;

• The dependent child is adopted by a single parent and the parent is not living with a spouse;

• More than one person is identified as the child’s father and legal paternity has not been established.

The parent is not considered absent when:

• The absence is due to the parent’s participation in the uniformed services of the U.S;

• Both parents, though not living together, make day-to-day decisions about the child’s life and the child sleeps at least 30 percent of the time during the calendar month in the home of each parent;

• The absence is due to employment, education or training. For example, the parent is gone while looking for work outside the area of their residence or their employment, education or training takes them out of their residence.

When parents have shared custody of a child it will be necessary to determine what percentage of nights the child sleeps in the home of each parent. To do this the worker may need to ask the client what nights of the week the child sleeps in the home of the absent parent. Once this information is made available calculate the percentage by dividing the total number of nights a month the child sleeps in the home of the absent parent by the number of days in that month. If the percentage is 30 percent or greater, there is no deprivation based on continued absence. Also, if a child sleeps in both parents’ homes consistently at least three nights a week, that is more than 30 percent of the time.

Example: Sarah and her child Charlie turn in an application requesting medical benefits, DOR 01/25/10. Sarah indicates that Charlie’s father Robert helps make day-to-day decisions concerning Charlie. She also indicates that Charlie stays every other weekend at Robert’s house. The worker calls Sarah and determines that Charlie stays Friday and Saturday nights at Robert’s house and in January he stayed with Robert every other weekend starting with the weekend of January 1. Using a calendar and the information provided the worker determines that Charlie slept at Robert’s house six nights in the month of January. Calculation: 6 nights /
31 days in January = 19%. Even though Robert and Sarah both make day-to-day decisions about Charlie, Charlie only sleeps 19 percent of the time during the calendar month in Robert’s home. Deprivation is met based on continued absence.

Example: Dawn and her child Travis request medical benefits. Dawn reports that she has joint custody of Travis with his father John. Both parents make day-to-day decisions concerning Travis. Dawn states that Travis consistently stays with her from after school on Monday until Friday morning when he leaves for school (four nights a week). John picks him up from school on Friday, and Travis stays with him until Monday morning (three nights a week). Although Travis is in Dawn’s household most of the time, because he sleeps in each parent’s house at least 30 percent of the time (Calculation: 3 nights/7 nights = 42%) and both parents make day-to-day decisions about Travis, there is no deprivation based on continued absence for the MAA or MAF programs. Eligibility for OHP should be considered.

Deprivation Based on Incapacity

Deprivation based on incapacity exists when one parent is unable to work or has a physical or mental condition that is expected to last at least 30 days and substantially reduces the parent’s ability to provide adequate care or support for the child. The condition must be verified by medical documentation. Deprivation based on incapacity is considered met when a child lives with both parents and at least one parent is receiving SSI or SSB based on disability or blindness.

Medical Documentation

Deprivation based on incapacity exists when there is medical documentation that a client’s physical or mental condition prohibits them from being employable for at least 30 days from the date the client requests benefits. Medical documentation must be in writing and contain all the following:

- A diagnosis in medical terminology, including an explanation of whether the impairment limits the individual’s ability to perform normal functions, and if so, how;
- A prognosis, including an expected recovery time frame;
- Clinical evidence from physical examination, psychiatric evaluation, X-rays or laboratory procedures. This evidence must include objective findings: i.e., specific data supporting diagnosis of a condition that causes unemployability or incapacity, either on a medical or psychiatric basis.

To determine eligibility, the division will accept medical evaluations from medical and osteopathic doctors, visual evaluations from optometrists and mental evaluations from licensed clinical psychologists and psychiatrists. The division will accept supplemental medical and vocational information to augment evaluations from acceptable medical sources from a licensed social worker, licensed physical or occupational therapist or licensed nurse practitioner.

If the applicant is unable to provide medical documentation, authorize an administrative examination payment. The payment may be for just a report from the doctor or for a medical or psychological evaluation and report.

For more information about administrative exams, please see chapter VIII of the DMAP Worker Guide.

Using Administrative Medical Examinations: 461-125-0810
Medical Documentation; Disability and Other Determinations: 461-125-0830

**Deprivation based on Unemployment or Underemployment**

Deprivation based on unemployment or underemployment exists when a child lives with two parents and the household meets the following criteria:

- The Primary Wage Earner (PWE) is unemployed or underemployed. The PWE is the parent who earned the most money in the 24 months before requesting medical. The PWE is considered unemployed or underemployed if their monthly earned income is less than the countable income limit for the need group;

FOR INFORMATION ABOUT REQUIREMENTS TO PURSUE AVAILABLE ASSETS, INCLUDING UNEMPLOYMENT COMPENSATION, PLEASE SEE SUBSECTION 7 ABOVE.

Deprivation Based on Unemployment or Underemployment of the Primary Wage Earner (PWE); MAA, TANF: 461-125-0170
Unemployment or Underemployment of the Principal Wage Earner (PWE): 461-125-0190

- The PWE is not participating in a labor dispute;

- The PWE is not separated from their most recent employment for any of the following reasons:
  - Discharged or fired for misconduct, felony or theft;
  - Voluntary Quit in anticipation of discharge or without good cause.

**Note:** The following are not considered to be “misconduct”:
• Isolated instances of poor judgment;
• Good faith errors;
• Unavoidable accidents;
• Absences due to illness or other physical or mental disability;
• Mere inefficiency resulting from lack of job skills or experience;
• Compelling family reasons, when the individual has made the attempt to maintain the employer-employee relationship.

**Note:** If an individual’s most recent employment ended because they were unable to work due to a disability or medical condition documented by a qualified and appropriate professional and it is expected to last 30 days or more, consider deprivation based on incapacity.

**What is the most recent employment?**

The most recent employment is the last job the PWE had prior to the date of request for medical benefits that meets the two tests below:

1. The job was within the past 12 months from the date of request for medical benefits; and
2. The PWE was hired to work 100 hours or more per month, worked or was scheduled to work at least 100 hours in their final month on the job.

*Example:* Thomas, Maria and their two children are applying for medical benefits. Maria is determined to be the PWE. Maria’s most recent employment at McDonald’s ended three months ago. She was hired to work 90 hours/month and worked 80 hours her last month at McDonald’s. Prior to working at McDonald’s, Maria worked at Target. Her employment with Target ended eight months ago. She worked 120 hours her last month at Target.

*Question:* What job would be considered as Maria’s most recent employment for the purposes of determining deprivation?

*Answer:* McDonald’s is the last job that Maria had but she was not hired to work 100 hours or more per month and she did not work at least 100 hours in her final month on the job. Maria’s job at Target was within the past 12 months and she worked at least 100 hours in her final month on the job. Target is the job we would consider as Maria’s most recent employment.

If the PWE does not have a job that meets the two tests above, the family has cleared deprivation based on under or unemployment. If the PWE does have a job that meets the
two tests above, the reason for separation from the most recent employment must be determined. Eligibility workers can make a decision about whether or not an individual has good cause for their most recent job quit without waiting for a decision from the Employment Department.

Jobs that would not be considered under this rule:

- Work experience, sheltered work, JOBS Plus assignments and On-the-Job training (OJT) which are related to a JOBS case plan;
- Volunteer or unpaid employment; and
- Temporary or limited duration employment to include but not limited to Workforce Investment Act (WIA), summer jobs, jobs connected to federal or state stimulus funding, day labor or on-call jobs, etc.

Parents as Scholars: 461-190-0199

Once a parent is determined to be the PWE, their status cannot change while the family remains continuously eligible for MAA/MAF, unless:

- The other parent later provides evidence that they should have been the PWE at the time of application; or
- The parent who is the PWE is out of the household group for at least one full calendar month. If so, the branch office must redetermine which parent is the PWE.

Determined Primary Wage Earner (PWE); MAA, MAF and TANF: 461-125-0150

**Note:** An individual who is on Family Medical Leave Act (FMLA) from their current job is considered to still be working. Therefore, the employment separation would not be a factor because they have not been separated from their job.

Guidance for determining good cause

If the client is separated from their most recent employment consider whether or not they have good cause for the separation.

Reasons for good cause include but are not limited to:

- Circumstances beyond the control of the applicant such as layoff; employer went out of business; or natural disaster preventing the individual from going to work;
- A teen parent returning to high school or equivalent;
- An individual fleeing from or at risk of domestic violence;
• An individual in the ninth month of pregnancy or experiencing a medical complication due to pregnancy. Accept the client’s statement regarding a medical condition unless questionable;

• Unable to obtain or maintain appropriate child care;

• Court order;

• Employer was unable or unwilling to provide needed accommodation;

• Unsafe workplace, risk to an individual’s health and well-being;

• Employer engages in employment practices that are illegally discriminatory on the basis of age, sex, race, religious or political belief, marital status, disability, sexual orientation or ethnic origin;

• Entered, or will be entering within the next 30 days, a residential treatment facility;

• Recommendation by Child Welfare or other agency; or

• A client in the Parents as Scholars (PAS) program who leaves their job to return to school.

Example: Faduma, who is pregnant, her husband and their child apply for medical. Faduma is the PWE and indicates she quit her last job due to complications with her pregnancy. She was unable to continue doing the work at her most recent employment and the employer was unwilling to change her duties and make accommodations. Faduma indicates she is still having complications due to her pregnancy.

The eligibility worker determines she had good cause for her most recent job separation and also gives her good cause not to pursue a UC claim. The eligibility worker determines deprivation based on under/unemployment and narrates how this decision was made.

Example: John, his wife Petra and their children apply for medical. John is the PWE and indicates last week he was laid off from Walmart where he worked 20 hours a week. He worked at Walmart for four months. Six months ago John was working for Lowe's 40 hours a week. Lowe's is the job considered to meet the most recent employment definition. John states he has medical issues that prevented him from working in the lumber department at Lowe’s where he was stationed. Lowe's refused to accommodate his needs and move him to another department so he quit.

The eligibility worker gives John good cause for the job separation from Lowe's and determines that deprivation exists based on under/unemployment.
Note: A separate eligibility requirement is pursuing UC. If John or Petra has a potential UC claim, consider whether or not they must pursue the UC claim.

SEE MA D.7, PURSUIT OF ASSETS

If the PWE left their most recent employment to accept another job we could consider it good cause only when:

- The offer was definite;
- Work was to begin in the shortest length of time as can be deemed reasonable under the individual circumstances;
- The offered work must have been reasonably expected to continue; and
- Would have paid an amount greater than the work the PWE left.

Example: Samuel and Carrie and their child are applying for medical. Samuel is determined to be the PWE. Samuel was working for FedEx when he quit to accept employment with UPS. He worked 120 hours in his last month at FedEx. He was hired to work at UPS and had a start date to begin one week after his job with FedEx ended. Samuel was told he would be working only 90 hours a month but would be making $3.00 more an hour. At the time Samuel was hired, UPS did not anticipate any future layoffs. Two months after Samuel started working for UPS the economy declined and he was laid off.

FedEx would be considered as Samuel’s most recent employer. Samuel left FedEx to accept employment at UPS. His job with UPS met the following conditions: it was a definite offer; his start date was within a reasonable amount of time from his end date with FedEx; at the time he started working for UPS it was reasonably expected he would continue; and he was being paid more then his work at FedEx. The worker can give good cause for the FedEx job ending.

If the eligibility worker determines the PWE has good cause for their most recent job separation and it is later determined the PWE was denied UC, consider good cause for the UC denial. If the PWE does have good cause, narrate the findings and continue benefits at the current level. If the PWE does not have good cause look at converting the case to OHP.

Example: Carl, his wife and children apply for medical. Carl is the PWE and indicates his most recent employment ended due to a lay off. The eligibility worker determines deprivation exists and narrates this decision. A month later a SNAP application is processed for the family and the eligibility worker views Carl’s ECLM screen. The screen indicates Carl was denied UC due to theft. The eligibility
worker determines there was no good cause for the most recent job separation and there is no deprivation. The worker reviews for OHP using the day this decision was made as the DOR.

Reasons that would not be considered good cause include:

- Leaving work rather than paying union membership dues;
- Leaving work to attend school, unless required or allowed by law or OAR;
- Refusing to join a bona fide labor organization when membership therein was a condition of employment;
- Willful or wantonly negligent failure to maintain a license, certificate or other similar authority necessary to the performance of the occupation involved, so long as such failure is attributable to the individual; and
- Resignation to avoid what would otherwise be a discharge or potential discharge for misconduct, theft or felony.

When the PWE is Self-Employed

PWEs who are self-employed are also affected by these eligibility requirements. First, the worker will determine if the self-employment job would be considered the PWE’s most recent employment. The calculation to determine if the client worked at the self-employment job for at least 100 hours a month is based on the gross income made per month divided by Oregon minimum wage. If the self-employment job is the PWE’s most recent employment the worker needs to decide whether or not the client has good cause for their job ending.

Example: Frank, Sheila and their children are applying for medical benefits. Joey is determined to be the PWE. He last worked three months ago in his self-employment job. He was selling goods at the Saturday Market. He earned $600.00 in the final month.

Question: Would Frank’s self-employment job be considered his most recent employment?

Answer: No. $600/$8.40 (current minimum wage) = 71.4 hours, which are less than 100 hours.

Once a parent is determined to be the PWE, their status cannot change while the family remains continuously eligible for MAA/MAF, unless:

- The other parent later provides evidence that they should have been the PWE at the time of application; or
• The parent who is the PWE is out of the household group for at least one full calendar month. If so, the branch office must redetermine which parent is the PWE.

Note: An individual who is on Family Medical Leave Act (FMLA) from their current job is considered to still be working. Therefore, the employment separation would not be a factor because they have not been separated from their job.

Determining Primary Wage Earner (PWE); MAA, MAF and TANF: 461-125-0150

Determining Deprivation for a Child/Unborn Without Legal Paternity

If the mother and the alleged father of the dependent child or unborn are living together, and either the mother or the alleged father claims the alleged father is, in fact, the father and no other man has been identified as the father, deprivation for the child is based on two parents in the household: i.e., incapacity or un/underemployment.

After MAA/MAF benefits have been approved, both parents must cooperate with DCS to establish paternity. The parent who refuses to cooperate will be disqualified according to the rule on DCS disqualifications.

Note: Medicaid clients at application or at redetermination have minimal DCS cooperation requirements. They must complete and sign the application, but cannot be required to complete paternity affidavits or any additional tasks.

Determining Deprivation for Child/Unborn Without Legal Paternity: 461-125-0050

Change in Basis of Deprivation

When a change occurs that could affect a child’s deprivation status, initiate a redetermination using the date the household reported the change as the date of request (DOR). Give the filing group up to 45 days from the DOR to establish their eligibility using a different basis of deprivation. If they do not provide documentation by the 45th day and do not have good cause, send a 10-day notice of closure. No DHS 462A is required. If the case has been BED coded, the CM system will send the 77B BED close notice automatically.

SEE MEDICAL ASSISTANCE B.3 AND B.6 FOR MORE INFORMATION ON REDETERMINING BENEFITS BASED ON REPORTED CHANGES AND DECISION NOTICE REQUIREMENTS.
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E. Specific Eligibility Requirements

1. Medical Assistance Assumed (MAA)

To be eligible for MAA, a client must be a dependent child or a caretaker relative of a dependent child. However, a dependent child or caretaker relative cannot receive MAA while foster care payments are being made for the child.

There is one exception. If a child in foster care is expected to return within 30 days, the caretaker relative may be eligible for MAA based on the expected return of the child. Confirm the expected return date with CW.

Caretaker relatives can also receive MAA if their only child is an SSI recipient or their child is ineligible for MAA only because citizenship has not been documented yet.

Either parent whose only child is an unborn child can qualify for MAA if the mother’s pregnancy has reached the calendar month before the month in which the due date falls.

The father of the unborn child can receive MAA even before the mother’s pregnancy has reached the calendar month before the month in which the due date falls if there is another dependent child in the filing group.

Example: Mary is pregnant, due in six months. She is living with Dan, the father of the unborn and her three children from a previous relationship. Dan is the PWE. He was laid off from his last job and receives a small amount of UC, but the family is still under the MAA income limit. Mary and Dan are not married, but they meet the two-parent deprivation requirements based on unemployment. Even though Mary is not due for six months, everyone qualifies for MAA, including Dan.

A minor parent continues to be eligible for MAA if they lose TANF eligibility because they refuse to live with a parent or adult relative, or if they go over income due to deeming when they are required to return to live with a parent. The minor parent must also continue to meet all other TANF requirements.

People disqualified from TANF only because they have not cooperated with JOBS or substance abuse/mental health requirements are eligible for MAA as long as they continue to meet all other TANF eligibility requirements.

Persons serving a TANF or SNAP intentional program violation (IPV) penalty may still qualify for MAA, even if not pregnant.

Assumed Eligibility for Medical Programs: 461-135-0010
Specific Requirements; MAA, MAF, and TANF: 461-135-0070
2. **Medical Assistance to Families (MAF)**

When a family or child becomes ineligible for or is denied MAA because of their household composition or income, determine eligibility for MAF medical assistance prior to converting to EXT or other OHP Plus medical program.

Family members may be eligible for MAF when ineligible for MAA under the following situations:

- **Situation 1:** If a blended (yours/mine/ours) family is ineligible for MAA because of income, resources or other program requirements, eligibility may exist by forming separate filing groups under MAF.

  For MAF, a blended family is one in which there is at least one child or unborn in common and the parents are unmarried. To fit in situation 1, there must also be at least one other child in the household from a prior relationship. If the only child is an unborn child in common, it is a situation 2 family (see below).

- **Situation 2:** A family is over income for MAA because of income from the father of an unborn child. If the father of the unborn child is not married to the mother and there are no other dependent children, the mother and the unborn child form a separate filing group. **Deem** the father’s income to the mother. If the father of the unborn is also the father of another child in the household, consider situation 1. Do not begin MAF benefits until the calendar month before the month in which the due date falls. For both MAA and MAF, if the only child is an unborn child, there is no eligibility until the month before the calendar month in which the due date falls.

- **Situation 3:** A family is over income for MAA because of income from an ineligible noncitizen. Eligibility for MAF may exist by **deeming** the noncitizen’s income to the MAF need group.

  When deeming the noncitizen’s income, deduct the payment standard of the people who do not meet the citizenship or alien status requirements. However, explain to the family that they may choose not to apply for MAF benefits for one or more of their noncitizen children. If the family so chooses, deduct the payment standard for as many noncitizens as are needed to make the balance of the filing group eligible for MAF benefits.

  For example, if there is an adult noncitizen and two noncitizen children who do not meet the alien status requirements, but only the adult has income, you may choose to deduct the payment standard for the adult only. The two noncitizen children may receive MAF CWM.

  In families with more than one ineligible noncitizen with income, it is possible to remove only one of the ineligible noncitizens from the filing group. For example, in a family with an ineligible noncitizen mother who earns $350 a month, an ineligible noncitizen father who earns $400 a month and one citizen child, the...
father can be removed and his income deemed, making the mother MAF CWM and the child MAF. Or, if more advantageous to the family, the mother and father can be removed, making the child MAF eligible.

- **Situation 4**: A family is over income for MAA because of income from the spouse of a needy caretaker relative. The spouse with income is removed to form a separate MAF filing group. If the spouse has any dependent children, they must be removed also. **Deem** the spouse’s income to the MAF need group.

- **Situation 5**: A family with self-employment income is over income for MAA. Eligibility for MAF may exist by allowing for actual costs of producing self-employment income.

  ➤ **See counting client assets C (CA C) for more information.**

Filing Group; EXT, MAA, TANF: 461-110-0330
Filing Group; MAF and SAC: 461-110-0340
Specific Requirements; MAA, MAF, and TANF: 461-135-0070

3. **Extended Medical Assistance (EXT)**

Family members who are eligible for and receiving MAA or MAF may qualify for a period of EXT Medical after their eligibility for MAA/MAF ends.

**When an MAA/MAF Filing Group May Be Eligible for EXT:**

- The filing group must have become ineligible for MAA/MAF because of an increase in the caretaker relative’s earnings or because of child support received. Do not require verification of the increased earnings or support.

  - If another change occurs in conjunction with the increase in the caretaker relative’s earnings or in child support received, the filing group is not eligible for EXT if the other change, by itself, would have made the filing group ineligible for MAA/MAF.

**Example:**  
Anita and her two children, William and Sara, are receiving MAA when Robert, Anita’s husband, returns to the household. His earned income puts the family over the income limit for MAA.

*The filing group is not eligible for EXT. It was not an increase in the caretaker relative’s earnings that caused the filing group to become ineligible for MAA. While Robert is a caretaker relative, it was the earnings that he already had when he joined the filing group that made the filing group ineligible (not an increase in his earnings).*
EXT Eligibility Period

- If eligibility is a result of increased earnings of the caretaker relative, the eligibility period is for 12 months. Code with the AE2 need/resource item (more on coding below within this section).
  
  - There is no requirement that the family receive MAA/MAF for three of the six months prior to the beginning of the EXT period. However, to qualify for EXT based on increased earnings of the caretaker relative, the person has to have been eligible for and receiving MAA/MAF.
  
  - If a filing group meets the eligibility requirements for EXT based on a combination of increased income from the caretaker relative’s earnings and child support, even if either increase by itself does not make the filing group ineligible for MAA or MAF, the filing group’s eligibility period is based on increased earnings.

- If eligibility is a result of increased income due to child support, the eligibility period is for four months. For EXT based on an increase in child support, the following requirements apply:
  
  - At least one member of the MAA/MAF filing must have been eligible for and receiving MAA/MAF in three of the six months prior to the beginning of the EXT eligibility period.
  
  - Do not count months the family received Medicaid in another state towards the three-of-six months requirement.
  
  - Do not count months on EXT towards the three-of-six months requirement.
  
  - The three-of-six month requirement does not have to be consecutive months.
  
  - If MAA/MAF was received for at least one day in a month, the whole month is counted.

- Retroactive MAA/MAF eligibility counts in determining if the filing group meets the three-of-six months requirement for a family that goes over the income limits due to an increase in child support.

SEE MEDICAL ASSISTANCE E. 6 FOR MORE INFORMATION ABOUT DETERMINING ELIGIBILITY FOR RETROACTIVE MEDICAL ASSISTANCE.

Specific EXT Requirements

- Persons must have been members of the MAA/MAF benefit group when those benefits ended to be included in the EXT benefit group.

Example: Sally and her son Seth were receiving MAA until Sally received a promotion which put her over the MAA income limit. They are now
receiving EXT. Sally’s daughter Joanne joins the household while the family is receiving EXT benefits.

Joanne is included in the EXT filing, financial and need group, but is not included in the EXT benefit group because she was not in the MAA benefit group when those benefits ended.

Example: Allison’s MAA medical closed because she did not complete her redetermination. When she reapplied two months later for MAA for herself and her daughter Janie, she was over income for MAA because an increase in child support.

Allison and Janie are not eligible for EXT. They received MAA for three of the previous six months, but she was not receiving MAA when she went over the MAA income limit due to the increase in child support.

- The filing group must include a dependent child. A filing group is no longer eligible for EXT if it does not include a dependent child, but may regain EXT eligibility if it again includes a dependent child.

- Members of a benefit group who become ineligible for EXT may regain eligibility for EXT if they again meet EXT eligibility requirements.

Example: John and his two children became ineligible for EXT because they moved out of state. They moved back to Oregon and again met the eligibility requirements for EXT.

John and his children may be eligible to receive EXT for the remainder of the EXT eligibility period.

Example: Don, Cheri and their daughter Jenny are receiving EXT. Don moved out of the household. Cheri and her daughter continue to receive EXT, but Don loses eligibility.

If Don returns to the household, he may regain EXT eligibility for the remainder of the EXT eligibility period.

**EXT CM Coding and Support**

When EXT eligibility is based on increased child support:

- EMS with end date = fourth month

  - Enter this N/R when converting a CM case to EXT. The end date should be the fourth month of the EXT eligibility period.
- The CM case will automatically close at the end of the fourth month. An advance close notice and application packet will be mailed to the client prior to closure.

- When EXT eligibility is based on increased earned income:
  - AE2 with end date = 12th month

  (a) Enter this N/R when initially converting a CM case to EXT. The end date should be the 12th month of the EXT eligibility period. An EXT approval notice will automatically be mailed to the client.

**EXT Effective Date**

- If reported timely, start EXT medical the first of the month following the last month of MAA/MAF eligibility. No 10-day notice is required. Because no 10-day notice is required, some TANF/MAA cases will convert to TANF/EXT before the TANF can be closed. An individual can receive TANF and EXT on the same CM case. This applies even if the client is in the MRS.

**Note:** *When the family goes over the income due to an increase in child support, make sure the family has met the “three-of-six” months MAA/MAF criteria.*

**Example:** *Paul and Paula have been receiving MAA for the last six months. On December 30, they report timely that Paul has a new job and they will be over income for MAA in January. Begin EXT medical effective January 1.*

- If an MAA/MAF client does not report an increase in income or child support timely, they may still be eligible for EXT. The EXT eligibility begins the first of the month the household went over income for MAA/MAF.

**Reminder:** *The budget month used for the EXT determination is the month the client timely reports increased earnings or child support that will make them over the MAA/MAF income limit. If not reported timely, the budget month is the month before the month the client exceeded the MAA/MAF income limit due to increased earnings or child support.*

4. **Medical Assistance to Children in Substitute or Adoptive Care (SAC)**

To be eligible for the SAC program, an individual must be under the age of 21 and:
• Live in substitute care covered by title IV-E of the Social Security Act.

• Live in a foster care or private institutional setting for which a public agency of Oregon is assuming at least partial financial responsibility.

• Live in an intermediate care facility, including an intermediate care facility for people with mental retardation, or a licensed psychiatric hospital.

• Receive independent living subsidy payments from the department to assist the individual to live independently when foster care payments were discontinued.

• Is a child for whom an adoption assistance agreement from another state is in effect, regardless if a payment is being made.

• In a state-subsidized adoptive placement, if an adoption assistance agreement is in effect between a public agency of Oregon and the adoptive parents indicating title IV-E or Medicaid eligibility.

A child in substitute care must meet all TANF nonfinancial and financial eligibility requirements.

Children subject to an adoption assistance agreement described above are assumed eligible for the SAC program.

When a child moves to Oregon from another state where an adoption assistance agreement is in effect between an agency in that state and the adoptive parents, the other state usually sends forms to Oregon’s DHS Adoption Assistance Unit indicating the family has moved to Oregon and is eligible for medical assistance. Those forms are forwarded to the Children’s Medical Project Team at the Oregon Health Plan branch. The team establishes medical assistance for the child and notifies the family of the coverage.

Instead of sending adoption agreement forms to the DHS Adoption Assistance Unit, a few states send the forms directly to the adoptive parents making them responsible for applying for the child’s medical assistance at the local branch office. See section B.1., Application for Medical Assistance, of this chapter for information on the SAC application process.

Assumed Eligibility for Medical Programs: 461-135-0010
Specific Requirements; SAC: 461-135-0150

5. Citizen/Alien-Waived Emergent Medical (CAWEM) Medical Assistance

To qualify for CAWEM, a person must meet all the nonfinancial and financial eligibility requirements for another medical assistance program, except the citizen/alien status and Social Security Number requirements.
Exception: There is no CAWEM eligibility under the OHP-CHP category.

You do not need to make a decision about whether the person is in need of immediate medical treatment or in need of childbirth (labor and delivery) services. Medical decisions are determined by the person’s medical provider pursuant to the administrative rules of the Office of Medical Assistance Programs. If a medical provider has questions about whether a condition is covered, they should contact DMAP at 1-800-336-6016.

Medical assistance is authorized under the program (MAA, MAF, OHP and SAC) for which the person would qualify if they met the citizen/alien requirement. CAWEM clients will receive a medical coverage letter when their case opens that says:

“COVERAGE IS LIMITED TO EMERGENCY MEDICAL SERVICES. LABOR AND DELIVERY SERVICES FOR PREGNANT WOMEN ARE CONSIDERED AN EMERGENCY.”

A child born to a CAWEM mother is an assumed eligible newborn (AEN). Add the child’s medical eligibility to the case using the AEN need/resource code.

Specific Requirements; Citizen/Alien-Waived Emergent Medical (CAWEM): 461-135-1070
OHP-OPU; Effective Dates for the Program: 461-135-1102

6. Retroactive Medical Assistance

When people are determined eligible for BCCM, MAA, MAF, OSIPM, QMB-DW, REFM or SAC, they may be eligible for retroactive medical assistance. People determined eligible for OHP are not eligible for retroactive medical assistance.

Eligible people may qualify for retroactive medical assistance for up to three months preceding their date of request. For example, if the date of request is August 7 and retroactive medical eligibility is established, retroactive eligibility begins May 7.

Eligibility is determined on a month-by-month basis. A person may be eligible in any one or all three of the months.

Except for SSN requirements, cooperation with DCS and JOBS requirements, they must meet all of the program’s eligibility requirements for each retroactive month.

People who are eligible for CAWEM because they met all the eligibility requirements (other than alien status) for MAA, MAF or SAC, are eligible for retroactive medical benefits as mentioned above. Clients who are eligible for CAWEM through OHP are not eligible for retroactive medical benefits. This is because there is no eligibility for retroactive medical benefits for OHP except one working day; therefore, people who receive CAWEM through OHP would not be eligible for retroactive benefits.

Example: John and his two children, Paul and Marie, were approved for MAA medical on their date of request, May 13. Marie has unpaid medical
bills from February 16. It is determined that the family met financial and nonfinancial MAA eligibility requirements for each of the three months (February, March, April) prior to the date of request.

Start medical for Marie on February 16, the date the unpaid medical expenses incurred. Use the RM case descriptor to indicate retroactive medical. The rest of the family starts on the date of request.

Example: Same scenario as above, except that the family did not meet MAA financial requirements in March or April (they met all requirements in February).

Start medical on the date of request (May 13). Submit a Request for Retroactive Eligibility (DHS 148) to HMU for February.

Example: Frank and Mary have a February 15 date of request. They are not eligible in the initial budget month of February, but the worker floats the budget month to March and finds they are eligible for MAA effective March 1. They have a retroactive medical need for January 10 and February 16.

The worker reviews the family’s MAA eligibility for January and finds them eligible for MAA on January 10.

Start medical effective March 1. Submit a Request for Retroactive Eligibility (DHS 148) to HMU for January. There is not retroactive medical eligibility for February.

Specific Requirements; Retroactive Medical: 461-135-0875
Effective Dates; Retroactive Medical Benefits: 461-180-0140

7. OHP Eligibility Categories: Overview

To qualify for medical assistance under the OHP program, a person cannot:

- Be receiving or deemed to be receiving SSI benefits;
- Be eligible for Medicare, unless the person is a pregnant woman;
- Be receiving Medicaid assistance through another program; or
- Be enrolled in a health insurance plan subsidized by the Family Health Insurance Assistance Program (FHIAP).

OHP includes five categories of people who may qualify for medical assistance. The first category is used to determine eligibility for nonpregnant adults who are 19 years of age and older. Eligibility for pregnant women is always determined using the fourth category.
There are additional categories used to determine eligibility for children. Always determine eligibility for children beginning with the second category, OHP-OPC, before moving on to the other three categories. If the family’s income exceeds the OHP-OPC income limit (100 percent), determine if the children might qualify under other categories, such as OHP-OP6, OHP-OPP or OHP-CHP.

Specific Requirements; OHP: 461-135-1100

8. **First OHP Category: Oregon Health Plan (OHP-OPU Program)**

This category includes uninsured nonpregnant adults who are in a filing group with income under the (OHP-OPU) 100 percent income limit.

To be eligible for OHP-OPU, a person must be 19 years of age or older and must not be pregnant. An OHP-OPU person is referred to as a health plan new/noncategorical (HPN) client.

There are three groups of medical applicants that may be considered for OHP-OPU:

- Clients recertifying for OHP-OPU benefits without a break in assistance, and

- Clients converting from child welfare medical, BCCM, EXT, GAM, MAA, MAF, OHP-OPC, OHP-CHP, OHP-OPP, OSIPM, REFM or SAC to OHP-OPU without a break in assistance.

- Persons randomly selected from the OHP Standard Reservation List. To qualify, the randomly selected person can establish a DOR on or after the random selection date through 45 days from the date the *Oregon Health Plan (OHP) Standard Reservation List – OHP Application (OHP 7210R)* was mailed.

**Note:** Individuals whose names are added to the Standard Reservation List will be sent an OHP 7210 application with the words “7210P” and “confirmation application” on the label. DHS/AAA offices may receive these OHP 7210 applications. Workers at local branches should date stamp the applications and forward these applications to 5503. The OHP Statewide Processing Center (Branch 5503) will process these applications.

SEE WORKER GUIDE #7 FOR MORE INFORMATION ABOUT THE OHP STANDARD RESERVATION LIST PROCESS.

“Without a break in assistance” means that the OHP-OPU client requesting recertification established a DOR before their current certification expired.

“Without a break in assistance” also means a client converting from child welfare medical, BCCM, EXT, GAM, MAA, MAF, OHP-CHP, OHP-OPC, OHP-OPP, OSIPM, OYA medical, REFM or SAC applied for medical benefits while still receiving their prior
medical program benefits. It could also mean that their worker re-evaluated the client’s medical eligibility because of a reported change or eligibility review.

Example: John is under age 60 and not receiving any medical benefits. He calls his local SSP branch office and says he has just been selected from the OHP Standard Reservation List. The application that was sent out when John signed up for the reservation list has already been denied as he had not yet been selected. The designated branch person adds his DOR to the Reservation List Web site and tells John he will get an application in the mail.

Example: John submits a DHS 415F application and says he has an emergent need for medical. Following his branch’s emergent need process, his OHP-OPU eligibility is pended. The worker updates the pend reasons on the Reservation List Web site.

Example: Later John turns in the pended items. The worker opens his CM system case, adding an LST need/resource item with John’s reservation number from the Reservation List Web site. The worker also updates John’s reservation on the Reservation List Web site to show John has been approved for OHP-OPU.

Example: Tina is a single adult who is not pregnant, has no children, and has no disabilities. She is currently not receiving benefits under any DHS medical program and was not randomly selected from the OHP Standard Reservation List. She may not be considered for OHP-OPU.

Example: Marvin is a single adult who was selected from the OHP Standard Reservation List on October 15. He was mailed a letter letting him know he had been selected and that he needed to establish a DOR within 45 days of the date the OHP 7210R was mailed. The OHP 7210R was mailed October 26. On January 15, Marvin called his local SSP office and asked for medical. He may not be considered for OHP-OPU.

Example: Curt is a single adult who is receiving OHP-OPU. His certification ends on August 31. Curt turns in his recertification in timely in August. Since Curt has reapplied timely, he can be considered for OHP-OPU.

Example: Larry is receiving OHP-OPU and his children are receiving OHP-OPC. His certification ends on August 31. He turns in his recertification late on September 1. His family is not eligible for MAA or MAF. Although his children can be considered for OHP, Larry cannot be considered for OHP-OPU.
Example: Barry was selected from the OHP Standard Reservation List on July 15. On July 27, Barry submitted an OHP 7210 application to recertify his children's medical. On the application, he also requested medical for himself. The eligibility worker checked on the Standard Reservation List Web site and found that Barry had been selected July 15. Using the July 27 DOR, the worker determined that Barry is eligible for OHP-OPU benefits and opened Barry's OHP Standard benefits effective July 27.

Example: Mary established a DOR for herself on August 15. The worker checked on the OHP Standard Reservation List and discovered that Mary was selected on July 15 and an OHP 7210R will be mailed September 10. Using the August 15 DOR and the August budget month, the worker determined Mary was over income for OHP-OPU in August. Mary indicated her income would drop for September, so the worker floated the budget month to September and determined Mary qualified for OHP Standard benefits effective September 1. Since even an initial full-month prorated month doesn't count toward the six month OHP-OPU certification, Mary's certification end date is March 31, 2011.

Example: Frank applies for medical on September 1. The worker checks on the Standard Reservation List Web site and sees that Frank was mailed an OHP 7210R on July 15. Since it has been more than 45 days since the OHP 7210R mail date and Frank is not eligible for any SSP or SPD program, the worker denies the application and send a DHS 462A.

Example: Raul calls and establishes a DOR on October 2. Support staff narrates and sends Raul an application. November 2, Raul’s application arrives at the branch. The worker sees that Raul has been selected from the list on October 15th. The worker processes Raul’s application and finds him eligible for OPU. The worker starts medical on the selection date of Oct 15.

SEE MEDICAL ASSISTANCE CHAPTER B.3 FOR MORE INFORMATION REGARDING THE REQUIREMENT TO REVIEW FOR ALL MEDICAL PROGRAMS.

In addition to other OHP eligibility requirements, an OHP-OPU client:

- Must not be covered by private major medical health insurance. Private major medical health insurance means health insurance coverage that provides medical care for physician and hospital services, including major illnesses, with a limit of not less than $10,000 for each covered individual.

SEE MEDICAL ASSISTANCE CHAPTER D.9 FOR MORE INFORMATION REGARDING THE FHIAP REFERRAL PROCESS WHEN HEALTH INSURANCE IS AVAILABLE THROUGH AN EMPLOYER.
• Must not have been covered by private major medical health insurance during the six months preceding the effective date for starting medical benefits. The six-month waiting period is waived if:
  - The person has a condition that without treatment would be life-threatening, or would cause permanent loss of function or disability;
  - The person’s private health insurance premium was reimbursed under the provisions of OAR 461-135-0990;
  - The person’s private health insurance premium was subsidized through FHIAP; or
  - A member of the person’s filing group was a victim of domestic violence.

**Note:** OPU applicants receiving services through Indian Health Services or who have TPL that the tribe pays for are still eligible for OPU.

• Some applicants who receive medical benefits through the Veterans’ Administration (VA) are not eligible for OHP. VA benefits are considered major medical. There are VA hospitals in Portland and Roseburg. There is also a VA hospital in Walla Walla, used by many Oregon veterans. There are clinics in Eugene, Bandon, Salem, Klamath Falls, Brookings, Bend, White City and Warrenton. If an applicant has access (or has had access in the prior six months) to care through a local VA facility (including the Walla Walla hospital), they are usually not eligible for OHP benefits. If the client says the hospital or clinic is not accessible or says that the Veterans benefits do not cover their medical needs, then the client may be OPU eligible. If you are not sure, contact a medical policy analyst.

• Must meet the following eligibility requirements:
  - OHP resource limit.
  - OHP budgeting requirements (using only the two-month income average to determine eligibility unless DV).
  - Payment of premiums unless exempt.

**Higher Education Students.** When an OHP-OPU person is attending a higher education institution full time, they are not eligible unless they:

• Are in a program serving displaced workers under section 236 of the Trade Act of 1974.

• Meets the income requirements for a Pell grant, which means that either:
  - The student’s Student Aid Report shows an “expected family contribution” less than $5,274 for the 2010-2011 school year; or
The student is eligible for a Pell grant and provides documentation of eligibility from the school’s financial aid office.

Higher education institutions include all public and private universities, colleges and community colleges. Also included are all post-secondary vocational or technical schools that are eligible to accept Pell grants.

ABE, ESL, GED and high school equivalency programs are not considered higher education.

Full-time attendance at colleges and universities is enrollment of 12 or more credit hours per term or semester for undergraduates, and nine hours for graduate students. For vocational or technical schools, full-time status is attending classes and other required activities at least 12 hours per week.

A student’s enrollment status continues during school vacation and breaks. It ends when the student graduates, drops out, reduces their hours, is suspended or expelled or does not intend to register for the next school term (excluding summer term).

The Department of Education determines Pell Grant eligibility from a student’s financial aid application, titled the Free Application for Federal Student Aid (FAFSA). Eligibility is based on a formula called the Expected Family Contribution (EFC). Each year, Congress sets the ceiling for the EFC. For the 2009/2010 school year, the EFC limit was $4,618. For the 2010/2011 school year, the EFC limit is $5,274. If the student’s EFC figure is less than the limit, the student meets the OHP Pell grant requirement. The student does not have to be actually receiving a Pell grant to meet this OHP requirement.

After financial eligibility is determined, the student is sent an award letter, the Student Aid Report (SAR), which lists the EFC. All higher education students must either provide a copy of their SAR, or for undergraduates, a financial aid award letter from their school to verify they meet the OHP Pell grant requirement.

- If an undergraduate student has an EFC at or below the EFC ceiling, their SAR will state that they are eligible to receive a Pell grant.

- Graduate students cannot receive the Pell grant because it is an undergraduate program. However, all graduate students applying for financial aid complete a FAFSA and receive an SAR that includes their EFC figure.

To verify whether students are displaced workers under the Trade Act of 1974:

Step 1 Access ECLM. If the function key “10) TRA” does not appear at the bottom of the screen, the person is not a dislocated worker covered by the Trade Act.

Step 2 If the function key (it will be highlighted) appears at the bottom of the screen, the person is potentially eligible. For these persons, press F10 to access the Trade Act claim screen (ERTC). Look at the column beginning with “Prior SSN,” then go down 10 lines to the “Trng” field. If today’s
date is within the beginning and end dates in this field, the person is currently in a program under the Trade Act.

Specific Requirements; OHP: 461-135-1100
OHP-OPU; Effective Dates for the Program: 461-135-1102
Eligible and Ineligible Students; OHP-OPU: 461-135-1110
Reservation Lists and Eligibility; OHP-OPU: 461-135-1125

Oregon Health Plan Program Premiums. When an OHP-OPU benefit group includes one or more nonexempt persons, a monthly premium is billed to the household. All clients eligible for OHP-OPU, if not exempt, are responsible for payment of premiums. Clients are exempt from paying a premium if they meet one of the following:

- Have OHP countable income at 10 percent or less of the Federal Poverty Level. Clients may become exempt due to income when their OHP is recertified. They may also become exempt within a certification, but only when the benefit group’s OHP income is reduced to 10 percent or less of the FPL when an OHP-OPU client leaves the benefit group or when two OHP certified households are combined during a certification.

- American Indians and Alaska Natives – American Indian/Alaska Native tribal membership or eligibility for benefits through an Indian Health Program (HNA Case Descriptor).

- Are CAWEM (CWM Case Descriptor) eligible only.

Once the amount of the premium is established, the amount does not change during the certification period unless one of the following occurs:

- An OHP-OPU client becomes pregnant.

- A client becomes eligible for OHP-OPU following her assumed eligibility period as a pregnant female.

- An OHP-OPU client becomes eligible for another medical assistance program.

- An OHP-OPU client leaves the benefit group.

- OHP cases are combined during their certification periods.

A premium is considered paid on time when the payment is received by the OHP Billing Office on or before the 20th day of the month for which the premium was billed. The day the payment arrives in the OHP Billing Office’s post office box is the date it is received. A premium not paid on time is past due.

**Note:** Once determined eligible, OHP-OPU clients cannot be found ineligible for benefits during a certification period for failure to pay past due premiums. Past due premiums only affect eligibility at certification and recertification.
A nonexempt OHP-OPU client can be found ineligible for not paying premiums as follows:

- An OHP-OPU applicant who does not resolve unpaid premiums during the application processing time frame is denied.

- An OHP-OPU applicant joining an OHP filing group is denied if the applicant has a premium arrearage or the filing group includes a person with a premium arrearage and the unpaid premiums are not resolved during the application processing time frame.

**Determining Eligibility for OHP-OPU Applicants with Unpaid Premiums.** When applying or reapplying under the OHP-OPU program, a nonexempt applicant must pay all billed premiums to be eligible. Premiums must be paid before the applicant can be recertified. Include the requirement to pay premiums on the pend notice. If the unpaid premiums are not resolved within the 45 days from the date of request, deny medical assistance for that applicant.

Past arrearage can be canceled if the arrearage was incurred while the person was exempt from the requirement to pay a premium. As of June 1, 2006, clients with OHP countable income of 10 percent or less of the FPL when the premium is calculated at certification, American Indians and Alaska Natives, and clients eligible under the CAWEM program are exempt.

The department will not attempt collection on any arrearage that is over three years old.

**Updating the CM case**

If exempt from paying premiums, code “WE” in the WAIV field on the UCMS screen.

If the premiums have been paid or adjusted to zero, but the CM case still has a “K” premium status, use the “CD” waiver code to bypass the online edits. If you do not use the WE or the CD coding, the OHP-OPU’s medical will end during overnight processing.

**Premium Requirement; OHP-OPU: 461-135-1120**

The computer determines the amount of the monthly premium by determining the number of persons in the need group, their average monthly income, and the number of nonexempts in the benefit group.

The following table may be used to calculate the premium amount:
### OHP PREMIUM by FPL

<table>
<thead>
<tr>
<th>Number in Need Group</th>
<th>Percentage FPL</th>
<th>Premium Amount Billed for Each Nonexempt OPU Client</th>
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<tr>
<td>&lt; 10% to 50%</td>
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<td>9.00</td>
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<tr>
<td>50% to 65%</td>
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<td></td>
<td>20.00</td>
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</table>

### OHP PREMIUM EXEMPT BY INCOME AMOUNT

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<th>Number in Need Group</th>
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</thead>
<tbody>
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<tr>
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<td>10% of FPL</td>
</tr>
</tbody>
</table>

OHP Premium Standards: 461-155-0235

Premiums are collected by the Oregon Health Plan Premium Billing Office. OHP premium bills will state where and how to send in payments.

**By mail:**

OHP Premium Billing Office  
PO Box 1120  
Baker City, OR 97814

Payments should be made by check, money order or cashier’s check or over the phone using Visa, MasterCard or Discover. People who come to a branch office wanting to pay their premiums should be told to send payments to the above address. Their premium notice includes a return envelope. For questions about the billing (whether a payment was received, etc.), call the OHP Billing Office at one of the numbers listed on the billing notice toll-free 1-888-647-2729, or TTY: 1-866-203-8931.
9. **Second OHP Category: Oregon Health Plan for Children (OHP-OPC)**

These are persons under the age of 19 in a filing group with income under 100 percent of the income limit. If income is at or above 100 percent, the person may qualify at either the OHP-OP6 (133 percent) or OHP-CHP (201 percent) level. However, assumed eligible newborn children under the age of one who are at or above the OHP-OP6 (133 percent) are to be coded OHP-OPP and not OHP-CHP.

10. **Third OHP Category: Oregon Health Plan for Children Under Age 6 (OHP-OP6)**

These are persons under the age of six in a filing group with income over the OHP-OPC (100 percent) income standard, but below the OHP-OP6 (133 percent) income limit.

Specific Requirements; OHP: 461-135-1100

11. **Fourth OHP Category: Oregon Health Plan for Pregnant Females Under 185 Percent and Their Newborn Children Under One Year of Age (OHP-OPP)**

This category includes pregnant females in a filing group with income below the 185 percent income limit and their assumed eligible newborn children at or above the OHP-OP6 (133 percent) income limit.

Specific Requirements; OHP: 461-135-1100

12. **Fifth OHP Category: Oregon Health Plan for Children (OHP-CHP)**

These are persons who may qualify for medical assistance under the Children’s Health Insurance Program (CHIP). The CHIP program is not a Medicaid Title XIX program, but is provided through another federal program, title XXI, which was a provision of the federal Balanced Budget Act of 1997. They are under the age of 19 who are not eligible under the OHP-OPC, OHP-OP6 or OHP-OPP categories. The financial group’s income must be over the OHP-OPC (100 percent) income limit for children ages 6 through 18 or over the OHP-OP6 (133 percent) income limit for children under age 6 or over the OHP-OPP (185 percent) income limit but below the OHP-CHP (201 percent) income limit.

OHP-CHP persons must meet all the following requirements:

- Must provide or apply for an SSN.
- Verification of Citizenship or alien status requirements.
- Must not be pregnant with income less than 185 percent (code OHP-OPP if pregnant and less than 185 percent of the FPL).
- Pregnant children (under age 19) with income from 185 percent to 201 percent of the FPL may receive CHIP. Do not forget to add the new CDU (CHIP DUE) need/resource item, unborn child and father of the unborn to the CHIP child’s CM case.

**Note:** Eligibility for pregnant CHIP women is limited. If the pregnant CHIP woman loses CHIP eligibility at redetermination (turning age 19 or at the end of the CHIP 12 month certification), convert to Continuous Eligibility for CHIP pregnant children.

**Note:** SEE SECTION 16 BELOW FOR MORE INFORMATION ABOUT CONTINUED ELIGIBILITY FOR CHIP PREGNANT CHILDREN.

- With a few exceptions listed below, the child must not be covered by private major medical health insurance. Private major medical health insurance means health insurance coverage that provides medical care for physician and hospital services, including major illnesses, with a limit of not less than $10,000 for each covered individual.

- Do not delay CHIP eligibility solely because the child is covered by Kaiser Child Health Program or Kaiser Transitions Program medical. Kaiser will end their medical after the CHIP medical eligibility is opened.

**Note:** Effective March 26, 2010, the OHP Statewide Processing Center (Branch 5503) will process SSP applications for children in Kaiser Permanente’s Child Health Program or Transitions Program. Fax the application to 5503 at 503-373-7493. A cover letter was developed to support the process. Be sure to include the “Attention” cover letter when faxing the application. The cover letter will be posted to the SSP medical Web site the week of March 29.

- Do not delay CHIP eligibility solely because the child is receiving services through Indian Health Services or has major medical paid for by the tribe. Be sure to send HIG a DHS 415H with the Indian Health Service coverage information. Include the information that the coverage does not affect CHIP eligibility.

- For children who are eligible for CHIP and have been covered by private major medical health insurance, verify the TPL has ended before opening CHIP benefits. To verify the TPL has ended, the worker can call the employer or the insurance provider. If more information about the insurance provider is needed, i.e., phone number or policy number, workers can request a copy of the insurance card or have the client complete the Medical Resources (DHS 415H) form.

- Unless covered by Kaiser Child Health Program, Kaiser Transitions Program, Indian Health Services or tribal paid health coverage, the child must not have been covered by any private major medical health insurance in the past two months. The two-month waiting period is waived if any of the following are true:
- The person has a condition that without treatment would be life-threatening or cause permanent loss of function or disability (accept the client’s statement);

- The loss of health insurance was due to a change in employment (includes children whose COBRA coverage has ended or whose parents choose to end COBRA coverage.);

- The person’s private health insurance premium was reimbursed by a HIP payment;

- The person’s private health insurance premium was reimbursed under the policy for Reimbursement of Cost-Effective Employer-Sponsored Health Insurance.

- The person’s private health insurance premium was subsidized by FHIAP or by the Office of Private Health Partnerships (OPHP);

- A member of the filing group was a victim of domestic violence and accessing the private health insurance would cause safety concerns.

Note: If a domestic violence situation exists but the perpetrator is not the policy holder of the private health insurance and accessing the private health insurance does not cause any safety concern, then the waiver does not apply.

Specific Requirements; OHP: 461-135-1100

Note: Remember the parents of CHIP children should never be forced to apply for, accept, and maintain other health insurance coverage as this is not an eligibility requirement in the CHIP program like it is in Medicaid.

When a person is in a hospital and becomes ineligible for OHP because they no longer meet the age requirement for their category, they can continue to be eligible for OHP until the end of the month in which they are discharged from the hospital.

13. Third-Party Insurance (TPI), Health Insurance Premium Payments (HIPP) and Private Health Insurance (PHI) Reimbursements

Third-Party Insurance (TPL) – Other private or employer-sponsored insurance

When a client is identified as having private or employer sponsored health insurance, it must be added to MMIS because Medicaid, in most cases, is the payer of last resort. Other insurance policies are also known as third-party resources, third-party liability (TPL) and health care coverage (HCC).

The Health Insurance Group (HIG) verifies third-party insurance policies and then updates MMIS. Effective September 2009, HIG also:
- Adds a TPL exemption to MMIS so clients with TPL are not auto-enrolled into a
  managed health care plan (FCHP or PCO). HIG does not add exemptions for
dental or mental health plans.

Note: TPL exemptions only prevent auto-enrollment. They do not prevent manual
enrollment. Before enrolling, workers should check MMIS to be sure clients are
not already enrolled, have an active exemption or have active TPL.

If the client is already enrolled in an FCHP or PCO, HIG disenrolls the client from the
plan effective the last day of the month.

DHS 415H – Medical Resources form

Clients are required to report to the department when members of their household who
are receiving or applying for Medicaid have other insurance. This is done by completing
a Medical Resources form (DHS 415H). Once completed by the client or a worker, the
DHS 415H is sent to the Health Insurance Group (HIG). HIG verifies the insurance with
the insurance carrier and updates the TPL file in MMIS. The DHS 415H should be sent to
HIG for new insurance and when existing insurance ends or changes.

DHS 156 – Request for Rush Verification of Third Party Insurance form

If a client is having an emergency and is unable to get prescriptions or other medical
services due to inaccurate TPL information in MMIS, a worker can request “Rush”
processing by e-mailing the DHS 156 form to HIG at Referrals, TPR. In most cases rush
requests are done the same day they are received.

Health Insurance Premium Payment (HIPP)

When a person living in the household has employer-sponsored group health insurance
that covers a household member who is eligible for a medical assistance program (except
CEC, OHP-CHP and OHP-OPU), the amount of the health insurance premium payment
(HIPP) paid by the person (not the employer’s share of the cost), may be reimbursed by
the department if it is cost-effective for the state. Self-employed people who have group
health insurance may also be reimbursed if determined cost-effective.

To qualify, the person’s health insurance must be a major medical plan which includes
physician and hospital services, doctor visits, lab and x-ray and pharmacy. Examples of
major medical plans are: a Health Maintenance Organization (HMO); a Preferred
Physicians Care Organization (PCO); a Point of Sale Plan (POS); or an Indemnity Health
Insurance Plan. Examples of what would not be a major medical plan are: Medicare
supplements, accident or replacement policies.

The amount of the premium paid by the household must be cost effective using the
following steps:
• Determine the number of people in the household group who are in the benefit group of any of the following programs: CEM, EXT, GAM, MAA, MAF, OHP (except CEC, OHP-CHP and OHP-OPU), OSIPM and SAC.

• Based on the number of benefit group members determined above, the maximum cost-effective premium is determined from the following table:

<table>
<thead>
<tr>
<th># in Benefit Group covered by insurance</th>
<th>Cost-effective premium amount (Employee cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 82</td>
</tr>
<tr>
<td>2</td>
<td>$164</td>
</tr>
<tr>
<td>3</td>
<td>$246</td>
</tr>
<tr>
<td>4</td>
<td>$328</td>
</tr>
<tr>
<td>5</td>
<td>$410</td>
</tr>
<tr>
<td>6</td>
<td>$492</td>
</tr>
<tr>
<td>7</td>
<td>$574</td>
</tr>
<tr>
<td>8</td>
<td>$656</td>
</tr>
<tr>
<td>9+</td>
<td>$738</td>
</tr>
</tbody>
</table>

The insurance is cost-effective if the employee’s share (the premium the employee pays) is equal to or less than the amount determined from the table.

When determining the employee’s share of the employer-sponsored group health insurance premium amount, averaging the payments may be necessary if the premium amounts are not deducted monthly.

Example: A client is paid every other Friday and $66.50 is deducted from his/her check for employer-sponsored group health insurance premiums. Multiply $66.50 X 2.15 to determine the monthly employer-sponsored group health insurance premium amount. In this example, the monthly employer-sponsored group health insurance premium is $133.00.

To determine the correct allowed amount, remember to consider the number of persons in the benefit group and not the household group. Dental insurance may be piggybacked with the medical and reimbursed, but only if the total of the combined premiums for both the health and dental insurance fall under the allowed amount on the HIP Standard Chart. If combining both the medical and dental exceeds the allowed amount, only the health insurance premium may be reimbursed (assuming it falls below the standard). You cannot reimburse solely for a dental, vision or long-term care insurance policy.
Example: A filing group consists of a father, mother and two children. The two adults are not eligible for OHP Standard because they are covered by the father’s employer-sponsored health insurance. The children receive OHP-OPC. The cost of the father’s insurance is $245 per month and all four of them are covered on the policy.

Step 1: Determine the number of people in the benefit group who receive EXT, GAM, MAA, MAF, OHP-OPC, OHP-OP6, OHP-OPP, OSIPM and SAC that are covered by the employer-sponsored group health insurance. In this example, the number is two (the two children who receive OHP-OPC).

Step 2: Use the premium table to determine the maximum cost-effective premium for the number determined in Step 1. In this example, the maximum cost-effective premium amount is $164 (the amount is based on two people in the benefit group).

Step 3: If the maximum cost-effective amount is more than the employer-sponsored group health insurance premium amount, the filing group is eligible for HIPP reimbursement. In this example, the employer-sponsored group health insurance premium cost of $245 is more than the $164 maximum cost-effective amount for two. Therefore, the filing group would not qualify for HIPP reimbursement.

In this example, the employer-sponsored group health insurance policy/premium covers all members of the benefit group, but because only two members of the benefit group are receiving Medicaid, we cannot use the four-person maximum to determine if the employer-sponsored group health insurance is cost effective.

Note: You cannot pro-rate for HIPP. In this example, you cannot divide the $245.00 cost by the number of people in the benefit group to come up with a per-person amount. You must count the entire amount of the premium and only the two people covered by Medicaid.

In special situations, DMAP’s PHI program may pay the cost of health insurance premiums if an individual with high-cost medical expenses does not qualify for the HIPP program. For more information about the PHI program:

SEE PAYMENT OF PRIVATE HEALTH INSURANCE PREMIUMS BELOW.

For new cases, the HIPP reimbursement starts on the date of request (the first month may be prorated) or, if no one is eligible on that date, the reimbursement starts on the date of initial medical assistance eligibility.

For ongoing cases, the HIPP reimbursement starts on the first day of the month the insurance is effective, or the first of the month in which the person requests reimbursement, whichever is the latest.
People must report within 10 days any change in health care coverage or the amount of their premiums.

People who receive medical assistance (except OHP-CHP and OHP-OPU) must apply for, accept and maintain employer-sponsored cost-effective group health insurance if it is available to them. If the insurance is available at a later date or open enrollment period, they must tell us when it will become effective.

If a person does not cooperate and does not have good cause, they are not eligible for medical assistance unless they are pregnant. There is no ineligibility for people who are pregnant. Only the individual who can legally assign rights and obtain the insurance is assessed the penalty for failure to meet this requirement and loses medical eligibility. The other individuals in the group, such as other adults or the children, continue to receive Medicaid. See Section D for good cause criteria. When an ineligible person agrees to cooperate by enrolling in their insurance plan at the earliest opportunity, they are eligible for medical assistance.

**Payment of Private Health Insurance (PHI)**

In special situations, DMAP may pay for insurance premiums even if the premium is greater than what is allowed on the HIP Standard Chart. This may occur when the cost for an individual’s health services is less than the estimated cost of paying for those services on a fee-for-service (FFS) basis. The Health Insurance Group (HIG) administers the PHI program and determines program eligibility. HIG may request medical documentation or copies of Explanation of Benefits (EOBs) before PHI can be approved. Payments for PHI generally go directly to the insurance carrier; however, in some cases, payments may be paid directly to the policyholder. The health insurance may be a private individual family policy or employer-sponsored insurance. The PHI program is for physical health policies only. The department does not reimburse for dental, vision or other types of policies under the PHI program.

HIG determines if the PHI premium payment is cost effective by:

- Reviewing the client’s past claims and payments from state medical programs and/or private insurance carriers;
- Estimating the current and probable future health status of the client based on existing medical conditions or documentation;
- Evaluating the extent/limit of coverage available to the client under any health insurance

DMAP does not pay PHI premium payments for:

- Non-SSI institutionalized and waivered clients whose income deduction is used for payment of health insurance premiums;
- Clients eligible for HIP;
• Vision, dental or long-term-care policies.

Refer potential PHI clients to HIG if the client is ineligible for HIPP because the client’s share of the premium exceeds the allowed amount on the HIPP Standard Chart, or their insurance is not an employer-sponsored insurance plan, and the client has a medical condition that may make it cost effective for the state to pay the premium.

To make a PHI referral complete Sections 1 through 4 on the Request for Health Insurance Premium Payment (HIPP) or Private Health Insurance (PHI) Premium Payment (DHS 3073) form and fax it to HIG at 503 373-0358. You must include a copy of the Medical Resources (DHS 415H) form.

Other documentation may be required such as the Authorization for Use and Disclosure of Information (DHS 2099), medical records, doctor letters or chart notes. If any of these are already available, they should be faxed along with the DHS 3073. It is not necessary to request these before making the referral, but if they are already available, sending them with the referral can shorten processing time.

Caseworkers and clients are notified if the client has been approved or denied by mail after the PHI eligibility determination has been made. HIG review PHI cases annually, or as needed to redetermine eligibility for the program.

See DMAP Worker Guide #7 for more information.

Client’s Rights and Responsibilities: 410-120-1855
Payment of Private Insurance Premiums: 410-120-1960
Medical Assignment: 410-120-0315
Requirement to Pursue Assets: 410-120-0330
Clients Excused for Good Cause from Compliance with OARs 461-120-0340 and 0345: 461-120-0350
Client Specific Requirements; Reimbursement of Cost-Effective, Employer-Sponsored Health Insurance Premiums: 461-135-0990
Changes That Must be Reported: 461-170-0011
Effective Dates; OHP Premium: 461-180-0097
Personal Injury Claim: 461-195-0303

14. Using Express Lane Eligibility (ELE) for children in the OHP-OPC and OHP-CHP programs

The CHIP Reauthorization Act of 2009 provided the option for states to implement Express Lane Eligibility (ELE) for Medicaid and CHIP. ELE allows states to borrow some eligibility findings from other agencies approved by the department as Express Lane Agencies (ELA), such as WIC and SNAP, and to use those agencies’ findings to determine medical eligibility for children.

Effective August 2010, DHS will be implementing SNAP ELE. Because the Center for Medicaid Services (CMS) will not permit branch offices that already determine eligibility for both SNAP and medical programs to make ELE determinations based on SNAP income, SNAP ELA findings will be used only at the Statewide Processing Center.
SNAP income calculations will be used to determine eligibility for the OPC and CHP programs for children in filing groups where no one is receiving medical assistance. Cases are placed in OPC or CHP as follows:

- Children with SNAP income below 163 percent of the federal poverty level (FPL) are placed in the OPC program;

- Children with SNAP income at or above 163 percent FPL are placed in the CHIP program.

**Note:** If the parents also request medical, the worker will use the ELA findings to determine whether the child is OPC or CHP and open medical in the appropriate program. The worker will then pend for information needed for MAA/MAF. If the parents return the pended information and are eligible for MAA/MAF, MAA/MAF will be opened for the family. If the parents do not respond to the pend or are not eligible for MAA/MAF, staff will leave the children on OPC or CHP based on ELE.

A new case descriptor, *Express Lane SNAP (ELS)* has been created to identify the children found eligible based on an ELA determination.

Using ELE, verification requirements are reduced or eliminated. The following eligibility factors must still be verified:

- Citizenship (open with CIP coding if needed);

- Health Insurance information for children eligible for OPC.

**Reminder:** Children covered by private major medical health insurance are ineligible for CHIP. When the child is found to have SNAP income at or above 163 percent of the FPL but the child has other health insurance, they cannot be enrolled in CHIP. Prior to denying or closing medical for the child, the eligibility worker will need to determine medical eligibility based on current Medicaid or CHIP policy.

There are reduced verification requirements for:

- Absent parent information;

- Identity (a parent’s signature on a SNAP application is sufficient for children under age 16).

There are no verification requirements for the SNAP program findings of:

- Income;

- Filing group size;

- SSN;
• Residency.

The following eligibility factors must still be verified:

• Citizenship;

• Health insurance information for children eligible for OPC.

Definitions for Chapter 461: 461-001-0000
Specific Requirements; OHP: 461-135-1100
Eligibility and Budgeting; OHP: 461-150-0055
Poverty Related Income Standards; Not OSIP, OSIPM, QMB, TANF: 461-155-0180
Income Standard; OHP, REFM: 461-155-0225
Use of Income; OHP, HKC: 461-160-0700

15. Breast and Cervical Cancer Medical (BCCM)

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) amended Title XIX (Medicaid) of the Social Security Act to give the option of providing Medicaid eligibility to uninsured women who are screened by the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including precancerous conditions.

No income or resource limits exist for the BCCM program.

To be eligible for the BCCM program, a woman must:

• Have been screened by the Oregon Breast and Cervical Cancer Program, which is coordinated by the DHS Health Services and paid for by NBCCEDP, and is in need of treatment for breast or cervical cancer, or precancerous conditions;

• Be under the age of 65. (The BCC Screening Program, coordinated by DHS Health Services, has its own eligibility criteria for screening services which includes a requirement that the woman be at least 40 years old.);

• Be uninsured. She must not have creditable coverage for the needed treatment of breast or cervical cancer, or precancerous conditions, by health insurance;

• Creditable coverage includes:
  - Individual or group health insurance;
  - Medicare;
  - Medicaid;
  - Armed forces insurance;
- Family Health Insurance Assistance Program (FHIAP);

- Oregon Medical Insurance Pool (OMIP).

- Not be eligible under any of the mandatory Medicaid programs (MAA, MAF, Medicaid for pregnant women and children or OSIPM).

The Oregon Breast and Cervical Cancer Program of DHS Health Services provides grants to local county health departments and tribes throughout the state to administer screening and diagnostic services. Local program staff provide case management services.

Because a woman must be screened by the Oregon Breast and Cervical Cancer Program and found to need treatment to be eligible for BCCM, the application process is initiated by an Oregon Breast and Cervical Cancer Program Coordinator who assists the woman in completing a BCCM application form upon receiving a diagnosis of cancer or precancerous condition. The coordinator submits the BCCM application form to the Statewide Processing Center to establish eligibility. If it appears the woman could be eligible for a mandatory Medicaid program, the coordinator will assist the woman in requesting an Oregon Health Plan Application (OHP 7210) from the application center. The OHP 7210 will be marked “BCP” on the label. If a woman submits the OHP 7210 to a branch office, it is to be forwarded to the Statewide Processing Center.

A woman found eligible for the BCCM program will have her case coded as program P2 with a BCP case descriptor. If the woman is later determined to be eligible under any of the mandatory Medicaid programs, her case will be coded with that program coding and with a BCS case descriptor.

A woman who loses eligibility for another medical program, but has her case coded with the BCS case descriptor, is still eligible for the BCCM program as long as she still needs treatment and continues to meet all other eligibility requirements for the program.

A woman is no longer eligible for the BCCM program when:

- Her course of treatment has been completed;

- She reaches age 65;

- She becomes covered for treatment of breast or cervical cancer by credible health insurance;

- She is no longer a resident of Oregon.

For information regarding the screening and diagnostic services of the Oregon Breast and Cervical Cancer Program, contact the local county health department or call DHS Health Services at (503) 731-4273. Information about the program can also be found on the program’s Web page at http://egov.oregon.gov/DHS/ph/bcc/index.shtml.
16. **Twelve-Month Continuous Eligibility for Non-CAWEM Children**

Effective October 2009, non-CAWEM children under age 19 who lose eligibility for EXT, CW medical, MAA, MAF, OHP, OSIPM or SAC medical may qualify for medical under the Continuous Eligibility for Medicaid (CEM).

**CEM Eligibility Overview**

**Begin Continuous Eligibility for Medicaid (CEM) when the child:**

- Was eligible for and receiving EXT, CW medical, MAA, MAF, OHP or OSIPM, but lost eligibility for the program before the child was able to receive Medicaid for 12 full months from their most recent eligibility decision (either the initial eligibility decision or from the most recent redetermination).

To qualify for CEM, the child must also:

- Be under age 19;
- Meet the alien status requirement for medical.

**Note:** *Effective October 2009, LPR children (under age 19) meet the alien status requirement and qualify for full Medicaid and CHIP benefits without having to wait for five years.*

_LPR children turning age 19 may no longer qualify for full medical program benefits. When a child is turning age 19, determine if the 19-year-old’s LPR status began less than five years ago. If it began less than five years earlier, consider eligibility for CAWEM benefits._

SEE THE WORKER GUIDE NC-1 FOR MORE INFORMATION ABOUT IMMIGRATION STATUS REQUIREMENTS FOR MEDICAL.

**CEM benefits end when:**

- They have received Medicaid for 12 straight months since their most recent eligibility decision (either the initial eligibility decision or from the most recent redetermination);
- The child moves out of state;
- The child turns age 19;
- The family voluntarily requests the medical be closed.

**Procedures and Examples**

When a child is determined no longer eligible for EXT, MAA, MAF, OHP, OSIPM and SAC, review for all medical programs as per the usual “due process” procedure.
SEE MA.B FOR MORE INFORMATION ABOUT THE REDETERMINATION PROCESS AND ACTING ON REPORTED CHANGES.

If found ineligible for EXT, MAA, MAF, OISPM, OHP, QMB and SAC medical programs, consider if the child is a U.S. citizen or meets the Medicaid/CHIP alien status.

- If the child is a U.S. citizen or meets the Medicaid/CHIP immigration status, convert to CEM for the remainder of the 12 months. Enter the CEM (Continuous Eligibility for Medicaid) need/resource item and case descriptor. For the CEM end date, use the end of the 12-month period (counting from either the initial eligibility decision or from the most recent redetermination);

- Regina is receiving OP6; her certification is due to end November 30, 20XX. On June 10, Regina turns six years of age. A redetermination is initiated, and Regina’s household now has income over 201 percent of the FPL. The worker determines Regina is only eligible for Continuous Eligibility for Medicaid (CEM). The worker codes Regina with the CEM case descriptor and need/resource for 11/20XX.

Example 1: Seth is receiving MAA. His LPR status date is January 2008. His MAA redetermination need/resource end date is January 31, 20XX.

On October 2, Seth’s mother reports that her husband has returned home and that he earns about $3,000 a month. Acting on the reported change, the worker determines that the family is not eligible for EXT, MAA, MAF, OHP, OSIPM or SAC and ends medical for the mother (sending a 10-day close notice and Notice of Medical Assistance Program Eligibility Decision (DHS 462A)). The worker reviews Seth’s eligibility and finds Seth is eligible only for Continuous Eligibility for Medicaid (CEM). The worker enters the CEM case descriptor and CEM need/resource item for 01/20XX.

Example 2: Mark and his two children are receiving MAA. No one meets the disability criteria for OSIPM presumptive. Mark reports an increase in child support that makes the family ineligible for MAA. The worker converts the family to EXT for August 1, 2009, through November 30, 2009.

In November, the worker redetermines medical eligibility for the family and learns that Mark has a new job with health insurance. No one in the family is eligible for MAA, MAF, OHP (or OSIPM or SAC). The children are converted to CEM. The worker enters the CEM case descriptor and CEM need/resource item on each CEM eligible child. The CEM need/resource end date is July/2010 (12 months from when the EXT began).

Example 3: Maria and her two children, Consuela and Antonio live with Antonio’s father. Maria and Antonio’s father are not married. They are over income for two-parent MAA, so Maria and Consuela
receive MAF CAWEM (redetermination due April 30, 20XX), while Antonio receives OPC CAWEM (certified through March 31, 20XX).

Maria reports March 5 that she won her UC hearing and her UC has just begun. The UC amount exceeds the MAF income limit. The worker reviews eligibility for MAF and OPC and determines that the family is over income for MAA, MAF, OHP and ineligible for OSIPM. The worker realizes that neither child is eligible for CEM because they do not meet the alien status requirement. The worker sends a 10-day close notice and Notice of Medical Assistance Program Eligibility Decision (DHS 462A) and ends MAF and OPC effective March 31.

Procedures for CEM children turning age 19:

CEM: Children turning age 19 are no longer eligible for Continuous Eligibility for Medicaid (CEM) unless pregnant. If pregnant, the CEM child will receive benefits through the end of the second month following the DUE date.

CEM children who are not pregnant will be sent advance and final medical close notices automatically by the CM system. The CM system will end their benefits at the end of the month following their 19th birthday.

CEM children will be mailed advance and final close notices and a reapplication packet. If there is a date of request (DOR) established before the CEM ends, add a BED code. Review for medical program eligibility and convert to a new program or end medical benefits with a 10-day close notice and DHS 462A.

CEC Eligibility Overview

Begin Continuous Eligibility for CHIP (CEC) when the child:

- Is pregnant;
- Is eligible for and receiving CHIP; but
- Loses eligibility for CHIP for a reason other than private major medical insurance.

The CHIP pregnant woman who loses her eligibility for a reason other than private major medical insurance should be reviewed for possible OPP or another Medicaid program first. If the only program the CHIP pregnant woman is eligible for is CEC, convert from CHIP to CEC.

CEC benefits end when:

- Pregnancy ends;
- They move out of state;
They request to close medical; or

Private major medical insurance begins.

A pregnant child receiving CHIP with household income from 185 percent up to 201 percent will have a new need/resource code; CDU. The need/resource date will be the month the pregnancy is due to end. This is different from a child who is pregnant with household income below up to 185 percent FPL: that child will be coded OPP.

If the CDU date (CHIP Due date) is on or before the 15th of the month, the CEC end date is the same month as the CDU end date.

If the CDU date is after the 15th of the month, the CEC end date will be the next month to allow for 10-day notice.

When notified the baby has been born to a woman coded CEC, add the BED coding to the mother and initiate a redetermination of eligibility.

Example 1: Bailey is age 17, receiving CHIP, and pregnant with a CDU (due) date of 3/23/10. Her CHIP certification end date is November 2009. At recertification, the family’s income is over the CHIP income limit. The worker converts Bailey to CEC with a need/resource of March 2010. Bailey’s CEC will end at the end of March 2010 unless she initiates a redetermination and is eligible for medical at that time.

Example 2: Amanda is age 18, pregnant and due December 2009. She is coded with a CDU for December 2009. Her CHIP benefits began in August 2009; she is coded CHP with a redetermination date of July 2010. Her baby is born in December. Because this child is still age 18 when the baby is born, she continues as CHP with a redetermination date of July 2010. However, Amanda turns age 19 in February 2010. Because she is no longer pregnant, and is now 19 years of age, her benefits will end. She must be considered for other medical programs prior to closing or reducing benefits.

Example 3: Shelby, an 18-year-old child is pregnant with a due date of February 23, 2010. She is currently receiving CHIP and scheduled for a redetermination in June 2010. In December 2009, she turns age 19. Because she is 19, she is no longer eligible for CHIP. The worker determines the only program she is eligible for is CEC. The worker changes her program to CEC (with a CDU date of 2/2010). However, because the due date is past the 15th of the month, the CEC date is the following month, or 3/2010, to allow time for notice. When the baby is born, her CEC benefits will end. She may be eligible for another medical program at that time.

Example 4: Tara is 18 years old and receiving CHIP with household income from 185 percent up to 201 percent of the FPL, and with a
redetermination date of December 2009. In August 2009, she brings in proof of pregnancy; she is not due until March 2010. She is coded CHP with a redetermination date of 12/2009 and also CDU with a due date of 3/2010. At her December redetermination, it is determined her household income is now above 201 percent FPL. The worker codes her CEC of March 2010, and CDU for March 2010.

Example 5: Bethany, an 18-year-old who is pregnant with a due date of March 2010, is receiving CHIP and scheduled for redetermination in June 2010. Bethany receives major medical health insurance through an absent parent in December 2009. She is no longer eligible for CHIP, and is not eligible for CEC due to the major medical health insurance. The worker closes her benefits December 2009 after sending a timely closure benefit notice DHS 462A.

Special 5503 OP6 procedure:

The OHP Statewide Processing Center (Branch 5503) currently receives a monthly report of children turning age 6. Staff from 5503 will review the report and redetermine eligibility for each OP6’s filing group. The procedure will remain, but be expanded to include Continuous Eligibility for Medicaid.

Example: Chad is a U.S. citizen. He is certified to receive OP6 through June 30 of next year. Chad turns age 6 in February. In January, the OHP Statewide Processing Center (5503) receives a report of OP6 children turning age 6. 5503 staff review Chad’s eligibility to determine if he qualifies for any other DHS medical program. If not eligible for any other DHS medical program, 5503 will convert Chad to Continuous Eligibility for Medicaid (CEM) by adding the CEM case descriptor and need/resource item. The CEM end date will be 06/XX (the original OP6 certification end date).

Special 5503 MAA/MAF/OPP procedure:

The OHP Statewide Processing Center (Branch 5503) will work a monthly report of pregnant children under age 19 whose MAA/MAF eligibility is ending because there are no dependent children on the case. The report will also list OPP children whose medical is ending.

Example: Felicia is age 16 and receiving OPP. The DUE date on her CM case is 08/09. In 07/09, 5503 will redetermine eligibility for Felicia’s medical filing group.
17. Specific Requirements; Healthy KidsConnect (HKC)

Overview

HKC provides health insurance to families through the Office of Private Health Partnerships (OPHP). OPHP provides health insurance through HKC insurance carriers or by helping the family pay for employer sponsored insurance (ESI).

- Families with income from 201 percent of the Federal Poverty Level (FPL) up to 301 percent FPL qualify for a subsidy payment from OPHP to help them pay for the cost of the insurance. The subsidy is used to help pay the insurance premium necessary to enroll the child with an HKC insurance carrier or to help pay the ESI premium;

- Families with income from 301 percent FPL and above may choose to enroll their children with an HKC insurance carrier, but must pay for the entire premium amount.

Even though families with income from 301 percent FPL and above do not qualify for any DHS medical program, DHS is responsible for determining the family can be referred to OPHP.

HKC families are automatically referred to OPHP when the HKC (KCA/KC3) coding is entered on the family’s CM system case.

After being determined eligible for HKC and the HKC coding is entered on the family’s CM system case, an automated referral is made to OPHP. OPHP works with the family to enroll the child in one of the following categories:

(A) Healthy KidsConnect Employer Sponsored Insurance (ESI) subsidy for families with income 201 percent to 301 percent FPL;

(B) Healthy KidsConnect subsidy for families with income 201 percent to 301 percent FPL; or

(C) Healthy KidsConnect full pay for families with income 301 percent and above.

Note: HKC families who do not pass the business $20,000 business entity income test should be referred to OPHP as nonsubsidy (KC3) HKC clients.

HKC Eligibility

To be eligible for HKC, a person must be under 19 years of age and must meet the alien status requirement. There is no CAWEM coverage under HKC.

Income treatment and availability of income requirements used for determining HKC eligibility are the same as used for CHIP.
Budgeting for HKC eligibility follows the same methodologies as those used for CHIP in 461-150-0055.

- Determine eligibility using budget month income, including the $20,000 business entity income test for principals of a business.

- If not eligible using the budget month, the budget month can be floated.

**Note:** Float the budget month if the family indicates their income is decreasing and they could qualify for OHP Plus or a higher subsidy level using the new budget month.

The countable income standard for HKC is at or above 201 percent of the federal poverty limit. Families eligible for HKC with income 201 percent to 301 percent (KCS) are DHS medical program clients. They qualify for a subsidy paid for with title XXI funds. (Title XXI is also used to fund the CHIP program.)

Families eligible for HKC with income 301 percent and above (KC3 coding) or who do not pass the $20,000 business entity income test are not DHS clients, but are referred to OPHP anyway. Some families with income 301 percent and above choose to work with OPHP. They choose to enroll with an HKC insurance carrier and pay the full insurance premium.

In order to be eligible for HKC, the child must be a U.S. citizen or meet qualified alien status.

- If a child does not have citizenship documentation but is otherwise eligible for HKC at 201 percent to 301 percent of the FPL, add the KCA coding to the CM case. Also add the CIP coding and send a CMCITPD or other pend notice to the family. Transfer the case to 5503 and mail/shuttle/UPS the application to 5503 using the HKC cover sheet.

- Once the citizenship documentation has been provided. Update the child’s Person Alias/Update citizenship fields, remove (or have 5503 remove) the CIP/CIE coding and narrate.

- If it has been determined the family’s income is 301 percent FPL and above, add the KC3 coding to the CM case but do not add the CIP coding or pend the family for citizenship documentation for the child. (I.e., do not pend when you are going to deny the medical application anyway).

- If the family’s self-employment business does not pass the $20,000 business entity income test, code as KC3 with HPK of $9999. The $9999 HPK income amount is used as a way for OPHP to identify families who do not meet the $20,000 business entity income test. A new case descriptor will be added to the CM system soon that will replace the $9999 identifier. (Notification will be sent via transmittal when the new case descriptor is ready.)

MORE INFORMATION ABOUT HKC CASE CODING IS BELOW IN THIS SAME SECTION.
The eligibility period for HKC is a 12-month period. Once the child is approved as eligible for HKC, the CM system refers the case to OPHP for a subsidized enrollment with an HKC insurance carrier or for an ESI subsidy payment.

To be eligible for HKC, the child must not currently be covered by private major medical health insurance or by any private major medical health insurance during the preceding two months.

**Note:** *The Kaiser Child Health and Kaiser Transitions insurance programs are not considered private major medical. Neither program affects HKC (or CHIP) eligibility.*

After the private major medical has ended, there is a two-month waiting period before the child can be enrolled by OPHP into HKC. However, if the child qualifies for a waiver of the two-month waiting period, OPHP will ensure the private major medical has ended. Do not delay referring families to OPHP if they are otherwise eligible for HKC and qualify for a waiver of the two-month waiting period.

The two-month waiting period after the private major medical has ended is waived if –

a) The person has a condition that without treatment would be life-threatening or cause permanent loss of function or disability (accept the client’s statement);

b) The loss of health insurance was due to a change in employment (includes children whose COBRA coverage has ended or whose parents choose to end COBRA coverage);

c) The person’s private health insurance premium was reimbursed by a HIP payment;

d) The person’s private health insurance premium was subsidized by FHIAP or by the Office of Private Health Partnerships (OPHP);

e) A member of the person’s filing group was a victim of domestic violence and accessing the private health insurance would cause safety concerns.

**Note:** *If a domestic violence situation exists but the perpetrator is not the policy holder of the private health insurance and accessing the private health insurance does not cause any safety concern, then the waiver does not apply.*

If an HKC child is receiving private major medical and qualifies for a waiver of the two-month waiting period:

- Code the KCA or KC3 HKC referral on the CM system;
- Send an e-mail to OPHP at “Info, OPHP” in GroupWise with the case number, case name, name of the insurance company, phone number of the insurance company or employer offering the insurance, names of child(ren) covered by the
insurance. A DHS 415H is not required for HKC. The e-mail replaces the DHS 415H;

- OPHP will work with the family and the insurance carriers so that the private health insurance will be closed before the HKC benefits are issued.

☞ See B.4 in this chapter for more information about the e-mail referral to OPHP.

Example: John and Mary are applying for medical for their daughter Maria. Maria has a health condition that without treatment could be disabling. John and Mary have been paying for private TPL for Maria but can no longer afford the premiums. The family’s income is 252 percent of the federal poverty level (FPL) and Maria could qualify for HKC after her insurance ends.

Since Maria has a health condition that qualifies her for a waiver of the two-month uninsurance requirement, add the KCA coding to Maria on the family’s CM case. Send an e-mail to Info, OPHP letting OPHP know that Maria qualifies for a waiver of the two-month wait. List the case number, case name, Maria’s name and the name of the insurance company (and the insurance company’s phone number, if known). A DHS 415H is not required.

Example: Sara is applying for medical for her daughter Heather. Sara lost her job, and has been paying for Heather’s insurance through COBRA. The family’s income is 205 percent FPL and Sara cannot afford to keep paying the COBRA health insurance premium.

COBRA coverage is due to a change in employment and qualifies Heather for a waiver of the two-month waiting period. Refer to OPHP by adding the KCA coding to the CM case. Send an e-mail to OPHP letting them know that Heather qualifies for a waiver of the two-month wait. Include the case number, case name and list Heather as the person qualifying for the two-month waiver. Include the name of the health insurance company and phone number (if known). A DHS 415H is not required.

Example: Jennifer is applying for medical for her son Franklin and daughter Louise. Louise is included on her absent father’s insurance, but Franklin has a different father and does not receive any insurance. Jennifer just separated from Louise’s father because of domestic violence. Jennifer explains that Louise’s father has been very upset about having to pay for Louise’s insurance and continues to threaten Jennifer.

Jennifer no longer wants to use the insurance for Louise and wants to receive medical benefits for both Franklin and Louise. The family’s income is at 220 percent FPL.
The two-month wait can be waived because of the domestic violence. Send an e-mail to OPHP letting them know Louise qualifies for a waiver of the two-month wait. Include the case number, case name and Louise’s name. Include the name of the health insurance company and phone number (if known). A DHS 415H is not required.

A child found eligible for HKC becomes ineligible if any of the following occur:

a) Upon reaching age 19: *Children aging off of HKC at age 19 are not treated as new applicants for OHP Standard. They do not need to be randomly selected from the reservation list to qualify for OHP Standards as long as they establish a date of request before their HKC ends. If eligible, they may transition into OHP Standard effective the first of the month after the 10-day notice of reduction period.*

b) When the child becomes covered by private major medical (see OAR 461-135-1100 for a definition of private major medical) and the insurance is not under contract to OPHP.

c) Upon becoming a resident of another state.

d) When the family does not pay their share of the HKC insurance premium.

e) When OPHP determines the child no longer qualifies for enrollment through OPHP.

f) When the department determines the child does not meet the requirements for eligibility, including, but not limited to, failure to re-enroll before the end of the eligibility period.

**After determining eligibility**

After making the eligibility decision, HKC cases must be transferred to Branch 5503:

- Please transfer the KC3, KCA or KCE CM system case to the OHP Statewide Processing Center (Branch 5503) online.

- Shuttle, UPS or mail a copy of the application to 2850 NE Broadway, Salem OR 97303. Be sure to use the HKC cover sheet. The cover sheet is available on the SSP medical tools Web site.

**When to e-mail OPHP**

- For HKC families with income from 201 percent of the federal poverty level (FPL) to 301 percent FPL, determine if the child is eligible for a KCA referral to OPHP. After coding the KCA/KCR referral on the CM system, send an e-mail to INFO, OPHP in the following situations:
- When the KCA child is not receiving private major medical but it is available.

- When the child who is otherwise eligible to be referred as a KCA child is receiving private major medical but qualifies for a waiver of the two-month waiting period.

When sending e-mails to INFO, OPHP about Health Insurance, be sure to include the following information:

- Case number;
- Case name;
- Name and phone number of the insurance company, or, for employer sponsored insurance, the name and phone number of the employer;
- The names of child(ren) that are or could be covered by the insurance.

**Note:** The Info, OPHP e-mail process replaces the DHS 415H process for HKC clients. The DHS 415H is no longer faxed to OPHP. The DHS 415H is still completed and sent to HIG for Medicaid clients.

**Reporting Changes**

KCA and KCE families must report the following changes:

- A change in availability of employer-sponsored health insurance;
- A change in health care coverage;
- A change in mailing address or residence;
- A change in name;
- A change in pregnancy status of any member of the filing group.

**Redeterminations**

Redetermine eligibility whenever an HKC subsidy (KCA or KCE coding) family reports a pregnancy, when the certification period is due to expire, when a KCA/KCE child turns age 19, when the family requests a new child be added to the KCA/KCE benefit group or whenever there is a change reported that affects eligibility.

**Adding a child to a KCA/KCE benefit group:** When a KCA or KCE family requests a child be added to the benefit group, redetermine eligibility for everyone in the family. Review each child for CEC, CEM, EXT, MAA, MAF, OHP and OSIPM eligibility. If not eligible for an OHP Plus program, consider KCA.
If as a result of the new redetermination to add the child, the new filing group’s countable HKC income increases so that the subsidy would be reduced, add the child to the original HKC certification period using the original HPK income amount. The new benefit group remains eligible at the same subsidy level for the remainder of the original certification period;

If as a result of the new HKC redetermination to add the child, the HKC filing group’s countable HKC income decreases so that the subsidy would be increased, add the child and establish a new 12-month certification period for every child in the benefit group based on the new HPK income amount.

**Converting from HKC subsidy (KCA or KCE coding) to another program:** When a KCA or KCE family is found eligible for another DHS medical program, convert the children to the other program effective the first of the next month. Convert the adults to the program effective the DOR.

SEE MA.B 9 FOR MORE INFORMATION ABOUT MEDICAL PROGRAM EFFECTIVE DATES.

**Special Branch 5503 Procedures**

Branch 5503:

- Works a report of KCA/KCE children turning age 19;

- Processes changes reported by the HKC subsidy client (KCA or KCE coding) to OPHP. For example, when OPHP is notified that someone had moved in or out of a KCA household or there is an address, phone number or other CM system update is needed;

- Redetermines eligibility for all HKC subsidy clients with cases in Branch 5503.

**HKC CM System Coding**

**Overview**

For more information about the HKC CM system coding requirements, see the SSP medical program Web site.

For all HKC referred children, regardless of the income or circumstances, do not use the “VP” or “CP” CM case status to determine if the child is receiving medical benefits. HKC referrals in “VP” or “CP” status do not mean the child is receiving any kind of medical.

If the child has been referred to OPHP for HKC, the child will have a KCA or KC3 case descriptor.

- KCA children are eligible for DHS medical program benefits. Their family’s income is 201 percent to 301 percent. Once OPHP enrolls the child with an
insurance carrier or begins making ESI premium subsidy payments, the KCA case descriptor will automatically be updated to KCE (HKC enrolled) and a medical start date added or updated;

- KC3 children are not eligible for DHS medical program benefits. They may purchase health insurance, but must pay the full premium amount. DHS benefits must be ended when completing the referral to OPHP. The CM case will remain in “VP” status through the KC3 referral end date. KC3 children include children who are not eligible for DHS medical program benefits because the financial group did not pass the business entity $20,000 income test.

**KCA (201 percent to 301 percent HKC referrals)**

HKC clients eligible at the KCA level are DHS clients. Do not send them a denial or closure notice when converting to HKC.

- Enter the number in the need group (including unborns) in the #OHP field on the UCMS screen;

- Use the HPK income need/resource to list income amounts (instead of the HPI need/resource).

Use a KCA case descriptor and need/resource item to identify each child who is HKC eligible with income 201 percent to 301 percent.

- Once the KCA coding is added, the CM system will automatically refer the KCA child to OPHP. The CM case will display in VP status until the KC3 referral is closed. OPHP has 45 days from the date of the referral to work with the family and issue a subsidy payment;

**Note:** KCA children referred to OPHP may not have a medical start date on CMUP. The only time a KCA child will have a medical start date on CMUP is if the child is already receiving medical benefits through another program before the referral is made.

- For the KCA need/resource end date, use the month in which the 10-day notice period ends after the 45-day period;

**Example:** A decision to refer to OPHP is made on April 15, 2010. Count 45 days from April 15 and add time for a 10-day notice. In this example the KCA end date is 06/10.

- If the KCA referred child is already receiving OHP Plus benefits, add the BED code as needed to keep the benefits open until OPHP issues HKC benefits. Match the BED end date to the KCA end date.

Use a KCR need/resource to identify each KCA referred child.

- The KCR end date is 12 months from the referral date.
Example: The decision is made April 15, 2010, to refer a KCA child to OPHP. The KCR end date is 04/2011.

Note: KCA-referred children are eligible for a DHS medical program. Do not send them a denial notice. Also, the CM system will automatically send a referral notice. If the child is BED coded, the computer will add the reduction information to the referral notice. No 10-day notice of reduction is required.

Employer Sponsored Insurance coding:

If the family has employer sponsored insurance available for the KCA child but the child is not receiving the insurance:

- Add an ESP need/resource item with a continuous date (ESP C) for each child with the available coverage. (Consider the insurance available even if it is not the employer’s open enrollment period).

KC3 (301 percent and above HKC referrals):

- Enter the number in the need group (including unborns) in the #OHP field on the UCMS screen;

- Use the HPK income need/resource to list income amounts (instead of the HPI need/resource). If the family is eligible for KC3 because the family is self-employed and the business entity income is $20,000 or higher, enter nines (9999) as the HPK income amount.

Use a KC3 case descriptor and need/resource item to identify each child who is HKC eligible with income 301 percent and above.

HKC children with family income at or above 301 percent are not DHS medical program clients. Families with children receiving DHS medical program benefits must be sent the CMCNSUB closure notice and a DHS 462A notice. Families with children who are not currently receiving DHS medical program benefits must be sent a CMDNSUB denial notice and a DHS 462A notice.

- Use a KC3 case descriptor and need/resource item for each child needing referral at 301 percent or above.

- For the KC3 need/resource end date, use the month after the referral was made. The CM case will display in VP status until the KC3 referral is closed.

- If the children are currently receiving DHS medical benefits, enter a COMPUTE action and end benefits the end of the month after the 10-day notice (and DHS 462A) is sent. You might need to wait until after the CM system compute deadline before adding the KC3 referral.

Note: KC3-referred clients are not eligible for any DHS medical program. Do not forget to send them a closure or denial notice with the DHS 462A notice. No
notice is required for the KC3-referred children. The CM system will automatically send a referral notice.

Filing Group; HKC, OHP: 461-110-0400
Periodic Redeterminations; Not EA, ERDC, EXT, OHP, REF, REFM, SNAP or TA-DVS: 461-115-0430
Certification Period; HKC, OHP: 461-115-0530
Required Verification; BCCM, EXT, HKC, MAA, MAF, OHP, SAC: 461-115-0705
Specific Requirements; OHP: 461-135-1100
Specific Requirements; Healthy KidsConnect (HKC): 461-135-1101
Income Standard; HKC, OHP, REFM: 461-155-0225
Concurrent and Duplicate Program Benefits: 461-165-0030
Changes That Must be Reported: 461-170-0011
Notice Situations; General Information: 461-175-0200
Effective Dates: Initial Month Medical Benefits: 461-180-0090
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F. Financial Eligibility Requirements

*Note:* There are no financial eligibility requirements for the BCCM program.

1. Definition of Assets

An asset is either counted as income, counted as a resource, or excluded in any given month. When an asset is excluded, it is not counted as either income or a resource. An asset that is counted as income is excluded as a resource in that month. When determining financial eligibility, count all assets that are not specifically excluded. For more information on whether to count types of income or a resource, refer to the Medical Assistance Programs, Chapter F, the MAA Asset Quick Reference Chart (section 9) or the OHP List of Income and Resources (section 14).

Assets; Income and Resources: 461-140-0010

2. Availability of Resources

An available resource is one that the person has a legal interest in and is available to be used for their support and maintenance. When a person states the resource is not available, they must provide proof that it is not available.

When a resource is jointly owned, only the portion of the jointly owned resource that can be legally attributed to the person is considered available.

A resource is not considered available in the following situations:

- A person has a legal interest in the resource, but it is unavailable because it is not in their possession.
- The resource is jointly owned with other people who are not in the financial group, who are unwilling to sell, and the person’s interest is not reasonably salable.
- A person is verified by a doctor to be incompetent and there is no legal representative to act on their behalf.
- A person is a victim of domestic violence and the resource is jointly owned with a person who lives in the household the person left.
- The resource is an irrevocable or restricted trust and cannot be used to meet the person’s basic monthly needs.
- A person does not know they own the resource.

Availability of Resources: 461-140-0020
3. **Treatment of Excluded Income**

Excluded income remains excluded as long as it is kept in a separate account and not commingled with other funds. Excluded income that is commingled in an account with other funds that are not excluded remains excluded for six months from the date it is commingled, after which it is counted as a resource.

When an excluded resource is sold, the proceeds from that sale are considered available and can affect eligibility. Special rules apply to these situations. See rule 461-145-0460.

4. **Resource Limits and Transfers**

For MAA, MAF and SAC, the need group is not eligible for benefits if the financial group has countable resources equal to or greater than the need group resource limit.

The resource limit for MAA, MAF and SAC is $2,500. However, an MAA need group that includes a Pre-TANF Program participant or TANF recipient who is progressing in a JOBS plan has a resource limit of $10,000. If at any time a Pre-TANF Program participant or a TANF recipient no longer cooperates with their case plan, the resource limit is then reduced back to $2,500.

To qualify for EXT, MAA, MAF, REFM or SAC benefits, a filing group must not have made a disqualifying transfer of their assets within the preceding three years. They must report any potentially disqualifying transfer at application, redetermination and when the transfer occurs. Making a disqualifying transfer of available assets will result in termination of benefits. When the client is ineligible for benefits because of a disqualifying transfer of assets, the client remains ineligible until the disqualification period ends or when the full equity rights in the asset are transferred back to the client or the client receives adequate compensation.

*Note:* A transfer of asset is only disqualifying if the client is an inpatient in a nursing facility or medical institution in which payment for the client is based on a level of care provided in a nursing facility.

For OHP, there is no resource limit for persons whose eligibility is determined under the OHP-OPC, OHP-OP6, OHP-CHP or OHP-OPP categories.

For HKC, there is no resource limit for persons whose eligibility is determined under the HKC categories.

The resource limit is $2,000 for nonpregnant persons age 19 and over whose eligibility is determined under the OHP-OPU category.
5. **Availability of Income**

Income includes both earned income from employment (including self-employment) and unearned income from sources such as Social Security, pensions and child support.

Income is considered available immediately upon receipt, or when the person has a legal interest in the income and the legal ability to make the income available.

Earned and unearned income is considered to be available prior to any amounts subtracted for things such as garnishments, taxes, payroll deductions or voluntary payroll deductions; i.e., IRAs, KEOGHs.

Earned income withheld or diverted at the request of an employee is considered available in the month the wages would have been paid. An advance or draw is money received that will be subtracted from later wages. An advance or draw is considered to be available when it is received.

When a person is usually paid monthly or twice monthly on the first or last day of the month, but is paid early or late because the regular payday falls on a holiday or weekend, they are still considered to be paid on the regular payday.

Income that should legally be paid directly to a person, but is paid to a third party for a household expense, is considered available to the person when the third party receives the payment.

Income is not considered available in the following situations:

- The income is withheld by an employer as a general practice, even if in violation of the law.
- The income is paid jointly to the person and other people and the others do not pay the person their share.
- The income is received by a person after they have left the household.
- In the MAF and OHP programs, if the client’s abuser is not in the filing group, the abuser controls the income and will not make the income available to the filing group.
- In the MAA program, if the client’s abuser controls the income and will not make the income available to the filing group. This applies to all situations whether or not the abuser is in the filing group.

Determining Availability of Income: 461-140-0040
Definitions for Chapter 461: 461-001-0000
6. **Income Deductions and Exclusions**

Deductions are subtracted after the client has passed the countable income test.

Exclusions are subtracted prior to the countable income test.

**For MAA:**

For MAA applicants and recipients who get child support, exclude up to $50 per dependent child or minor parent per financial group per month but not to exceed $200 per financial group per month. The child support disregard is subtracted prior to the countable income test.

> **SEE CS H FOR MORE INFORMATION ABOUT THE CHILD SUPPORT PASS-THROUGH AND DISREGARD, INCLUDING EXAMPLES.**

For MAA, there is only one income deduction for MAA clients not in the microenterprise component of JOBS. It is the earned income deduction for each member of the financial group who has earnings. **Individuals in the financial group with earned income are allowed a deduction of 50 percent of the group’s gross earned income.** This includes all self-employment income. Clients are eligible for the deduction as long as they have earned income in the budget month. MAA clients must pass the countable earned income test to be eligible for the earned income deduction.

For individuals in the MAA financial group who are in the microenterprise component of the JOBS program and who have earned income from a microenterprise, business expenses are deducted from the business’ gross receipts. This is done according to general accounting principles and OAR 461-145-0920 by an accounting professional such as a certified public accountant or bookkeeper. The remainder is the individual’s countable income. Compare the microenterprise income, together with the financial group’s other countable income, to the Countable Income Standard. If the income is at or over the standard, the group is ineligible. If it is under the standard, apply the 50 percent earned income deduction to the microenterprise income and other countable earned income.

**For MAF and SAC:**

Instead of allowing the TANF income deductions, use the following deductions and exclusions:

Exclude up to $50 per dependent child or minor parent per financial group per month but not to exceed $200 per financial group per month. The child support disregard is subtracted prior to the countable income test.

> **SEE CS H MORE INFORMATION ABOUT THE CHILD SUPPORT PASS-THROUGH AND DISREGARD, INCLUDING EXAMPLES.**
• Determine the amount of a self-employed person’s countable earned income by reducing the amount of their gross sales or receipts by the amount of their costs of producing the income. See Section B of the Counting Client Assets chapter for allowed costs.

• Once the amount of countable earned income is determined (including countable self-employment income) allow the following deductions from each person’s earned income:
  
  – The first $120, plus one-third of the balance of their earned income; and

  – A dependent care deduction up to $200 for each dependent under age 2, and $175 for each dependent age 2 and over. Costs may be incurred for hours worked, meal and commuting time, medical leave and work-related training.

For OHP:

All self-employed people who are “principals of a business entity” have a $20,000 gross income limit. If gross income equals or exceeds $20,000, they are not eligible for OHP. If gross income is less than $20,000, they are allowed to exclude 50 percent of their gross sales and receipts when determining their countable earned income. This is intended to allow for their costs of producing the income.

  SEE #10 OF THIS SECTION FOR MORE INFORMATION ABOUT THE $20,000 BUSINESS ENTITY INCOME TEST.

If their total countable income is over income standards using the 50 percent exclusion, then do not allow the 50 percent exclusion. Instead, determine countable income by subtracting the actual costs of producing self-employment income. See Counting Client Assets, Section C – Self-Employment income.

For HKC:

Except for exceeding CHIP income standards, use the method for Self-Employment as described in the OHP section.
7. **Budgeting and Income Standards**

Budgeting is the process of determining whether a person meets all the nonfinancial and financial eligibility requirements in a calendar (budget) month.

**For OHP budgeting, see sections 10, 11 and 12. This section does not include OHP.**

**Prospective budgeting:** For MAA, MAF and SAC in the Change Reporting System (CRS), use actual anticipated income in the initial month. Actual anticipated income is the income already received in the initial month plus all the income that reasonably may be expected to be received within the initial month. To arrive at reasonably anticipated income, the client and the worker jointly determine the anticipated income to be counted. Workers will count only income that is reasonably certain to be available.

There is no overpayment based on incorrectly anticipated information unless the client withheld information or provided false information. No supplement is issued based on incorrectly anticipated information.

For ongoing months, income is budgeted prospectively so that anticipated income is the same for each month. Convert, average, annualize or otherwise budget the income so that it is the same for each month.

**Example:** Joe and his two children, David and Katie apply for medical in April. Joe is self-employed and his last year’s income is representative of his current self-employment income. In April, Joe expects his income to be less than $450. Determine eligibility for April using actual anticipated income of $450. For May, use Joe’s gross self-employment history from last year and divide by 12 to annualize his income. If the annualized income exceeds the MAA income limit, convert Joe, David and Katie to EXT effective May 1.

**Converting, Averaging and Annualizing**

For OHP, see sections 10, 11 and 12.

**Converting Stable Income:** For stable income received once a month, the monthly amount is used to anticipate what the group's income will be for each month.

- For stable income received once a week, convert it to a monthly amount by multiplying it by 4.3.

- For stable income received once every other week, convert it to a monthly amount by multiplying it by 2.15.

**Averaging Variable Income:** To arrive at the average amount for prospective budgeting, first convert to a monthly income amount.
For variable earned income based on an hourly wage when the past is representative, monthly income is determined by calculating an average number of hours per pay period, then these hours are multiplied by the hourly wage and converted to a monthly amount under section (1) of this rule.

For variable earned income involving various rates of pay (overtime, shift differential, tips) when the past is representative, monthly income is determined by calculating the average income per pay period, then the average income is converted to a monthly amount under section (1) of this rule.

For variable earned or unearned income when the past is representative and income cannot be calculated using the above guidance, monthly income is determined by averaging the income over --

- A representative period of months by totaling the income for those months and dividing by the number of months used; or

- A representative number of pay periods and converting to a monthly amount under section (1) of this rule.

For variable earned and unearned income when the past is not representative of the income the financial group will receive during the eligibility period, the client and the department jointly determine the anticipated income.

**Annualizing Income:** For all but OHP and HKC (and REFM), contract income must be annualized when a full year's income is received in less than a 12-month period; e.g., school employees and contract employees. To annualize nonself-employment income, add the income from a 12-month period and divide by 12. If past income is not representative, use anticipated income. The resulting figure is the annualized income.

If the contract income is received monthly or on an hourly or piecework basis, treat as stable income.

Contract income that is not the annual income and not paid on hourly or piecework basis is prorated over the period the income is intended to cover.

Annualize self-employment income when it is received during less than a 12-month period but is intended as a full year's income or when the business has operated for a full year and the previous year is representative of the income and costs will be during the budget month.

Use the gross income on the most recent state and federal income tax forms, or the estimates of next year's anticipated income if there will be a substantial increase or decrease in next year's self-employment income. Divide the income - reported or anticipated, according to the situation - by 12 to arrive at the income for each month.
SEE CCA SECTION C FOR MORE INFORMATION ON SELF-EMPLOYMENT INCOME, INCLUDING MICROENTERPRISE INCOME.

Prospective Eligibility and Budgeting: 461-150-0020
Prospective or Retrospective Eligibility and Budgeting; ERDC, MAA, MAF, REF, REFM, SNAP, TANF: 461-150-0060
Prospective Budgeting of Stable Income: 461-150-0070
Prospective Budgeting of Variable Income; Not OHP; Not MRS: 461-150-0080
Prospective Budgeting: Annualizing and Prorating Contracted or Self-employment Income: 461-150-0090

8. MAA/MAF Income Standards

Countable income limit - This is the amount of countable income remaining after allowable exclusions.

Adjusted income/payment standard - This is countable income minus deductions.

<table>
<thead>
<tr>
<th>Number in Need Group</th>
<th>Adjusted Income</th>
<th>Countable Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$326</td>
<td>$345</td>
</tr>
<tr>
<td>2</td>
<td>416</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>485</td>
<td>616</td>
</tr>
<tr>
<td>4</td>
<td>595</td>
<td>795</td>
</tr>
<tr>
<td>5</td>
<td>695</td>
<td>932</td>
</tr>
<tr>
<td>6</td>
<td>796</td>
<td>1,060</td>
</tr>
<tr>
<td>7</td>
<td>886</td>
<td>1,206</td>
</tr>
<tr>
<td>8</td>
<td>976</td>
<td>1,345</td>
</tr>
<tr>
<td>9</td>
<td>1,039</td>
<td>1,450</td>
</tr>
<tr>
<td>10</td>
<td>1,150</td>
<td>1,622</td>
</tr>
<tr>
<td>+1</td>
<td>+110</td>
<td>+172</td>
</tr>
</tbody>
</table>

Income and Payment Standards; MAA, MAF, REF, SAC, TANF: 461-155-0030
How Income Affects Eligibility and Benefits; MAA, MAF, REF, SAC, SFPSS, TANF: 461-160-0100

9. MAA Asset Quick Reference Chart

Note: This chart does not include treatment of assets for a TANF/MAA client working under a JOBS Plus agreement. See Counting Client Assets Chapter for that specific situation.
<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Exclude</th>
<th>Earned</th>
<th>Unearned</th>
<th>Excluded</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption assistance: 461-145-0001</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Agent Orange Disability Benefits 461-145-0005  
  • Aetna Life and Casualty  
  • Agent Orange Act of 1991  
  • (Dept. of Veterans Affairs)  
  Alaska Permanent Fund Dividend 461-145-0008 | X       | X      |          | X        |       |
| Animals: 461-145-0010  
  • If pets are raised for food  
  • Income-producing (see income-producing property) | X       |        |          |          |       |
| Annuities, Dividends, Interest 461-145-0020                                  |         |        |          | X        |       |
| Bank account: 461-145-0030  
  • Except - exclude if already counted as income for that month or  
  • If excluded income as per 461-140-0086 | X       |        |          | X        |       |
| Burial arrangements: 461-145-0040  
  • Burial fund |         |        | X        | X        |       |
| Burial Space and Merchandise 461-145-0050  
  • Space - one per client  
  • Merchandise for client and specific relatives | X       |        | X        |          |       |
| Cash and Foreign Currency that can be converted to U.S. currency 461-145-0060 |         |        |          | X        |       |
| Census Income: 461-145-0130                                               | X       |        |          |          |       |
| Child support 461-145-0080  
  • Cash medical support |         |        |          |          |       |
| Cash child support  
  • Exclude up to $50 per child or minor parent, up to $200 per financial group, per month  
  • Count the balance as unearned income  
  • Paid to a third party (same as above; allow up to $50 per child minor parent, up to $200 per financial group per month  
  • All others | X       |        | X        | X        |       |
<p>| Contributions: 461-145-0086                                               |         |        |          | X        |       |</p>
<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>INCOME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability benefit: 461-145-0090</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employer sponsored disability insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All other payments, if received monthly or more frequently than monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disaster Relief (specific types): 461-145-0100</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dividends, Interest and Royalties 461-145-0108</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Except that royalties (client actively engaged in the activity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Domestic Volunteer Services Act 461-145-0110</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• VISTA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If comp. less than min. wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If more than min. wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Title II or title III (RSVP, SCORE, ACE, Foster Grandparents, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Earned income: 461-145-0130</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Under 18 in vocational, GED, or high school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In-kind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Welfare to work (see welfare-to-work below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Income remaining after month of receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Earned Income Credit (state and federal): 461-145-0140</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Economic Recovery Payment ($250 from ARRA) 461-145-0143</strong></td>
<td></td>
<td>X for 10 months</td>
</tr>
<tr>
<td><strong>Educational income: 461-145-0150</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Title IV and BIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-Title IV or BIA (remainder after deducting costs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Energy assistance: 461-145-0170</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Federal (not paid w/public assist.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Federal or state one-time for weatherization or heat repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Programs (WIC, School Lunch) 461-145-0190</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Foster care: 461-145-0200</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foster care room and board, special needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remaining amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gifts and winnings (cash): 461-145-0210</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Home and contiguous property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461-145-0220</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Living in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Temporarily unoccupied (see CA B.33 for details)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUD: 461-145-0230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Paid to third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Paid directly to client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Youthbuild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Age 19 or under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Over age 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Escrow for Family Self-Sufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Family Investment Centers</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Income-producing contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461-145-0240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Equity value</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>* Income (minus cost)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Income-producing property:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461-145-0250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Equity (if producing income or the property is animals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Income (minus costs)</td>
<td></td>
<td>X (20 hr/wk- SLF)</td>
</tr>
<tr>
<td>Independent Living Subsidies:</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>461-145-0255</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian/Native American Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Counting Client Assets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Account: 461-145-0145</td>
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<td>X</td>
</tr>
<tr>
<td>Inheritance (cash): 461-145-0270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* In-kind income: 461-145-0280</td>
<td>X (except unearned third party payments)</td>
<td>X (if periodic)</td>
</tr>
<tr>
<td>Job Corps: 461-145-0290</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Living allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Readjustment allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Support service covered by client’s OHP benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Other reimbursements see 461-145-0440</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life estate: 461-145-0310</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(when occupying the estate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Life insurance: 461-145-0320</strong></td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>• Payments to beneficiary</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Equity/value/Term insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Loans: 461-145-0330</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Cash on hand from loan (must be written loan agreement dated before receipt of money)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interest from loan being repaid to client</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Lodger income: 461-145-0340</strong></td>
<td>X (per minimum contribution table at 461-155-0350)</td>
<td></td>
</tr>
<tr>
<td>(to be lodger income the boarder must pay for rent and meals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Microenterprise: 461-145-0920</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>461-145-0930</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Motor vehicles: 461-145-0360</strong></td>
<td>Up to $10,000 combined equity value</td>
<td></td>
</tr>
<tr>
<td><strong>National and Community Services Trust Act (NCSTA): 461-145-0365</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Counting Client Assets chapter.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Older Americans Act: 461-145-0370</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Title III (Nutrition Program for the Elderly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Title V (Green Thumb, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pension and retirement plans: 461-145-0380</strong></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Retired - monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retired - other payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal belongings: 461-145-0390</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Personal injury settlement: 461-145-0400</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan for Self Support (PASS) assets: 461-145-0405</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Program benefits: 461-145-0410</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Real property: 461-145-0420</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Good faith effort to sell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Equity if not for sale</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Real property under Interim Ass’t Agreement: 461-145-0430</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Counting Client Assets chapter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recreational vehicle’s equity: 461-145-0433</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Refunds: 461-145-0435</strong></td>
<td>X (month of receipt)</td>
<td></td>
</tr>
<tr>
<td>• Utility and rent deposit refunds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### INCOME

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Exclude</th>
<th>Earned</th>
<th>Unearned</th>
<th>Excluded</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursements: 461-145-0440</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non cash reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cash reimbursement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if used for identified expense and expense isn’t covered by MAA benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if not used for identified expense or covered by MAA benefits</td>
<td></td>
<td></td>
<td>X(if periodic)</td>
<td></td>
<td>X(if lump sum)</td>
</tr>
<tr>
<td>Sale of a Resource (including home) 461-145-0460</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If reinvested in another excluded resource</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If there’s any left over</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter-in-kind (except for child support) 461-145-0470</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSDI: (including survivors’ benefits, retirement benefits and payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>based on disability) 461-145-0490</td>
<td></td>
<td></td>
<td>X(if periodic)</td>
<td></td>
<td>X(if lump sum)</td>
</tr>
<tr>
<td>• Monthly payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other payments</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI: 461-145-0510 (SSI recipients are not in the financial group for MAA, so</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all of their income is excluded.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Death Benefit: 461-145-0500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X (lump sum)</td>
</tr>
<tr>
<td>(remaining after burial costs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spousal support: 461-145-0505</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI): 461-145-0510</td>
<td>X (SSI recipient are not in MAA financial group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks, bonds, CDs, other securities: 461-145-0520 (see Dividends, Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Royalties above, also)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strikers’ benefits: 461-145-0525</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Tax refunds: 461-145-0530 (Federal and state income taxes, property taxes,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Trusts: 461-145-0540 (see Counting Client Assets)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation: 461-145-0550</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monthly payments</td>
<td>X $25 ARRA supplemental payment</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniform Relocation Act reimbursement: 461-145-0560</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USDA Meal Reimbursement: 461-145-0570</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- X (if for member of filing group)</td>
<td>X (SLF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans’ benefits: 461-145-0580</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Aid and Attendance</td>
<td>X</td>
<td>X (if still considered employed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Educational (see Educational Income)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Spina Bifida Payments to Children</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other monthly payments</td>
<td>X</td>
<td>X (if periodic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other payments, not monthly</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim’s assistance: 461-145-0582</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PL 103-286 or PL 103-322</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Reimbursement for lost item (see Reimbursement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for pain and suffering (see Personal Injury Settlement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Rehabilitation Payment 461-145-0585</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments for food/shelter/clothing</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (see Reimbursement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First $260 earned per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remainder earned per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation 461-145-0590</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Monthly or more frequent payments</td>
<td>X (if still considered employed)</td>
<td>X (if lump sum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td>X (if still considered employed)</td>
<td>X (if periodic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce Investment Act: 461-145-0300</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Needs-based stipend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if under age 19 or, if caretaker relative, under age 20</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult OJT and work experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if under age 19 or, if caretaker relative, under age 20</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Support services already covered by MAA benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. **OHP and HKC Budget Month**

When determining financial eligibility for OHP and HKC programs, first determine the initial budget month. The budget month is one of the following:

- For all applicants, it is the month of application.
- For people reapplying in the last month of their OHP certification and HKC eligibility periods, and for people moving from another medical assistance program to OHP or HKC, it is the last month of their current eligibility period.
- When adding a new person to the filing group, it is the month the person is to be added.
- Any month falling within 45 days of the date of request for applicants who are not eligible using the budget month described above.

Example: *Ed, Martha, and their two children reapply for OHP (or HKC) benefits on October 31. Using October as the budget month, the family is over income for OHP. Since the 45th day from the date of request falls in December, both November and December can be used as budget months to determine OHP eligibility. First look at countable income from the November budget month, and if eligible, OHP medical benefits would start November 1 and there would be no break in medical benefits. If not eligible using November as the budget month, close benefits if there is time to send a timely closure notice for benefits to end effective October 31, and then look at countable income for the December budget month. If eligible using December as the new budget month, medical benefits would start December 1. There would be a break in benefits, but the adults would still be eligible for OHP Standard because they are not considered new applicants if reapplying for benefits and are found eligible any time within 45 days of the date of request.*

*If Ed and Martha had reapplied on October 10, December could not be considered as a budget month because it does not fall within 45 days of the date of request.*
The budget month is the calendar month from which nonfinancial and financial information is used to determine eligibility and benefit level.

When an Application Must Be Filed: 461-115-0050
Eligibility and Budgeting; OHP: 461-150-0055

11. OHP and HKC $20,000 Business Entity Income Test for Principals

A “principal” is a person with significant authority in a business entity, such as the proprietor of a sole proprietorship – including a person who meets the definition of “self-employed” in rule 461-145-0910, a partner of a partnership, a member or manager of a limited liability company or an officer or principal stockholder of a closely held corporation.

If an OHP or HKC financial group includes a principal, the business entity must pass a $20,000 gross income test. The business entity’s gross income cannot be prorated among principals for the purpose of the gross income test. If the group does not include a principal, go to number 12.

Example: Bill and Tom are equal partners (both have 50 percent ownership) and principals in a carpet cleaning business that grosses approximately $20,500 monthly. Bill applies for OHP (or HKC) and reports on the application that his share of the gross income is $10,250. Bill is not eligible for OHP or an HKC subsidy because the business entity does not pass the $20,000 gross income test. If otherwise eligible for HKC, the family should be referred to OPHP as a KC3 (nonsubsidized) HKC referral.

Calculate the budget month gross income of the business entity.

If the budget month gross business income is less than $20,000, eligibility for OHP or HKC can be determined for the group. Go to number 12.

Children who do not qualify for CHP or an HKC subsidy because the family’s self-employment business does not pass the $20,000 business entity income test are treated as KC3 (nonsubsidy HKC) and referred to OPHP.

SEE MA E.18 FOR MORE INFORMATION ABOUT HKC KC3 ELIGIBILITY AND CM SYSTEM CODING.
12. **OHP and HKC Budgeting and Eligibility**

Do not annualize, convert or prorate the financial group’s income. Use the gross countable income available for the budget month.

Calculate the amount of the financial group’s income using the following steps:

(A) Include all income already received and income anticipated for the budget month when determining countable income.

(B) For self-employed clients whose business passes the self-employed business entity income test (see section 11), the income for the budget month is determined as follows:

1. Exclude 50 percent of the self-employment income.
2. If any applicants are not eligible using the 50 percent exclusion, exclude self-employment expenses from self-employment income.

The income for the budget month is used to determine OHP and HKC eligibility for the need group as follows:

Compare the budget month income to the OHP Countable Income Standards of 100 percent. If the budget month income is below the 100 percent standard and the group meets all other eligibility requirements, the group is eligible for OHP.

Use the OHP case descriptors for each eligible person as follows:

- OPU – Nonpregnant adults
- OPC – Children
- OPP – Pregnant persons, regardless of age

If the budget month income equals or exceeds the 100 percent income standard, nonpregnant adults (except DV) are not eligible. Determine eligibility for the remaining members of the need group as follows:

Compare the budget month income to the OHP Countable Income Standards of 133 percent, 185 percent and 201 percent, as appropriate. If the budget income is below an income standard for all remaining members of the need group, and all of these members of the need group meet all other eligibility requirements, these members of the need group are eligible for OHP.

Use the OHP case descriptors for each eligible person as follows:

- OP6 – Children under six (income between 100 percent and 133 percent FPL)
- CHP – Nonpregnant children (income between 133 percent and 201 percent FPL)
CHP – Pregnant children under age 19 (income between 185 percent and 201 percent FPL)
OPP – Pregnant persons, regardless of age (income up to 185 percent FPL)

An assumed eligible newborn is coded as OHP-OPC, OHP-OP6 or OHP-OPP, depending on income level. An assumed eligible newborn at or above the OHP-OP6 (133 percent) Income Standard is not to be coded OHP-CHP.

If the children are not eligible for OHP, but they do meet the alien status requirement (are not CAWEM), the HKC uninsurance requirement and the family income is 201 percent or higher, determine eligibility for HKC.

If the income is from 201 percent to 301 percent, the family qualifies for HKC subsidy and must be referred to OPHP so that OPHP may issue the HKC benefits. If the income is 301 percent or higher or if the business entity income does not pass the $20,000 business entity income test, the family is still referred to OPHP, but is not eligible for an HKC subsidy (must pay the entire insurance premium).

SEE MA E.18 FOR MORE INFORMATION ABOUT HKC WHEN THE FAMILY INCOME IS 201 PERCENT OR ABOVE OR THE SELF-EMPLOYMENT BUSINESS ENTITY INCOME DOES NOT PASS THE $20,000 INCOME TEST.

13. OHP Income Standards

The income standards for OHP are as follows:

If a financial group contains a person with significant authority in a business entity – a “principal” – the gross income of the business entity cannot exceed $20,000. See number 10 above.

Oregon Health Plan for Adults (OHP-OPU) and Children (OHP-OPC)

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 903</td>
</tr>
<tr>
<td>2</td>
<td>1,215</td>
</tr>
<tr>
<td>3</td>
<td>1,526</td>
</tr>
<tr>
<td>4</td>
<td>1,838</td>
</tr>
<tr>
<td>5</td>
<td>2,150</td>
</tr>
<tr>
<td>6</td>
<td>2,461</td>
</tr>
<tr>
<td>7</td>
<td>2,773</td>
</tr>
</tbody>
</table>
Oregon Health Plan for Children Under Age 6 (OP6)

### OHP 133% Countable Income Standard

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,201</td>
</tr>
<tr>
<td>2</td>
<td>1,615</td>
</tr>
<tr>
<td>3</td>
<td>2,030</td>
</tr>
<tr>
<td>4</td>
<td>2,444</td>
</tr>
<tr>
<td>5</td>
<td>2,859</td>
</tr>
<tr>
<td>6</td>
<td>3,273</td>
</tr>
<tr>
<td>7</td>
<td>3,688</td>
</tr>
<tr>
<td>8</td>
<td>4,102</td>
</tr>
<tr>
<td>9</td>
<td>4,517</td>
</tr>
<tr>
<td>10</td>
<td>4,931</td>
</tr>
<tr>
<td>Each additional person</td>
<td>+415</td>
</tr>
</tbody>
</table>

Express Lane Eligibility (ELE) for Children, Based on SNAP Income and Need Group

### OHP 163% Countable Income Standard

<table>
<thead>
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<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,472</td>
</tr>
<tr>
<td>2</td>
<td>1,980</td>
</tr>
<tr>
<td>3</td>
<td>2,487</td>
</tr>
<tr>
<td>4</td>
<td>2,996</td>
</tr>
<tr>
<td>5</td>
<td>3,505</td>
</tr>
<tr>
<td>6</td>
<td>4,011</td>
</tr>
<tr>
<td>7</td>
<td>4,520</td>
</tr>
<tr>
<td>8</td>
<td>5,029</td>
</tr>
<tr>
<td>9</td>
<td>5,535</td>
</tr>
<tr>
<td>10</td>
<td>6,044</td>
</tr>
<tr>
<td>Each additional person</td>
<td>+509</td>
</tr>
</tbody>
</table>
Oregon Health Plan for Pregnant Females of any age and their Assumed Eligible Newborn Children Under Age One (OHP-OPP)

**OHP 185% Countable Income Standard**

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,670</td>
</tr>
<tr>
<td>2</td>
<td>2,247</td>
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<tr>
<td>3</td>
<td>2,823</td>
</tr>
<tr>
<td>4</td>
<td>3,400</td>
</tr>
<tr>
<td>5</td>
<td>3,976</td>
</tr>
<tr>
<td>6</td>
<td>4,553</td>
</tr>
<tr>
<td>7</td>
<td>5,130</td>
</tr>
<tr>
<td>8</td>
<td>5,706</td>
</tr>
<tr>
<td>9</td>
<td>6,283</td>
</tr>
<tr>
<td>10</td>
<td>6,859</td>
</tr>
<tr>
<td>Each additional person</td>
<td>+577</td>
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</table>

Oregon Health Plan for Children Under Age 19, including Pregnant Females with Income no less than 185 Percent FPL (OHP-CHP)

**OHP 201% Countable Income Standard**

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,815</td>
</tr>
<tr>
<td>2</td>
<td>2,441</td>
</tr>
<tr>
<td>3</td>
<td>3,067</td>
</tr>
<tr>
<td>4</td>
<td>3,694</td>
</tr>
<tr>
<td>5</td>
<td>4,320</td>
</tr>
<tr>
<td>6</td>
<td>4,947</td>
</tr>
<tr>
<td>7</td>
<td>5,573</td>
</tr>
<tr>
<td>8</td>
<td>6,200</td>
</tr>
<tr>
<td>9</td>
<td>6,826</td>
</tr>
<tr>
<td>10</td>
<td>7,453</td>
</tr>
<tr>
<td>Each additional person</td>
<td>627</td>
</tr>
</tbody>
</table>

Determining Availability of Income: 461-140-0040
Income Standard; HKC, OHP, REFM: 461-155-0225
14. **Express Lane Eligibility (ELE) Based on Findings from an Express Lane Agency (ELA)**

For ELE determinations, the income findings and need group of the ELA are used to determine eligibility for the child. The ELA income findings of the household are compared to the income limit for the need group used for the ELA determination, even if that need group differs from the need group that would be used for Medicaid or CHIP eligibility. No additional financial information is required.

Federal regulations require states implementing ELE to add 30 percentage points to the highest children’s Medicaid standard in order to account for any differences in income methodologies between ELAs and medical assistance programs. Because the highest Medicaid standard for children in Oregon is the OP6 standard of 133 percent of the federal poverty level (FPL), the ELE Medicaid standard is 163 percent of the FPL. Based on ELA determinations, children are placed in OPC or CHP as follows:

- Children in cases with income below 163 percent of the federal poverty level (FPL) are placed in the OPC program.
- Children in cases with income at or above 163 percent FPL are placed in the CHIP program.

15. **HKC Income Standards**

HKC families from 201 percent to 251 percent qualify for a subsidy of approximately 90 percent of the insurance premium (KCA coding).

HKC families from 251 percent to 301 percent qualify for a subsidy of approximately 85 percent of the insurance premium (KCA coding).

HKC families from 301 percent and above do not qualify for a subsidy. The family is referred to OPHP for full pay (KC3 coding).

*FOR MORE INFORMATION ABOUT HKC SPECIFIC REQUIREMENTS AND SYSTEM CODING SEE MA E.18.*

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>201%</th>
<th>251%</th>
<th>301%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,815</td>
<td>$2,267</td>
<td>$2,717</td>
</tr>
<tr>
<td>2</td>
<td>2,441</td>
<td>3,050</td>
<td>3,655</td>
</tr>
<tr>
<td>3</td>
<td>3,067</td>
<td>3,830</td>
<td>4,593</td>
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</tbody>
</table>
### OHP and HKC List of Income and Resources

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>INCOME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adoption assistance:</strong> 461-145-0001</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agent Orange Disability Benefits 461-145-0005</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Aetna Life and Casualty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Agent Orange Act of 1991 (Dept. of Veterans Affairs)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Alaska Permanent Fund Dividend 461-145-0008</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Animals: 461-145-0010</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If pets or raised for food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Income-producing (see income-producing property)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Annuities, Dividends, Interest 461-145-0020</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bank account: 461-145-0030</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Except - exclude if already counted as income for that month or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If excluded income as per 461-140--0086</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Burial arrangements: 461-145-0040</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Burial fund</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Burial Space and Merchandise 461-145-0050</strong></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Space - one per client</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Merchandise for client and specific relatives</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Cash and Foreign Currency that can be converted to U.S. currency</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>461-145-0060</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Census Income: 461-145-0130</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cash medical support</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Exclude cash medical support</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• All other child support, including 3rd party payments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Contributions: 461-145-0086</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Charitable to assist with medical bills</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Disability benefit: 461-145-0090</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Employer sponsored disability insurance</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• All other payments, if received monthly or more frequently than monthly</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Other payments</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Disaster Relief (specific types): 461-145-0100</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dividends, Interest and Royalties</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>461-145-0108</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Except that royalties (client actively engaged in the activity)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Domestic Volunteer Services Act 461-145-0110</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• VISTA:</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>-If comp. less than min. wage</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>-If more than min. wage</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Title II or title III (RSVP, SCORE, ACE, Foster Grandparents, etc.)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Earned income: 461-145-0130</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Under age 19</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• In-kind</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• In-kind for principal of business entity</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• TANF -PLS</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• NCP-PLS</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Welfare to work</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Income remaining after month of receipt</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Earned Income Credit (state and federal): 461-145-0140</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Economic Recovery Payment ($250 from ARRA) 461-145-0143</td>
<td>X</td>
<td>X for 10 months</td>
</tr>
<tr>
<td>Educational income: 461-145-0150</td>
<td>X</td>
<td>X (work study, fellowships, etc.)</td>
</tr>
<tr>
<td>• Title IV and BIA</td>
<td>X</td>
<td>X (grants, loans, etc.)</td>
</tr>
<tr>
<td>• Non-Title IV or BIA (remainder after deducting costs)</td>
<td>X</td>
<td>X (grants, loans, etc.)</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>Energy assistance: 461-145-0170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Federal (not paid w/public assist.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Federal or state one-time for weatherization or heat repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Programs (WIC, School Lunch) 461-145-0190</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care: 461-145-0200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foster care room and board, special needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Remaining amount</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Gifts and winnings (cash): 461-145-0210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home and contiguous property 461-145-0220</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>HUD: 461-145-0230</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Paid to third party</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Paid directly to client (except for Youthbuild)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Youthbuild</td>
<td>X(under age 19)</td>
<td>X(19 and above)</td>
</tr>
<tr>
<td>• Escrow for Family Self-Sufficiency</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Family Investment Centers</td>
<td>X(wages under age 19)</td>
<td>X(wages 19 and above)</td>
</tr>
<tr>
<td>Income-producing contract 461-145-0240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Equity value</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Income (minus cost)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>- if receive monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if lump sum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income-producing property: 461-145-0250</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Equity (if producing income or the property is animals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Income (minus costs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- X (20 hr/wk-SLF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living Subsidies: 461-145-0255;</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Indian/Native American Benefits (See Counting Client Assets)</td>
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<td></td>
</tr>
<tr>
<td>Individual Education Account: 461-145-0145</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inheritance (cash): 461-145-0270</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(if periodic)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>In-kind income: 461-145-0280</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>• Child support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If principal of business entity</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Other</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| Job Corps: 461-145-0290 | | | | |
| • Living allowance | X | | | |
| • Readjustment allowance | | X | | |
| • Support service covered by client’s OHP benefits | | | X | |
| • Other reimbursements see 461-145-0440 | | | | |

| Life estate: 461-145-0310 | | |
| (when occupying the estate) | X | |

| Life insurance: 461-145-0320 | | |
| • Payments to beneficiary | X | | |
| • Equity value/Term insurance | X | | |

| Loans: 461-145-0330 | | |
| • Cash on hand from loan | X | | |
| • Interest from loan being repaid to client | | X | |

| Lodger income: 461-145-0340 | | |
| (to be lodger income the boarder must pay for rent and meals) | X (SLF) | |

| Microenterprise: 461-145-0920, 461-145-0930 | | |
| Motor vehicles: 461-145-0360 | X | |

| National and Community Services Trust Act (NCSTA): 461-145-0365 | | |
| (See Counting Client Assets chapter.) | | |

| Older Americans Act: 461-145-0370 | | |
| • Title III (Nutrition Program for the Elderly) | X | | |
| • Title V (Green Thumb, etc.) | | X | |

| Pension and retirement plans: 461-145-0380 | | |
| • Retired - monthly payments | X | | |
| • Retired - other payments | | | X | |

| Pension and retirement plans: 461-145-0380 | | |
| • Equity | | | X | |

| Personal belongings: 461-145-0390 | | |
| | X | |

| Personal injury settlement: 461-145-0400 | | |
| • Monthly payments | | | X | |
| • Other | | | | X |

| Plan for Self Support (PASS) assets: 461-145-0405 | | |
| | X | |

<p>| Program benefits: 461-145-0410 | | |
| | | X | (see rule for exceptions) | | |</p>
<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>INCOME</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real property: 461-145-0420</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Recreational vehicle’s equity: 461-145-0433</td>
<td></td>
<td>X (month of receipt)</td>
</tr>
<tr>
<td>Refunds: 461-145-0435</td>
<td></td>
<td>X (month after receipt)</td>
</tr>
<tr>
<td>• Utility and rent deposit refunds</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Reimbursements: 461-145-0440</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Principal of business entity</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>• Non cash reimbursement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cash reimbursement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if used for identified expense and expense isn’t covered by OHP benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if not used for identified expense or covered by OHP benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of a Resource (including home) 461-145-0460</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other than a home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if excluded and reinvested in another excluded resource</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if there’s any left over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A home - If the financial group intends to buy another home within 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If not reinvested in another home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employment including microenterprise: 461-145-0910 thru 461-145-0930</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter-in-kind 461-145-0470</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unless child support or received by principal of business entity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSDI: (including survivors’ benefits, retirement benefits and payments based on disability) 461-145-0490</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Monthly payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other payments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SSI: 461-145-0510</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Social Security Death Benefit: 461-145-0500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(remaining after burial costs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spousal support: 461-145-0505</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Stocks, bonds, CDs, other securities: 461-145-0520 (see Dividends, Interest and Royalties above, also)</td>
<td>Exclude</td>
<td>Earned</td>
</tr>
<tr>
<td>Strikers’ benefits: 461-145-0525</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax refunds: 461-145-0530 (Federal and state income taxes, property taxes, ERA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trusts: 461-145-0540 (see Counting Client Assets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation: 461-145-0550</td>
<td>X $25 ARRA supplemental payment</td>
<td>X</td>
</tr>
<tr>
<td>Uniform Relocation Act reimbursement: 461-145-0560 USDA Meal Reimbursement: 461-145-0570</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Veterans’ benefits: 461-145-0580</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Victim’s assistance: 461-145-0582</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vocational Rehabilitation Payment 461-145-0585</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation 461-145-0590</td>
<td>X (if still considered employed)</td>
<td></td>
</tr>
<tr>
<td>Type of Asset</td>
<td>INCOME</td>
<td>RESOURCES</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Workforce Investment Act:</strong> 461-145-0300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Needs-based stipend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if under age 19 or, if caretaker relative, under age 20</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>- Adult OJT and work experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- if under age 19 or, if caretaker relative, under age 20</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>- Support services already covered by OHP benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Work-related capital asset, equipment &amp; inventory:</strong> 461-145-0600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Capital asset &amp; Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- X (if client is SLF)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Worker Guide
EXT Medical Tools

This worker guide is now obsolete.
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C. Noncitizens Eligibility for BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, QMB and SAC

1. Alien Status Requirement

Many noncitizens became ineligible for medical assistance with the enactment of Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on August 22, 1996. However, some qualified aliens and documented noncitizens meet the alien status requirement.

A qualified noncitizen meets the alien status requirement for BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, QMB and SAC if the individual is one of the following:

(A) Under age 19.

Note: Applies to OSIPM and QMB programs, too.

(B) A person who was admitted as a qualified noncitizen on or before August 22, 1996. A person who entered the U.S. on or after August 22, 1996, and it has been five years since he or she became a qualified noncitizen.

(C) A person who has obtained their qualified noncitizen status less than five years ago but entered the U.S. prior to August 22, 1996, and was continuously present until receiving qualified status. The noncitizen must show that he or she has been living in the U.S. continuously from a date prior to August 22, 1996, to the date the noncitizen obtained their qualified status.

(D) Regardless when they were admitted, a person with one of the following designated statuses:

- A person who is admitted as a refugee under section 207 of the INA or who has been identified as a victim of severe trafficking via an I-914 marked "T-Visa";

- A person who is granted asylum under section 208 of the INA;

- A person whose deportation is being withheld under section 243(h) of the INA;

- A Cuban or Haitian entrant who is either a public interest or humanitarian parolee;

- A person who was granted immigration status according to the Foreign Operations Export Financing and Related Program Appropriation Act of 1988.
• An Iraqi or Afghan alien granted special immigrant status (SIV) under section 101(a)(27) of the INA.

(E) Regardless of when they were admitted, a qualified noncitizen who is:

• A veteran of the U.S. Armed Forces, who was honorably discharged not on account of alien status and who fulfills the minimum active-duty service requirement; or

• On active duty in the U.S. Armed Forces (other than active duty for training); or

• The spouse or unmarried dependent child of the veteran or person on active duty described above.

Note: There was no minimum active-duty service requirement for individuals who joined the Armed Forces prior to September 7, 1980. Individuals who joined after September 7, 1980, must serve a minimum of two years or a duration they were called or ordered to active duty.

As the result of the Balanced Budget Act of 1997, a person meets the alien status requirements for BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, QMB and SAC if the individual is one of the following:

(A) An American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act (8 U.S.C. 1359) apply; or

(B) A member of an Indian tribe (as defined in section 4(e) of the Indian Self-Determination and Education Act (25 U.S.C. 450b(e))).

As the result of Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), a person meets the noncitizen requirements for BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, QMB and SAC if the individual is under the age of 19 and one of the following:

(A) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a nonimmigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.

(B) An individual described in 8 CFR section 103.12(a)(4) who belongs to one of the following classes of aliens permitted to remain in the United States because the Attorney General has decided for humanitarian or other public policy reasons not to initiate deportation or exclusion proceedings or enforce departure:

   (i) An alien currently in temporary resident status pursuant to section 210 or 245A of the INA (8 USC 1160 and 1255a);
(ii) An alien currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 USC 1229b);

(iii) Cuban-Haitian entrants, as defined in section 202(b) Pub. L. 99-603 (8 USC 1255a), as amended;

(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101–649 (8 USC 1255a), as amended;

(v) An alien currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;

(vi) An alien currently in deferred action status pursuant to Department of Homeland Security Operating Instruction OI 242.1(a)(22); or

(vii) An alien who is the spouse or child of a United States citizen whose visa petition has been approved and who has a pending application for adjustment of status.

(C) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including those individuals as specified in section 101(a)(15) of the INA (8 USC 1101).

Victims of a severe form of trafficking also meet the alien status requirement for BCCM. CEC, CEM, EXT, HKC, MAA, MAF, OHP and SAC.

\[ PLEASE \ SEE \ THE \ NONCITIZEN \ WORKER \ GUIDE \ #1 \ \( \text{(NC \ WG \ #1)} \) \ ON \ TREATMENT \ OF \ LPRS. \]

2. **Determining Financial Eligibility for Households with Ineligible Noncitizens**

For MAA, the filing and need group includes all noncitizens if they are required to be in the group for determining eligibility. Their income and resources will be counted in the same manner as other MAA filing groups. If they pass the financial eligibility requirements and are otherwise eligible, only the members who meet the alien status requirement are in the MAA benefit group. Those who do not meet the alien status requirement are potentially eligible for CAWEM.

For MAF, if the need group is not eligible for MAA because of income from an ineligible noncitizen(s), they may be eligible by deeming the income. Determine if the benefit group is eligible using the following budgeting process. The budgeting process can also be done by using both the MAF Deeming Form (DHS 420A) and the MAF Eligibility Determination Worksheet (DHS 420) together.

**Step 1:** Determine what the total deemed income for the ineligible noncitizen(s) in the financial group is.
- Determine the countable gross income for the ineligible noncitizen(s) in the financial group.

- Deduct the Adjusted Income/Payment Standard for the number of ineligible noncitizens that drop out of the filing group.

- Apply up to $90 earned income deduction for each ineligible noncitizen’s earned income.

- The remaining income is the total deemed income.

**Step 2: Determine if the MAF need group passes the countable income test.**

- Determine the countable gross income by adding earned and unearned income for all members of the MAF need group. The unearned income includes the deemed income from the ineligible noncitizen(s).

- Compare the total countable gross income to the countable income limit for the MAF need group.

**Step 3: Determine if the MAF need group passes the adjusted income test.**

- Determine the adjusted earned income. From the total gross earned income allow deductions in the following order: a standard deduction of $90, a second deduction of $30, a one-third deduction of remaining earned income and a final deduction for dependent care costs. The dependent care costs vary depending on the age of the child and whether the client is employed full-time or part-time (OAR 461-160-0190).

- Add the adjusted earned income to the countable unearned income.

- Compare the income to the Adjusted Income/Payment Standard for the number of members in the need group without including the needs of those ineligible noncitizens who are not in the MAF need group because of their income put the MAA filing group over the income standard. If the income does not exceed the standard, the members in the MAF need group are eligible for MAF or CAWEM MAF. The MAF need group may include those ineligible noncitizens who do not have income that puts the need group over the income standard.

For SAC, the financial determination process is the same for filing groups with noncitizens who meet the alien status requirement and those who do not. Those who do not meet the alien status requirement are potentially eligible for CAWEM.

For OHP (except OHP-CHP), the financial group includes all noncitizens so long as they are required to be in the group for determining eligibility. Their income and resources will be counted in similar manner as other OHP financial groups. If they pass the financial eligibility requirements and are otherwise eligible, only the members who meet
the alien status requirement are in the benefit group. Those who do not meet the alien status requirement are potentially eligible for CAWEM.

Financial Group: 461-110-0530
Need Group: 461-110-0630
Specific Requirements; MAA, MAF, and TANF: 461-135-0070
Income of Ineligible Non-Citizens and Father of an Unborn; MAF: 461-160-0120

3. Eligibility for CAWEM

Noncitizens who do not meet the alien status requirement for BCCM, CEM, EXT, MAA, MAF, OHP, and SAC may be eligible for CAWEM. The CAWEM program covers immediate medical treatment due to the sudden onset of a medical condition and the absence of treatment could reasonably be expected to result in any of the following:

(A) Placing the patient’s health in serious jeopardy.
(B) Serious impairment to bodily functions.
(C) Serious dysfunction of any bodily organ or part.
(D) The patient requires medical services for childbirth (labor and delivery).

It is not necessary for workers to determine if the noncitizens meet any of the above-mentioned criteria for CAWEM. If the group meets the eligibility requirements for BCCM, CEM, EXT, MAA, MAF, OHP and SAC, they will receive a medical coverage letter that will explain the coverage for each member of the benefit group. An identifier CWM in the case descriptor indicates the noncitizens are eligible for CAWEM only. DMAP will reimburse medical providers when the treatments are for the above-mentioned conditions. Sixty-day postpartum care is not an automatic coverage for CAWEM females unless an emergent medical treatment is required during the 60 days. A new application is not needed when this happens. A child born to a CAWEM mother is an assumed eligible newborn.

SEE MEDICAL ASSISTANCE PROGRAMS C.1.

SEE WORKER GUIDE #1 (NC WG#1) OF THE: NONCITIZENS CHAPTER FOR THE NONCITIZEN CHARTS.

The individual must be a resident of Oregon with the intent to remain in Oregon. There is no minimum amount of time a person must live in Oregon to be a resident.

Pre-Natal Expansion Program

A program expanding medical services for pregnant CAWEM clients who reside in Multnomah County and Deschutes County was implemented April 1, 2008. The program expanded to Benton, Clackamas, Hood River, Jackson and Lincoln counties effective
October 1, 2009. The program expanded to Lane County effective January 1, 2011. Lincoln County ended their participation in the program effective December 4, 2009.

The program uses OHP-CHP funding to pay for pre-natal care. OHP-CHP funds are permitted for the program because the medical services are limited to pre-natal services and benefit the unborn child who will be a U.S. citizen at birth.

- Any pregnant CAWEM client is eligible who resides in the participating counties, regardless of the Medicaid program used to determine CAWEM eligibility, including MAA CWM, MAF CWM, OPP CWM, etc.;

- Only participating county residents who are pregnant CAWEM clients are eligible for the enhanced benefit package. If the client moves from Multnomah, Deschutes, Benton, Clackamas, Hood River, Jackson or Lane counties to a county not included in the program area, a timely continuing (10-day) notice of reduction is required;

- The enhanced benefit package is a limited version of the OHP Plus benefit package. Only necessary pre-natal services included in the OHP Plus benefit package will be covered;

- Eligibility is tied to the unborn child who will be a U.S. citizen. The mother’s eligibility for the enhanced benefit package ends when the pregnancy ends. Clients will receive an automatic CM system notice in the month prior to the DUE need/resource date. The notice will remind the client that their plus benefits end the day after the baby is born;

- If the client’s pregnancy ends prior to the month the DUE need/resource is coded, reduce benefits to CAWEM for the first of the month after the 10-day notice period using notice CMRCWXR or SPRCWXR. Both notices are available on Notice Writer. Also update the DUE need/resource date to reflect the correct month/year the pregnancy ended;

- The pregnant CAWEM client remains a CAWEM eligible during her pregnancy and for the protected two-month post-partum period. She may receive emergent need benefits for herself during the pregnancy and for the two months following the end of her pregnancy;

- The newborn is an AEN Medicaid eligible child and may receive up to 12 months protected Medicaid;

- CM system coding has been added to identify pregnant CAWEM clients in one of the participating counties. Pregnant CAWEM clients moving into one of the participating counties will have the new CM system coding added to their cases by staff at the OHP Statewide Processing Center (Branch 5503). Sending branch offices do not need to add the CM coding.

Specific Requirements; Citizen/Alien-Waived Emergent Medical (CAWEM): 461-135-1070
4. **Sponsored Noncitizens**

Prior to December 1997, sponsors of noncitizens were required to sign affidavits of support that reflected their financial responsibility for the sponsored noncitizen. However, those affidavits were effective for three years. As a result, those early affidavits have expired and the deeming process no longer applies to those sponsored noncitizens.

Since the enactment of PRWORA, a legally enforceable affidavit of support is required to be signed by a sponsor for most noncitizens seeking admission into the U.S. The federal law requires the income and resources of the sponsor and the sponsor’s spouse be deemed to the sponsored noncitizen in determining eligibility for Medicaid, such as MAA, MAF, OHP and SAC.

SEE NONCITIZENS A.4 FOR EXAMPLES OF THE COMMON STATUS CODES FOR SPONSORED NONCITIZEN AND NONCITIZENS A.8 TO DETERMINE IF THE DEEMING REQUIREMENTS APPLY.

Do not deem income and resources to a sponsored noncitizen who is only eligible for CAWEM.

Deemed Assets; Noncitizen's Sponsor: 461-145-0820
When to Deem the Assets of a Sponsor of a Noncitizen and How Income is Deemed: 461-145-0830

5. **Deeming Income**

If deeming applies, treat all the countable income (earned and unearned) of the sponsor and sponsor’s spouse as if it were the sponsored noncitizen’s. Allow the appropriate deductions. The remaining income is the countable income deemed to the sponsored noncitizen. Do not divide this income among the sponsored noncitizens.

When to Deem the Assets of a Sponsor of a Noncitizen and How Income is Deemed: 461-145-0830

6. **Deeming Resources**

To determine the amount of resources deemed from the sponsor and their spouse (if living together), total all of their countable resources. This is the countable deemed resource for each sponsored noncitizen.

Deemed Assets; Overview: 461-145-0810
Deemed Assets; Noncitizen's Sponsor: 461-145-0820
Worker Guide
Noncitizen Charts

This Worker Guide is intended to assist workers in determining which documents are required to verify alien status for the department’s programs.

How to Use these Charts

The charts are set up to show you what programs applicants may qualify for, based on their alien status.

Key for the chart

YES = Meets the alien status requirement for the program
NO = Does not meet the alien status requirement for the program

Noncitizens are admitted into the United States under different provisions of immigration laws. They may be admitted under one provision but later adjust their status under another. The first column indicates the initial immigration status of the noncitizen. The Department of Human Services (DHS) considers their initial qualified status to determine if the alien status requirement is met.

Example 1: A noncitizen was granted political asylum and was given an I-94 or an I-688B/I-766 annotated “274a.12(a)(5).” A few years later, he applied to become a lawful permanent resident and was granted the status and given an I-551 with a status code “AS1.” This noncitizen is now an LPR but his initial immigration status was an asylee (ASY).

Example 2: A noncitizen from Laos was given refugee status in 1978. His initial immigration document was an I-94 marked section 207. He became an LPR in 1980 with an IC6. His initial immigration status was a refugee (REF).

Example 3: A U.S. citizen married a noncitizen from Brazil three years ago. She arrived in the U.S. with a Brazilian passport. The visa in the passport indicated that she has been granted lawful permanent resident with an IR1 status code. Her initial immigration status was a lawful permanent resident (LPR).

The immigration status of all adult noncitizens must be verified. This is done using SAVE to verify the validity of the noncitizen’s U.S. Citizenship and Immunization Service (USCIS) document and instituting secondary verification as instructed.

SEE SPD WORKER GUIDE D.1 FOR NONCITIZEN ELIGIBILITY RELATED TO GA, GAM, OSIP, OSIPM AND SSI.
Noncitizen Charts

**CHART A:** This chart is for the noncitizens only and does not reflect the entire family’s eligibility. Unless stated otherwise, these noncitizens are authorized to work. Chart A includes noncitizen eligibility information for the ERDC, REF, SNAP, TANF and TA-DVS programs.

**CHART B:** Chart B includes noncitizen eligibility information for all medical programs except REFM. This chart is for noncitizens only and does not reflect the entire family’s eligibility.

**CHART C:** This chart should not be used as a stand-alone chart. Chart C provides additional information for nonimmigrant children under age 19 identified in Chart B.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPR</td>
<td>Lawful Permanent Residents</td>
</tr>
<tr>
<td>ASY</td>
<td>People granted asylum</td>
</tr>
<tr>
<td>REF</td>
<td>Refugees</td>
</tr>
<tr>
<td>AMR</td>
<td>Amerasians</td>
</tr>
<tr>
<td>ENT</td>
<td>Cuban/Haitian Entrants</td>
</tr>
<tr>
<td>CHP</td>
<td>Cuban/Haitian Parolees</td>
</tr>
<tr>
<td>CHC</td>
<td>A national of Cuba or Haiti who is subject of removal, deportation or exclusion proceedings under the INA and with respect to who a final, non-appealable and legally enforceable order of removal, deportation or exclusion has not been entered.</td>
</tr>
<tr>
<td>CHA</td>
<td>A national of Cuba or Haiti who has an application for asylum pending with the USCIS and with respect to whom a final, non-appealable and legally enforceable order of removal, deportation or exclusion has not been entered.</td>
</tr>
<tr>
<td>TRF</td>
<td>Victim of Human Trafficking</td>
</tr>
<tr>
<td>SIV</td>
<td>Iraqi or Afghan translators employed by the U.S. military entering with a Special Immigrant Visa (SIV) under section 101(a)(27) of the Immigration and Nationality Act.</td>
</tr>
<tr>
<td>HHL</td>
<td>Hmong and Highland Laotian</td>
</tr>
<tr>
<td>CBI</td>
<td>Canadian Born Indians</td>
</tr>
<tr>
<td>COL</td>
<td>Permanently Residing Under the Color of Law</td>
</tr>
<tr>
<td>NON</td>
<td>Nonqualifying noncitizen</td>
</tr>
<tr>
<td>BAT</td>
<td>Battered spouse or children of an LPR or a U.S. Citizen</td>
</tr>
<tr>
<td>PAR</td>
<td>Paroled (non Cuban or Haitian)</td>
</tr>
<tr>
<td>NCS</td>
<td>Noncitizen status</td>
</tr>
<tr>
<td>NIS</td>
<td>Nonimmigrant Status</td>
</tr>
</tbody>
</table>
# Chart A

## CONSIDER EACH INDIVIDUAL SEPARATELY

<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>ERDC, TANF, TA-DVS</th>
<th>SNAP</th>
<th>REF, REFM</th>
</tr>
</thead>
</table>
| **LPR** | I-551. Use for all I-551 cards **unless the following codes appear:**  
- See ASY if marked AS1 thru AS8, GA6, GA7, GA8;  
- REF if marked RE, RE1 thru RE8;  
- DBW if marked Z11, Z13, Z56, or Z75;  
- See AMR if marked AM1, AM2, or AM3  
- See ENT if marked CNP, CH6, CU6 thru CU9  
- See HHL if marked IC6 or IC7 | Yes | 1 | No |
| **LPR** | I-151 | Yes | 1 | No |
| **ASY** | • I-94 marked section “208” or marked “Visa 92” with the inscription “section 208”  
• I-94 or other travel document marked AS-1 thru AS-3  
• I-766 EAD with provision of law 274a.12(a)(5)  
• I-688B with provision of law 274a.12(a)(5)  
• Order from Immigration Judge granting asylum under section 208 of the INA (if the Department of Homeland Security has waived the right to appeal)  
• Asylum approval letter pursuant to section 208 of the INA  
• Written decision from Board of Immigration Appeals (BIA)  
• I-730 Approval letter | Yes | Yes | Yes² |
| **ASY** | • I-551 marked AS1 thru AS8, GA6, GA7, GA8 | Yes | Yes | No |
| **REF** | • I-94 marked section “207” of the INA or marked “Visa 93” with the inscription “section 207”  
• I-94 or other travel document marked RE1 thru RE5  
• I-766 EAD with provision of law 274a.12(a)(3)  
• Form 1-571 | Yes | Yes | Yes² |
<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>ERDC, TANF, TA-DVS</th>
<th>SNAP</th>
<th>REF, REFM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I-688 EAD with provision of law 274a.12(a)(3)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• I-551 marked AM1, AM2, AM3, CH6, CNP, CU0, CU6 thru CU9, IC6, IC7, RE, RE1 thru RE8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes³</td>
</tr>
<tr>
<td>REF</td>
<td>I-551 marked RE, RE1 thru RE8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMR</td>
<td>• I-94 marked with AM1 thru AM3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I-551 marked with AM6 thru AM8</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Vietnamese Exit Visa with codes AM1 thru AM3</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Vietnamese passport with codes AM1 thru AM3</td>
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<tr>
<td></td>
<td>• U.S. passport with codes AM1 thru AM3</td>
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</tr>
<tr>
<td>AMR</td>
<td>I-551 marked AM1; AM2; and AM3</td>
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</tr>
<tr>
<td>ENT</td>
<td>Must be Cuban/Haitian:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I-94 stamped parole “Cuban/Haitian Entrant (Status Pending)” - could refer to 212(d)(5)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• I-551 with code CH6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I-94 stamped parole into the U.S. on or after April 21, 1980 - could refer to 212(d)(5)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Cuban or Haitian passport stamped with 212(d)(5) after October 10, 1980</td>
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<td></td>
</tr>
<tr>
<td>ENT</td>
<td>Must be Cuban/Haitian:</td>
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</tr>
<tr>
<td></td>
<td>• I-551 marked CNP, CU0, CU1, CU6 thru CU9, NC6 thru NC9, HA6 thru HA9, HB6 thru HB9, HC6 thru HC9, HD6 thru HD9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHP</td>
<td>Must be Cuban/Haitian:</td>
<td></td>
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<tr>
<td></td>
<td>• I-94 showing parole into the U.S. – could refer to 212(d)(5) or “EWI”</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• I-766 EAD with provision of law 274a.12(a)(4) or 274.12(c)(11) both must have confirmation of nationality (Cuban or Haitian)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I-688B EAD with provision of law 274a.12(a)(4) or 274.12(c)(11) both must have confirmation of nationality (Cuban or Haitian)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>USCIS FORM OR STATUS</td>
<td>ERDC, TANF, TA-DVS</td>
<td>SNAP</td>
<td>REF, REFMP</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td><strong>CHC</strong> Must be Cuban/Haitian:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• USCIS forms I-221; I-862; I-220A; I-122; I-221S</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes(^{11})</td>
</tr>
<tr>
<td>• I-589 stamped Executive Office for Immigration Review (EOIR)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• I-485 stamped EOIR</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• EOIR-26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-766 EAD with provision of law 274a.12(c)(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-688B EAD with provision of law 274a.12(c)(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other applications for relief date stamped by EOIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other documentation pertaining to the applicant’s removal, exclusion, or deportation proceedings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHA</strong> Must be Cuban/Haitian:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes(^{11})</td>
</tr>
<tr>
<td>• I-766 EAD with provision of law 274a.12(c)(8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-688B EAD with provision of law 274a.12(c)(8)</td>
<td></td>
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</tr>
<tr>
<td><strong>PAR</strong> I-94 marked section “212(d)(5)” Document will indicate that the individual has been paroled for at least one year. Non-Cuban/Haitian</td>
<td>Yes</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td><strong>PAR</strong> I-94 marked “Visa 91”</td>
<td>Yes</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td><strong>DBW</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• I-551 marked Z11, Z13, Z56, or Z75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-688B annotated 274a.12(a)(10)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• I-766 annotated 274a.12(a)(10)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>HHL</strong> I-551 marked IC6, IC7, RE, RE6, RE7, and RE8</td>
<td>Yes</td>
<td>Yes(^{6})</td>
<td>No</td>
</tr>
<tr>
<td><strong>CBI</strong> Canadian-born Indians; see 8 for more info.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>COL</strong> Permanently Residing Under Color of Law including citizens of the Marshall Islands and Federated States of Micronesia. I-94 marked CFA/MIS, CFA/FSM, CFA/PAL</td>
<td>No(^{14})</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>NON</strong></td>
<td>No(^{14})</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• I-94 marked “K Visa”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-130 or I-129</td>
<td></td>
<td></td>
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<tr>
<td>• I-130 marked “V Visa”</td>
<td></td>
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<tr>
<td>• I-854 marked “S Visa”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I-94 marked “EWI” (non Cuban/Haitian)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>USCIS FORM OR STATUS</td>
<td>ERDC, TANF, TA-DVS</td>
<td>SNAP</td>
<td>REF, REF M</td>
</tr>
<tr>
<td>----------------------</td>
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<td>-----------</td>
</tr>
</tbody>
</table>
| TRF                  | • An official letter of certification from the U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR).  
• Children victims of trafficking (under the age of 18) do not need to be certified in order to receive services and benefits. ORR will issue a letter stating that a child is a victim of a severe form of trafficking and is therefore eligible for benefits | Yes⁹ | Yes⁹ | Yes⁹ |
| TRF                  | • I-94 marked “T Visa,” “T-2 Visa,” “T-3 Visa,” “T-4 Visa,” or “T-5 Visa,”  
• I-94A | Yes¹² | Yes¹² | Yes¹² |
| BAT                  | I-797 establishing or extending prima facie case for an I-360 Self-petition | Yes¹⁰ | 1 | No |
| SIV                  | • Iraqi or Afghan passport with an immigrant visa stamp of SI1; SI2; SI3; SQ1; SQ2; or SQ3 (I-94 will show date of entry)  
• I-551 showing Iraqi or Afghan nationality with immigrant visa of SI6; SI7; SI9; SQ6; SQ7; or SQ9 | Yes | Yes | Yes¹³ |
|                      | I-688A, I-688B/I-766 (except noted above) | These are work authorization documents only |

1 Meet alien status if they:
   (a) meet SNAP definition of disability;
   (b) are under age 18;
   (c) have been a qualified noncitizen for five or more years;
   (d) are LPR and have worked or can be credited with 40 qualifying quarters of work;
   (e) are a veteran of the U.S. Armed Forces, who was honorably discharged not on account of alien status and who fulfills the minimum active-duty service requirement; (f) are on active duty in the U.S. Armed Forces; or
   (g) are the spouse or unmarried dependent child(ren) of an individual described in (e) or (f).
2 Meets alien status requirement for the first eight months from the date their immigration status was granted. For refugees, the first month is the month the refugee arrived in the U.S. For asylees, the first month is the month they receive their asylum status.
3 Yes, if the Amerasian has not been in the U.S. for more than eight months.
4 Do not meet alien status if they are paroled into the U.S. for less than one year. See 1 if they are paroled for at least one year.
5 Yes, for Cuban and Haitians only. Also, must not have been in the U.S. for more than eight months.
6 If the individual was not admitted as a refugee, the person meets alien status if he or she was a member, the spouse or dependent child of the member, of the tribe that took part in a military or rescue operation during the Vietnam War era. See this section, pages 4-5 for more information
7 Card expired in 3/96; refer to USCIS for renewal. Do not delay or deny benefits if otherwise eligible.
INS documents showing status “S13” or Canadian birth certificate, with a letter, card or other birth record issued by the tribe that indicates the person is at least “one-half American Indian blood.” Also, members of tribes that are recognized and eligible to receive services from the U.S. Bureau of Indian Affairs.

Call the toll-free trafficking verification line at 1-866-401-5510 to notify the Office of Refugee Resettlement (ORR) of the benefits for which the individual has applied. (Note: At this time, the DHS Systematic Alien Verification for Entitlements (SAVE) system does not contain information about victims of severe forms of trafficking or nonimmigrant alien family members.

Meets qualified alien status for TANF and ERDC if (1) the self-petitioning spouse does not live in the household with the abuser, and (2) the benefits are needed to enable the applicant and/or the applicant’s child to become self-sufficient following separation from the abuser; or are needed to escape the abuser; or are needed due to a loss of financial support from the abuser; or are needed due to a reduction in earnings or job loss due to the battery, and (3) the abuse happened in the USA. For SNAP, meets alien status requirement if it has been five years since the date prima facie evidence was established.

Please contact DHS Refugee Program central office to confirm immigration status.

If the status was granted while the individual(s) was in the country, the date of entry is the Notice Date on the I-797. If the individual(s) entered the U.S. with a T Visa, the date of entry is the entry date on the I-94. In either case, the trafficking verification line must still be notified and confirmed as stated in 9.

If the individual was granted SIV status while the individual was in the U.S., the date of entry is the date the status was granted. If the individual entered the U.S. with the status, the date of entry is the arrival date stamped in the I-94.

Citizenship requirements can be waived for TANF and TA-DVS cases when the noncitizen is escaping domestic violence or their safety is at risk due to domestic violence.

Note: There was no minimum active-duty service requirement for individuals who joined the Armed Forces prior to 9/7/80. Individuals who joined after 9/7/80 must serve a minimum of two years or a duration they were called or ordered to active duty.

### Chart B
ALL MEDICAL PROGRAMS EXCEPT REFM CONSIDER EACH INDIVIDUAL SEPARATELY

<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>For individuals 19 and over</th>
<th>For individuals under 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPR I-551. Use for all I-551 cards unless the following codes appear: See ASY if marked AS1 thru AS8, GA6, GA7, GA8; REF if marked AM1, AM2, AM3, CH6, CNP, CU1, CU6 thru CU9, IC6, IC7, RE, RE1 thru RE8; and DBW if marked Z11, Z13, Z56, or Z75</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Use this chart for all medical programs except REFM  
(Includes BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, SAC and QMB)

<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>For individuals 19 and over</th>
<th>For individuals under 19</th>
</tr>
</thead>
</table>
| ASY  
I-94 marked section “208” or marked “Visa 92” with the inscription “section 208” 
I-551 marked AS1 thru AS8, GA6, GA7, GA8  
I-688B/I-766 annotated “274a.12(a)(5).” | Yes                          | Yes                      |
| REF  
I-94 marked section “207” or “584(a)” or marked “Visa 93” with the inscription “section 207” 
I-551 marked AM1, AM2, AM3, CH6, CNP, CU0, CU6 thru CU9, IC6, IC7, RE, RE1 thru RE8 | Yes                          | Yes                      |
| CUH  
I-94 marked “Cuban/Haitian entrants parolees” 212(d)(5) paroled for at least one year. 
I-551 marked NC6 thru NC9, HA6 thru HA9, HB6 thru HB9, HC6 thru HC9, HD6 thru HD9 | Yes                          | Yes                      |
| DBW  
I-551 marked Z11, Z13, Z56, or Z75  
I-688B/I-766 annotated “274a.12(a)(10).” | Yes                          | Yes                      |
| HHL  
Hmong and Highland Laotian;  
I-94 marked section 207; I-551 marked IC6, IC7, RE, RE6, RE7, and RE8 | Yes                          | Yes                      |
| CBI  
Canadian-born Indians; see 2 for more info. | Yes                          | Yes                      |
| PAR  
I-94 marked “Visa 91”                                                                 | 1                            | 1                        |
| NON  
I-94 marked “EWI”                                                                                 | CAWEM³                       | CAWEM³                   |
| PAR  
I-94 marked section “212(d)(5)” paroled for at least one year except for Cuban/Haitian parolees | 1                            | 1                        |
Use this chart for all medical programs except REFM (Includes BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, SAC and QMB)

<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>For individuals 19 and over</th>
<th>For individuals under 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL</td>
<td>Permanently Residing Under Color of Law including citizens of the Marshall Islands and Federated States of Micronesia. I-94 marked CFA/MIS, CFA/FSM</td>
<td>CAWEM³</td>
</tr>
<tr>
<td>NON</td>
<td>I-94 marked “K Visa” I-130 or I-129</td>
<td>CAWEM</td>
</tr>
<tr>
<td>NON</td>
<td>I-130 marked “V Visa”</td>
<td>CAWEM</td>
</tr>
<tr>
<td>NON</td>
<td>I-854 marked “S Visa”</td>
<td>CAWEM</td>
</tr>
<tr>
<td>REF</td>
<td>I-914 marked “T Visa,” “T-2 Visa,” “T-3 Visa,” “T-4 Visa,” or “T-5 Visa,” or an I-914A</td>
<td>Yes⁴</td>
</tr>
<tr>
<td>BAT</td>
<td>I-797 establishing or extending prima facie case for an I-360 Self-petition</td>
<td>1</td>
</tr>
<tr>
<td>BAT</td>
<td>Any document marked “U Visa”</td>
<td>CAWEM</td>
</tr>
<tr>
<td>LPR</td>
<td>I-151⁵</td>
<td>Yes</td>
</tr>
<tr>
<td>SIV</td>
<td>An Iraqi or Afghan granted special immigrant status (SIV) under section 101(a)(27) of the Immigration and Nationality Act</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>I-688A, I-688B/I-766 (except noted above)</td>
<td>CAWEM (These are work authorization documents only)</td>
</tr>
</tbody>
</table>
Use this chart for all medical programs except REFM
(Includes BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, SAC and QMB)

<table>
<thead>
<tr>
<th>USCIS FORM OR STATUS</th>
<th>For individuals 19 and over</th>
<th>For individuals under 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIS</td>
<td>1-94 marked with codes not listed above, any document that is not listed above including court documents</td>
<td>CAWEM</td>
</tr>
</tbody>
</table>

1. Meet alien status if they: (a) granted qualified status and under age 19, regardless of the length of time in the U.S.; (b) were a qualified noncitizen before 8/22/96; (c) entered the U.S. before 8/22/96, but did not receive their qualified status until after 8/22/96, and have been residing continuously in the U.S. between August 22, 1996, and the date their qualified status was granted; (d) entered the U.S. and received their qualified status after 8/22/96, but have been living in the U.S. for five years from the date their status was granted; or (e) are a veteran of the U.S. Armed Forces who was honorably discharged not on account of alien status and who fulfills the minimum active duty service requirement; (f) on active duty in the U.S. Armed Forces; or (g) the spouse or unmarried dependent child(ren) of an individual described in (e) or (f). If they do not meet (a)-(f), they are considered CAWEM.

2. INS documents showing status “S13” or Canadian birth certificate, with a letter, card or other birth record issued by the tribe that indicates the person is at least “one-half American Indian blood.” Also, members of tribes which are not recognized and eligible to receive services from the U.S. Bureau of Indian Affairs.

3. The applicants must meet all eligibility requirements for MAA, MAF, OHP (except OHP-CHP) or OSIPM except citizen/alien status in order to receive Citizen/Alien-Waived Emergent Medical (CAWEM). CAWEM clients are not eligible for OHP-CHP or Healthy KidsConnect.

4. Call the toll-free trafficking verification line at 1-866-401-5510 to notify the Office of Refugee Resettlement (ORR) of the benefits for which the individual has applied. (Note: At this time, the DHS Systematic Alien Verification for Entitlements (SAVE) system does not contain information about victims of severe forms of trafficking or nonimmigrant alien family members.)

5. Card expired in 3/96; refer to USCIS for renewal. Do not delay or deny benefits if otherwise eligible.

6. Yes, for Cuban and Haitian national only.
# Chart C

**Non-Immigrant Classes of Admission for individuals under 19**

Instructions: Use this chart only if required by Chart B. Chart C is used to help determine if a medical client under age 19 meets the medical program noncitizen requirements. If an individual is under the age of 19 and they meet one of the groups listed on this chart, they are eligible for full medical benefits.

<table>
<thead>
<tr>
<th>Class of Admission</th>
<th>Description</th>
<th>Section of Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>Ambassador, public minister, career diplomat or consular officer, and members of immediate family.</td>
<td>Sec. 101(a)(15)(A)(i) of the I&amp;N Act</td>
</tr>
<tr>
<td>A-2</td>
<td>Other foreign government official or employee and members of immediate family.</td>
<td>Sec. 101(a)(15)(A)(ii) of the I&amp;N Act</td>
</tr>
<tr>
<td>A-3</td>
<td>Attendant, servant, or personal employee of A-1 or A-2 and members of immediate family.</td>
<td>Sec. 101(a)(15)(A)(iii) of the I&amp;N Act</td>
</tr>
<tr>
<td>B-1</td>
<td>Temporary visitor for business (including Peace Corps).</td>
<td>Sec. 101(a)(15)(B) of the I&amp;N Act</td>
</tr>
<tr>
<td>B-2</td>
<td>Temporary visitor for pleasure.</td>
<td>Sec. 101(a)(15)(B) of the I&amp;N Act</td>
</tr>
<tr>
<td>BE</td>
<td>Bering Strait Agreement: visa-free travel for Russian citizens to designated areas of Alaska, restricted to indigenous tribes of specified areas of Siberia.</td>
<td>Sec. 212(d)(4) of the I&amp;N Act as added by the Bering Strait Agreement (Sept. 23, 1989)</td>
</tr>
<tr>
<td>C-1</td>
<td>Alien in continuous and immediate transit through the United States.</td>
<td>Sec. 101(a)(15)(C) of the I&amp;N Act</td>
</tr>
<tr>
<td>C-2</td>
<td>Alien in Transit to United Nations Headquarters District under Sec. 11 (3), (4), or (5) of the Headquarters Agreement with the United Nations.</td>
<td>Sec. 101(a)(15)(C) of the I&amp;N Act</td>
</tr>
<tr>
<td>C-3</td>
<td>Foreign government official, members of immediate family, attendant, servant, or personal employee, in transit.</td>
<td>Sec. 212(d)(8) of the I&amp;N Act</td>
</tr>
<tr>
<td>D-1</td>
<td>Alien crewman on a vessel or aircraft temporarily in the United States, departing on same vessel or airline of arrival.</td>
<td>Sec. 101(a)(15)(D)(i) and Sec. 252 (a)(1) of the I&amp;N Act as interpreted by 8 CFR Sec. 252.1(d)</td>
</tr>
<tr>
<td>D-2</td>
<td>Alien crewman departing on vessel other than one of arrival.</td>
<td>Sec. 101(a)(15)(D)(ii) and Sec. 252 (a)(2) of the I&amp;N Act as interpreted by 8 CFR Sec. 252.1(d)</td>
</tr>
<tr>
<td>F-1</td>
<td>Student, academic or language program.</td>
<td>Sec. 101(a)(15)(F)(i) of the I&amp;N Act</td>
</tr>
<tr>
<td>F-2</td>
<td>Spouse or child of F-1.</td>
<td>Sec. 101(a)(15)(F)(ii) of the I&amp;N Act</td>
</tr>
<tr>
<td>F-3</td>
<td>Canadian or Mexican national commuter student.</td>
<td>Sec. 101(a)(15)(F)(iii) of the I&amp;N Act as added by PL 107-274, Sec. 2(a) (Nov. 2, 2002)</td>
</tr>
<tr>
<td>G-1</td>
<td>Principal resident representative of recognized foreign member government to international organization, staff, and members of immediate family.</td>
<td>Sec. 101(a)(15)(G)(i) of the I&amp;N Act</td>
</tr>
<tr>
<td>Class of Admission</td>
<td>Description</td>
<td>Section of Law</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>G-2</td>
<td>Temporary representative of recognized foreign member government to an international organization, and members of immediate family.</td>
<td>Sec. 101(a)(15)(G)(ii) of the I&amp;N Act</td>
</tr>
<tr>
<td>G-3</td>
<td>Representative of nonrecognized or nonmember foreign government to international organization, and members of immediate family.</td>
<td>Sec. 101(a)(15)(G)(iii) of the I&amp;N Act</td>
</tr>
<tr>
<td>G-4</td>
<td>Officer or employee of international organization and members of immediate family.</td>
<td>Sec. 101(a)(15)(G)(iv) of the I&amp;N Act</td>
</tr>
<tr>
<td>G-5</td>
<td>Attendant, servant, or personal employee of G-1, G-2, G-3, or G-4, and members of immediate family.</td>
<td>Sec. 101(a)(15)(G)(v) of the I&amp;N Act</td>
</tr>
<tr>
<td>GB</td>
<td>Temporary visitor for business admitted without visa to Guam under the Guam Visa Waiver Program.</td>
<td>Sec. 217 of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 313 (Nov. 6, 1986); revised by the Immigration Act of 1990, PL 101-649, Sec. 201 (Nov. 29, 1990)</td>
</tr>
<tr>
<td>GT</td>
<td>Temporary visitor for pleasure admitted without visa to Guam under the Guam Visa Waiver Program.</td>
<td>Sec. 217 of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 313 (Nov. 6, 1986); revised by the Immigration Act of 1990, PL 101-649, Sec. 201 (Nov. 29, 1990)</td>
</tr>
<tr>
<td>H-1B</td>
<td>Temporary worker (other than registered nurse) with &quot;specialty occupation&quot; admitted on the basis of professional education, skills, and/or equivalent experience</td>
<td>Sec. 101(a)(15)(H)(i)(b) of the I&amp;N Act as added by the Immigration Nursing Relief act of 1989, PL 101-238, Sec. 3(a) (Dec. 18, 1989); revised by the Immigration Act of 1990, PL 101-649, Sec. 205(c) (Nov. 29, 1990)</td>
</tr>
<tr>
<td>H-1C</td>
<td>Registered nurse who will work in facilities that serve health professional shortage areas under provisions of the Nursing Relief for Disadvantaged Areas Act of 1999</td>
<td>Sec. 101(a)(15)(H)(i)(c) of the I&amp;N Act as added by the Nursing Relief for Disadvantaged Areas Act of 1999, PL 106-95, Sec. 2 (Nov. 12, 1999) and extended by PL 109-423 (Dec. 20, 2006)</td>
</tr>
<tr>
<td>H-2A</td>
<td>Worker to perform agricultural services or labor of a temporary or seasonal nature when services are unavailable in the U.S. and will not adversely affect wages and working conditions of U.S. workers.</td>
<td>Sec. 101(a)(15)(H)(ii)(a) of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 301(a)(a) and Sec. 216(a)(1)(A) and (B) (Nov. 6, 1986)</td>
</tr>
<tr>
<td>H-3</td>
<td>Temporary trainee to receive instruction in any field except medical education.</td>
<td>Sec. 101(a)(15)(H)(iii) of the I&amp;N Act</td>
</tr>
<tr>
<td>Class of Admission</td>
<td>Description</td>
<td>Section of Law</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>I</td>
<td>Representative of foreign information media, spouse and children.</td>
<td>Sec. 101(a)(15)(I) of the I&amp;N Act</td>
</tr>
<tr>
<td>K-1</td>
<td>Fiancé or fiancée of a U.S. citizen entering solely to conclude a valid marriage contract.</td>
<td>Sec. 101(a)(15)(K) of the I&amp;N Act</td>
</tr>
<tr>
<td>K-4</td>
<td>Child accompanying or following to join a K-3 alien.</td>
<td>Sec. 101(a)(15)(K) of the I&amp;N Act as added by the Legal Immigration Family Equity (LIFE) Act as part of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act of 2001, PL 106-553, Sec. 1103(a) (Dec. 21, 2000)</td>
</tr>
<tr>
<td>L-1</td>
<td>Intracompany transferee (executive, managerial, and specialized personnel entering to render services to a branch, parent, subsidiary, or affiliate of the company of previous employment outside the United States).</td>
<td>Sec. 101(a)(15)(L) of the I&amp;N Act</td>
</tr>
<tr>
<td>L-2</td>
<td>Spouse or child of L-1.</td>
<td>Sec. 101(a)(15)(L) of the I&amp;N Act</td>
</tr>
<tr>
<td>M-1</td>
<td>Student pursuing a full course of study at an established vocational or other recognized nonacademic institution (other than in a language training program).</td>
<td>Sec. 101(a)(15)(M)(i) of the I&amp;N Act as added by PL 97-116, Sec. 2(a)(2) (Dec. 29, 1981)</td>
</tr>
<tr>
<td>M-3</td>
<td>Canadian or Mexican national commuter student (vocational student or other nonacademic student).</td>
<td>Sec. 101(a)(15)(M)(iii) of the I&amp;N Act as added by PL 107-274, Sec. 2(b) (Nov. 2, 2002)</td>
</tr>
<tr>
<td>NATO-1</td>
<td>Principal permanent representative of Member State to NATO (including any of its subsidiary bodies) resident in the United States and resident members of permanent representative's official staff; Secretary General, Deputy Secretary General, Assistant Secretaries General, and Executive Secretary of NATO; other permanent NATO officials of similar rank; and members of immediate family.</td>
<td>Art.12, 5 UST 1094; Art. 20, 5 UST 1098</td>
</tr>
<tr>
<td>Class of Admission</td>
<td>Description</td>
<td>Section of Law</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>NATO-2</td>
<td>Other representatives of Member States to NATO (including any of its subsidiary bodies) including representatives, advisors and technical experts of delegations, and members of the immediate family; dependents of member of a force entering in accordance with the provisions on the NATO Status-of-Forces Agreement or in accordance with the provisions of the Protocol on the Status of International Military Headquarters; members of such a force if issued visas.</td>
<td>Art. 13, 5 UST 1094; Art. 1, 4 UST 1794; Art. 3, 4 UST 1796</td>
</tr>
<tr>
<td>NATO-3</td>
<td>Official clerical staff accompanying a representative of Member State to NATO (including any of its subsidiary bodies) and members of immediate family.</td>
<td>Art. 14, 5 UST 1096</td>
</tr>
<tr>
<td>NATO-4</td>
<td>Officials of NATO (other than those classifiable under NATO-1) and members of immediate family.</td>
<td>Art. 18, 5 UST 1098</td>
</tr>
<tr>
<td>NATO-5</td>
<td>Experts, other than NATO officials classifiable under the symbol NATO-4, employed on missions on behalf of NATO and their dependents.</td>
<td>Art. 21, 5 UST 1100</td>
</tr>
<tr>
<td>NATO-6</td>
<td>Members of a civilian component accompanying a force entering in accordance with the provisions of the NATO Status-of-Forces Agreement; members of a civilian component attached to or employed by an Allied Headquarters under the Protocol on the Status of International Military Headquarters Set Up Pursuant to the North Atlantic Treaty; and their dependents.</td>
<td>Art. 1, 4 UST 1794; Art. 3, 5 UST 877</td>
</tr>
<tr>
<td>NATO-7</td>
<td>Attendant, servant, or personal employee of NATO-1, NATO-2, NATO-3, NATO-4, NATO-5, and NATO-6 classes, and members of immediate family.</td>
<td>Arts. 12-20, 5 UST 1094-1098</td>
</tr>
<tr>
<td>N-8</td>
<td>Parent of an alien classified SK3 or SN3.</td>
<td>Sec. 101(a)(15)(N)(i) of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 312(b) (Nov. 6, 1986) and as amended by PL 105-277, Div. C, Title IV, Sec. 421(b)(1) (Oct. 21, 1998)</td>
</tr>
<tr>
<td>N-9</td>
<td>Child of N-8 or of an alien classified SK1, SK2, SK4, SN1, SN2, or SN4.</td>
<td>Sec. 101(a)(15)(N)(ii) of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 312(b) (Nov. 6, 1986) and as amended by PL 105-277, Div. C, Title IV, Sec. 421(b)(2) (Oct. 21, 1998)</td>
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<tr>
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<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>P-1</td>
<td>Temporary Worker, internationally recognized athlete or entertainer for a specific competition or performance.</td>
<td>Sec. 101(a)(15)(P)(i) of the I&amp;N Act as added by the Immigration Act of 1990, PL 101-649, Sec. 207 (Nov. 29, 1990)</td>
</tr>
<tr>
<td>P-2</td>
<td>Temporary worker, artist or entertainer under a reciprocal exchange program with a similar organization of a foreign state.</td>
<td>Sec. 101(a)(15)(P)(ii) of the I&amp;N Act as added by the Immigration Act of 1990, PL 101-649, Sec. 207 (Nov. 29, 1990)</td>
</tr>
<tr>
<td>P-3</td>
<td>Temporary worker, artist or entertainer under a program that is &quot;culturally unique&quot;.</td>
<td>Sec. 101(a)(15)(P)(iii) of the I&amp;N Act as added by the Immigration Act of 1990, PL 101-649, Sec. 207 (Nov. 29, 1990)</td>
</tr>
<tr>
<td>T-1</td>
<td>Individuals physically present in the United States who are or have been victims of a severe form of trafficking.</td>
<td>Sec. 101(a)(15)(T)(i) of the INA as added by the Victims of Trafficking and Violence Protection Act of 2000, PL 106-386, Division A, Sec. 107(e)(1) (Oct. 28, 2000).</td>
</tr>
<tr>
<td>TD</td>
<td>Spouse or child of TN.</td>
<td>Sec. 101(a)(15)(B), (E), and (L) and Sec. 214(e) of the I&amp;N Act as amended by the North American Free Trade Agreement Implementation Act, PL 103-182, Sec. 341(b) (Dec. 8, 1993)</td>
</tr>
<tr>
<td>Class of Admission</td>
<td>Description</td>
<td>Section of Law</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TN</td>
<td>Canadian or Mexican citizen professional business person engaged in business activities in the U.S. (North American Free Trade Agreement.)</td>
<td>Sec. 101(a)(15)(B), (E), and (L) and Sec. 214(e) of the I&amp;N Act as amended by the North American Free Trade Agreement Implementation Act, PL 103-182, Sec. 341(b) (Dec. 8, 1993)</td>
</tr>
<tr>
<td>U-1</td>
<td>Individuals who have suffered substantial physical or mental abuse as victim of criminal activity.</td>
<td>Sec. 101(a)(15)(U)(i) of the INA as added by the Victims of Trafficking and Violence Protection Act of 2000, PL 106-386, Division B, 1513(b) (Oct. 28, 2000)</td>
</tr>
<tr>
<td>U-2</td>
<td>Spouse of U-1</td>
<td>Sec. 101(a)(15)(U)(ii) of the INA as added by the Victims of Trafficking and Violence Protection Act of 2000, PL 106-386, Division B, 1513(b) (Oct. 28, 2000)</td>
</tr>
<tr>
<td>U-3</td>
<td>Child of U-1</td>
<td>Sec. 101(a)(15)(U)(ii) of the INA as added by the Victims of Trafficking and Violence Protection Act of 2000, PL 106-386, Division B, 1513(b) (Oct. 28, 2000)</td>
</tr>
<tr>
<td>U-4</td>
<td>Parent of U-1</td>
<td>Sec. 101(a)(15)(U)(ii) of the INA as added by the Victims of Trafficking and Violence Protection Act of 2000, PL 106-386, Division B, 1513(b) (Oct. 28, 2000)</td>
</tr>
<tr>
<td>V-1</td>
<td>Nonimmigrant spouse of lawful permanent residents waiting more than 3 years for an immigrant visa based upon an immigrant petition filed on or before the enactment date of the LIFE Act, as of December 28, 2000.</td>
<td>Sec. 101(a)(15)(V) of the INA as amended by the Legal Immigration Family Equity (LIFE) Act as part of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act of 2001, PL 106-553, Sec. 1102(a)(3) (Dec. 21, 2000)</td>
</tr>
<tr>
<td>V-2</td>
<td>Child of lawful permanent residents waiting more than 3 years for an immigrant visa based upon an immigrant petition filed on or before the enactment date of the LIFE Act.</td>
<td>Sec. 101(a)(15)(V) of the INA as amended by the Legal Immigration Family Equity (LIFE) Act as part of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act of 2001, PL 106-553, Sec. 1102(a)(3) (Dec. 21, 2000)</td>
</tr>
<tr>
<td>V-3</td>
<td>Child of V-1 or V-2.</td>
<td>Sec. 101(a)(15)(V) of the INA as amended by the Legal Immigration Family Equity (LIFE) Act as part of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act of 2001, PL 106-553, Sec. 1102(a)(3) (Dec. 21, 2000)</td>
</tr>
<tr>
<td>WB</td>
<td>Temporary visitor for business admitted without visa under the Visa Waiver Program.</td>
<td>Sec. 217 of the I&amp;N Act as added by IRCA, PL 99-603, Sec. 313 (Nov. 6, 1986); revised by the Immigration Act of 1990, PL 101-649, Sec. 201 (Nov. 29, 1990)</td>
</tr>
</tbody>
</table>
Use the following procedures to determine if a Hmong or a Highland Laotian meet alien status requirement only if the person is not a U.S. citizen or is not eligible under any other noncitizen category.

(A) Identify if each household member is a tribal member, spouse, unmarried dependent child or an unmarried surviving spouse. A household can have several, one, or no tribal members.

(B) Check the birth date of the tribal member. If the DOB is before May 8, 1975, call the Program Analyst on noncitizen policies to check if the person is on the Refugee Data Center (RDC) list. If the DOB is after May 7, 1975, the person is ineligible as a tribal member. Determine if he/she can qualify as a spouse, an unmarried dependent child, or an unremarried surviving spouse of a tribal member.

(C) If the tribal member does not appear on the RDC list, do the following:

(1) Check the country of birth (COB) on the USCIS document of the tribal member. Most eligible tribal members will be coded as “203” for Laos. A small percentage of tribal members were born in other countries such as:

- “263” (Thailand)
- “260” (Philippines)
- “266” (Vietnam)
- “245” (China)
- “201” (Cambodia)
- “260” (Philippines)
- “266” (Vietnam)
- “248” (Indonesia)

(2) Check the code on the USCIS document. Most eligible tribal members entered the U.S. as refugees and will be coded as one of the following:

- “RE1”
- “RE2”
- “RE3”
- “RE6”
- “RE7”
- “RE8”
- “R86”
- “IC6”
- “IC7”

(3) If the code is listed above, check the entry date of the USCIS document. If the entry date is before April 1975, ask the tribal member if he/she can explain how he/she came to enter the U.S. prior to April 1975. Then follow (6) below.

(4) If the code is not one of the listed above, ask the tribal member about his or her migration to the U.S. Ask the tribal member to provide evidence of his or her account of entry into the U.S. Check the entry date of the USCIS document. Follow the procedures in (3) above if the entry date is before April 1975. Then follow (6) below.
If entry date is after April 1975, follow (6) below.

Ask the tribal member if he or she can provide any other document that could establish his/her membership in a Hmong or Highland Laotian tribe. The person is ineligible until verification is submitted. He or she may contact a local Hmong/Asian nonprofit organization to help him or her in obtaining the necessary documentation.

If the tribal member was born before 5/8/75 and the information and documentation appears to show that the tribal member was part of a Hmong/Highland Laotian tribe during the Vietnam era (defined as 8/5/64-5/7/75), the tribal member is an eligible noncitizen for SNAP.

To qualify as a spouse of a tribal member, the spouse must be married to, not divorced from, an eligible tribal member.

To qualify as an unremarried surviving spouse, the marriage of the unremarried surviving spouse to the tribal member must have ended by death, not by divorce and the unremarried surviving spouse must have never remarried.

To qualify as an unmarried dependent child, the unmarried dependent child must be unmarried and be dependent upon the tribal member parent and under the age of 18.
Worker Guide
Citizen/Alien Status

This worker guide includes definitions of terms used in citizen/alien policy, and it gives information about the U.S. Citizenship and Immigration Services (USCIS) documents shown on the Noncitizens charts.

SEE WORKER GUIDE #1 (NC WG#1) OF THE NONCITIZENS CHAPTER FOR THE NONCITIZEN CHARTS.

Definitions

Alien: A person who is not a citizen of the United States.

Amerasians: People who were born between 1/1/62 and 1/1/76 in Vietnam, who have an American father and a Vietnamese mother. Amerasians may enter the U.S. either as documented aliens or as citizens. If they apply for benefits within eight months of the date stamped on their entrant papers, they may be eligible for REF.

Amnesty Alien: An alien who was here illegally but obtained Temporary Resident legal status after Congress passed a new immigration law entitled “Immigration Reform and Control Act of 1986.” The alien must apply for Temporary Resident status through USCIS.

Battered and Subjected to Extreme Cruelty: An individual has been battered or subjected to extreme cruelty if the individual has been subjected to – I. physical acts that resulted in, or threatened to result in, physical injury to the individual; II. Sexual abuse; III. Sexual activity involving a dependent child; IV. Being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities; V. threats of, or attempts at, physical or sexual abuse; VI. Mental abuse; or VII. Neglect or deprivation of medical care. Based on federal regulations, if the person has been approved or has an I-360 self-petition pending which sets forth a prima facie case, the person meets qualified alien status.

Citizen/Alien-Waived Emergent Medical (CAWEM): Emergency Medicaid for aliens who have a life-threatening need for medical help. To be eligible for CAWEM, a person must meet all the eligibility requirements of any medical program except for citizen/alien status.

Deportation Being Withheld (DBW): Similar to asylee status, this category is for people whose lives or freedom would be threatened by a return to their home county. This alien status includes eligibility for work authorization.

Immigration and Nationality Act (INA): The basic immigration law.

Immigration and Naturalization Service (INS): See USCIS.
**Immigration Reform and Control Act (IRCA):** In 1986, Congress passed the Immigration Reform and Control Act. This act allowed aliens who were currently residing in the United States to apply for legalization without the threat of deportation.

**Immigrants:** People who have been admitted to the United States for permanent residence and have the option of becoming naturalized citizens after five years of permanent resident status. This category includes some Amerasians.

**Nonimmigrants:** People who enter the United States on nonimmigrant visas. These people are admitted for specific purposes and limited periods of time. They include tourists, students, visitors, temporary workers, investors, dignitaries, etc.

**Parolees:** People not otherwise admissible who are sometimes granted entry into the U.S. at the discretion of the United States Attorney General.

**Persons Residing Under Color of Law (PRUCOL):** People who are known to the USCIS and who the USCIS has no intention of deporting.

**Refugees/Asylees:** People admitted because of a well-founded fear of persecution in their homeland due to race, religion or political opinion, as determined by USCIS.

**1/1/82 Residents:** Aliens who are being considered for amnesty under IRCA. These are aliens who were not previously lawfully admitted for residency but have proven to the USCIS that they have resided continuously in the United States since 1/1/82.

**Special or Seasonal Agricultural Workers (SAWs):** Aliens who are being considered for amnesty under IRCA. These aliens have proven to the USCIS that they have performed seasonal agricultural services in the United States for the specific period of time established by the USCIS.

**Undocumented Alien:** A person who has overstayed a nonimmigrant visa or who has entered the United States without inspection or valid immigration documents.

**United States Citizenship and Immigration Services (USCIS):** An agency within the United States Department of Homeland Security that is responsible for enforcing the immigration laws that set the conditions of admission and the duration of the stay for all aliens. The USCIS issues the appropriate documentation to those who enter the country legally.

**Citizenship**

(A) United States citizens are:

- A person born in the U.S.
- A naturalized citizen.
• A person born outside of the U.S. but whose parents (GP A.39) (both mother and father) are U.S. citizens.

• A person born outside of the U.S. who is over 18 years of age but who has at least one parent who is a U.S. citizen. The person must either have a certificate of U.S. citizenship or meet one of the following criteria:
  - Born on or after 12/24/52 and prior to 11/14/86, and their citizen parent was physically present in the U.S. or its outlying possessions for 10 years or more, at least five of which were after age 14.
  - Born on or after 11/14/86, and their citizen parent was physically present in the U.S. or its outlying possessions five years or more, at least two of which were after age 14.

• A child born outside of the U.S. who is under 18 years of age and has at least one parent who is a U.S. citizen. The child is residing in the U.S. in the legal and physical custody of the citizen parent after having been lawfully admitted into the U.S. as an immigrant for lawful permanent residence.

• A child lawfully adopted by U.S. citizens.

• A citizen of Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands (Saipan, Tinian, Rota and Pagan), American Samoa and the Swains Islands.

(B) Long-time residence in the U.S. or marriage to a U.S. citizen do not by themselves confer citizenship on an alien.

(C) Verification of U.S. citizenship status can be provided by:

(1) Birth certificate.

(2) Naturalization papers.

(3) U.S. passport.

(4) Certificate of citizenship.
Certificate of Naturalization

Although there have been many different revisions of the CERTIFICATE OF NATURALIZATION, there are two common versions. The present version has a green color background design and contains a gold embossed Great Seal of the United States in the top center portion. Earlier versions were gray or beige and did not contain the embossed seal. Regardless, all certificates of naturalization are printed on watermarked paper. The watermark design of the Department of Justice seal and the letters “USA” becomes visible when the document is held up to a strong light.
United States Passport

A UNITED STATES PASSPORT is a document that is issued by the State Department to persons who have established that they are citizens of the United States, whether it is by birth, naturalization or derivation. The primary purpose of the passport is to facilitate travel to foreign countries by establishing U.S. citizenship and acting as a vehicle to display any appropriate visas and/or entry/exit stamps that may be necessary.

Passports are also very reliable documents which may be used within the United States to establish citizenship, identity and employment authorization.

Note: There are approximately 15 different versions of the U.S. passport that are presently valid which vary from the 1994 version illustrated above.
Permanently Residing Under Color of Law (PRUCOL)

(A) Persons permanently residing under color of law are those who USCIS is aware of and has no intention of deporting. Persons residing under color of law do not meet alien status for any self-sufficiency program.

(B) Citizens of the Federated States of Micronesia (Kosrae, Truk, Yap, Ponape) and the Marshall Islands (Republic of Bikini, Eniwetok and Kwajalein) are considered PRUCOL due to a Compact of Free Association. They are not required to have a visa/passport to travel between their country and the United States, but they may have an I-94 coded “CFA/FSM” or “CFA/MIS.”

(C) Aliens paroled into the United States under the Persian Gulf Evacuation Program.

(D) Aliens who are applying for admission to the United States may be considered PRUCOL while their application is being processed.

(E) Documentation of PRUCOL includes:

1. I-94 card coded “CFA/FSM” or “CFA/MIS.”
2. Birth certificate.
3. Passport.
4. Visa.
5. Correspondence from USCIS.
6. I-94 or passport with designation of “Humanitarian,” “Persian Gulf Evacuee” or “Hostage.”
7. I-94 or other official USCIS documentation showing that the alien:
   (a) Has been granted indefinite voluntary departure status; or
   (b) Has been granted an indefinite stay of deportation; or
   (c) Is not under direct order or deportation; or
   (d) Is awaiting a permanent residence visa.
INS FORM I-94

“Arrival-Departure Record”

When an alien has been granted admission into the U.S. by an Immigration inspector at an authorized Port of Entry, he/she will be issued an I-94, ARRIVAL/DEPARTURE RECORD, which is stapled to a page in the passport. This document will explain how long the bearer may remain and the terms of admission.
I-94

- There are several versions of the I-94 card, and the type of card the alien has will depend on where it was issued (e.g., immigration office, Port of Entry, Processing Center).

- The I-94 card shows the immigration law under which the alien entered the U.S. This will be indicated in the endorsement area.

- The following are some examples of section numbers of the immigration laws that appear on the I-94. Use the appropriate policy and/or the chart on Citizenship/Alien Documents for specific section numbers for each program.

  | Section 207 | Section 207(c) |
  | Section 203(a)(7) | Section 249 |
  | Section 212(d)(5) | Section 208 |
  | Section 101(a)(15) | Section 243 |
  | Section 101(a)(20) | Section 243(h) |

- The card may also show a duration-of-stay date and authorization. This information will also be indicated in the card’s endorsement area.

(1) **Immigrants**

Immigrants applying for benefits must obtain the I-94 card from USCIS. The card will be printed or stamped with the message:

Processed for I-551 Card  
Temporary evidence of lawful admission for permanent residence  
Valid until (date)  
Employment Authorized

(2) **Refugees/asylees**

For refugees/asylees, wording similar to the following will be printed or stamped on the I-94:

Refugee pursuant to  
Section (number)  
Employment Authorized

A duration date is never entered because refugees and asylees generally stay in the U.S. indefinitely.
(3) **Parolees**

For parolees or certain conditional entrants, wording similar to the following will be printed or stamped on the I-94:

- Paroled pursuant to
- Section (number) of the I & N Act
- to (a date or the word “indefinitely”)
- Employment Authorized

(4) **Nonimmigrants**

Nonimmigrants are ineligible for cash benefits and FS. For nonimmigrants (tourists, students, dignitaries, etc.) wording similar to the following will be stamped on the I-94:

- U.S. Immigration
- 250
- (date)

- Admitted (alphabet letter A-L and a one-digit number: for example, “B-1”)

- Until (date)

Employment for nonimmigrants is generally not authorized. If authorized, it will be included on the card in the stamped information, except for those cards coded with the letter “K.” For those with the “K,” employment is always automatically authorized.

(5) **Amerasians**

For Amerasians, wording similar to the following will be printed or stamped on the I-94:

- Processed for I-551
- Temporary evidence of lawful admission for permanent residence

- Valid until (date)
- Employment Authorized

The back of the I-94 arrival card will be stamped with an admissions stamp and coded either AM1, AM2 or AM3. These codes identify the alien as an Amerasian and mean the alien has refugee status. Eligibility is generally through the Refugee Program.
(6) **Cuban/Haitian Entrants**

Consider the alien status requirement to be met for those Cuban/Haitian entrants who:

(a) Entered the U.S. between April 20 and June 19, 1980; and

(b) Have an I-94 or I-94S card stamped:


The I-94S is a pink and white laminated card containing both a photo and fingerprint. The card has been or is being reissued to all Cuban/Haitian entrants who possess I-94 cards.

(7) **I-94 Marked “S-9”**

An I-94 marked “S-9” is issued to the alien when the application process is started outside of the United States for adjustment of status under the Special Agricultural Workers (SAWs) section of IRCA. The I-94 gives work authorization and is valid for 90 days. By that time, the alien should have filed a complete I-700 (SAW) application at an immigration office. The expiration date is noted on the face of the document. The effective date on this document is not the date temporary residence is effective. Temporary residence is effective when the individual files their application at an immigration office.

(8) **I-94 Marked “CFA/MIS”**

An I-94 marked “CFA/MIS” is issued to citizens of the Marshall Islands. Holders of this card are considered persons residing under color of law (PRUCOL).

(9) **I-94 Marked “CFA/FSM”**

An I-94 marked “CFA/FSM” is issued to citizens of the Federated States of Micronesia. Holders of this card are considered persons residing under color of law (PRUCOL).

(10) **North American Indians**

For North American Indians, wording similar to the following will be printed or stamped on the I-94:

Processed for I-551
Temporary evidence of lawful admission for permanent residence.
Valid until (date)
Employment Authorized
Port of Entry
(Date) of entry
Classification (code)
Other Documentation

Permanent Resident Card

The PERMANENT RESIDENT CARD, Form I-551, was introduced December 1997. Noticeable differences on the front of the card include: Change of card title from RESIDENT ALIEN CARD to PERMANENT RESIDENT CARD, three line machine readable zone and a hologram.

The Optical Memory Stripe contains encoded cardholder information as well as a personalized etching which depicts the bearer’s photo, name, signature, date of birth, alien registration number, card expiration date and card number.
The RESIDENT ALIEN CARD, Form I-551, was revised in August 1989. This version was the first Alien Registration Card to contain an expiration date on every card. Usually, it is valid for 10 years from date of issue. The expiration date indicates when the card expires and must be renewed. It does not indicate that the alien’s status has expired. The card was modified in January 1992 when a white box was added behind the fingerprint. The modified version is the card currently being issued.
The RESIDENT ALIEN CARD, Form I-551, was introduced in January 1977 and phased in over a period of time. In addition to the photograph, the I-551 will contain the bearer’s signature and fingerprint.
Alien Registration Receipt Cards

USCIS Forms I-151 and I-551, are issued to aliens who have been granted permanent resident status in the United States. They retain this status while in this country. The bearer is required to have this card in his/her possession at all times.

The first ALIEN REGISTRATION RECEIPT CARD, Form I-151, was introduced in 1946. Through 18 years of various revisions, it remained primarily green in color causing it to become known as a “green card”. This term is still commonly used today although the cards have not been “green” since 1964. These cards contained no expiration date and were only required to be renewed if the recipient was under the age of 14 at the time of issuance, or if the card was lost or stolen.

Note: As of March 20, 1996, the above form I-151 is no longer acceptable as evidence of permanent residence.
Employment Authorization Document

This EMPLOYMENT AUTHORIZATION DOCUMENT, Form I-688B, is issued to aliens who are not permanent residents but have been granted permission to be employed in the U.S. for a specific period of time. The card originally was produced with a Polaroid process similar to the I-688 and I-688A, but has the added feature of interlocking gold lines across the front.
In May 1995, some INS (currently USCIS) offices began issuing a modified I-688B. The most significant change was to the card stock which was changed from the Polaroid process to a synthetic material called Teslin on which the biometric and biographic data of the bearer are printed. Note that on this version, the name is printed on two lines.

Form I-688B (May 1995)

In August 1995 changes were made to the software which prints the I-688Bs and the name reverted to the one line format similar to the original card.

Form I-688B (August 1995)
In January 1997, INS (currently USCIS) began issuing a new EMPLOYMENT AUTHORIZATION DOCUMENT, Form I-766. The new card is a credit card type of document. The front of the card contains a photo, fingerprint and signature of the rightful holder. The reverse contains a standard bar code, magnetic strip and a two-dimensional bar code which will contain unique card, biographic and biometric data.
Documentation required when a person meets qualified alien status as a person who has been *Battered or Subjected to Extreme Cruelty*.

Documentation of a prima facie status or approved petition includes an I-707, *Notice of Action* that specifically states that the noncitizen is a: I-360 Self-petitioning spouse/child of USC (U.S. Citizen) or LPR (Legal Permanent Resident). The original notice of action will show an “Establishment of Prima Facie Case.” The status is valid for a period of 180 days from the date of the notice. An expiration date is given on the bottom of the notice. An I-797 may also indicate an “Extension of Prima Facie Case” with a new expiration date. An I-797, like the DHS 456, is a decision notice. It can be used for other information that is provided to immigrants by immigration services. Only the I-797 with the specific information about the prima facie case or an approved I-et0 petition would be considered documentation.
Social Security Cards

Although SOCIAL SECURITY CARDS are not immigration documents, they are mentioned here because they are often used as identification and to establish employment authorization.

Social Security cards have been issued since 1936 and have been revised more than 20 times. Originally, the seal on the social security card read Department of Health, Education and Welfare. In May 1980, it was changed to the Department of Health and Human Services. In April 1995, it was changed again to read Social Security Administration. Some counterfeiters have failed to notice these changes.

In October 1983, security features were added to the card. All social security cards issued since October 1983 have been printed with raised (intaglio) printing and the signature line consists of microline printing of the words “SOCIAL SECURITY ADMINISTRATION” in a repeating pattern.
The first three digits of the social security number indicate the state in which the card was issued:

<table>
<thead>
<tr>
<th>Number</th>
<th>Issuing State</th>
<th>Number</th>
<th>Issuing State</th>
</tr>
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<tr>
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<td>516-517</td>
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<td>Rhode Island</td>
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<td>587-588</td>
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Child Support Program
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A. **Child Support Program (CSP); Intent and Overview**

1. **Program Intent**

   The Division of Child Support (DCS) is dedicated to establishing paternity and child support orders, and enforcing child support, health care coverage and cash medical support obligation in cases involving families who are receiving or have received public assistance, and in certain nonassistance cases. These activities have the benefit of helping children in need, encouraging family self-sufficiency, returning money to the public treasury and reducing the state’s cost in providing public assistance. DCS uses a variety of establishment and enforcement techniques to accomplish these purposes, including streamlined administrative processes and an automated case management system.

2. **Program Overview**

   **Federal Law.** Federal law requires each state to have a child support program that meets a wide range of federal requirements. These requirements cover how the program is administered, steps each state must take to establish and enforce support orders, and how each state must handle and distribute amounts collected. The governing federal law is Title IV-D of the Social Security Act, and therefore the Child Support Program (CSP) is often referred to as the “IV-D Program.”

   **Oregon Law.** The Division of Child Support (DCS) of Oregon’s Department of Justice is responsible for establishing paternity and establishing, modifying and enforcing cash, cash medical support and health care coverage support orders on all cases where:

   - A child is receiving TANF assistance or is in the Pre-TANF Program, or
   - A child has received TANF assistance in the past, and past-due support owed for the child has been assigned to the state to reimburse past TANF assistance, or
   - A child is in the care or custody of DHS (Child Welfare) or the Oregon Youth Authority (OYA).
   - A child is receiving Medicaid (EXT, MAA, MAF, OHP-OPC, OHP-OP6 and OSIPM).

   In all such cases, DHS refers all available information about noncustodial parents to DCS, unless the client has claimed “good cause.” The DCS referral process is discussed in section D of this chapter (CS D). “Good cause” is discussed in section C of this chapter (CS C).

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   **Enforcement on Non-TANF Cases and Tribal Cases.** Under separate contracts with the Department of Justice (DOJ), the District Attorney (DA) for each Oregon county is responsible for establishing paternity, and establishing, modifying and enforcing support...
orders on all cases not involving current TANF and Medicaid assistance or unreimbursed past TANF and Medicaid assistance. In such cases, the DA will provide child support services at the request of an eligible family. In some Oregon counties, DOJ’s DCS provides these services in lieu of the DA under a separate contract with the county.

In 1997, DHS and DCS also began entering into arrangements with Native American tribal organizations in Oregon to provide for IV-D services on lands under tribal jurisdiction.

Child and Cash Medical Support Accounting. DCS is responsible for providing billing, receipting, payment distribution and record-keeping services on all Oregon child support cases being enforced by DCS or a DA.

Requirement to Pay Support, Including Cash Medical Support, Through DOJ - DCS. A person who is required to pay support (the obligor) must remit all payments to DCS when:

- The child(ren) or adults for whom support is ordered are receiving TANF or Medicaid; or
- Past-due support (arrears) is assigned to the state to reimburse TANF or Medicaid assistance paid in the past, see section B of this chapter (CS B); or
- No assignment of support is in effect, but the family has applied for support enforcement or establishment services; or
- The court has ordered payment through DCS.

OAR 137-055-5020
B. Assignment of Support Rights

1. Support Assignment Requirement

The purpose of assigning support rights is to allow the state to collect back TANF or Medicaid assistance that has been paid to the family. The terms of the assignment are specified on the application forms: for TANF, the Application for Services (DHS 415F); for Medicaid, the DHS 415F and the Oregon Health Plan Application (OHP 7210). By signing the application, clients automatically assign their support rights to the state. Assigning support rights is a condition of eligibility for TANF and Medicaid.

2. Who Must Assign Their Rights

- Applicants: All applicants for TANF and Medicaid must assign to the state their rights to all child support, spousal support and cash medical support for all persons in their TANF or Medicaid benefit group;

- Recipients: TANF and Medicaid recipients are also required to assign to the state their rights to all child support and spousal support for all persons in their TANF or Medicaid benefit group;

Note: This does not apply to recipients in the SFPSS or Post-TANF program.

- Nonparental caretaker relative cases: In some cases, clients may not hold the rights to support due for children in their TANF benefit group. This can occur when a support order requires one parent to pay child support to the other parent, but where the client is actually a nonparental caretaker relative, such as an aunt, uncle, adult sibling or grandparent, who is not the legal holder of the rights to support owed for the child. State law specifies that whenever TANF cash assistance is paid for a child, all cash support owed for that child is automatically assigned “by operation of law” to the division.

3. Amount of Support Assigned

Effective October 1, 2007, the Division of Child Support (DCS) will begin modifying support orders to include cash medical support for Medicaid clients in addition to ordering health care coverage. Cash medical support will be combined in the total cash ordered per month and payments for cash medical support will be included in the cash support payments made by obligors.

However, support orders will separately list the amount of cash medical support ordered per child and the DCS computer system will list cash medical support ordered for each child.
When a family receives cash assistance under TANF and MAA, they assign their rights to child support and cash medical support up to the total amount of unreimbursed assistance (URA). However:

- There is no assignment and no accumulation of URA for TANF recipients in the SFPSS or Post-TANF program;
- URA does not include any amount of child support pass-through and disregard pursuant to OAR 461-145-0080.

The TANF assignment has categories:

- **Permanently-assigned arrears**: Past due support which accrues while the family receives cash assistance and past due support assigned to the state in a pre-October 1997 assignment;
- **Temporarily-assigned arrears**: Past due support assigned to the state during cash assistance periods, but which accrued during nonassistance periods. These arrears revert to the family as **Conditionally-assigned arrears** when the family is not receiving cash assistance.
- **Unassigned arrears**: Past-due support which accrues after the family’s most recent period of cash assistance or past-due support for a family who has never received cash assistance.

The chart at the end of this section helps illustrate these concepts.

### Case Management Opportunity

If support arrears are owed to a TANF applicant who has received unreimbursed TANF or ADC in the past, tell the applicant that under the assignment, the client will be assigning these arrears to repay the past ADC or TANF as well as ongoing TANF. See Section B.3 above.

### Assigning and Pursuing Support for TANF and Medicaid – General Considerations for Branch Office Staff

For TANF, carefully explain to the client that assigning child support rights temporarily covers all support arrearage owed by all noncustodial parents whose children are included in the benefit group while the cash grant is open and permanently assigns all ongoing support that accrues while the cash grant is open. The only limitation is that DCS cannot
collect more in assigned support than the total amount of TANF cash benefits issued, including previous TANF cash assistance.

Note the following special circumstances:

- The caretaker relative (for example, a grandparent, or an aunt) must cooperate in pursuing child support from both noncustodial parents;

- In benefit groups that have more than one noncustodial parent who owes support, assigning support rights covers all current and past due support owed by all noncustodial parents per above (permanent assignment of current support which accrues while grant is open and temporary assignment of past-due support owed for as long as the grant is open);

  SEE SECTION F, DISBURSEMENT OF CHILD SUPPORT AND CASH MEDICAL SUPPORT PAYMENTS, IN THIS CHAPTER REGARDING HOW DCS DISTRIBUTES COLLECTIONS WHEN SUPPORT IS ASSIGNED.

- Assignment of cash support, including cash medical support, owed by a noncustodial parent ends when cash TANF or Medicaid benefits end for that parent’s children. However, any support which accrued while the TANF or Medicaid assistance was open remains assigned to the state;

  If one noncustodial parent’s children are all removed from a benefit group that remains active for other children, assignment of support owed by that noncustodial parent also ends. This means that the client becomes entitled to receive any ongoing support payments after those children are removed from the benefit group. When the children are removed from the benefit group, the state retains its claim to all assigned support arrears owed by the noncustodial parent which accrued while the TANF cash grant or Medicaid assistance was open (not to exceed the total amount of TANF cash benefits or Medicaid assistance provided to the group);

- Assignment of support rights is effective regardless of the monthly benefit amount. In the case of a person who reapplies for TANF, the state will claim assigned support for reimbursement of not only monthly cash grant benefits provided as a result of the new application, but also for reimbursement of past monthly cash grant benefits the client may have received since August 1, 1975, when assignment of support rights and the IV-D program became effective;

- Remember, for assignments entered into before October 1997, all past-due support is permanently assigned to the state up to the total URA.

Example: From January 1997 through June 1999, Jane Smith received unreimbursed ADC-BAS cash assistance totaling $10,000. In all the time since June 1999, this cash assistance remained unreimbursed, while support arrears owed to Ms. Smith accrued in the amount of $5,000. In reapplying for TANF now, she is found eligible for a cash grant of $400 per month.
Thus, in reapplying for TANF, she has temporarily assigned to the state the entire $5,000 arrearage – otherwise owed to her – in order to get her $400 per month cash grant. The prior arrears assignment done in 1997 remains permanently assigned to the state. Additionally, she has also permanently assigned to the state all rights to all ongoing support payments that may come due for as long as the benefits remain open. In return, the client will receive her $400 per month grant, and she will also qualify for other services and benefits. When she closes cash assistance, the amount of the $5,000 arrearage that remains unpaid becomes hers (conditionally-assigned) for as long as she remains off of cash assistance, plus her ongoing monthly support accrues to her.

Thoroughly explain to all TANF applicants who may be affected by these circumstances that the state will claim these support funds. It may be that under these circumstances, the applicant will want to withdraw the TANF application and therefore avert temporarily assigning the past-due support. (The applicant could still qualify for other services and apply for SNAP and medical benefits separately.)

For Medicaid, explain to the client that assigning cash medical support affects cash medical support payments while their child is receiving Medicaid. Once the Medicaid ends, DCS will resume making current monthly cash medical support payments to the obligee.

DCS cannot collect more in assigned cash medical support than the total amount of Medicaid claim payments made for the child. Once every 12 months, any cash medical support payment assigned to the Division of Medical Assistance Programs (DMAP) in excess of the actual DMAP claim payments made, will be returned to the obligee.

5. Procedure for Assigning Support

These procedures apply to TANF and Medicaid:

- The signed Application for Services (DHS 415F) and, for Medicaid, the DHS 415F, the Oregon Health Plan Application (OHP 7210), or the OHP Standard reservation list version of the OHP application (OHP 7210R), or other DHS application forms bearing the language of the assignment, provides the legal assignment of child and medical support to the state;

- When child support and cash medical support is assigned to the state, it must be paid through DCS. If the client and the obligated parent (obligor) have a support
order not being paid through DCS, the Child Support Program will send a letter to each of them to notify them that payments must now be sent to DCS;

- When clients complete the DHS 415F, OHP 7210 or OHP 7210R make sure they are aware of what happens to cash and cash medical support payments after their benefits are opened and once they are closed;

  " SEE SECTION F FOR A DETAILED EXPLANATION OF CHILD SUPPORT DISTRIBUTION.

- Explain that assigning child support rights is a condition of eligibility for TANF and that assigning cash medical support rights is a condition of eligibility for Medicaid. By signing the application, the client assigns support, including cash medical support, rights to the state;

- Under Oregon law at ORS 412.024, whenever TANF is paid and received for the support of a child and the TANF is funded in whole or in part with federal grants, the rights to child support that any person may have for the child are deemed to have been assigned to the state “by operation of law”;

  Note: Even though support must be assigned to the state on a TANF or Medicaid case, the client still has the right to claim “good cause” for not cooperating in efforts to collect the assigned support.

Procedures when noncustodial parent pays support directly to client. When a child support obligor pays support, including cash medical support, directly to the client, the client must turn the support over to the branch. The branch should handle such cases as follows:

- For TANF, if the client fails to turn a cash support payment over to the branch, establish a TANF overpayment against the client for the dollar amount of any support payments retained by the client. The case record must document the reason for writing the overpayment;

- For Medicaid, if the cash medical support is not turned over to the state and the department makes a Medicaid payment for the child, there could be a Medicaid overpayment. The liability of such person shall be limited to the lesser of the following amounts:

  - The amount of the payment from the department; or
  - The amount by which the aggregate sum of all payments exceeds the maximum amount payable for such need under department rules.

  Note: Cash medical support payments are included in the total cash support payment sent to the client. Be careful to determine which portion of the payment is for cash medical support and do not count cash medical support payments toward a TANF overpayment.
6. **Role of the Division of Child Support (DCS) when Support is Assigned**

By state law, the Division of Child Support (DCS) of the Oregon Department of Justice is responsible for pursuing establishment of paternity, and for establishing, modifying and enforcing child support orders on behalf of all children and families who are receiving TANF and Medicaid in Oregon. When a family receives benefits, DHS refers the names (and other relevant information) of the alleged father(s) and noncustodial parent(s) to DCS so that DCS can initiate action. The process for referring cases to DCS is discussed in detail in section D of this chapter (CS D). Section D also discusses services DCS will perform.

Case Assignment: 137-055-2020

\[\text{SEE CHILD SUPPORT PROGRAM B.2 FOR DEFINITIONS OF TERMS.}\]
Following a Family's TANF Assignment History Through Time

A = Family's Unassigned Arrears
B = State's Permanently Assigned Arrears
C = State's Temporarily Assigned Arrears
D = Family's Conditionally Assigned Arrears
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D. **Reporting Noncustodial Parents to the Division of Child Support (DCS)**

**Intent:**

- To provide a process for Department of Human Services (DHS) staff to report noncustodial parents and alleged fathers named by clients to DCS;
- To explain how DCS will establish paternity and establish, modify and enforce child support obligations against noncustodial parents of needy children in order to assist DHS in helping clients become self-sufficient.

1. **Noncustodial Parent Questions for Intake and Redetermination**

For the DHS case worker, the client is the primary source of information regarding each noncustodial parent (NCP) and the resources the NCP may have to help support the child.

**Identification**

- What is the last name of the NCP? Middle name? First name?
- If the NCP is the mother, what is/was her maiden name?
- Does the NCP have a nickname or use an alias?
- If you do not know the NCP’s last name, do you know someone who does? Does this “someone” have a name, address or phone number?

**Location**

- Where did you meet the NCP? If it was at a friend’s house, what is your friend’s name and address?
- Where does the NCP live?
- What is the NCP’s SSN, DOB, or approximate age?
- Where was the NCP born?
- Has the NCP ever sent you a letter? If so, from where? (This might give the noncustodial parent’s correct name, current return address, etc.)
- Where did the NCP go to school (high school or college)?
- Does the NCP drive?
- What are the names and addresses of the NCP’s relatives?
• Does the NCP have an Alien Registration card? In what state was he/she admitted into this country?

Description

• Has the NCP been in trouble with the law? If so, where?

• Can you give a description of the NCP (height, weight, etc.)? Any distinguishing marks or tattoos?

• Do you, or someone you know, have a photo of the NCP?

Existing Support Order

• Has the NCP ever been ordered (by a court or administrative agency) to pay cash support, health care coverage, or cash medical support for your child or any other children? If so, where (city, county, state)?

• Do you have a copy of any such order?

Employment/Income

• Does the NCP work? Where does the NCP work, or where has the NCP worked? Do you have the name/address of his/her last employer? What type of work does the NCP usually look for? Is the NCP self-employed? What is the name and address or location of the business and what kind of business is it?

• If the NCP is in the military, which branch? Do you know where he/she is stationed (APO, ship, base)?

• Is the NCP receiving SSB, worker’s compensation, or UI?

• Is the NCP on public assistance or SNAP in Oregon or any other state?

• If the NCP paid you child support by check, what bank/branch was it drawn on?

• Does the NCP have any special licenses?

Paternity

• Does the NCP know about the child?

• Does the NCP have other children? If so, do you know the other parent’s name, address, etc.?

• Were you ever married to the NCP?

• Has the NCP ever signed an acknowledgment of paternity, or any other documents that he is the father? If so, do you have a copy? If so, in what state?
2. Explaining Referral Process to Clients; Branch Office Responsibilities

On receiving an application for TANF where one or both parents are absent from the benefit group MAA, MAF, OHP-OPC, OHP-0P6, OHP-OPP or OSIPM, the branch office will explain to the client that:

- DHS will report information on each NCP to DCS, and that DCS’ role is to establish paternity and to establish, modify and enforce support orders regarding each NCP;

- Unless the client has good cause for not cooperating, cooperation in efforts to obtain child support, health care coverage through an absent parent and cash medical support is a condition of eligibility, as discussed above in this chapter. However, the following clients are not required to cooperate in pursuing cash support:
  - Medicaid clients;
  - Clients who are receiving cash benefits and who are in the SFPSS or the Post-TANF program.

- If a client wants to cooperate but does not want their address included on legal papers that go to the other parent, the client can request an “address of record” by completing the Client Safety Packet on Good Cause – Version A form (DHS 8660). DCS will use this address on legal papers they send to the other parent. DCS will also send all legal papers to this address for the custodial parent.

In all programs, if a client wants to cooperate but does not want any of their personal identifying information, including the client’s address, included on the legal papers that go to the other person, the client may file a “nondisclosure of information” request. To file a “nondisclosure of information” request, the client must complete the Client Safety Packet on Good Cause – Version B form (DHS 8660B), and must provide an address of record.

Note: The client can use their home address as their address of record. However, if the client does use their home address, it will be on legal or other papers given to the other parent or person during a legal action.

If a client files a “nondisclosure of information” request, legal papers that go to a court are sent in a sealed envelope and the client’s personal identifying information is not “public record.”

Note: Forms DHS 8660A and DHS 8660B are part of the Client Safety Packet on Good Cause (DHS 8660). Workers should have these forms available to clients.

In all programs, before sharing any information, DCS will send written notification to the client that:
DCS must include the client’s address in any motions, pleadings, petitions, orders or other legal documents filed with the court; and

To avoid having their address revealed in court documents, the client may file a “nondisclosure of information” request with DCS, as discussed above and in section C.

At initial application and each redetermination of eligibility, the branch office must make sure the Medicaid client enters all known information about the noncustodial parent(s) on the “noncustodial parent information” segment of the Application for Services (DHS 415F) or Oregon Health Plan Application (OHP 7210). Review this segment with the client to ensure it is filled in as correctly and completely as possible. This information is essential to DCS’s efforts to secure support payments as quickly as possible. (See “8” below (CS D.8) for procedures on sending new or additional information or existing cases to DCS.)

Note: Medicaid clients at initial application and redetermination have met their DCS cooperation requirements when signing the application. Do not pend for completion of the application as a condition of DCS cooperation, but rather as information necessary to determine the filing group.

All of these procedures also apply when related to Pre-TANF, Child Care and Supplemental Nutrition Assistance Program cases where the branch wants to refer noncustodial parents to DCS. Also see “5,” below (CS D.5).

Confidentiality -- Finding of Risk and Order for Nondisclosure of Information: 137-055-1160
Case Assignment: 137-055-2020

3. **Cases To Be Reported to DCS – TANF and Medicaid**

The following cases must be reported to DCS (unless “good cause” has been established or a determination is pending – see Section C of this chapter):

- New TANF cases;

- Ongoing TANF cases. (This does not apply to any ongoing case that is SFPSS or Post-TANF.);

- Medicaid cases.

For the cases described above, report the following to DCS:

- All living noncustodial parents (natural or adoptive);

- If the caretaker relative is someone other than a parent (for example, a grandparent or an aunt), both noncustodial parents.

**Absent Stepparents**, DCS will not pursue enforcement against absent stepparents.
Spousal Support/Alimony Cases. DCS will not establish an order for spousal support. However, DCS will enforce an existing order for spousal support for a client receiving assistance or if the noncustodial parent of a child on the grant has been ordered to pay spousal support for the client and DCS is enforcing a child support obligation for the child.

Parents of a Minor Parent (Grandparents). If a minor parent is receiving a TANF grant, DCS will generally not pursue enforcement against either parent of that minor parent unless the parent has already been ordered to pay support for the minor under an existing order. Consult the 

Parents of a Minor Parent (Grandparents). If a minor parent is receiving a TANF grant, DCS will generally not pursue enforcement against either parent of that minor parent unless the parent has already been ordered to pay support for the minor under an existing order. Consult the SMUI or SMUX screens, and ask the client to determine if there is an existing order. If there is an existing order, refer the obligated parent to DCS by using the SMAC screen (see Computer Guide Section XIII-I for instructions).

When there is no existing support order against the mother or father of a minor parent receiving TANF, DCS will only pursue support if the minor parent is living with a caretaker and is coded as a child on the grant.

However, in all cases, do report the NCP of the minor parent’s child to DCS.

Case Assignment: 137-055-2020

4. Process for Reporting Noncustodial Parents to DCS – TANF and Medicaid

The referral to DCS can be accomplished in two ways:

- When the branch office opens the case on the CM System, the referral is made automatically to DCS’s Child Support Enforcement Automated System (CSEAS) by computer interface (NEW, REOP and REST actions on the CM System will activate a CSEAS case). CSEAS creates a noncustodial parent case based on the NCP’s name, birthdate and SSN as entered on the CM System; or

- Adding a new NCP to an existing CM System case also activates a CSEAS case. It is vital that all family unit coding on the CM System be entered accurately. The CM System and CSEAS systems are linked in this overall process.

Existing Support Case on CSEAS. If DCS already has a support case on the CSEAS system against a NCP of the child(ren) on the TANF or Medicaid case, CSEAS coding will automatically update to show that the case is now active. For this to occur correctly, it is vital that branch workers make sure that the NCP information on the CM System correctly matches the information on CSEAS. The name, birthdate and SSN entered on the CM System must match identically to all such information on CSEAS.

No Existing Support Case on CSEAS. If DCS does not already have a support case on CSEAS, the noncustodial parent information on the CM System will create a “skeleton” support case from which DCS may begin enforcement activity. The skeleton case is not available until the day after the worker opens the case on the CM System.
If the client provides additional information about the noncustodial parent on the “noncustodial parent information” segment of the Application for Services (DHS 415F) or the Oregon Health Plan Application (OHP 7210) (current or last known address, current or last known employer, support order information, etc.), the branch must also provide this information to DCS. The branch will do this by entering all such information from the DHS 415F or OHP 7210 onto the child support referral screen (SMAC). See Computer Guide Section XIII-I for instructions on how to do this.

Existing Support Orders in Client’s Possession. If the client has legal documents from any state regarding support (e.g., a child support order or divorce decree), and CSEAS does not indicate that DCS already has these documents, send a copy to DCS.

Paternity Cases. Except for Medicaid clients at initial application and redetermination, the mother of each child included in the benefit group must also complete an Affidavit in Support of Establishing Paternity form (MSC-112FLS/CSF 11 0112), or the Oregon Health Division (OHD) form, Voluntary Acknowledgment of Paternity Affidavit (OHD 45-21) with the alleged father (unless exempt under “good cause”), when both the following are true:

- The mother is the caretaker relative and payee or is a dependent child in the caretaker relative’s filing group;
- Legal paternity has not been established for the child, either by marriage or by legal proceedings.

**Note:** If the mother has more than one child by the same alleged father, she must complete a separate form on each child (even if the children are identical twins). This is a legal requirement.

Use the OHD 45-21 in all cases where:

- Paternity has not been legally established, and
- The child was born in Oregon, and
- The mother was not married when the child was born, and
- Both the mother and alleged father are present, have reviewed their rights and responsibilities and willingly sign the OHD 45-21 to establish that the alleged father is indeed the legal father. (The MSC-112FLS or CSF 11 0112 is not needed in such cases.)

**Note:** Do not use the MSC-112FLS or CSF 11 0112 or the OHD 45-21 for an unborn child; wait until the child is born.

Use the MSC-112FLS or CSF 11 0112 in all other cases where paternity has not been legally established regardless of whether the child was conceived in Oregon or another state or country.
Make sure the mother understands that the MSC-112FLS or CSF 11 0112 is a legal document that may be presented in court, and that by signing the form, she is swearing that all information provided is true to the best of her knowledge.

**Paternity Cases with More Than One Possible Father.** If the mother names more than one man as being a possible father for the child, have her complete an MSC-112FLS or CSF 11 0112 only for the man she names as being the most likely father. Have her identify the other possible father(s) in the appropriate place on the MSC-112FLS or CSF 11 0112. However, whenever DCS or a court finds that a man named on the MSC-112FLS or CSF 11 0112 is not the father, the mother must complete a new MSC-112FLS or CSF 11 0112 for the next most likely father.

**“Father Unknown” Cases.** If the mother does not know the name or identity of the alleged father, or the name or identity of any of the possible fathers when more than one man is a possibility, use either the MSC-112FLS or CSF 11 0112 and have the mother write “unknown.” This will provide a sworn statement that she does not know. In doing so, be sure to ascertain, as affirmatively as possible, that the mother truly does not know who the father may be.

**Additional Considerations.**

- Make sure the forms are legible and as complete as possible;
- Do not give any appearance of coercing or pressuring the mother into completing and signing the MSC-112FLS or CSF 11 0112. However, if the worker believes that the mother has sufficient knowledge to complete the form, and the mother refuses to cooperate without good cause, make sure the client understands that DHS will apply penalties for noncooperation. Initiate penalties when warranted;
- If the mother is hesitant to sign these forms, make sure she understands her right to claim “good cause,” or to file an “address of record” or “nondisclosure of information” request, as discussed in Section C of this chapter;
- The mother’s signature on either the MSC-112FLS or CSF 11 0112, and both the mother’s and father’s signature on the OHD 45-21, must be notarized. This is because the form is a sworn legal document;

**Note:** Medicaid applicants at initial application and Medicaid recipients at redetermination need only sign the application. Do not require completion of a paternity affidavit as a condition of Medicaid eligibility at initial application or at redetermination.

- BBCN: If the mother names the same man that is named on BBCN as father, treat this as paternity already established. However, if BBCN names a man as father, but the mother states a man other than the man named on BBCN is the father, take the following steps:

  1) Code the CM System case with the BBCN father and refer the case to DCS as a nonpaternity case.
2) Have the mother complete a paternity affidavit naming the biological father and forward it to DCS.

3) Narrate TRACS identifying the conversation with the mother and indicate why the mother believes a man other than the man named on BBCN is the biological father. Indicate paternity affidavit has been completed and forwarded to the appropriate DCS office.

4) Alert DCS worker via SMAC.

5) Call DCS worker if there are additional questions.

Sending Completed Forms to DCS. When eligibility for TANF is approved, promptly forward the completed form to the DCS office serving the branch, subject to the following additional requirements and considerations:

- Do not send the MSC-112FLS or CSF 11 0112 to DCS until the Pre-TANF Program case or TANF grant is actually opened. Do not send the form at intake or while approval of the grant is still pending. DCS must match the form to an open grant to ensure that it is not “lost”;

Exception: If the DHS branch works with its DCS branch at the local level to have DCS review or pursue cases while the DHS case is pending, follow whatever arrangements have been set up with the DCS branch.

- Carefully review the form to make sure it is filled out completely, and that all the answers are consistent. For example, the date of conception must have occurred before the date of birth;

- Do not send an MSC-112FLS or CSF 11 0112 or OHD 45-21 to DCS for an unborn child. Completing the DHS 415F and narrating the case record meets eligibility requirements regarding an unborn. Obtain the appropriate completed form once the child is born and send it to DCS.

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5. Process for Reporting Noncustodial Parents to DCS – Pre-TANF, Child Care and Supplemental Nutrition Assistance Program

For Pre-TANF, Child Care and Supplemental Nutrition Assistance Program cases where DHS reports NCPs to DCS, DCS will provide the full range of services that they provide on TANF and Medicaid cases (see “3” above for a listing of all NCPs who can be reported to DCS).
However, note the following:

- For Pre-TANF, Child Care and Supplemental Nutrition Assistance Program cases only, report only those NCPs where the client is willing to cooperate with DCS and where the client is able to provide both the NCP’s name and at least one other useful piece of information such as the NCP’s Social Security number, birth date, current or last known employer or home address or copy of an existing support order;

- Before reporting any NCP to DCS, consult CSEAS (SMU1, SMUX, etc.) to see if DCS or a county district attorney is already handling that NCP’s case (ask the DCS branch office if unsure). If DCS or a district attorney is already handling the case, do not report the NCP to DCS.

The reason such a case is not reported to DCS is because if DCS is already handling the NCP’s case, DCS does not need a new referral. If a district attorney is already handling the case, the district attorney should keep the case. This keeps the client from being bounced back and forth between the district attorney and DCS in cases where a TANF grant is not eventually opened. However, if the case later becomes a TANF case, report the case to DCS in accordance with “4” above;

- If DCS or a county district attorney is not already handling the NCP’s case, refer the case to DCS by having the client complete an Application for Child Support Services (CSF 03 0574), and send the completed and signed form to the DCS branch office. The automatic referral described under “4” above (for TANF cases) is not available for Pre-TANF, Child Care and Supplemental Nutrition Assistance Program cases, and referral must be by CSF 03 0574.

If the Pre-TANF, Child Care and Supplemental Nutrition Assistance Program case involves more than one NCP whose case is not already being handled by DCS or a county district attorney, have the client complete a separate CSF 03 0574 for each NCP.

Existing Support Orders in Client’s Possession. If the client has legal documents or orders regarding support (e.g., a child support order or divorce decree), send a copy to DCS.

Paternity Cases. Use the instructions under “4” above for paternity cases.

Sending Completed Forms to DCS. Use the instructions under “4” above for sending completed forms to DCS.

6. DCS Actions and Responsibilities (All Programs)

Note: For Medicaid, this section applies only to Medicaid recipients.
Genetic Testing. If the mother names more than one possible father, or has named only one possible father and he denies paternity, DCS must conduct genetic testing to determine that the referred father is the actual father before establishing paternity. Genetic testing requires obtaining genetic samples (by means of a buccal swab) from the referred, alleged father, the mother and the child, and takes about four to six weeks after everyone’s sample is taken. Once paternity is established, DCS will give the mother and father a copy of the order that established him as the father.

- When an alleged father is excluded by genetic testing, DCS will issue an “order of nonpaternity” and will send copies to the now-excluded alleged father, the mother and the court;

- If the mother named only one possible alleged father, re-examination of paternity information she provided is required. The DHS branch must interview the mother to identify other possible fathers and determine if she is not cooperating. A new MSC-112FLS or CSF 11 0112 needs to be completed for each subsequent alleged father named by the mother.

Establishing Paternity for Self-Alleged Fathers when Mother is Absent. When the mother is absent from the home, but information indicates that a self-alleged father is in fact the child’s father, DCS must first try to find the mother and serve her with legal papers (unless she is deceased) before establishing paternity. This process may be delayed if the mother cannot readily be located. The branch must do the following:

- Have the self-alleged father complete and sign a DCS Request to Establish Paternity (SAF) (CSF 01 0418); this form is available from DCS branch offices. Send this completed form to DCS. Keep a copy in the DHS case record to document TANF eligibility for the self-alleged father; or

- Alternatively (depending on whatever process the branch and the DCS branch have agreed to), refer the self-alleged father to the DCS branch and ask the self-alleged father to bring a copy of his signed CSF 01 0418 back from DCS to the DHS branch for the DHS case record to document TANF eligibility for the self-alleged father.

Previously-Reported Alleged Fathers When Grant Reopened/Restored. If assistance is being reopened or restored for a child for whom an MSC-112FLS or CSF 11 0112 was previously completed and sent to DCS, determine if paternity has been established for the child. If paternity has not been established, have the mother complete a new MSC-112FLS or CSF 11 0112.

Two-Parent Households Where Paternity Not Established. For a two-parent household where paternity has not been established and both parents agree to establish legal paternity:

- If the child was born in Oregon, have both parents complete and sign the OHD 45-21. This is the vital statistics form that will establish legal paternity;
Note: Federal law requires that before the parents may sign the OHD 45-21, they must first be read, aloud, the “Rights and Responsibilities” statement on the back of the OHD 45-21. The DHS branch may meet this requirement either by reading the back of the OHD 45-21 to the parents or by playing an audio or video tape recording of the “Rights and Responsibilities” (available from Child Support policy staff in state office) for the parents.

- The DHS branch must notarize the signatures and send a notarized original to DCS;
- DCS will then forward the completed form to the OHD and will pay all fees. This establishes legal paternity;

Note: Do not have the client complete an MSC-112FLS or CSF 11 0112 when the alleged father and the client sign form OHD 45-21.

- If the child was not born in Oregon, have the mother complete an MSC-112FLS or CSF 11 0112 and forward it to DCS. The branch may also alert DCS via the SMAC screen (see Computer Guide Section XIII-I) that the alleged father is willing to sign. Explain to the parents that signing the affidavit does not in itself establish legal paternity and that they may receive legal documents from DCS to establish paternity (and that DCS will file with the court).

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7. Services Provided by DCS (All Programs)

DCS does all the following:

- Determines the whereabouts of NCPs and their financial ability to pay support;
- Establishes paternity of children;
- Obtains copies of existing support and medical insurance orders;
- Establishes orders for support and health care coverage where no order exists;
- Reviews support orders to determine if action to modify the support amount is appropriate;
- Secures compliance with existing support orders through automatic wage withholding, tax refund interceptions and other enforcement actions;
- Initiates support proceedings when the NCP lives in another state and responds to enforcement requests from other states when the noncustodial parent is in Oregon;
- Supplies locate information to other states on their cases;
• Collects and distributes support payments and maintains payment records.

8. **Notifying DCS of New or Additional Information (All Programs)**

If the client provides additional information at a time other than intake or redetermination (i.e., when the *Application for Services* (DHS 415F) is not completed), send this information to DCS via e-mail, phone call or the SMAC screen.

☞ **SEE COMPUTER GUIDE SECTION XIII-I FOR ADDITIONAL INFORMATION.**

If the client has obtained a divorce decree or child support order not indicated on CSEAS, send a copy to DCS.

Review all cases transferred in from other branch offices to ensure that all forms for seeking support from the noncustodial parent(s) have been properly completed and submitted. It is not necessary for the receiving branch to refer the case to the receiving DCS branch, unless new information becomes known.

9. **Deceased Noncustodial Parent or Alleged Father – Special Considerations (All Programs)**

Even if the NCP or the alleged father is deceased, DCS may be able to establish paternity or pursue estate assets that could help the child(ren). By establishing paternity for a child when the alleged father is deceased, DCS may enable the child to qualify for Social Security survivor’s benefits on the deceased father’s account, or for an inheritance.

• Notify DCS whenever learning that an alleged father or NCP is deceased so that DCS can start appropriate actions;

• If the client has claimed “good cause” with regard to the deceased NCP or alleged father, contact the client to re-evaluate whether the good cause claim is still necessary. Explain to the client that cooperating with DCS could now result in the child(ren) qualifying for Social Security survivor’s benefits, an inheritance or other benefits;

• Ask the client for any information that might help DCS establish paternity even though the alleged father is deceased, such as letters, other written documentation or acknowledgments or other evidence the client or child(ren) might have to indicate that the deceased alleged father is the true father or has acknowledged paternity.
E. Linking of TANF and Medicaid Case and Related Division of Child Support (DCS) Case on CSEAS

The DCS uses the “Child Support Enforcement Automated System” (CSEAS) to perform billing, record-keeping, disbursement and support enforcement functions on Pre-TANF, TANF or Medicaid cases involving one or more noncustodial parents. For this process to work properly, the Pre-TANF, TANF or Medicaid case and the CSEAS cases(s) must “link” properly on the computer.

1. TANF/Medicaid Cases With Existing CSEAS Case

For Pre-TANF, TANF or Medicaid cases where one or more related cases already exist on CSEAS, opening the Pre-TANF, TANF or Medicaid case should automatically “link” the case to the related CSEAS case(s). The cases are linked if the DHS case number and the word “Active” appear after “Welfare Status” on the CSEAS case for each noncustodial parent named, and the 12-digit CSEAS case number appears after the appropriate noncustodial parent(s) name(s) on the DHS case on the CM system.

If a CSEAS record already exists when TANF/Medicaid benefits are opened, do not manually enter the CSEAS 12-digit case number on CM system. CSEAS and the CM system will link automatically.

2. TANF/Medicaid Cases With No Existing CSEAS Case

For Pre-TANF, TANF or Medicaid cases with no existing CSEAS case for one or more of the noncustodial parents, opening the DHS case should create a “skeleton” case on CSEAS for each noncustodial parent.

- In creating the skeleton case, the computer will assign a CSEAS number based on state and county Federal Information Processing Standards (FIPS) codes and the noncustodial parent's case number on CM system;
- The CSEAS skeleton case will be based on existing information coded onto the CM system by the DHS branch office, such as the noncustodial parent’s name, birth date and Social Security number;
- Additional information on the noncustodial parent will be added to the CSEAS case when more information is provided to DCS or as DCS proceeds with enforcement activity.

3. When the CM System Information Does Not Create or Link to a CSEAS Case

- If the DHS branch office discovers a case where CM system and CSEAS are not correctly linked, check first to make sure the children are coded to the correct
mother and father/alleged father. If the coding is correct, but a case has not been created, contact DCS so they can create a case.
F. Disbursement of Child Support and Cash Medical Support Payments

Intent:

- To explain how the child support and cash medical support payments are disbursed;
- To explain the process for determining when support payments are kept to reimburse public assistance benefits and when support payments are paid to the family.

1. Child Support Disbursement on Active TANF/Medicaid Cases; Division of Child Support (DCS) Responsibilities

Distribution Formula. When the DCS receives a cash or cash medical support payment on an active TANF or TANF/MAA support case, the support payments, other than support payments that are passed through and disregarded pursuant to OAR 461-145-0080, will be kept by the state up to the total amount of unreimbursed assistance (URA). URA does not include any amount of child support pass-through and disregard. (For any period of time that a case is considered SFPS or Post-TANF, distribution is handled as described in “Child Support Disbursement on Closed TANF Cases,” item 3 below, (CS F.3)).

For Medicaid, only clients who have assigned their case medical support to the state, once a year the cash medical support payments assigned to DMAP will be reviewed. If the amount of the cash medical support payments assigned to DMAP exceeds the actual Medicaid services paid for the child, the excess will be returned to the obligee.

Procedures When Support Collections Exceed Monthly Grant Amount.

- For TANF cases that are converted to another program without being formally closed, CSEAS will not automatically send a check to the obligee. Contact DCS to tell them the case has been converted to another program. DCS will then distribute the funds to the obligee;
- For cases converted from another program to TANF without formally being closed, if CSEAS has been sending a support payment to the obligee, the DHS worker must contact DCS to tell them the client is now receiving TANF. DCS will follow the procedure for child support disbursement on active TANF cases;
- For TANF cases that are not closed or converted to another program effective by the end of the month:
  - Except for any amount of child support pass-through pursuant to OAR 461-145-0080, if the case has past unreimbursed TANF, DCS will apply all support collected for the month toward reimbursement of that past TANF;
2. **Child Support Disbursement on Active TANF Cases; Branch Office Responsibilities**

End TANF benefits no later than the end of the third consecutive month when ongoing monthly support, either by itself or with other ongoing income (and not including any amount of child support pass through and disregard pursuant to OAR 461-145-0080), exceeds the monthly benefit amount, unless there is reason to believe that regular ongoing support will not continue (such as if the noncustodial parent has just become unemployed).

- If the monthly court-ordered support amount, minus the amount of child support pass through and disregard pursuant to OAR 461-145-0080, exceeds the benefit amount and the ordered amount is received by DCS, assume that the support will be ongoing income in excess of need;

- When the monthly court-ordered support amount, minus the amount of child support pass through and disregard pursuant to OAR 461-145-0080, is for less than the monthly benefit amount, but a support payment is received that exceeds the benefit amount, consider the payment to include a one-time payment on support arrearage.

Notify the client when TANF benefits are being ended because support payments to DCS exceed the family's need at TANF standards. Inform the client that DCS will send future support payments directly to the client, and that the client will need to notify DCS directly (not the Department of Human Services (DHS) branch) if the client’s mailing address later changes.

*Note:* If the TANF client is also receiving MAA, consider EXT eligibility.

When a TANF case that has support payments going to DCS has a change in need or income, access CSEAS to determine if the new total income exceeds need.

Before reactivating any TANF case that has gone “no action” due to support payments that place total income in excess of need, access CSEAS to verify if DCS has forwarded funds to the obligee.

Each month, DCS will send Report WSS0005R-A (Support Case History) for each case on which DCS has written a support check to the obligee. The branch will:

- Access CSEAS to obtain information on support records. Access by obligor or obligee name, SSN, child support case number or 6-digit case number. Refer to *Computer Guide* Section XIII-I for instructions;

- Contact DCS if there are any questions about the monthly listing or the support case history printouts.
3. **Child Support Disbursement on Closed TANF Cases**

Effective October 1, 2000, several changes to child support assignment and distribution were implemented in accordance with federal legislation. When a family receives cash assistance under TANF, they assign their rights to child support up to the total amount of unreimbursed assistance (URA). However, as of October 1, 2000, the assignment has categories which results in changes to distribution.

*See Section B of this chapter (CS B) for assignment of support rights.*

Distribution Formula. For any month in which DCS receives support payment(s) on a case where TANF assistance ended in a previous month, DCS will disburse the payments (except payments collected through IRS tax refunds) as follows:

- Current support to the family;
- Arrears since closure to the family (unassigned arrears*);
- Arrears prior to assistance to the family (conditionally assigned arrears*);
- Arrears during assistance to the state (permanently assigned arrears*).

Payment received through IRS tax refunds are disbursed as follows:

- Arrears during assistance to the state (permanently assigned arrears*);
- Arrears prior to assistance to the state (conditionally assigned arrears*);
- Arrears since closure to the family (unassigned arrears*).

*See Item F.4 for definitions and distribution guide.

DCS Disbursements to Obligees Who Are Former Clients. Whenever a former client is entitled to a payment under the above formula, DCS will mail a check directly to the former client. DCS will not route checks to the branch office and will not hold checks at DCS.

If the DHS branch learns or suspects that a former TANF client has not received all payments due the client, contact the DCS caseworker to discuss.

4. **Child Support Distribution Guide**

Definitions:

**Current Support:** The monthly support amount ordered by a court or administrative process for the benefit of a child and/or a former spouse.
Permanently-assigned arrears: Past-due support which accrues while the family receives cash assistance.

Temporarily-assigned arrears: Past-due support assigned to the state during cash assistance periods, but which accrued during nonassistance periods. These arrears revert to the family as Conditionally-assigned arrears when the family is not receiving cash assistance.

The exception is that past-due support assigned to the state in a pre-October 1997 assignment remains permanently assigned to the state.

Unassigned arrears: Past-due support which accrues after the family’s most recent period of cash assistance or past-due support for a family who has never received cash assistance.

Distribution on Open TANF cases (except IRS money):

<table>
<thead>
<tr>
<th></th>
<th>Current Support</th>
<th>Temporarily Assigned Arrears</th>
<th>Permanently Assigned Arrears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>DHS</td>
<td>1</td>
<td>3 (up to URA)</td>
<td>2</td>
</tr>
</tbody>
</table>

The numbers signify the order that support payments are distributed.

Distribution on Former TANF (except IRS money):

<table>
<thead>
<tr>
<th></th>
<th>Current Support</th>
<th>Unassigned Arrears (arrears since closure)</th>
<th>Conditionally Assigned Arrears</th>
<th>Permanently Assigned Arrears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DHS</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

The numbers signify the order that support payments are distributed.

Distribution of IRS money:

<table>
<thead>
<tr>
<th></th>
<th>Current Support</th>
<th>Unassigned Arrears (arrears since closure)</th>
<th>Conditionally/Temporarily Assigned Arrears</th>
<th>Permanently Assigned Arrears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td></td>
<td>4</td>
<td>3 ($ Kept by State)</td>
<td></td>
</tr>
<tr>
<td>DHS</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

The numbers signify the order that support payments are distributed.
G. **Self-Sufficiency Workers Access to Child Support Program (CSP) Information**

This section contains a brief overview of the requirements for Self-Sufficiency Program (SSP) staff who access CSP information. It also contains a brief overview of the laws and rules on confidentiality and the CSP screens SSP workers have access to. However, in addition to the brief overviews contained in this section, SSP workers who access CSP information are required to read the document titled “Accessing Child Support Program Information,” which is found at http://www.dhs.state.or.us/policy/selfsufficiency/publications/screen-access-trng.pdf.

1. **Brief Overview of Requirements for Self-Sufficiency Program Staff Who Access Child Support Program Information**

Self-Sufficiency Program (SSP) workers who administer title IV-A (TANF) and title XIX (Medicaid) have access to CSP information via computer screen or via contact with CSP employees. SSP workers who administer the Supplemental Nutrition Assistance Program (SNAP) have access to the same information once the client has signed the Application for Services (DHS 415F) and Your Rights and Responsibilities (DHS 415R), which authorize the SNAP worker to access CSP information.

SSP workers who access CSP information must read and follow ORS 25.260 (Confidentiality of Records; Rules), OAR 137-055-1140 (Confidentiality of Records in the Child Support Program), OAR 137-055-1145 (Access to Child Support Records) and the DHS Conflict of Interest policy and procedures. Staff must also be able to report a conflict of interest with a CSP case to their supervisor using form Notice of Conflict of Interest with a Child Support Program Case (DHS 429) (available at http://dhsforms.hr.state.or.us/Forms/Served/DE0429.pdf).

2. **Brief Overview of Access to and Confidentiality of CSP Information**

Access to CSP information is based on what access is allowed under state and federal law and rule. Whether a DHS worker has access to CSP information depends on what program the worker is administering and the purpose of the access.

Confidentiality of CSP information is also based on federal and state law and rule.

In brief, the laws, rules and policies that govern access to CSP information and confidentiality of CSP information state that:

- Workers administering title IV-A (TANF) and title XIX (Medicaid) may access CSP information including obligor name, SSN, date of birth, address and phone number; obligee name, SSN, date of birth and address; good cause, claim of risk or address of record indicators, if any; obligor’s employer’s name and address; child’s name, SSN and date of birth; whether health coverage is ordered and, if so,
whether it is provided. Workers administering the SNAP Program may access this same information once the client has signed the Application for Services (DHS 415F) and Your Rights and Responsibilities (DHS 415R), which authorize the worker to access the CSP information;

- The information in the paragraph above may be accessed either via CSP screens or via contact with DCS;
- There are penalties for violation of the laws and rules related to confidentiality of and access to CSP information;
- Workers with access to CSP computer or other records available to them as employees of DHS are prohibited from accessing records that pertain to their own CSP case. Workers are also prohibited from accessing any CSP case that, if they were to access the case, may receive, or have the appearance of receiving, biased treatment. This is generally referred to as “conflict of interest”;

SEE ITEM 6 BELOW FOR MORE INFORMATION ON CONFLICT OF INTEREST (CS G.6).

- When possible inappropriate use of CSP information is identified, the CSP Director, after consulting with the employee’s agency, will determine whether the use or disclosure likely occurred and the employee’s access to CSP records will either be revoked permanently or temporarily, if a determination by the CSP Director is pending. Revocation of access is in addition to any other penalty for use or disclosure of confidential information that is in violation of law or policy.

ORS 25.260
Access to Child Support Records: 137-055-1145
OAR 137-055-1149

3. **CSP Computer Screens SSP Workers May Access**

See “Accessing Child Support Program Information,” which may be found at http://www.dhs.state.or.us/policy/selfsufficiency/publications/screen-access-trng.pdf, for a full explanation of each CSP screen listed below and tips for navigating each screen.

- **SESR**
  Displays CSP employee information including contact information.

- **SJ7F**
  Displays CSP case information about obligor, obligee, beneficiaries, payments, claim of risk or good cause, etc.

- **SMAC**
  Use to enter narrative information or send an alert to a CSP worker.
• SMBN
  Displays beneficiary information.

• SMCL
  Displays narrative lines for the CSP case.

• SMIC
  Displays additional beneficiary information. (Access via SMBN.)

• SMR1
  Displays detail information regarding a particular billing segment.

• SMU1
  Displays CSP case information about obligor, obligee, beneficiaries, legal actions on the case, etc.

• SMUX
  Displays CSP cases by name, SSN or TANF case number.

• SOYA
  Displays Oregon Youth Authority information pertaining to a CSP beneficiary.

• SRCI
  Displays individual detail of selected checks. (Access via SRCD.)

• SRCI
  Displays when and to whom checks were issued on a CSP case.

Note: An SSP worker may access via contact with CSP any information the worker may get from accessing CSP screens.

REMINDER: SSP workers who access CSP information are required to read the document titled “Accessing Child Support Program Information,” which may be found at http://www.dhs.state.or.us/policy/selfsufficiency/publications/screen-access-trng.pdf.

4. CSP Web site

The Child Support Program Web site contains payment and other client information. While DHS may access the CSP Web site for information related to clients, it is recommended that staff use the CSP screens on the mainframe for this information. If a worker does choose to access the CSP Web site for client information, the worker must make sure that the client has signed an Authorization for Use & Disclosure of Information (DHS 2099) specifically authorizing this access.
5. **Printing CSP Screens**

SSP staff may *not* print CSP screens. If an SSP worker needs to document information from CSP screens, the worker should narrate the information in TRACS.

**Exception:** The only exception to the paragraph above is that Hearings Representatives may print CSP screens for use in a hearing when:

- The purpose of the hearing is related to the administration of title IV-A (TANF program), title XIX (Medical programs) or SNAP. (Remember that if the purpose is SNAP, the client must have signed the *Application for Services (DHS 415F)* and *Your Rights and Responsibilities (DHS 415R)* prior to the CSP screens being accessed.); *AND*

- All information related to the other party and beneficiary including names, addresses, employer, birth dates, Social Security numbers, etc. have been redacted (blacked out) before the printout is submitted for the hearing.

6. **Conflict of Interest - Child Support Program**

**General**

DHS employees are required to notify their supervisor when the individual employee has a potential conflict of interest with a Child Support Program (CSP) case. Notification must be in writing using the *Notice of Conflict of Interest with a Child Support Program Case (DHS 429)*.

“Conflict of interest” means that a CSP case may receive, or have the appearance of receiving, biased treatment if the employee has access to or continues to have access to the case.

**Accessing CSP Cases Involving Friends, Relatives or Acquaintances**

A conflict of interest arises when an employee has been working on a case, or is assigned a case, and the case is either a CSP case or a case with a linkage to a CSP case that involves a friend, relative, acquaintance, etc.

The DHS employee must report this to their manager in writing using the DHS 429.

It is a violation of policy for a DHS employee to knowingly access the CSP case file of a friend, relative or acquaintance using CSP computer screens or other records available to them as DHS employees.

**Accessing Own CSP Case**

DHS employees shall not access their own CSP case file using CSP computer screens or other records available to them as DHS employees.
Any DHS employee who has their own CSP case and who has access to CSP screens must notify their supervisor of their case using the DHS 429.

- This requirement applies for open CSP cases that are in the Oregon CSP system;

- This requirement also applies for closed cases that are in the Oregon CSP system except when the child(ren) on the case is over 18 years of age, no arrears are owed and the case was closed more than five years from the date the client is reporting the conflict of interest.

In some cases, a worker may not be sure whether their child support case is in the CSP system, the date the case was closed or whether arrears are still owed. When a worker is unsure, the worker should report the case as a conflict of interest. Under no circumstances, may a worker access their own case file using CSP computer screens or other records available to them as DHS employees in order to determine this information.

It is a violation of policy for a DHS employee to access their own case file using CSP computer screens or other records available to them as DHS employees.

FAQ on Accessing Own CSP Case:

- **QUESTION**: May a DHS employee use the Division of Child Support Web site from home or from a non-DHS computer (example: personal computer at home) to access information about their own CSP case?

  **ANSWER**: Yes.

- **QUESTION**: May DHS employees use CSP or other DHS screens available to them as DHS employees to access information about their own CSP case?

  **ANSWER**: No.

Procedures

Staff who have a potential conflict of interest should report the conflict using the DHS 429.

Procedures for reporting a conflict of interest may be found at DHS-060-030-01, Conflict of Interest - Child Support Program procedure.
H. Child Support Pass-Through and Disregard

1. Pass-through

Pass-through means child support, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month, that is sent to the client before any remaining amount of current child support is withheld by the state. Pass-through includes current child support only. (Current child support is the amount of child support ordered by a court or administrative process, such as through the Division of Child Support (DCS), for the benefit of a child.)

The amount of pass-through is not included in the amount of unreimbursed assistance (URA).

Disregard means child support, up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month, that is not counted as income of the client. Disregard includes current child support only.

Example: Dad and three children: The children receive $50 each from their mother. Pass through allows up to $50 per child per month, so $50 per child is sent to the client. Disregard means that we do not count that $50 per child as income. ($150 received by the client and zero counted.) If Dad received $200 child support for the children, we would only count $50 as income.

2. TANF and SSP Medical Program Recipients

Although TANF recipients have to assign their rights to all child support to the state, TANF recipients will receive a pass-through of child support up to the limits described in item #1 above. The pass-through is disregarded when determining ongoing eligibility and benefits. This means that the child support is not counted as income.

Certain Caretaker Relatives, Including Non-Needy Caretaker Relatives: In the case of a caretaker relative other than the obligee on a child support case where the child named in the child support order or award does not reside in the obligee’s home (and the caretaker is either needy or non-needy), the following is the process by which the pass-through is redirected to the needy or non-needy caretaker:

- If the child support case already has a voluntary redirect or joinder (which means that the needy or non-needy caretaker has been added to the child support case as a payto and the children are tied to that child support account) and the needy or non-needy caretaker opens TANF and a subsequent child support payment is received: the child support computer system will systematically disburse the child support payment and send the appropriate pass-through amount to the needy or non-needy caretaker;
If a child support payment is received on a case with a child support order and there is an open TANF grant, the child support computer system will review a number of criteria to determine eligibility for pass through. If the “person number” on the TANF grant does not match that of the obligee on the child support case, the child support computer system will disburse the child support payment to the TANF bucket (which is an amount retained by the state), no pass-through will be disbursed to the obligee or needy or non-needy caretaker and an alert will be sent to the child support case manager (CSCM) advising the CSCM to review the case to determine who the child(ren) are with. If it is determined to be a needy or non-needy caretaker relative grant and there is not already a voluntary redirect in place nor has a joinder been initiated, the CSCM will be instructed to begin the process. The needy or non-needy caretaker will not receive a pass-through until the Child Support Program is able to secure a voluntary redirect or until the joinder legal action has been completed. Once a voluntary redirect or a joinder legal action has been completed and a subsequent child support payment is received, the pass-through will be sent to the needy or non-needy caretaker.

The pass-through to the needy or non-needy caretaker is disregarded when determining ongoing eligibility and benefits. This means that the child support is not counted as income.

Direct Payments: Although TANF recipients are required to assign their rights to child support and support is to be paid through DCS, there are times when the obligor pays the support directly to the TANF recipient. When this happens, child support paid directly to the financial group:

- That is not turned over to the department or to DCS or that is paid to a third party on behalf of a member of the financial group is considered countable unearned income;
- That is turned over to the department or to DCS is considered countable unearned income except for any amount of pass-through and disregard as described in item #1 above.

If a TANF recipient appears to be eligible for pass-through but the TANF recipient does not receive the pass-through, contact the client’s DCS worker.

TANF Applicants and Families in SFPSS

Pass-through does not apply to TANF applicants and families in SFPSS. This is because the state does not generally withhold child support for these clients so the clients already receive their child support. However, disregard does apply. TANF applicants and families in SFPSS receive a disregard up to the limits described above. This means that amount of child support will not be counted as income.

TANF-related medical: Clients who get both TANF and TANF-related medical will receive both a pass-through and disregard as described in items #1 and #2 above.

Clients who get TANF-related medical (but who do not get TANF) generally have their child support passed through to them. These clients are still eligible for the disregard as
described in item #1 above. The amount of the disregard will not be counted as income of the client.

MAA medical: Disregard (exclude) up to $50 per dependent child or minor parent per financial group per month but not to exceed $200 per financial group per month, i.e., the child support income disregard is excluded “off the top” and does not count toward the countable income test.

MAF medical: The MAF child support calculation is the same as MAA. Exclude up to $50 per dependent child or minor parent per financial group per month and not to exceed $200 per financial group per month. The *MAF Eligibility Determination Worksheet* (DHS 420) has been revised to reflect the new policy.

OHP and HKC medical: Child support paid directly to the financial group or paid to a third party for the benefit of the financial group is considered countable unearned income. OHP and HKC clients do not get the disregard.

Examples:

- **TANF Applicant**

  Angela and her child Natasha are applying for SNAP, TANF and medical. Angela is currently receiving $100 per month in child support from Natasha’s absent father. Disregard = $50 per month.

  Betty and her three children, Bobby, Billy and Bucky, are applying for TANF. The family is currently receiving SNAP and medical benefits. Betty receives $150 per month in child support from Bobby and Billy’s father Ben, and receives $35 per month in child support from Bucky’s father Dennis. Disregard = $135 per month.

- **TANF Recipient**

  Jeni and her five children, Jack, Jerry, Jeff, Jill and Jan, are currently receiving SNAP, TANF and medical benefits. The absent father, Jim, is paying $295 per month in child support. Pass-through and disregard = $200 per month.

  Christine and her three children, Tommy, Timmy and Tracy, are currently receiving SNAP, TANF and medical benefits. Terry, the father of Tommy and Timmy, is paying $150 per month in child support. Ted, the father of Tracy, is paying $35 per month in child support. Pass-through and disregard = $135 per month.

- **SFPSS**

  Rose and her child Rosa are receiving SNAP, TANF and medical. Rose is in SFPSS due to her disabilities. Rosa’s father Robert has started paying $75 per month in child support. Disregard = $50 per month.
Emily and her three children, Edward, Eugene and Elaine, are receiving SNAP, TANF and medical benefits. In addition, Emily has been participating in SFPSS and is receiving a partial SSI grant. Edgar, the father of the children, is paying $125 per month in child support. Disregard = $125 per month.

- **Medical**

  **MAA:**
  Francis is applying for MAA for himself and his two sons. His ex-wife sends him $175 a month each month for the children. He has no other income. Consider each child’s support separately and exclude up to $50 child support per child.

  Countable child support per child = $87.50 - $50 exclusion or $37.50 countable child support per child.

  Total countable MAA child support income = $75 child support. On the CM system, code $37.50 child support for each child.

  **MAF:**
  Dean receives $150 for his three children. To determine the countable child support, disregard (exclude) the first $50 of each month’s child support payment for each child. Consider each child’s support separately and exclude up to $50 child support per child.

  Countable child support per child = $0.00.

  Total countable child support income = $0.00
Counting Client Assets
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**Worker Guide CA-1**: Identifying and Budgeting Self-Employment Income
A. **General Information About Assets**

1. **Overview of Counting Client Assets**

   In determining eligibility, find out what assets the client has. Assets are earned/uneearned income and resources.

   Determine the category they fall into: available, unavailable or excluded.

   Count only available assets for the budget month. Do not count unavailable and excluded assets.

   If an asset is counted as income, it is not counted as a resource in the same budget month. If any of the income counted in the budget month is unspent the following month, count it as a resource.

   Assets; Income and Resources: 461-140-0010

2. **Availability**

   (A) Resources: This section explains when resources are considered *available* to clients.

   For jointly owned resources:

   - In the Supplemental Nutrition Assistance Program, jointly owned resources are *available* in their entirety to each owner, unless the client proves the resource is not *available*;

   - In all other programs, only the portion of jointly owned resources that can be legally attributed to a financial group is *available*.

   A resource is *not available* if:

   - The client has a legal interest in the resource, but it is not in the client’s possession and the client is unable to gain possession of it;

   - The resource is jointly owned with others not in the financial group who are unwilling to sell their interest in the resource, and the client’s interest is not reasonably saleable;

   - The client is verifiably incompetent to gain access to or use the resource and there is no legal representative to act on the client’s behalf;

   - The resource is an irrevocable or restricted trust and cannot be used to meet the basic monthly needs of the financial group;
In the Supplemental Nutrition Assistance Program only, if selling a resource would produce an insignificant return. A return is insignificant when the sale of a resource would produce a net gain of less than $1,500 to the financial group;

The client is a victim of domestic violence and attempting to use the resource would subject the client to risk of domestic violence or the client is using the resource to avoid the abusive situation.

A resource is not considered available during the time the owner does not know they own the resource.

Note: If a resource is determined to be unavailable, be sure the necessary documentation is entered in TRACS or ACCESS.

Availability of Resources: 461-140-0020

(B) Determining Availability of Income

This rule describes the date income is considered available, what amount of income is considered available and situations in which income is considered unavailable.

Income is considered available the date it is received or the date a member of the financial group (see OAR 461-110-0530) has a legal right to the payment and the legal ability to make it available, whichever is earlier, except as follows:

- Income usually paid monthly or on some other regular payment schedule is considered available on the regular payment date if the date of payment is changed because of a holiday or weekend;
- Income withheld or diverted at the request of an individual is considered available on the date the income would have been paid without the withholding or diversion;
- An advance or draw of earned income is considered available on the date it is received;
- Income that is averaged, annualized, converted and prorated is considered available throughout the period for which the calculation applies;
- A payment due to a member of the financial group, but paid to a third party for a household expense, is considered available when the third party receives the payment;
In prospective budgeting, income is available in the month the income is expected to be received (see OAR 461-150-0020).

This is an example of a payment that should legally be made directly to a member of the financial group, but is paid to a third party for a household expense: A noncustodial father has been ordered by a court to pay child support to the child’s mother, but chooses to make a payment to a landlord for shelter expenses for his child (rather than making the payment directly to the child’s mother). This is considered available income.

**Note:** For information on the above methods of calculating income, see the financial requirement section of the specific program: TANF G (*TF G*), Supplemental Nutrition Assistance Program F (*SNAP F*), Child Care E (*CC E*) Medical Assistance F (*MA F*).

See CA B.13.

- For OHP and SNAP, an expenditure by a business entity that benefits a principal is considered available when the expenditure is made. A principal is a person with significant authority in a business entity. This includes a sole proprietor, a self-employed person per OAR 461-145-0910, a partner of a partnership, a member or manager of a limited liability company, or an officer or principal stockholder of a closely held corporation.

The following income is considered available, even if not received:

- Deemed income;

- In the ERDC, GA, GAM, MAA, MAF, OHP, OSIP, OSIPM, QMB, REF, REFM and TANF programs, the portion of a payment from an assistance program, such as public assistance, unemployment compensation, or social security, withheld to repay an overpayment.

In the SNAP program, the portion of a payment from the TANF program counted as disqualifying income under OAR 461-145-0105.

The amount of income considered available is the gross before deductions, such as garnishments, taxes and other payroll deductions including flexible spending accounts.

The following income is not considered available:

- Wages are withheld by an employer in violation of the law;

- Income received by another person who does not pay the client his or her share;

- Income received by a member of the *financial group* after he or she has left the household;
Moneys withheld from or returned to the source of income to repay an overpayment from that source unless the repayment is countable:

- In the SNAP program, under OAR 461-145-0105; or
- In the ERDC, GA, GAM, MAA, MAF, OHP, OSIP, OSIPM, REF, REFM and TANF programs under subsection (3)(b) of this rule.

**Note:** SSD and SSI are paid from different sources. SSD reduced to recoup an SSI overpayment is considered available.

For SNAP, see SNAP F.12 for how to treat the repayment of a TANF client-caused or IPV overpayment from a TANF grant.

For a client who is not self-employed, income required to be expended on an ongoing, monthly basis on an expense necessary to produce the income, such as supplies or rental of work space;

Income received by the financial group but is intended and used for the care of someone not in the financial group as follows:

- If the income is intended both for someone in the financial group and someone not in the financial group, the portion of the income intended for the care of the individual not in the financial group is considered unavailable; and

- If the portion intended for the care of the individual not in the financial group cannot readily be identified, the income is prorated evenly among the individuals for whom the income is intended. The prorated share intended for the care of the individual not in the financial group is then considered unavailable.

In the MAF, SNAP and OHP programs, income controlled by the client’s abuser if the client is a victim of domestic violence (see OAR 461-001-0000), the client’s abuser controls the income and will not make the money available to the filing group, and the abuser is not in the client’s filing group.

In the MAA, REF, REFM and TANF programs, the client is a victim of domestic violence and the client’s abuser controls the income and will not make the money available to the filing group.

In the REFM program, any income used for medical or medical-related purposes.

The availability of lump-sum income is covered in OAR 461-140-0120.

Determining Availability of Income: 461-140-0040
Domestic Violence Income Examples

**Example 1:** The domestic violence victim has her paycheck direct deposited to her checking account at the bank. The abuser, her husband, keeps the only checkbook and bank card in his possession. She can only get money from the account through the abuser. The income is not available to her because the income is under the control of the abuser.

**Example 2:** The domestic violence victim receives a paycheck from her job. The abuser, her boyfriend with whom she was living, threatens to kill her if she does not sign the check over to him. She signs over the check to him. The income from the check is not available to her because the threat of the violence results in the income being under control of the abuser.

.domestic violence: 461-135-1200
Determining Availability of Income: 461-140-0040

3. Value of a Resource

For *cash*, its value.

For *noncash resources*, the value is one of the following:

- The equity of noncash resources (fair market value minus encumbrances), commonly referred to as cash value;

Definitions for Chapter 461: 461-001-0000

- Fair market value, which is the amount the item is worth on the open market;

Definitions for Chapter 461: 461-001-0000

- Face value or cash surrender of a life insurance policy, which is the amount the beneficiary will receive upon the death of the insured.

Life Insurance: 461-145-0320

The value of a life estate depends on the value of the property and the age of the client.

SEE THE SPD WORKER GUIDE E.3 FOR THE LIFE ESTATE TABLE OR OAR 461-145-0310 FOR MORE INFORMATION ON LIFE ESTATES. CONTACT THE ESTATE ADMINISTRATION UNIT FOR HELP IN DETERMINING THE VALUE.
How to determine fair market value:

For automobiles, trucks and vans:

- Use the “Average Trade In Value” of the National Automobile Dealers Association’s (NADA) Used Car Guide or similar publication. Do not add handicapped apparatus, optional equipment or low mileage to increase the value;

- In lieu of using the NADA paper publication, use the Kelley blue book Web site on the Internet. The Kelley website provides the value of vehicles that were manufactured in and after 1975. It is acceptable to use the Kelley Web site for vehicle valuations. Unless clients provide proof of the actual mileage and condition of their vehicles, assume average condition and average mileage. Kelley requires an entry of Excellent, Good or Poor for condition; Good is considered average condition. Average mileage is approximately 12,000 per year for the first five years and 10,000 per year thereafter;

- If the client claims the publication value does not apply to their vehicle, use statements from car dealers, mechanics or other reliable sources to substantiate the value;

- If the vehicle is not listed in the book, accept the client’s estimate of the value. If the estimate appears incorrect, additional verification may be required.

Motor Vehicle: 461-145-0360

For real property, the true market value is the true cash value from tax statements, or a lesser value, if the client can substantiate the lesser value through a real estate appraisal.

Real Property: 461-145-0420

4. Treatment of Excluded Assets

Exclude cash and money in bank accounts if (1) the money is from an excluded payment, and (2) it is kept separate from counted resources. If it is not separate, exclude it for six months from the date it is combined.

If the excluded cash is converted into a noncash resource, treat it according to the policy for the item.

Treatment of Excluded Income: 461-140-0070

5. Lump-Sum Income

Income is considered lump sum (GP A. 23) when it is either received too infrequently or irregularly to be anticipated, or it is received as a one-time payment. When a client has
access to a lump-sum payment that they choose to receive in monthly installments, treat it as a lump sum. For example, in a personal injury settlement, the client may have a choice in how to receive the payment. Lump-sum payments include, but are not limited to:

- Retroactive monthly benefits accumulated over more than one month and received in a single payment;
- Inheritances, gifts, winnings and personal injury settlements;
- Social Security retroactive payments back to the date of application, even when the payment is made in monthly installments (the client does not have a choice in how these benefits are issued).

A payment received late is not a lump sum. For example, a child support payment received in January but intended for December is not a lump sum, because it is not an accumulation of more than one month’s benefits.

Treat lump-sum income as follows:

(A) For EA, MAA, MAF, REF, REFM, SAC, SNAP and TANF, count lump-sum income as a resource.

(B) For ERDC and EXT, exclude lump-sum income.

(C) For OHP:
   (1) If the lump-sum income is $30 or less a calendar quarter, exclude it.
   (2) If the income is over $30, count the entire amount as income in the month it is received.

Definitions for Chapter 461: 461-001-0000
Availability and Treatment of Lump-Sum Income: 461-140-0120

6. **Periodic Income**

*Periodic income* is income received on a regular basis (but not monthly) such as quarterly, semiannually or annually. Treat periodic income as follows:

(A) For EA, MAA, MAF, OHP and SAC, count the total amount of periodic income as income in the month it is received.

(B) For ERDC, give the client a choice either to average the income over the applicable period or count the income in the month it is expected to be received.

(C) For SNAP and TANF, if any member of the filing group is working under a TANF JOBS Plus agreement, exclude periodic income.
(D) For all other SNAP cases, count periodic income either as earned or unearned income, depending on the source. When it is received on a regular basis, either:

1. Average the income, or
2. Prorate it over the period between payments, or
3. Use the expected income in the month of receipt only.

The client must be given a choice on how this income is counted. Narrate the client’s choice. See below for SNAP budgeting examples.

(E) For TANF cases that do not include a person working under a TANF JOBS Plus agreement, count periodic income as income in the month received. Depending on the source, count it as earned or unearned.

Supplemental Nutrition Assistance Program budgeting examples for periodic income.

Example 1: Richard is a tribal member of Umpqua Cow Creek Tribe and each December he receives a casino profit share check. This check arrives each year on a regular basis and is therefore periodic income. In the initial certification, Richard chose to have the income averaged over the period, which is 12 months. The expected amount for the next check is $1,200. $100 is counted as OTH income. At recertification, Richard chooses to have the casino profit share counted in December only. His case is certified to end November 30.

Example 2: Selma is a tribal member for a northern California tribe which has a casino. She receives a casino profit share check every three months in January, April, July and October. Selma chooses to have the casino profit share counted in the month of receipt only. Her case is in the SRS. Each March, June, September and December, the worker must send a reduction notice and count the expected profit share amount for the payment month. At recertification, Selma decides there is too much up and down in her benefits and she chooses to have the expected profit share payment averaged over the period, which is three months. The expected amount for the next check is $250. $83.33 is counted monthly as OTH income.

Example 3: Francis is categorically eligible and owns a $150,000 annuity. He receives interest income each quarter. He chooses to have the expected income averaged and counted each month as OTH income.
B. Specific Types of Assets

1. Adoption Assistance

Adoption assistance is financial assistance provided to families adopting children with special needs. Adoption assistance may be state or federally funded. Federal adoption assistance is authorized by the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272). State adoption assistance is authorized by ORS 440.335.

(1) For all programs except ERDC and SNAP, treat adoption assistance as follows:

   (a) Exclude the entire amount of adoption assistance from Oregon.

   (b) Exclude the portion of adoption assistance that is for the special needs of the child when the adoption assistance is from other states. This includes needs such as special diet, special clothing, counseling and medical costs not covered under title XIX. Count the rest of the adoption assistance as unearned income.

Note: Children receiving adoption assistance are excluded from the TANF and MAA filing group. This means that the AA income is excluded when determining eligibility for TANF or MAA and when calculating the TANF benefit level.

(2) For ERDC, exclude adoption assistance.

(3) For SNAP, adoption assistance is counted as unearned income.

Filing Group: EXT, MAA, TANF: 461-110-0330
Adoption Assistance: 461-145-0001

2. Agent Orange Disability Benefits

(1) For all programs except GA and GAM:

   (a) Exclude benefits from the Agent Orange Settlement Fund made by Aetna Life and Casualty Insurance Company for settling Agent Orange disability claims.

   (b) Count payments made under the Agent Orange Act of 1991, and issued by the U.S. Treasury through the Department of Veterans Affairs, as unearned income.

(2) For GA and GAM, count all Agent Orange payments as lump-sum income (CA A.5).

Agent Orange Disability Benefits: 461-145-0005
3. **Alaska Permanent Fund Dividend**

The Alaska Permanent Fund Dividend is issued annually to eligible Alaskan residents who apply for the payment. Out-of-state residents, except military personnel and students who claim Alaska as their residence, are not eligible unless they resided in Alaska and filed for the payment before leaving the state.

Count Alaska Permanent Fund Dividend payments as lump-sum income (CA A.5).

Alaska Permanent Fund Dividend: 461-145-0008

4. **Animals**

Exclude pets and animals raised as food for the financial group.

Treat income-producing animals according to the policy on income-producing property (CA B.34).

Animals: 461-145-0010

5. **Annuities; Not OSIPM**

   (1) For the purposes of this policy:

   (a) An annuity does not include benefits that are set up and accrued in a regularly funded retirement account while an individual is working, whether maintained in the original account or used to purchase an annuity, if the Internal Revenue Service recognizes the account as dedicated to retirement or pension purposes. (The treatment of pension and retirement plans is covered in CA B.52).

   (b) In this section of policy only: “Child” means a biological or adoptive child who is:

      (A) Under age 21; or

      (B) Any age and meets the Social Security Administration criteria for blindness or disability.

   (c) “Commercial annuities” mean contracts or agreements (not related to employment) by which an individual receives annuitized payments on an investment for a lifetime or specified number of years.

   (2) An annuity is counted as a resource if:

      (a) The annuity does not make regular payments for a lifetime or specified number of years; or
(b) The annuity does not qualify for exclusion as a resource under subsection (4)(c) of this rule.

(3) If an annuity is a countable resource under this rule, the cash value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular payments already received, minus any early withdrawals and minus any surrender fees.

(4) Commercial annuities and payments from such annuities are counted as follows:

(a) In all programs except OSIP, OSIPM and QMB, annuity payments are counted as unearned income to the annuitant.

(b) In the OSIP and QMB programs:

(A) For a client in a nonstandard living arrangement (OAR 461-001-0000), if a client or the spouse of a client purchases or transfers an annuity prior to January 1, 2006, the transaction may be subject to the rules on resource transfers at OAR 461-140-0220 and following. For an annuity that is not disqualifying but meets the criteria of OAR 461-140-0220, or for a client in a standard living arrangement, the annuity payments are counted as unearned income to the annuitant.

(B) If a client or the spouse of a client purchases an annuity on or after January 1, 2006, the annuity is counted as a resource unless it is excluded under paragraph (C) of this subsection.

(C) An annuity described in paragraph (B) of this subsection is excluded as a resource if the criteria in subparagraphs (i), (ii), and (iii) of this paragraph are met, except that if an unmarried client is the annuitant, the requirements of subparagraph (iv) of this paragraph must also be met and if a spouse of a client is the annuitant, the requirements of subparagraph (v) of this paragraph must also be met.

(i) The annuity is irrevocable.

(ii) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this subparagraph, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration.

See SPD Worker Guide #E.1, Treatment of Annuities.

(iii) The annuity is issued by a business that is licensed and approved to issue commercial annuities by the state in which the annuity is purchased.
(iv) If an unmarried client is the annuitant, the annuity must specify that upon the death of the client, the first remainder beneficiary is either of the following:

(I) The department, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client.

(II) The child of the client, if the department is the next remainder beneficiary (after this child), up to the amount of medical benefits provided on behalf of the client, in the event that the child does not survive the client.

(v) If a spouse of a client is the annuitant, the annuity must specify that, upon the death of the spouse of the client, the first remainder beneficiaries are either of the following:

(I) The client, in the event that the client survives the spouse; and the department, in the event that the client does not survive the spouse, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client.

(II) A child of the spouse and the client in the event that this child does not survive the spouse.

(D) If an annuity is excluded under paragraph (C) of this subsection, annuity payments are counted as unearned income.

(c) For OSIPM, see CA B.6

Note: For OSIP, OSIPM and QMB, the purchase of an annuity or transfer of an annuity prior to January 1, 2006, may be subject to transfer of resource policies. Refer to SPD WG E.1 to determine if the annuity will pay out over the client’s life expectancy based on the client’s age and sex.

See OARS 461-140-0210 through 461-140-0300 regarding transfer of resources.

6. Annuities; OSIPM

In the OSIPM program:

(1) For the purposes of this policy:
(a) An annuity does not include benefits that are set up and accrued in a regularly funded retirement account while an individual is working, whether maintained in the original account or used to purchase an annuity, if the Internal Revenue Service recognizes the account as dedicated to retirement or pension purposes. (The treatment of pension and retirement plans is covered in CA B.52).

(b) “Child” means a biological or adoptive child who is:

(A) Under age 21; or

(B) Any age and meets the Social Security Administration criteria for blindness or disability.

(c) “Commercial annuity” means a contract or agreement (not related to employment) by which an individual receives annuitized payments on an investment for a lifetime or specified number of years.

(2) An annuity that does not make regular payments for a lifetime or specified number of years is a resource.

(3) When a client applies for medical benefits, both initially and at periodic redetermination (see OAR 461-115-0050 and 461-115-0430), the client must report any annuity owned by the client or a spouse of the client.

(4) By signing the application for assistance, a client and the spouse of a client agree that the department, by virtue of providing medical assistance, becomes a remainder beneficiary as described in sections (8) and (10) of this rule, under any commercial annuity purchased on or after February 8, 2006.

(5) If the department is notified about a commercial annuity, the department will notify the issuer of the annuity about the right of the department as a preferred remainder beneficiary, as described in sections (8) and (10) of this rule, in the amount of medical assistance provided to the client.

(6) For a client in a nonstandard living arrangement (461-001-0000), if a client or the spouse of a client purchases or transfers a commercial annuity prior to January 1, 2006, the transaction may be subject to the rules on resource transfers at OAR 461-140-0220 and following. For an annuity that is not disqualifying but meets the requirements in OAR 461-140-0220, the annuity payments are counted as unearned income to the annuitant.

(7) Sections 8 and 9 of this rule apply to a commercial annuity if:

(a) The client is in a nonstandard living arrangement (See OAR 461-001-0000), and the client or the spouse of the client purchases an annuity from January 1, 2006, through June 30, 2006; or
(b) The client is in a *standard living arrangement* (See OAR 461-001-0000), and the client or the spouse of a client purchase an annuity on or after January 1, 2006.

(8) A *commercial annuity* covered by section (7) of this rule is counted as a resource unless the annuity is excluded by meeting the following requirements:

(a) If an unmarried client is an annuitant, the annuity must meet the requirements of subsection (8)(c) of this rule, and the annuity must specify that upon the death of the client, the first remainder beneficiary is either of the following:

(A) The department, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client.

(B) The child of the client, if the department is the next remainder beneficiary (after this child), up to the amount of medical benefits provided on behalf of the client, in the event that the child does not survive the client.

(b) If a spouse of a client is the annuitant, the annuity must meet the requirements of subsection (8)(c) of this rule, and the annuity must specify that, upon the death of the spouse of the client, the first remainder beneficiaries are either of the following:

(A) The client, in the event that the client survives the spouse; and the department, in the event that the client does not survive the spouse, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client.

(B) A child of the spouse; and the client in the event that this child does not survive the spouse.

(c) An annuity covered by section (7) may not be excluded unless the annuity meets all of the following requirements:

(A) The annuity is irrevocable.

(B) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this paragraph, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration.

See SPD Worker Guide E.1, Treatment of Annuities.

(C) The annuity is issued by a business that is licensed and approved to issue a *commercial annuity* by the state in which the annuity is purchased.
(9) If an annuity is excluded as a resource under section (8) of this rule, the annuity payments are counted as unearned income. If an annuity is a countable resource under section (8) of this rule, the cash value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular monthly payments already received, minus early withdrawals and minus any surrender fees.

(10) This section lists the requirements for a commercial annuity purchased by the client or the spouse of the client on or after July 1, 2006, when a client is in a nonstandard living arrangement, and the annuity names the client or the community spouse as the annuitant. Annuities that meet all of the requirements of this section are counted as unearned income to the annuitant. The treatment of annuities that do not meet all requirements of this section is covered in sections (11) and (12) of this rule.

(a) The annuity must comply with one of the following paragraphs:

   (A) The first remainder beneficiary is the spouse of the client, and in the event that the spouse transfers any of the remainder of the annuity for less than fair market value, the department is the second remainder beneficiary for up to the total amount of medical benefits paid on behalf of the client.

   (B) The first remainder beneficiary is the annuitant’s child, and in the event that the child or a representative on behalf of the child transfers any of the remainder of the annuity for less than fair market value, the department is the second remainder beneficiary for up to the total amount of medical benefits paid on behalf of the client.

   (C) The first remainder beneficiary is the department for up to the total amount of medical benefits paid on behalf of the client.

(b) The annuity must be irrevocable and nonassignable.

(c) The annuity pays principal and interest out in equal monthly installments within the actuarial life expectancy of the annuitant. For purposes of this subsection, the actuarial life expectancy is established by the actuarial tables of the Office of the Chief Actuary of the Social Security Administration.

   SEE SPD WORKER GUIDE E.1, TREATMENT OF ANNUITIES.

(d) The annuity is issued by a business that is licensed and approved to issue a commercial annuity by the state in which the annuity is purchased.

(11) If the client is the annuitant and a commercial annuity does not meet all of the requirements of section (10) of this rule, or the spouse of the client is the annuitant and a commercial annuity does not meet the requirements of subsection (10)(a) of this rule, there is a disqualifying transfer under OAR 461-140-0210
and following. See OAR 461-140-0296(5) and (6) for calculation of the disqualification period.

(12) Regardless of whether a commercial annuity is a disqualifying transfer of resources, if the annuity does not meet all of the requirements of section (10) of this rule, the annuity is counted as a resource with cash value equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular monthly payments already received, minus early withdrawals, and minus any surrender fees.

Annuities; OSIPM: 461-145-0022

7. **Approved Accounts; OSIP-EPD and OSIPM-EPD**

Persons participating in the OSIP- or OSIPM- Employed Persons with Disabilities Program are allowed to set moneys aside in an approved account.

(1) All moneys in an approved EPD account are excluded as income or a resource during the determination of eligibility. However, the exclusion can only be made if the account has been designated as an Approved Account and approved as such by the local branch prior to the eligibility determination.

(2) Moneys deposited in the approved account that the client wants to be considered as an Employment and Independence Expense to be used as a deduction from countable income must be approved by the branch prior to the deposit being made.

(3) If moneys from the approved account are used for a purpose not consistent with the definition of approved account in OAR 461-001-0035, the client may be prohibited from utilizing an approved account for the next 12 months for the purposes of the determination of eligibility.

Approved Accounts; OSIP-EPD and OSIPM-EPD: 461-145-0025

8. **Bank Account**

A bank account includes a money market account and an account in a financial institution. Except it does not include stock, bond or certificate of deposit (CD) accounts which are covered under Stocks, Bonds and Other Securities (CA B.73).

Money in a bank account belonging to one or more members of the financial group is generally counted as a resource unless excluded in CA A.2 or OAR 461-140-0020.

(1) Money in a bank account is excluded as a resource when:

(a) In an approved account excluded under OAR 461-145-0025; or
(b) A burial fund excluded under OAR 461-145-0040;

(c) A designated bank account is an *excluded* asset for OSIP-IC or OSIPM-IC if:

(A) The account is designated to receive program benefits by direct deposit through electronic funds transfer; and

(B) The benefit funds are not commingled with other assets of the client.

Availability of Resources: 461-140-0020

(d) Funds from excluded income if excluded as a resource under OAR 461-140-0070.

(e) An Individual Education Account if excluded under OAR 461-145-0145.

(f) Money for a plan for self-support if excluded under OAR 461-145-0405.

(g) Proceeds from the sale of a home if excluded as a resource under OAR 461-145-0460.

(2) Interest and dividends earned on funds in a bank account are counted as unearned income, unless the account is excluded as a resource under section (1).

Bank Account: 461-145-0030

(3) For all programs except OSIP-IC, treat bank accounts held jointly with people not in the financial group as follows:

(a) For SNAP, count all funds in the account unless the client proves some or all are not available. Count the available amount.

(b) For all other programs, count only those funds contributed to the account by the client. Exclude other funds unless there is clear evidence they are available to the client.

\[\text{BE SURE TO REVIEW RULE 461-140-0070 ON EXCLUDED RESOURCES BEFORE DETERMINING THE AVAILABILITY OF FUNDS.}\]

9. **Burial Arrangements and Burial Fund**

Burial arrangements may include prepaid arrangements that make allowance for burial costs. They are generally made with a licensed funeral director, burial insurance or burial trust funds designating a funeral director as the beneficiary. Burial arrangements do not include a burial space.

Burial space is covered in CA B.10 or OAR 461-145-0050 – Burial Space and Merchandise.
Burial funds are an identifiable fund set aside for a client’s burial costs. A burial fund does not include a burial space.

(1) A burial arrangement is treated as follows:

(a) For ERDC, MAA, MAF, OHP, REF, REFM, SAC, SNAP and TANF, exclude the equity value of one prepaid burial arrangement for each member of the filing group.

(b) For grandfathered OSIP and OSIPM clients, exclude up to $1,000 combined equity value of burial arrangements with a licensed funeral director (plus accrued interest) and life insurance policies. Count the amount of combined cash and equity value of all life insurance and burial arrangements that is over $1,000 as a resource.

(c) For all remaining programs, treat a burial arrangement the same as a burial fund.

(2) A burial fund is treated as follows:

(a) For GA, OSIP, OSIPM and QMB:

(A) A burial fund can only be established from cash, bank accounts, burial contracts, stocks, bonds or life insurance policies.

(B) Burial funds cannot be excluded if they are commingled with nonburial-related assets. The amount set aside for burial must be in a separate account to be considered excluded from resource consideration.

(C) The burial fund may be established only from the countable resources of the client (such as cash, burial contracts, bank accounts, stocks, bonds or life insurance policies). A burial fund may be established if the countable resources of the client exceed allowable limits. A burial fund exclusion applies only if the burial fund makes the client ineligible due to excess resources.

(D) The following calculation determines the exclusion for a burial fund:

(i) Exclude up to $1,500 of a burial fund from resources for each of the following:

(I) The client.

(II) The client’s spouse.

(ii) Subtract both the following from the amount each client may set aside for a burial fund:
(I) The face value of life insurance policies owned by the client that have already been excluded from resources.

(II) The amount in an irrevocable burial trust or any other irrevocable arrangement to cover burial costs.

(E) Exclude all interest earned on excluded burial funds or increases in the value of excluded burial arrangements if left in the fund.

(b) For all other programs, the value of the burial fund is counted as a resource.

(3) There is no penalty or overpayment for the time period during which the burial arrangement or burial fund existed if a client:

(a) Canceled an excluded burial arrangement, or

(b) Used excluded burial funds for any purpose other than burial costs.

Note: From September 27, 1987, to November 5, 1989, Oregon state law prohibited establishing irrevocable burial trust funds. Burial trust funds established on or after November 5, 1989, may be irrevocable.

Refer to CA B.43 or OAR 461-145-0320 for policy on life and term insurance.

Burial Arrangements and Burial Fund: 461-145-0040

10. Burial Space and Merchandise

Burial spaces include conventional grave sites, crypts, mausoleums, urns and other repositories that are traditionally used for the remains of deceased persons. They also include headstones and the opening and closing of the grave.

(1) For ERDC, MAA, MAF, OHP, REF, SAC, SNAP and TANF, exclude the equity value of one burial space per financial group member.

(2) For GA, OSIP, OSIPM and QMB, burial space is excluded if owned by the client and designated for themselves, their spouse, minor and adult children, siblings, parents and the spouse of any of these people.

Burial merchandise includes, but is not limited to, caskets, liners, burial vaults, markers and foundations. The equity value of burial merchandise is excluded as a resource if owned by the client and designated for:

(1) In ERDC, MAA, MAF, OHP, REF, SAC, SNAP and TANF, a member of the financial group.
(2) In GA, GAM, OSIP, OSIPM and QMB, exclude burial merchandise owned by
the client and designated for themselves, their spouse, minor and adult children,
siblings, parents and the spouse of any of these people.

Burial Space and Merchandise: 461-145-0050

11. Capital Assets

Capital assets are property that contribute toward earning self-employment income,
including microenterprise, either directly or indirectly. Capital assets generally have a
useful life of over one year and a combined value of $100 or more.

◊ SEE WORK-RELATED EQUIPMENT AND INVENTORY FOR MORE INFORMATION
   (CA B.86).

Work-Related Capital Assets, Equipment, and Inventory: 461-145-0600

12. Cash

Count cash (including cash on hand, cash in a safe deposit box, and cash held by others)
as a resource.

Count as a resource foreign currency that can be converted to U.S. currency. The value of
foreign currency is its value in U.S. currency, determined by the current exchange rate.

Cash: 461-145-0060

13. Child Support and Cash Medical Support

(1) Child support and cash medical support paid by a noncustodial parent for a
dependent child or minor parent in the financial group (see OAR 461-110-0530)
are considered income of the dependent child or minor parent, whether the
support is paid voluntarily or in accordance with an order to pay child support.

(2) “Pass-through” means child support, up to $50 per dependent child or minor
parent per financial group per month and not to exceed $200 per financial group
per month, that is sent to the client before any remaining amount of current child
support is withheld by the State. Pass-through includes current child support
only.

“Disregard” means child support, up to $50 per dependent child or minor parent
per financial group per month and not to exceed $200 per financial group per
month, that is not counted as income of the client. Disregard includes current
child support only.
(a) For MAA and MAF, the disregard is for the child(ren) who receives support.

Example: *A filing group has two children; one of whom is receiving child support. The family is only eligible for a $50.00 disregard as there is only one child receiving support in the filing group.*

(3) In the ERDC program, child support is considered countable unearned income if it is received by the financial group or is countable under OAR 461-145-0280. Otherwise it is excluded.

(4) In the SNAP program, child support and cash medical support are treated as follows:

(a) Child support payments the group receives that must be assigned to the department to maintain TANF eligibility are excluded, even if the group fails to turn the payments over to the department.

(b) Child support payments received by a filing group (see OAR 461-110-0370) with at least one member working under a TANF JOBS Plus agreement are excluded, except:

(A) It is considered countable unearned income in the calculation of the wage supplement; and

(B) Any pass-through pursuant to section (2) above is considered countable unearned income.

(c) All other child support, including any pass-through pursuant to section (2) above, is considered countable unearned income.

(d) Cash medical support is considered countable unearned income except to the extent it is used to reimburse (see OAR 461-145-0440) an actual medical cost.

(e) Payments made by a noncustodial parent to a third party for the benefit of the financial group are treated in accordance with OAR 461-145-0280.

(5) In the MAA, MAF, REFM, SAC and TANF programs:

(a) In determining initial eligibility, except for disregard pursuant to section (2) above, child support received by the Division of Child Support is considered countable unearned income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.

(b) In determining ongoing eligibility, except for clients working under a TANF JOBS Plus agreement and except for child support passed through to the client and disregarded pursuant to section (2) above, child support received by the Division of Child Support is considered countable unearned
income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.

(c) For clients working under a TANF JOBS Plus agreement:

(A) Child support is excluded in determining countable income.

(B) Child support is excluded when calculating the TANF portion of the benefit equivalency standards.

(C) All child support paid directly to the client is considered countable unearned income in the calculation of the wage supplement.

(d) All other child support payments:

(A) Paid directly to the financial group that are not turned over to the department or to the Division of Child Support or that are paid to a third party on behalf of a member of the financial group are considered countable unearned income.

(B) Paid directly to the financial group that are turned over to the department or to the Division of Child Support are considered countable unearned income except for any amount of pass-through and disregard pursuant to section (2) above.

(e) Cash medical support is excluded in determining countable income.

(f) Cash medical support is excluded.

(6) In the OHP program:

(a) Child support paid directly to the financial group or paid to a third party for the benefit of the financial group is considered countable unearned income.

(b) Cash medical support is excluded.

(7) In the OSIP, OSIPM and QMB programs, all child support and cash medical support paid to the financial group are considered countable unearned income. Child support and cash medical support paid by the financial group are not deductible from income.

(8) In the SFPSS program, notwithstanding section (5) above, for ongoing eligibility and benefit determination:

(a) Except for disregard pursuant to section (2) above, child support is considered countable unearned income.

(b) Cash medical support is excluded in determining countable income.
(c) Payments made by a noncustodial parent to a third party for the benefit of
the financial group are treated in accordance with OAR 461-145-0280.

Child Support and Cash Medical Support: 461-145-0080

14. Contributions

Contributions are monies not gifts or winnings (CA B.30) given voluntarily to a financial
group member by someone who is not in the group.

(1) For all programs except SNAP and as provided in (3), count contributions as
unearned income.

(2) For SNAP, count contributions as unearned income. However, exclude cash
contributions from charitable sources if all the following are true:

(a) The contribution is from a private, nonprofit charitable organization.

(b) The contribution is based on need.

(c) The contribution does not exceed $300 per quarter.

(3) For OHP, charitable contributions raised by a community to assist with a client’s
medical expenses are not counted as income or against the resource limit
(OAR 461-160-0015).

For noncash contributions, refer to CA B.41 or OAR 461-145-0280 (in-
kind income).

See CA B.65 for information on how to treat refugee resettlement
grants.

Contributions: 461-145-0086

15. Corporations and Business Entities

(1) Identifying Corporations

(a) A closely held corporation is usually incorporated by one or a small number
of owners. For example, a farmer or a farming family incorporates their
farming business.

Note: The owner of a closely held corporation will have legal documents
showing the date the business was incorporated.

(b) A Subchapter S-corporation is incorporated under Chapter S of the Internal
Revenue code. Each shareholder is responsible to file his or her own taxes
on the profits the corporation distributes. For example, a law firm or other partnership may incorporate their business under Chapter S.

(c) Other corporations include companies that sell stock to investors. Proctor & Gamble, AT&T and Starbucks are examples of businesses that sell stock to investors. Owning stock in a corporation does not make the individual self employed.

Note: To locate information on the business see the Secretary of State Web site at www.sos.state.or.us, Corporation Division. If the business is licensed as a corporation in Oregon, the business name should appear in a business name search.

(2) When a Client’s Corporation is Considered Self-Employment

For SNAP, the owner or shareholders of a corporation are not self employed. For all other programs, the owner of a corporation is considered self employed if they meet self-employment criteria listed per OAR 461-145-0910.

(3) Treatment of Income

(a) If an individual works for the corporation, he is considered an employee of the corporation. Treat the profits distributed to shareholders of a closely held or Subchapter S-corporation as earned income if they are employees of the corporation. If profits for the current year are expected to be similar to the prior year, treat the profits reported on the most recent IRS 1040 as periodic income (CA A.6).

(b) If a shareholder of a corporation is not an employee of the corporation and not receiving a salary, count any dividends as unearned income.

(c) In the SNAP program, income from business entities and corporations is treated as follows:

(A) If a client is actively working in a corporation, the income is treated as earned income.

(B) If a client is actively working in an unincorporated business entity, refer to CA C.1 to determine if the income is treated as earned or as self-employment.

(C) If a client is no longer actively working to produce the income, the income is treated as unearned.

(D) Income from a limited liability company is treated as follows:

(i) If a client is a member or a manager member, the income is treated as self-employment income.
(ii) If a client is a manager but not a member, the income is treated as earned income.

(d) If a client owns stock in a corporation, the value of the stock is a countable resource. However, if ownership of the stock is necessary for the client to be employed by the corporation, the resource is excluded.

Example 1: A farmer incorporates his farm, is the sole owner and worker and all of the corporation’s assets are related to the farming operation. The farmer’s stock in the corporation is essential to his employment. Therefore, the equity value of his stocks is not counted as a resource.

Example 2: An attorney has stock in a Subchapter S-corporation. The ownership of this stock may or may not be required as a condition of his employment for that corporation. If the ownership is required, the equity value of his stocks is not counted as a resource. If ownership is not required, the equity value of his stocks is counted as a resource.

C. Corporations and Business Entities; Income and Resources: 461-145-0088

(4) Corporation Expenditures Benefiting a Principal

In the OHP, OSIP, OSIPM, QMB and SNAP programs, an expenditure by a business entity or corporation that benefits a principal, such as a car or housing payment, is considered available when the expenditure is made. For purposes of this rule, a principal is a person with significant authority in a business entity or corporation, including sole proprietor, a self-employed person (see OAR 461-145-0910), a partner in a partnership, a member or manager of a limited liability company and an officer or principal stockholder of a closely held corporation.

(5) Corporate Assets

Except in cases where the owners of corporations are considered to be self employed, assets held and owned by the corporation are not considered the client’s assets.

☞ SEE CA B.63.

16. Disability Benefit

(1) This policy covers public and private disability benefits, except the following:

(a) Agent Orange disability benefits (covered in OAR 461-145-0005 or CA B.2).
(b) Radiation Exposure Compensation Act payments (covered in OAR 461-145-0415 or CA B.57).

(c) Social security based on disability or SSI (covered in OAR 461-145-0490 and OAR 461-145-0510 or in CA B.68 and CA B.71).

(d) Veterans’ benefits (covered in OAR 461-145-0580 or CA B.81).

(e) Workers’ compensation (covered in OAR 461-145-0590 or CA B.85).

(2) For each disability payment covered under this policy:

(a) If received monthly or more frequently:

   (A) In the ERDC, MAA, OHP, REF, REFM, SAC, SNAP and TANF programs, income from employer-sponsored disability insurance is counted as earned income (see OAR 461-145-0130 or CA B.21) if paid to a client who is still employed while recuperating from a temporary illness or injury.

   (B) Except as provided in paragraph (A) of this subsection, the payment is counted as unearned income.

(b) All payments other than those in subsection (a) of this section are counted as periodic or lump-sum income (see OAR 461-140-0110 and OAR 461-140-0120 or CA A.6 and CA A.5).

Disability Benefit: 461-145-0090

17. **Disaster Relief**

A major disaster is any natural catastrophe such as a hurricane or drought, or, regardless of cause, any fire, flood or explosion which the President determines causes damage of sufficient severity and magnitude.

An emergency is any occasion or instance for which the President determines that federal assistance is needed to supplant state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe.

Disaster Unemployment Assistance is emergency assistance authorized under P.L. 100-107 and received by individuals who are unemployed as a result of a major disaster. Individuals receiving Disaster Unemployment Assistance are not eligible for other unemployment compensation and cannot receive both at the same time. Payments are limited to 26 weeks.
(1) Except as otherwise stated in Sections (2) to (6) or in OAR 461-140-0070, the following payments precipitated by an emergency or major disaster, are not counted as income or resources when determining eligibility for or benefit levels.

(a) Payments received under the Disaster Relief Act of 1974 (P.L. 93-288, Section 312(d)) as amended by the Disaster Relief and Emergency Assistance Amendments of 1988 (P.L. 100-707, Section 105(i)).

(b) Disaster assistance comparable to subsection (a) of this section provided by states, local governments, and disaster assistance organizations.

(c) Payments from the Federal Emergency Management Agency (FEMA).

(d) Individual and Family Grant Assistance program (IFG).

(e) Grants or loans by the Small Business Administration (SBA).

(f) Voluntary disaster assistance organizations, such as the Red Cross.

(g) Private insurance payments for losses due to a major disaster such as flood, wind, land movement.

(2) Government payments designated for the restoration of a home damaged in a disaster are excluded as income or resources in the month of receipt and as a resource in subsequent months, if the household is subject to a legal sanction if the funds are not used as intended.

(3) Each payment made to farmers under the Disaster Assistance Act of 1988 (P.L. 100-387) for crop losses or failure in a disaster is excluded.

(4) Income received from public and private organizations by individuals working in disaster relief efforts and funded under a National Emergency Grant by WIA Title 1 (P.L. 105-220) is excluded. An individual is eligible under this funding source if he or she is a dislocated worker, a long-term unemployed individual, or is temporarily or permanently laid off as a consequence of the disaster. Eligibility under this funding source is limited to a period of up to six months per disaster.

(5) Disaster Unemployment Assistance is excluded as both income and a resource.

(6) Payments for flood mitigation received by a homeowner under the National Flood Insurance Act of 1968, as amended by P.L. 109-64, are not counted as income or resources.

18. Disqualifying Income; SNAP

SNAP benefits received by TANF recipients may not increase when the TANF cash payment ends or is reduced due to a penalty. Eligibility for and the level of SNAP
benefits is determined as if the client were receiving benefits without the reduction in TANF benefits due to the penalty.

SEE SNAP F.12 FOR MORE INFORMATION ON DQI INCOME.

TANF disqualifying income is the difference between the TANF cash payment prior to the penalty and the TANF cash payment once the penalty is imposed.

The disqualifying TANF income is counted as unearned income when the TANF cash payment is reduced due to any of the following reasons:

1. Failure to pursue assets per OAR 461-120-0330.
2. Failure to help the department obtain child support from a noncustodial parent per OAR 461-120-0340.
3. Failure to obtain medical coverage per OAR 461-120-0345.
4. Failure to comply with requirements of the employment programs imposed under OAR 461-130-0330.
5. Failure to seek treatment for substance abuse or mental health evaluation and treatment under OAR 461-135-0085.
6. TANF intentional program violation (IPV) imposed under OAR 461-195-0621.
7. Repayment of a TANF client-caused or IPV overpayment as defined in OARs 461-195-0501 and 461-195-0601. Do not include repayment on an overpayment resulting from aid paid pending due to a hearing request.

Once imposed, the disqualifying income ends when the TANF penalty is lifted, the household becomes ineligible for TANF for other reasons, the overpayment is repaid or if the TANF cash or MAA case has been closed for at least 12 months.

Disqualifying Income; SNAP: 461-145-0105

19. Dividends, Interest, Royalties

1. Dividends are counted as unearned income unless the dividends are from a trust described in CA B.77(10), in which case the dividends are not counted as income.

2. Interest income is counted as unearned income.
(3) Royalties are counted as unearned income, except that royalties are counted as earned income if the client is actively engaged in the activity from which the royalties are accrued.

Dividends, Interest and Royalties: 461-145-0108

20. Domestic Volunteer Services Act (VISTA, RSVP, SCORE, ACE)

(1) Treat payments under (title I of Public Law 93-113 Domestic Volunteers Service Act of 1973) including VISTA, University Year for Action and Urban Crime Prevention Program as follows:

(a) For ERDC, MAA, MAF, OHP, REF, REFM, SAC and TANF, exclude these payments unless the total value of all VISTA compensation is equal to or greater than compensation at the state minimum wage. If so, count as earned income.

(b) For GA and GAM, count VISTA payments as unearned income.

(c) For all other programs:

(A) Exclude VISTA payments if the client is receiving program benefits when they join VISTA. Continue to exclude the payments until the client has a break in receiving benefits of more than one month.

(B) Count VISTA payments as earned income for clients who joined VISTA before applying for program benefits.

Note: Clients join VISTA as of the date they take the oath. If the client has a previous VISTA contract and received SNAP benefits in another state, use the date they begin the new assignment in Oregon.

(2) Exclude title II of Domestic Volunteer Services Act (Public Law 93-113) payments (National Older Americans Volunteer Programs), which include:

(a) Retired Senior Volunteer Program (RSVP) Title II, Section 201.

(b) Foster Grandparent Program Title II, Section 211.

(c) Older American Community programs.

(d) Senior Companion program.

(3) Exclude title III payments (National Volunteer Programs to Assist Small Businesses and Promote Volunteer Service by Persons with Business Experience), which include:

(a) Service Corps of Retired Executives (SCORE) Title III, Section 302.
21. **Earned Income; Defined**

Earned income is income received in exchange for an individual’s physical or mental labor. Earned income includes, all of the following:

1. Compensation for services performed, including wages, salaries, commissions, tips, representative payee fees, sick leave, vacation pay, draws or the sale of one’s blood or plasma.

   - For a military basic pay exclusion, see CA B.47.

2. Income from on-the-job training, paid job experience, JOBS Plus work experience, or Welfare-to-Work work experience.

3. In-kind income, when the client is an employee of the person providing the in-kind income and the income is in exchange for work performed by the client.

   - See definition of in-kind income in CA B.40 or OAR 461-145-0280.

   **Note:** Earned in-kind income may include rent or utilities credit that a client receives in exchange for work performed. To determine the amount, subtract the amount the client pays for rent from the amount the dwelling usually rents for. For example, the rent is $550, but the client pays only $100 because of work done for the landlord. The earned in-kind income is $450 ($550 - $100).

4. For self-employment, gross receipts and sales, including mileage reimbursements, before costs.

5. In:

   a. The SNAP program, cafeteria plan (see OAR 461-001-0000) benefits and funds placed in a flexible spending account.

   b. All programs except the SNAP program, cafeteria plan benefits that an employee takes as cash as well as funds placed in a flexible spending account.

   **Note:** Health insurance purchased with flexible benefits must be assigned to the department, per OAR 461-120-0315.

6. Income from work-study.

7. Income from profit sharing that the client receives monthly or periodically.
(8) The fee for acting as an individual’s representative payee, as long as the individual is not included in the filing group.

(9) In the OHP, OSIP, OSIPM, QMB and SNAP programs, an expenditure by a business entity that substantially benefits principal (see OAR 461-145-0088).

Earned Income; Defined: 461-145-0120

22. Earned Income; Treatment

All earned income not specifically identified below is counted as earned income.

SEE CA B.22 FOR DEFINITION.

(1) Treat JOBS Plus income as follows:

(a) For all programs, client wages received under the Oregon Employment Department UI JOBS Plus or the Tribal TANF JOBS Plus programs are counted as earned income.

(b) For all programs except SNAP and TANF, count the JOBS Plus income from TANF-PLS as earned income.

(c) For all programs except TANF, count the JOBS Plus income from NCP-PLS as earned income.

(d) For SNAP:

(A) When JOBS Plus income is earned by TANF-PLS clients:

(i) Count it as earned income in determining initial SNAP eligibility.

(ii) Exclude it in determining ongoing eligibility.

Note: When a person is receiving TANF JOBS Plus, continue to code the TANF grant and the extra JOBS Plus $10 payment as unearned income.

(B) Count as earned income any TANF-PLS JOBS Plus wages received after the month that the client last worked under a JOBS Plus agreement.

SEE ES B.17 FOR EMERGENCY SNAP PAYMENTS WHILE PARTICIPATING IN TANF JOBS PLUS.

(e) For TANF:

(A) When JOBS Plus income is earned by NCP-PLS clients, count it as earned income in determining initial TANF eligibility.
(B) When determining the need for TANF supplements for TANF-PLS clients, treat the income as follows:

(i) Exclude it in determining the countable income limit and in calculating the benefit equivalency standards.

(ii) Count it as earned income in calculating the wage supplement.

See ES B.15 for more on TANF Jobs Plus and ES B.16 for calculating the TANF supplement.

(C) Count as earned income any JOBS Plus wages received after the month that the client last worked under a JOBS Plus agreement.

Note: When a JOBS Plus client whose selection is based on receiving UI is eligible for TANF or SNAP, switch them to TANF-PLS. TANF clients are a higher priority for JOBS Plus selection.

(2) Treat Welfare-to-Work work experience income as follows:

(a) For EXT, MAA, MAF, REF, REFM and TANF, exclude the first $260 earned per month. Count the remainder as earned income.

(b) For OHP and SNAP count all Welfare-to-Work income as earned income.

(3) For ERDC and OHP, exclude all earned income of children.

(a) For ERDC, a child must be in the care and custody of the caretaker. They do not need to have a biological or legal relationship to the caretaker. The child must be:

(A) Under the age of 18; or

(B) Under the age of 19 and in secondary school or vocational training at least half time.

(b) For children who turn 19 and are reapplying for OHP as adults, income earned prior to age 19 is counted.

(4) For SNAP, exclude:

(a) A cafeteria plan benefit, including flexible spending plans, that an employee cannot elect to receive as cash which is designated and used to pay for child care, medical care, or health insurance unless it is reimbursed by the department; or allowed as an earned income deduction.

Note: In SNAP, cafeteria plan benefits taken as cash or used to pay for a service paid by the department are counted as earned income. The intent is not to allow “double-dipping” by the client; that is, being reimbursed twice for the same cost.
(b) The earned income of an individual under age 18 if they are under the parental control of another member of the household and:

**PARENTAL CONTROL IS DEFINED IN SNAP C.3.**

(A) Attending elementary or high school;

(B) Attending GED classes recognized by the local school district;

(C) Completing home-school elementary or high school classes recognized by the local school district; or

(D) Too young to attend elementary school.

(c) In-kind earned income, except as provided in section (7).

**SEE CA B.21 FOR A DEFINITION OF EARNED INCOME AND CA B.40 FOR IN-KIND INCOME.**

(d) Any amount deducted from base pay for future educational costs under Public Law 99-576, 100 Stat. 3248 (1986), for clients on active military duty.

(e) Income remaining after the month of receipt is a resource.

(5) For EXT, MAA, MAF, REF, REF, SAC and TANF programs;

(a) Exclude the earned income of the following financial group members in the month of receipt. Count any money remaining after the month of receipt as a resource.

(A) Dependent children under age 19, or minor parents (under age 18), who are full-time students in grade 12 or below (or the equivalent level of vocational training, GED courses or home schooling approved by the local school district).

(B) Dependent children under age 18 who are part-time (as defined by the institution) students in grade 12 or below (or the equivalent level of vocational training, GED courses, or home schooling approved by the local school district) and are not employed full time.

(C) Dependent children too young to be in school.

(b) Income remaining after the month of receipt is a resource.

(c) In-kind earned income is excluded (see CA B.40 and CA B.67).
(6) For MAA, MAF, REF, REFM, SAC and TANF, exclude all in-kind income except unearned third-party payments.

(7) In the SNAP and OHP programs, earned In-kind income (CA B.40) is excluded unless it is an expenditure by a business entity that benefits a principal (CA B.15). If it benefits a principal, it is treated as countable earned in-kind reimbursement (CA B.63).

(8) In the MAA and MAF programs, earned income that would result in MAA or MAF ineligibility is excluded for a caretaker relative in an MAA or MAF filing group with at least one person eligible for and receiving MAA or MAF prior to meeting the three of six month requirement. (See OAR 461-135-0095.)

(9) In all programs except EXT, and for an OSIPM client in nonstandard living arrangement (see OAR 461-001-0000), the income of a temporary employee of the U.S. Census Bureau employed to assist in taking the census is excluded.

Earned Income; Treatment: 461-145-0130

23. **Earned Income Tax Credit (EITC)**

Earned Income Tax Credit (EITC) are federal and state tax programs for low-income families. EITC may be received in one of two ways:

- As an advance in the employee’s paycheck.
- As one annual payment received at the time of the normal income tax returns.

For all programs exclude all EITC payments.

Earned Income Tax Credit (EITC): 461-145-0140

24. **Educational Income**

(1) Educational income is income designated specifically for educational expenses. To be considered educational income, the income must be given to one of the following:

(a) A student at a recognized institution of post-secondary education. Post-secondary education is education offered by institutions primarily to individuals age 18 or older. Admission may or may not require a high school diploma or equivalent.

(b) A student at a school for people with disabilities.

(c) A student in a vocational education program.
(d) A student in a program that provides for completion of secondary school
diploma or the equivalent.

See MP WG #14 and OAR 461-145-0150 for more on educational income.

(2) To determine the amount of educational income to exclude, use education
expenses listed in the financial aid award letter unless one of the following is
ture:

(a) The information is not available in the award letter, or the student provides
verification of amounts different from those listed in the award letter. In
these situations, use the verified amounts from the student.

Note: Do not require additional verification if the amounts are listed in the
award letter (unless the student wants to use different amounts and can
verify those amounts).

(b) The student receives child care benefits (i.e., ERDC or other child care
subsidies). In that situation, exclude from educational income the amount
the student actually pays for child care (e.g., the ERDC copay) instead of
the amount shown in the award letter.

(c) The student states actual transportation costs exceed the amount allowed for
the expense in the award letter. In that situation, calculate the number of
commuting miles to and from school and multiply by $0.20. Exclude the
calculated amount or the amount from the award letter, whichever is
greater.

Note: If a SNAP client begins receiving ERDC, remember to recalculate
SNAP educational income because the exclusion for child care expenses
has changed.

(3) Exclude the following items:

(a) Educational income authorized by the Carl D. Perkins Vocational and
Applied Technology Education Act, Title IV of the Higher Education Act,
or made available by the Bureau of Indian Affairs (BIA).

(b) All income from educational loans.

(4) Exclude the cost of the following items from remaining educational funds
(including non-title IV work study):

(a) Tuition, mandatory fees, books and supplies, transportation, required rental
or purchase of equipment or materials charged to students enrolled in a
specific curriculum, other miscellaneous personal expenses (except room
and board) and loan originator fees and insurance premiums required to
obtain an educational loan.
(b) Additionally for all programs except ERDC, exclude dependent care costs.

See SNAP D.3 and F.18 or OAR 461-160-0430 for information on SNAP dependent care deductions for students.

For ERDC, refer to OAR 461-150-0060 for budgeting educational income.

For ERDC and SNAP, use the Educational Income Calculation for ERDC and Food Stamps Worksheet (DHS 7351).

Note: The DHS 7351 is not used for calculating medical eligibility.

(5) For a participant in the Parents as Scholars (PAS) component of the JOBS program who is approved for PAS pursuant to OAR 461-190-0199, exclude all remaining educational funds, including those funds intended for room and board.

(6) For all programs, after allowing exclusions, treat the remaining income as follows:

(a) Count work study, fellowships and teaching-assistant income not excluded per section (3) or (4) of this rule as earned income. This may include work study provided through the VA program or other educational programs.

(b) For all programs except OHP, count other educational income (grants, Montgomery GI Bill [VA Chapter 30, 32 or 35 or chapter 1606 or 1607], Post 9-11 GI Bill [VA Chapter 33], etc.) by prorating it over the period it is intended to cover, then begin counting the prorated amount in the first month of the period if the client has already received the income. If income has not been received, begin counting the prorated amount in the month of the period it is expected to be received.

(c) For OHP, count other educational income in the month received.

See CA B.81 or OAR 461-145-0580 for more on veterans’ benefits.

(7) Count the VA Chapter 31 subsistence allowance according to CA B.81. When participating in this program, the VA pays all tuition, books and fees. All education costs are provided for the student except transportation and child care.

(8) Clients may be attending school under the displaced workers program. In this instance, the student will continue to receive weekly UC benefits while attending school. Treat Displaced Worker payments the same as UC benefits.

See CA B.78 or OAR 461-145-0550.

Educational Income: 461-145-0150
25. **Energy Assistance**

For all programs, exclude all energy assistance payments or allowances made under any federal, state, or local law (Public Law 96-249). These payments include:

(a) Energy assistance payments provided through a Department of Health and Human Services Low-Income Assistance Program.

(b) Energy assistance payments provided through the Low-Income Energy Assistance Act of 1981 under Public Law 97-35, Section 2605(F) (LIEAP).

SEE CA B.33 OR OAR 461-145-0230, ON HOW TO TREAT UTILITY PAYMENTS RECEIVED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE RURAL HOUSING SERVICE.

Energy Assistance Payments: 461-145-0170

26. **Family Abuse Prevention Act (FAPA) Payments**

FAPA payments are court-ordered payments to victims of domestic violence made under authority of ORS 107.718(1)(h). A payment is considered available when actually received by the victim of abuse.

For all programs, the first $2,500 is excluded. The excess above $2,500 is counted as a resource.

Family Abuse Prevention Act (FAPA) Payments: 461-145-0175

27. **Floating Homes and Houseboats**

(1) Floating homes and houseboats are treated in the same manner as real property under OAR 461-145-0420.

SEE CA B.59 FOR REAL PROPERTY.

(2) Floating homes and houseboats are subject to OARs 461-145-0220 and 461-145-0250 if applicable.

SEE CA B.32 FOR HOME OR CA B.34 FOR INCOME PRODUCING PROPERTY.

Floating Homes and Houseboats: 461-145-0185

28. **Food Programs; Other than the SNAP Program**

(1) For all programs, exclude the following:
(a) Benefits from the Special Supplemental Food Program for Women, Infants and Children (WIC). Also, exclude WIC demonstration project coupons that may be exchanged for food at farmers’ markets.

(b) The value of supplemental food assistance under the Child Nutrition Act and the National School Lunch Act. This includes the Special Milk Program, School Breakfast Program, the Summer Food Service Program, the Commodity Program and the Child and Adult Food Program.

**Note:** This exclusion does not apply to providers.

> SEE MP WG #16 FOR MORE INFORMATION ON SCHOOL LUNCH PROGRAM.

(c) Benefits from the Senior Farm Direct Nutrition program (OAR 461-135-1175).

Senior Farm Direct Nutrition Program: 461-135-1175

(d) Nutrition Assistance Program benefits received in Puerto Rico, American Samoa or the Commonwealth of the Northern Mariana Islands.

(2) SNAP clients receiving Tribal Food Distribution Program products are not eligible to receive SNAP in the same month per OAR 461-165-0030. For all other programs, Tribal Food Distribution Program benefits are excluded.

Concurrent and Duplicate Program Benefits: 461-165-0030

> SEE SNAP I.2 FOR INFORMATION ON TRIBAL FOOD DISTRIBUTION PROGRAMS.

Food Programs Other Than the SNAP Program: 461-145-0190

29. **Foster Care/Guardianship Assistance Payment**

Foster care is when an individual is placed in the home of relatives or other individuals or families by a federal, state or local governmental foster care program. This could be child or adult foster care.

Guardianship Assistance payments are made by Child Welfare, for children under age 18, when a person has agreed to be the guardian of the child. These payments are authorized under a foster care waiver.

A foster care payment is:

(1) The payment the foster care provider receives from the foster care program, **and**

(2) For adults in foster care, this also includes their room and board payment and any service payment the client is required to pay the provider.
Note: An adult in foster care is required to pay the room and board part of the foster care payment. Children in foster care do not make this separate payment.

Note: Per TANF C.5, MA C.5 and OAR 461-110-0630, parents in foster care for whom foster care payments are being made cannot have their needs counted for MAA, MAF or TANF.

Note: Proctor care administered by or under contract to a state agency is a form of foster care. Treat these situations and income the same as foster care.

Note: CAF CW foster care payments pay the costs necessary for providing care for the child. The entire payment is designated by CAF CW to provide for the child’s room and board, personal incidentals, and special needs. The provider does not receive additional compensation for their service as a child foster care provider.

Treat foster care/guardianship assistance payments as follows:

1. For all programs except ERDC and SNAP:
   (a) If the provider of foster care/guardianship is in the financial group:
      (A) Exclude the amount the placement agency identifies as room and board, clothing and personal incidental needs (including recreational expenses) of the foster care/guardianship assistance client.
      (B) Exclude the amount designated for special need items of the foster care/guardianship assistance client.
      (C) Count the remaining amount as earned income.
   (b) If the provider of foster care/guardianship is not in the financial group, exclude the foster care payments.

2. For ERDC, count the payments as unearned income only if the person in foster care/guardianship assistance is in the filing group.

   SEE SNAP C.4 REGARDING INCLUDING OR EXCLUDING THE FOSTER CARE PERSON FROM THE SNAP FILING GROUP.

3. For SNAP, count the payments for foster care or guardianship assistance as follows:
   (a) If the person receiving the foster care or assistance is a member of the household group, but not the filing group, exclude the income.
   (b) If the person receiving the foster care or assistance is a member of the filing group, count the payment from the foster care program as unearned income for the care provider.
Note: Do not count the room and board or service payment as income that the foster care client is paying to the provider when they are in the same filing group. This is because foster care person’s income has been counted already and income that changes hands between financial group members is not counted.

(c) If the person receiving the foster care or assistance is not a member of the household group, count the payment (both parts) as self-employment income for the foster care provider.

Foster Care Payments and Guardianship Assistance Benefits: 461-145-0200

30. Gifts and Winnings

Gifts are items given to or received by an individual on or for a special occasion, such as a holiday, birthday, graduation, wedding, etc. They are not given or received on a regular basis.

Winnings are prizes given to an individual in a contest, game of chance or similar event. Winnings in the form of money may be distributed periodically (e.g., monthly) or in a lump-sum.

(1) Gifts and winnings in the form of either a gift card or certificate are excluded.

(2) For employment related items, see CA B.21 (OAR 461-145-0130).

(3) For all programs except ERDC, treat in-kind gifts and winnings according to policy for the specific type of asset. Treat gifts and winnings in the form of money as periodic or lump-sum income. (OAR 461-140-0110 and OAR 461-140-0120).

(4) For ERDC, exclude all gifts and winnings.

Gifts and Winnings: 461-145-0210

31. Groundfish Disaster Benefits

People working in the commercial fishing industry may qualify for Groundfish Disaster benefits. These benefits are disbursed through the Oregon Employment Department to persons involved in the commercial fishing industry in Oregon’s coastal communities.

To qualify for Groundfish Disaster benefits, a groundfisher must be working with the Oregon Employment Department as a displaced worker. They must also commit to not return to work in the commercial fishing industry.
The groundfisher eligible for these benefits may receive assistance for up to nine months. The monthly payments can be as much as $1,500 for a family or $1,000 for an individual. The payments may be less if the person is receiving unemployment compensation.

Groundfish Disaster benefits are counted as unearned income for all programs.

32. **Home**

**Home Defined**

A home is the place where the filing group lives. A home can be a house, boat, trailer, mobile home or other habitation. A home also includes the following:

1. Land on which the home is built and contiguous property.
   a. For all programs except GA, GAM, OSIP, OSIPM, QMB and SNAP property must meet all the following criteria to be considered contiguous property:
      A. It must not be separated by land owned by people outside the financial group.
      B. It must not be separated by public rights-of-way, such as roads.
      C. It must be property that cannot be sold separately from the home.
   b. For the GA, GAM, OSIP, OSIPM, QMB and SNAP programs, contiguous property is property not separated by land owned by people outside the financial group. In addition:
      A. Contiguous property may be separated by public rights-of-way, such as roads; **and**
      B. Property is contiguous even when it can be sold separately from the home.

2. Other dwellings on the land surrounding the home that cannot be sold separately from the home.

3. Additionally for SNAP, land that the financial group is building, or plans to build, their home on.

**Exclusion of home and other property**

1. For a client who has an initial month (defined in OAR 461-001-0000) of long-term care or waivered services on or after January 1, 2006:
(a) For purposes of this subsection:

(A) “Child” means a biological or adoptive child who is

(i) Under age 21; or

(ii) Any age and meets the Social Security Administration criteria for blindness or disability.

(b) The value of a home is excluded if the financial group occupies the home and has equity in the home of $500,000 or less.

(c) The home is countable as a resource if the client has equity in the home of more than $500,000, unless one of the following requirements is met:

(A) The spouse of the client occupies the home.

(B) The child of the client occupies the home.

(C) The client is legally unable to convert the equity value in the home to cash.

(D) The home equity is excluded under OAR 461-145-0250.

(2) For all other financial groups, the value of a home is excluded when the home is occupied by any member of the financial group.

(3) In the SNAP program only, exclude the value of a home when it is occupied by the financial group. Additionally for SNAP, exclude the value of land the group is building, or plans to build, their home on. If the SNAP financial group owns (or is buying) the home they live in and has separate land they intend to build on, only exclude the home in which they live. Treat the land they intend to build on as real property (CA B.59) or OAR 461-145-0420.

Exclusion during temporary absence

If the value of the home is excluded above, the value of a home remains excluded in each of the following situations:

(1) In all programs except GA, GAM, OSIP, OSIPM and QMB during the temporary absence of all members of the financial group from the property, if the absence is due to illness or uninhabitability from casualty or natural disaster, and the group intends to return home.

(2) For SNAP, if the financial group’s absence is due to employment or training for future employment.

(3) For GA, GAM, OSIP, OSIPM and QMB, if the client’s absence is due to receiving care in a medical institution and one of the following is true:
(a) The absent client is a single adult who has provided convincing evidence that they will return to the home. The evidence must reflect the subjective intent of the client, regardless of the client’s medical condition. A written statement from a competent client is sufficient to prove the intent.

SEE OAR 461-160-0630 FOR MORE INFORMATION.

Review this at each redetermination after the client has been absent from the home for six consecutive months.

(b) The home remains occupied by the client’s spouse, child or a relative dependent on the client for support. For the purposes of this paragraph, the home is considered occupied when it is temporarily vacant but the home expenses are maintained and the individual intends to return.

FOR NONEXCLUDED HOMES, SEE CA B.59 OR RULE 461-145-0420.

(c) For MAA, MAF, REF, RFM, SAC and TANF, if all members of the financial group are absent due to one of the following:

(A) The members are employed in seasonal employment, and intend to return to their home when the employment ends; or

(B) The members are searching for employment and the search requires the filing group to relocate away from their home. Exclude the home for up to six months from the last date all members left their home to search for employment. After the six months, if a member of the financial group does not return, the home is no longer excluded.

Note: If a home is sold or transferred, review the transaction to determine its effect on the client’s eligibility.

33. Housing and Urban Development

(1) Treat payments from HUD made to a third party as follows:

(a) For EA, ERDC, GA, GAM, OHP, OSIP, OSIPM, QMB and SNAP, exclude these payments.

(b) For MAA, MAF, REF, SAC and TANF use the payment in determining Shelter-in-Kind income (CA B.67).

(2) Treat HUD payments made directly to a member of the financial group, except Youthbuild Program payments and Family Investment Centers payments, as follows:
(a) For EA and OHP, count as unearned income.

(b) For ERDC, GA, GAM, OSIP, OSIPM and QMB, exclude these payments.

(c) For SNAP, exclude payments for utilities. Count other payments as unearned income.

Note: Groups who receive utility reimbursements are still eligible for the utility allowance (FUA) if they pay heating costs above the reimbursement (SNAP F.22).

(d) For MAA, MAF, REF and SAC, use the payment in determining Shelter-in-Kind income. If the payments are made in a lump sum, count as unearned income.

(3) Treat Youthbuild Program payments as follows:

(a) For ERDC and OHP, treat Youthbuild payments as earned income.

(b) For SNAP, exclude payments to clients age 18 and under who are under the control of an adult member of the filing group (SNAP C.3). Treat other Youthbuild payments as earned income.

(c) For TANF, MAA and MAF, if the Youthbuild Program participant is a dependent child in the filing group, or a caretaker relative age 19 or younger, exclude the payments. If the participant is a caretaker relative over age 19, treat the payments as follows:

(A) Exclude incentive payments that are reimbursements for specific expenses not covered by program benefits, e.g., transportation, school supplies, etc.

(B) Count on-the-job training (OJT) or work experience payments as earned income.

(C) Count the bonus payment (the incentive payment for attendance) as unearned income.

(4) Exclude the equity value of escrow accounts that are established for families participating in the Family Self-Sufficiency (FSS) program sponsored by HUD.

(5) Treat payments issued under the Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625 (Family Investment Centers) as follows:

(a) Count wages as earned income and stipends as unearned income.
(b) Exclude service payments for items such as child care, basic education, literacy or computer skills training, employment training or counseling assistance in attaining a GED, etc.

Housing and Urban Development: 461-145-0230

34. **Income-Producing Property**

(1) Income-producing property is any real or personal property that generates income for the financial group. Examples of income-producing property are:

(a) Livestock, poultry and other animals.

(b) Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, condominiums.

(2) Count the income from income-producing property as follows:

(a) If a financial group member actively manages the property 20 hours or more per week, treat as self-employment income. (CA C.1, CA C.2 and CA C.3).

(b) If a financial group member does not actively manage the property 20 hours or more per week, count as unearned income with exclusions allowed only in accordance with OAR 461-145-0920. Necessary costs are the actual costs allowable in determining countable self-employment income (CA C.2).

Note: When the income from income-producing property is treated as unearned income, actual costs are allowed to offset the income. Allow the 50 percent self-employment deduction for SNAP only when the income is counted as earned income and the household has allowable costs.

Note: For SNAP, when a filing group is renting out rooms in their home they are not eligible for more than one deduction using the same costs. So if interest on the mortgage payment is used to reduce the income, it cannot also be allowed as a shelter cost.

(3) Treat the equity value of income-producing property as follows:
For MAA, MAF, REF, REFMM, SAC and TANF, count it as a resource.

For EA, ERDC and OHP, exclude it.

For SNAP, count as a resource unless one of the following is true:

(A) Exclude the equity value of property that produces an annual countable income that is similar to other properties in the community with comparable market value.

(B) Exclude the equity value of income-producing livestock, poultry, and other animals.

(C) Exclude the equity value if selling the resource would produce a net gain to the financial group of less than $1,500.

(D) Exclude the value of work-related property or capital assets under CA B.86 or OAR 461-145-0600.

For GA, GAM, OSIP, OSIPM and QMB, count as a resource, except as follows:

(A) Exclude up to $6,000 of the equity value if the property produces an annual countable income of at least six percent of its equity value.

(B) Exclude the total equity value if all the following are true:

(i) The property is used in a trade or business of a member of the financial group as evidenced by two or more of the following:

(I) The good faith intention of making a profit.

(II) Its use is part of a regular occupation for a member of the financial group.

(III) Holding out to others as being engaged in the selling of goods or services.

(IV) Continuity of operations, repetition of transactions or regularity of activities.

(V) A business tax return, including forms such as Profit or Loss from Business or Profession (Schedule C), Computation of Social Security Self-Employment (Schedule SE), Farm Income and expenses (Schedule F), Depreciation and Amortization (Form 4562) or U.S. Partnership Return of Income (Form 1065).

(ii) The property is essential to the client’s self-support.
(iii) The property is in current use or, if not in use for reasons beyond the control of the financial group, there must be a reasonable expectation that the required use will resume.

Income-Producing Property: 461-145-0250

Examples of income-producing property for SNAP:

Example 1: Client reports renting out a room in her home. She receives $200 a month rent. The client is billed $500 a month for shelter (rent or mortgage) and pays separately for heating the home. This is a shared shelter situation. Subtract the $200 rent payment from the shelter costs and allow the client a shelter deduction of $300 and the FUA. There is no countable income from renting the room.

Example 2: Client reports renting out part of her home to two other individuals. She receives $400 a month from each. The client is billed $500 mortgage payment plus $50 a month taxes and $25 a month insurance. This is a shared shelter situation. Subtract the $400 + $400 from the client’s $575 shelter costs to leave an excess rental income of $225. Code zero shelter cost for the client and allow the FUA because she pays the heating costs. Code the $225 excess rental income as PTY. She is probably not actively working 20 hours a week at renting these two rooms, so the income is not self-employment. The $225 can only be reduced further if there is an allowable cost. For example: $5 a month advertisement fee to the local paper regarding the room rental. In that situation the income could become $220 instead of $225. Do not allow a cost for mortgage, taxes, insurance or utilities because they have already been considered for the shelter cost and FUA determination.

Example 3: Client reports buying a motel. She lives in the manager’s apartment and manages the motel. She also does part of the maid work each day. She is actively working in the motel more than 20 hours a week. The client is not being billed separately for rent and utilities from the motel mortgage and utility bills. Do not allow the shelter cost or FUA. There are allowable costs to running this business. Code the gross income from the business as SEC.

Example 4: Client has two rental cabins on the same property as his home. He is in the process of repairing and fixing these cabins. He has rented one cabin for $500 and plans to rent the second cabin for $500 soon. He is doing all of the repairs himself in his spare time. He estimates he is working on the repairs about 15 hours a week. He is spending an average of $250 a month to make these repairs and he provides receipts for the past three months. The units are in sad repair and will take many more months of work. Each unit has its own utility meter and the utilities are put into the renter’s name.
His mortgage payment for the full property is $1,100 a month plus taxes and insurance. Allow him the full shelter cost of $1,100 plus taxes and insurance. He has rental income of $500 less the allowable cost for repairs. There is no allowable cost for mortgage, taxes, insurance or utilities because there are no separately identified bills for each structure. Code $250 as PTY ($500 rental income less actual costs of $250).

Example 5: Client owns two houses. He lives in one and rents out the other for $1000 a month. Each house has its own mortgage, taxes and insurance. The renter is responsible for all utilities at the rental. Currently there are no repairs or other costs associated with renting the house. The mortgage, taxes and insurance on the rental totals $900 a month. Rental income of $1000 less allowable costs of $900 = $100 excess income. Code $100 as PTY.

35. **Income-Producing Sales Contract**

An income-producing contract is an agreement between two parties where one party is to pay the other party on an ongoing basis for property or goods. A common income-producing contract exists when the client sells land or a home to another party and the other party pays the client an agreed upon monthly or periodic payment. Count the proceeds from the sales contract per CA B.66.

Income-Producing Sales Contract: 461-145-0240

36. **Independent Living Subsidies/Chafee Housing Program**

Independent Living Subsidies are payments made and services provided by Child Welfare to children ages 16 through 20. These payments also include payments under the Chafee Housing Program. The subsidies are to assist the individuals to live independently when their foster care payments were discontinued on or after the date they reached 16 years of age.

**Note:** *For a description of these payments, see OAR 413-030-0400 to 0455.*

(1) For all programs except EA and SNAP, exclude all independent living subsidies issued by Child Welfare.

(2) For EA and SNAP, count the payments as unearned income.

**Note:** *See Educational Income for Chafee Education and Training Grant – CA B.24 and MPWG #14.*

Youth Transitions Program Subsidies: 461-145-0255
37. **Indian (Native American) Benefits**

Individuals enrolled as a member in a tribe or band may receive income from the tribe. The income may or may not be prescribed by law. The recipient should have documentation showing the type of payment and where it originated.

**Note:** *The tribal office may also verify if the payment is made under a specific public law (P.L.) and the P.L. number.*

### Process to determine Indian income

Anytime a client states they are Native American, determine the following:

- Name of the tribe the person has a membership.
- What benefits do they receive from the tribe or from Bureau of Indian Affairs (BIA).
- Ask if they receive any kind of income, including per capita payments, and how often received.
- Verify the kind of payment and if it issued under a specific public law number. The treatment of income for some public laws is noted in this policy. If the public law number is not present in this policy, contact a program analyst with the public law number to research and determine if the income is counted or excluded.

(1) For all programs, count as unearned income any payments distributed by the tribe or band, which is not excluded under public law. This can include profit share or per capita income from tribal casinos, timber sales or sale of oil reserves. Payments made to tribal members from these profits are counted if the income is anticipated to be recurring (monthly, quarterly, semi-annually or once a year). One time payments are nonrecurring and are counted as lump sum income. (CA A.5). Treat recurring payments received less often than monthly as periodic income. (CA A.6).

**Caution:** Some per capita payments for timber or mineral sales may be counted while others are excluded. They are excluded only if the sales are off lands held in trust by the Secretary of the Interior. The tribal office will know if any part of the per capita payment was from lands held in trust.

(2) Commercial fishing income received by members of the Yakima, Warm Springs, Umatilla or Nez Perce tribes under the Columbia River Fishing Treaty is counted as earned income.

**Note:** Members may argue the income is excluded, but the treaty only excludes the income for income tax purposes. The treaty does not exclude the income for cash, medical or SNAP eligibility.
(3) Treat general assistance payments as follows:

   (a) For all programs except SNAP, exclude Bureau of Indian Affairs (BIA) General Assistance program payments. Count as unearned income for SNAP.

   (b) Some tribes use tribal funds for general assistance programs. The payments received under general assistance programs funded by the tribe are counted as unearned income.

   **Note:** The Bureau of Indian Affairs (BIA) considers our cash programs as a prior resource to their General Assistance program. If BIA General Assistance payments continue after the client has started receiving benefits from the department, remind the client to tell BIA about receiving department benefits.

(4) See Educational benefits in Counting Client Assets B.24 or OAR 461-145-0150 for how to treat BIA educational income.

(5) Treat payments from tribal-TANF the same as TANF in Counting Client Assets B.56 (OAR 461-145-0410 for program benefits).

(6) Payments made under the Old Age Assistance Claims Settlement Act (P.L. 98-500, Section 8) to heirs of deceased Indians are excluded except for per capita shares in excess of $2,000. The first $2,000 of each payment is excluded as income and as a resource. Count the remainder as lump sum income.

(7) For all programs, exclude the following:

   (a) The value of Indian lands held jointly with the tribe, or land that cannot be sold without the approval of the Bureau of Indian Affairs.

   (b) Funds, assets or income received from the trust fund established and paid to the Puyallup Tribe of the State of Washington under Section 9(b) of the Puyallup Tribe of Indians Settlement Act of 1989 (P.L. 101-41).

   (c) Payments to the Confederated Tribes of the Colville Reservation under the Grand Coulee Dam Settlement Act, section 7(b) (P. L. 103-436).

(8) For GA and GAM, count Indian benefits described in subsection (9) through (15) of this section as periodic or lump sum income unless the client verifies that such benefits are excluded by public law for state-funded programs.

(9) Assistance paid for Child Welfare under the Indian Child Welfare Act of 1978, (P.L. 95-608) is excluded. This act provides for child and family service grant programs in preparation and implementation of child welfare codes. The programs may include, but are not limited to, family assistance, including homemaker and home counselors, day care, after school care, and employment, recreational activities and respite care.
(10) Tribal payments for child care are treated as follows:

(a) Provider-direct payments are counted as the provider’s earned income.

(b) All client-direct payments are excluded.

Note: The client is not allowed a child care deduction for SNAP for the reimbursed part of their cost.

(11) Many tribes or bands have received judgments or settlements under public law or a treaty with the United States. Some but not all are identified below. For all programs except GA and GAM, exclude the following payments as income or resources:

Note: There may be other payments excluded under other public laws. Call the policy unit if a client provides information regarding payments under a specific public law not listed in this policy.

(a) Payments from the distribution of funds held in trust to the Seminole Indians of Florida under P.L. 84-736.

(b) Payments from the distribution of funds held in trust to the Pueblos of Zia and Jemez tribes of Florida under P.L. 84-926.

(c) Per capita payments from a distribution of judgment funds and made by the Indian Claims Commission to the Blackfeet and Gros Ventre Tribes of the Fort Belknap Reservation in Montana under P.L. 92-254.

(d) Payments from the distribution of funds held in trust to the Stockbridge Munsee Indian Community of Wisconsin under P.L. 92-480.

(e) Payments from the distribution of funds held in trust to the Burns Indian Colony in Oregon under P.L. 92-488.

(f) Relocation assistance payments to members of the Navaho or Hopi Tribes under P.L. 93-531, section 22.

(g) Income derived from distribution of receipts from submarginal land held in trust by the United States under Public Law 94-114, section 6, for the following tribes:

- Assiniboine and Sioux Tribe of Montana;
- Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin;
- Blackfeet Tribe of Montana;
- Cherokee Nation of Oklahoma;
- Cheyenne River Sioux Tribe of South Dakota;
- Chippewa Tribe of Minnesota;
- Crow Creek Sioux Tribe of South Dakota;
- Devil’s Lake Sioux Tribe of North Dakota;
- Fort Belknap Indian Community of Montana;
- Keweenaw Bay Indian Community of Michigan;
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin;
- Lower Brule Sioux Tribe of North Dakota;
- Navajo Tribe of New Mexico;
- Oglala Sioux Tribe of South Dakota;
- Rosebud Sioux Tribe of South Dakota;
- Shoshone – Bannock Tribes of Idaho;
- Standing Rock Sioux Tribe of North Dakota;

(h) Per capita payments made by the Indian Claims Commission from the disposition of funds held in trust to the Grand River Band of Ottawa Indians under Public Law 94-540.

(i) Indian Claims Commission payments on judgment funds to the Confederated Tribes and Bands of the Yakima Nation or Apache Tribe of the Mescalero Reservation under P.L. 95-433, Section 2.

(j) Payments made by the Indian Claims Commission to the Passamaquoddy Tribe and Penobscott Nation and the Houlton Band of Maliseet Indians or any of their members received under the Maine Indian Claims Settlement Act of 1980 (P. L. 96-420, sections 5 or 9(c)).

(k) Payments on judgments funds to the Turtle Mountain Band of Chippewas, Arizona under P.L. 97-403.

(l) Payments on judgment funds to the Blackfeet, Gros Ventre, and Assiniboine tribes (Montana) and the Papago (Arizona) under P.L. 97-408.

(m) Judgment funds held in trust and per capita and interest payments disbursed to the Red Lake Band of Chippewa Indians under P.L. 98-123, section 3.

(n) Judgment funds held in trust and per capita and interest payments made to the members of the Assiniboine Tribe of the Fort Belknap Indian
Community (Montana) and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) under P.L. 98-124, section 5.

(o) Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior under P.L. 99-146, Section 6(b). The funds are distributed to the following reservations:

- Wisconsin: Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation, Lac Courte Oreilles Band of Lake Superior Bands of Chippewa Indians of the Lac du Flambeau Reservation, Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, Red Cliff Reservation, St. Croix Chippewa Reservation;

- Michigan: Keweenaw Bay Indian Community (l’Anse, Lac Vieux Desert and Ontonagon Bands);

- Minnesota: Fonde du lac Reservation, Grand Protage Reservation, Nett Lake Reservation (including Vermillion Lake and Deer Creek), White Earth Reservation;

(p) Payments and funds held in trust to the White Earth Band of Chippewa Indians in Minnesota under the White Earth Reservation Land Settlement Act of 1985, Section 16 (P.L. 99-264).

(q) Per capita payments and income from a distribution of funds held in trust to the Saginaw Chippewa Tribe of Michigan under P.L. 99-346, Section 6(b)(2).

(r) Judgment payments disbursed to the Umpqua Tribe Cow Creek Band under Public Law 100-139.

(s) Settlement payments, funds distributed or held in trust to members of the Seneca Nation under P.L. 101-503, Section 8(b) the Seneca Nation Settlement Act of 1990.

(t) Payments to the Aroostook Band under the Micmacs Settlement Act (P.L.102-171).


(12) Per capita payments from the distribution of judgment funds to the Confederated Tribes of the Umatilla Indian Reservation under P.L. 91-259 are excluded, except per capita payments in excess of $2,000 are counted as lump sum income (CA A.5).
Caution: The exclusion for the per capita payments made from funds held in trust under this law does not apply to per capita payments received from other assets owned by the tribe.

(13) Per capita payments for assets held in trust to the Sax and Fox Tribe of Oklahoma and Sac and Fox Tribe of the Mississippi in Iowa by the Indian Claims Commission under P.L. 94-189, Section 6 (The Sac and Fox Indian Claims Agreement), are excluded except per capita payments in excess of $2,000 are counted as lump-sum income (CA A.5).

(14) Per capita payments distributed or held in trust to the Chippewas of Mississippi under P.L. 99-377 Section 4(b), to those with affiliation with the Mille Lac, White Earth and Leech Lake Reservations in Minnesota, and paid by the Indian Claims Commission are excluded except per capita payments in excess of $2,000 are counted as lump-sum income (CA A.5).

(15) Funds distributed to the Hoopa Valley Tribe and the Yurok Tribe under P.L. 100-580, the Hoopa-Yurok Settlement Act, and paid by the Indian Claims Commission are excluded except per capita payments in excess of $2,000 are counted as lump-sum income (CA A.5).

(16) Funds appropriated in satisfaction of judgments awarded to the Seminole Indians under P.L. 101-277 and paid by the Indians Claims Commission are excluded except per capita payments in excess of $2,000 per financial group member receiving such payment. Payments are allocated to members of the Seminole Nation of Oklahoma, Seminole Tribe of Florida, the Muccosoukee Tribe of Indians of Florida and the independent Seminole Indians of Florida.

(17) For all programs except GA and GAM, the interests of individuals in trust or restricted lands are not counted as a resource under P. L. 93-134, P.L. 97-458 and Public Law 103-66. In addition, payments received from these lands are excluded.

(18) For all programs except GA and GAM, exclude per capita payments from judgment funds held in trust by the Secretary of the Interior (trust fund distributions) under P.L. 98-64.

Note: Per capita payments may be authorized for specific tribes under other public laws. Also, the funds in (10) and (11) are disbursed from different sources and therefore are treated differently.

(19) For all programs except GA and GAM, treat payments made under P.L. 92-203, section 29, Alaska Native Claims Settlement Act as follows:

(a) For SNAP, exclude the entire payment.

(b) For all other programs, except GA, GAM and SNAP exclude only the tax-exempt portion of the payment. Count the remainder as unearned income.
(20) For all programs except GA and GAM, treat payments made under Public Law 100-241, section 15, Alaska Native Claim Settlement Act Amendments of 1987, as follows:

(a) Exclude the value of stock, partnership interest, land or interest in land and an interest in a settlement trust.

(b) Exclude the first $2,000 of each per capita payment per financial group member receiving such payment per year.

(c) Count the amount over $2,000 as lump sum income (CA A.5).

Indian (Native American) Benefits: 461-145-0260

38. Individual Education Account (IEA)

The IEA is an asset accrued by JOBS Plus participants. Exclude the IEA while it accumulates, while it is saved, and when it is withdrawn for educational purposes.

For the SNAP program, also exclude funds in a qualified tuition program under section 529 of the Internal Revenue Code or in a Coverdell education savings account.

Educational Account: 461-145-0145

39. Inheritance

(1) An inheritance may be received in the form of monies, property, or other assets.

(2) An inheritance is treated as follows:

(a) In all programs except for the ERDC program:

(A) A noncash inheritance is treated according to the policy for a specific type of asset inherited.

(B) A cash inheritance is counted as periodic (see OAR 461-140-0110) or lump-sum income (see CA A.5 and 461-140-0120).

(b) In the ERDC program, an inheritance is excluded.

Inheritance: 461-145-0270

40. In-Kind Income

In-kind income is compensation in a form other than money (such as food, clothing, cars, furniture and payments made to a third party). (See OAR 461-001-0000.)
(1) For all programs, treat unearned third-party payments as follows:

(a) Count payments made to a third party that should legally be paid directly to a member of the financial group as unearned income. This includes court-ordered support payments that the noncustodial parent makes voluntarily to the landlord or mortgage company on behalf of the financial group.

(b) Treat payments made to a third party that the payee is not legally obligated to pay directly to a member of the financial group and that the group does not have the option of taking as cash, and payments made by the noncustodial parent to a third party, that are court-ordered but not designated as child support, as follows:

(A) For SNAP, exclude these third-party payments (except per (4) below) unless they are transitional housing payments for the homeless.

Note: Transitional housing for the homeless is a shelter or residence for homeless individuals as they transition to regular housing. There is generally a time limit for the transition period and it may be 24 months.

(B) In MAA, MAF, REF, REFm, SAC and TANF, except for child support (see OAR 461-145-0080), these third-party payments are excluded.

(C) In OHP, these third-party payments are counted (except per (5) below).

(D) For all other programs, exclude these third-party payments.

(2) For all programs except EXT, MAA, MAF, OHP, REF, REFm, SAC and TANF, treat earned in-kind income according to CA B.21 and CA B.22 (OAR 461-145-0130).

(3) For all programs except EXT, MAA, MAF, OHP, REF, REFm, SAC, and TANF, treat unearned in-kind income (except third-party payments) as follows:

(a) Exclude court-ordered community service work or bartering. Bartering is the exchange of goods of equal value.

(b) Treat items such as cars and furniture according to the administrative rule for the specific type of asset.
(4) For EXT, MAA, MAF, REF, REFm, SAC and TANF, exclude all in-kind income (except unearned third party payments).

In-Kind Income: 461-145-0280

(5) For OHP and SNAP, exclude in-kind income except count as income child support (OAR 461-145-0080) or the expenditures (payments for food, clothing, cars, furniture, shelter, etc.) by a business entity that substantially benefits a principal who is a member of the OHP financial group. A “principal” is a person with significant authority in the business entity, such as the proprietor of a sole proprietorship, including a person who is self-employed, or a partner of a partnership, or a member or manager of a limited liability company, or an officer or principal stockholder of a closely held corporation (OAR 461-145-0088).

Example: Mr. Clean is a partner in a business called Just Right Cleaners. The business makes monthly payments for his car of $420 each month, house payment of $1,025, car insurance for $87.50 for a total of $1,532.50. These amounts are considered in-kind income and, as well as any other income paid to Mr. Clean, are considered countable income and used to determine eligibility.

Determining Availability of Income: 461-140-0040
Earned Income; Defined: 461-145-0120
Shelter-in-Kind Income: 461-145-0470

41. Job Corps

Job Corps payments are treated as follows:

(1) A living allowance payment is counted as earned income.

(2) A readjustment allowance payment is treated as follows:

(a) In all programs except the SNAP program, this payment is counted as earned income.

(b) In the SNAP program, this payment is counted as lump-sum income (CA A.5).

(3) A support service payment for an item already covered by the benefits of the benefit group is counted as unearned income. All other support service payments (including clothing allowances) are excluded.

(4) A reimbursement is treated as provided in CA B.63 or OAR 461-145-0440.

Note: JOBS participants in Job Corps get JOBS child care payments instead of a TANF child care payment.
Note: PIVOT (Partners in Vocational and Occupational Training) is a Job Corps program for participants 17-21 years of age, who have had a child by age 17. Treat PIVOT living allowance payments as (1) above.

In-Kind Income: 461-145-0280

42. Life Estate

(1) A life estate (see OAR 461-001-0000) is the right to property limited to the lifetime of the person holding it or the lifetime of some other person. In general, a life estate enables the owner of the life estate to possess, use and obtain profits from property during the lifetime of a designated person while actual ownership of the property is held by another individual. A life estate is created when an individual owns property and then transfers their ownership to another while retaining, for the rest of their life, certain rights to that property. In addition, a life estate is established when a member of the financial group purchases a life estate interest in the home of another individual.

(2) For all programs except OSIP, OSIPM and QMB, if a financial group is living in real property while a member holds a life estate in this property, the property is treated as a home (see OAR 461-145-0220). In all other situations, a life estate is treated as real property (see OAR 461-145-0420).

☞ See DMAP Worker Guide #VII for more information.

(3) In the OSIP, OSIPM and QMB programs:

(a) A transfer for less than fair market value (see OAR 461-001-0000) in which a member of the financial group retains a life estate is a disqualifying transfer. A transfer is considered for less than fair market value if the fair market value of the transferred resource on the day prior to the transfer is greater than the sum of the value of the rights conferred by the life estate plus the compensation received for the transfer. For purposes of this subsection, the value of the rights conferred by the life estate is established by the Life Estate and Remainder Interest Table of the federal Centers for Medicare and Medicaid Services, State Medicaid Manual, section 3258.9(A).

(b) If a member of the financial group purchases a life estate interest in the home of another individual on or after July 1, 2006, the purchase is considered a transfer of resources unless the client resides in this home for at least 12 consecutive months after the date of the purchase. The value of the transfer for a client who does not reside in the home for at least 12 consecutive months is calculated by using the purchase price of the life estate.

Note: See SPD Worker Guide E.3 located at http://www.dhs.state.or.us/spd/tools/additional/workergd/e.3.htm for an
example and the Life Estate and Remainder Interest Table. For technical assistance, contact Estates Administration.

SEE OAR 461-140-0210 FOR MORE ON TRANSFER OF RESOURCES.

Life Estate: 461-145-0310

43. Life Insurance

Note: Burial insurance that has cash surrender value is treated in the same manner as life insurance.

(1) Count payments made to the beneficiary of a life insurance policy as unearned income. Allow a deduction, not to exceed $1,500, for the cost of the deceased person’s last illness and burial cost (if these costs were not otherwise insured).

(2) Treat the equity value of a life insurance policy as follows:

(a) For all programs except GA, GAM, OSIP, OSIPM and QMB, exclude the cash surrender value of the life insurance policy.

(b) For grandfathered OSIP and OSIPM clients, the total exclusion available for life insurance and burial arrangements is limited per OAR 461-145-0040(2)(b).

(c) For GA, OSIP, OSIPM and QMB, except as provided in (b) above, exclude the total cash surrender value of life insurance policies owned by the client or their spouse if the total face value of all policies is less than or equal to $1,500. If the total face value of all policies is more than $1,500, count the entire cash surrender value as a resource. The total face value does not include dividend additions that increase the death benefit and cash surrender value.

(d) Exclude all term insurance that has no cash surrender value.

(e) For GA, GAM, OSIP, OSIPM and QMB, the cash surrender value of a policy acquired through a viatical settlement is excluded. A viatical settlement allows a third party to acquire the life insurance policy from a terminally ill person at an agreed upon percentage of the life insurance policy face value.

Life Insurance: 461-145-0320
44. Loans and Repayment of Loans

This policy covers proceeds of loans, loan repayments and interest earned by a lender. If the proceeds of a loan are used to purchase an asset, the asset is evaluated under the other rules in this division of rules.

(1) A “reverse-annuity mortgage” means a contract with a financial institution under which the financial institution provides payments against the equity in the home that must be repaid when the homeowner dies, sells the home, or moves. A “reverse-annuity mortgage” is sometimes referred to in the private sector as a reverse mortgage or a home equity conversion mortgage. The proceeds of a home equity loan or reverse-annuity mortgage are considered loans.

Note: A reverse mortgage can be received by a person age 62 or older as a loan against the equity in their home. The loan is due for repayment when the borrower permanently moves out or sells the property or upon death of the borrower.

(2) A loan is defined as:

(a) Except for GA, GAM, OHP, OSIP, OSIPM, QMB and SNAP programs, a written agreement between the borrower and lender. The written agreement must stipulate a repayment plan, and be signed and dated before the receipt of money.

(b) In the GA, GAM, OHP, OSIP, OSIPM, QMB and SNAP programs, the loan agreement may be written or oral and state when repayment is due to the lender.

(c) For GA, GAM, OSIP, OSIPM and QMB, a “bona fide loan agreement” means an agreement that:

(A) Is enforceable under state law;

(B) Is in effect at the time the cash proceeds are provided to the borrower; and

(C) Includes an obligation to repay and a feasible repayment plan.

(d) “Negotiable loan agreement” means a loan agreement in which the instrument ownership and the whole amount of money expressed on its face can be transferred from one person to another (i.e., sold) at prevailing market rates.

(3) Payments for a purported loan that do not meet the requirements of (2) are treated as unearned income.

(4) When the financial group receives cash proceeds as a borrower from a loan:

(a) Treat educational loans according to CA B.24 or OAR 461-145-0150.
(b) If the loan is used to purchase a noncash asset (e.g., a car), treat it according to the policy for that asset.

(c) For ERDC, EXT, MAA, MAF, OHP, REF, REFM, SAC, SNAP and TANF, exclude loans obtained by the financial group in the month received. If retained after the month of receipt, treat in accordance with OAR 461-140-0070.

(d) For GA, GAM, OSIP, OSIPM and QMB:

   (A) If the loan is a bona fide loan agreement, the money provided by the lender is not income but is counted as the borrower’s resource if retained in the month following the month of receipt (notwithstanding OAR 461-140-0070).

   (B) If the loan is not a bona fide loan agreement, the money provided by the lender is counted as income in the month received and is counted as a resource if retained in the month following the month it was received.

(5) Unless the loan is considered a transfer of assets for less than fair market value (see section (6) below), when a member of a financial group is the lender, the loan is treated as follows:

   (a) In the GA, GAM, OSIP, OSIPM and QMB programs:

      (A) If the loan is both a negotiable loan agreement and a bona fide loan agreement, the loan is counted as a resource of the lender valued at the outstanding principal balance.

      (B) If the loan does not qualify under paragraph (A) of this subsection, the transfer of assets to the borrower may be considered a transfer for less than fair market value (see OAR 461-001-0000). If the transfer is not disqualifying, payments against the principal are counted as income to the lender.

      (C) Interest income received by the lender is counted as unearned income whether the loan is a bona fide loan agreement or not.

   (b) In all programs other than the GA, GAM, OSIP, OSIPM and QMB programs, count as unearned income payments made to the financial group on the interest portion of a loan the group has made to someone else. Exclude payments received on the principal.

(6) In the GA, GAM, OSIP, OSIPM and QMB programs, in a transaction occurring on or after July 1, 2006, if a client or a spouse of a client uses funds to purchase a mortgage or to purchase or lend money for a promissory note or loan, the balance of the payments owing to the client or spouse of the client is a transfer of assets for less than fair market value, unless all of the following requirements are met:
(a) The total value of the transaction is being repaid to the client or spouse of the client within that person’s actuarial life expectancy as established by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration.

SEE SPD WORKER GUIDE E.1 TREATMENT OF ANNUITIES.

(b) Payments are made in equal amounts over the term of the transaction without any deferrals or balloon payments.

(c) The contract is not cancelled upon the death of the client or the spouse of the client (who made the transaction).

Example: An applicant states she is meeting her needs with a $300 loan from her sister each month. She has applied for SSI. The sister confirms she is loaning the money and expects repayment when her sister’s income begins. This meets the definition of a loan for OSIP, QMB and SNAP. It can only be considered a loan for ERDC, MAA, MAF, REF, SAC or TANF if the agreement was written prior to the receipt of the funds.

Loans and Interest on Loans: 461-145-0330

45. Lodger Income

A lodger is a member of the household who pays the filing group for room and board and who is not a member of the filing group. Lodger income is the amount the lodger pays the filing group for room (rent) and board (meals).

Lodger income is treated as follows:

(1) In the MAA, MAF, REF, REFM, SAC and TANF programs, lodger income not excluded under OAR 461-155-0350 is treated as self-employment income.

(2) In all programs except MAA, MAF, REF, REFM, SAC and TANF, lodger income is treated as self-employment income.

Lodger Income: 461-145-0340

46. Manufactured and Mobile Homes

(1) Manufactured and mobile homes are treated in the same manner as real property under OAR 461-145-0420.

SEE CA B.59 FOR REAL PROPERTY.
(2) Manufactured and mobile homes are subject to OAR 461-145-0220 and OAR 461-145-0250 if applicable.

\[\text{SEE CA B.32 FOR HOME OR CA B.34 FOR INCOME PRODUCING PROPERTY.}\]

Manufactured and Mobile Homes: 461-145-0343

47. Military Income

This policy is regarding pay and allowances of a member of a uniformed service. This income is treated as follows:

(1) For all programs, military pay and allowances of a member of the United States Armed Forces in the financial group is counted as earned income (CA B.21). Except for SNAP, the amount reduced from basic pay for the GI Bill is excluded per PL 99-576, Veterans Education Act of 1984.

(2) For all programs except SNAP, the military pay and allowances of a member of the United States Armed Forces, who is not in the filing group, but available to the financial group is counted as unearned income.

(3) For SNAP, if the member of the United States Armed Forces is not included in the filing group, income available to the financial group from this source is counted as unearned income. The additional pay made, due to deployment to a designated combat zone per the Consolidated Appropriations Act of 2005 (PL. 108-447), is excluded. The additional pay must be the result of the deployment to a designated combat zone and not received immediately prior to serving in the combat zone.

In SNAP, the absent military member of a household is not included in the SNAP filing group. Only the money they send home, or make available to the group at home, is counted as unearned income. This income is generally made available to the SNAP filing group in one of several ways:

(a) Via a direct deposit of all or a portion of the military person’s pay into a joint bank account;

(b) Via an allotment arrangement made by the military person for a portion of his or her pay to be sent to the filing group; or

(c) Via a direct payment (such as a check) from the military person to the filing group.

All three of these methods are called military service allotments. Regardless of the arrangement made by the absent military member, only the portion of his or her pay, to which the filing group has access, is counted as unearned income to the group.
Workers are required to determine if any of the military allotment available to the filing group should be excluded for SNAP because the military person is deployed to a designated combat zone.

**Procedures for determining the amount of military allotment to count:**

- Establish the amount of the military person’s pay that was available to the filing group prior to deployment to a designated combat zone.

  Available means income that the filing group received and could spend as well as any of the income that may have been direct deposited and automatically used to pay the mortgage, utilities, common bills, etc.

  **Note:** If, in the unlikely instance that the military person was a member of the filing group immediately prior to deployment, that person’s military income needs to change from the gross earned income to their net military pay for this step.

- Next, determine the amount of military pay that the deployed person is making available to the filing group now.
  - If the current amount is equal to or less than the amount the household was receiving prior to the deployment to a combat zone, count all of the allotment as unearned income.
  - Exclude any portion of the deployed person’s military pay that exceeds the amount the group received prior to deployment to a combat zone.
  - Code the countable part of the military allotment as WAR on page 2 of the FCAS screen.

**How to verify this income.**

There are several ways the family at home can verify the situation.

- The deployed person’s military pay record (Leave and Earnings Statement – LES) is sometimes sent directly to the family at home or can be mailed to the family by the deployed person. The LES will identify the combat zone and if combat pay is being received.

- Deployment to a combat zone can also be established via a copy of the deployment orders.

- If the family does not have a copy of the LES, they may be able to access the information via the web at https://mypay.dfas.mil/mypay.aspx. To do this, they need the SSN of the deployed person and their password.

- The filing group may also seek assistance from the local base financial office for the needed combat zone and pay information.
• If the payment is coming to the filing group via direct deposit, the bank statement can also verify the monthly allotment.

The additional pay is excluded when an absent military person with one of these two pay codes is deployed to one of the following combat zones.

- 301 Incentive pay: hazardous duty
- 310 Special pay: duty subject to hostile fire or imminent danger

List of the combat zones allowed the exclusion:

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<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Code</th>
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<tbody>
<tr>
<td>301</td>
<td>Adriatic Sea</td>
<td>320</td>
<td>Kuwait</td>
</tr>
<tr>
<td>302</td>
<td>Afghanistan</td>
<td>321</td>
<td>Kyrgyzstan</td>
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<td>304</td>
<td>Albania</td>
<td>322</td>
<td>Macedonia</td>
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<tr>
<td>305</td>
<td>Arabian Sea Portion that lies north of 10° North Latitude and West of 68° East Longitude</td>
<td>323</td>
<td>Oman</td>
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<tr>
<td>306</td>
<td>Bahrain</td>
<td>324</td>
<td>Pakistan</td>
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<tr>
<td>307</td>
<td>Bosnia</td>
<td>325</td>
<td>Persian Gulf</td>
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<tr>
<td>308</td>
<td>Croatia</td>
<td>326</td>
<td>Philippines (only troops with orders that reference Operation Enduring Freedom (OEF))</td>
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<tr>
<td>310</td>
<td>Djibouti</td>
<td>327</td>
<td>Qatar</td>
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<td>311</td>
<td>Egypt</td>
<td>328</td>
<td>Red Star</td>
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<td>312</td>
<td>The Federal Republic of Yugoslavia (Serbia and Montenegro)</td>
<td>329</td>
<td>Saudi Arabia</td>
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<td>313</td>
<td>Gulf of Aden</td>
<td>330</td>
<td>Tajikistan</td>
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<td>314</td>
<td>Gulf of Oman</td>
<td>331</td>
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<tr>
<td>315</td>
<td>Herzegovina</td>
<td>332</td>
<td>United Arab Emirates</td>
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<tr>
<td>316</td>
<td>The Ionian Sea north of the 30th Parallel</td>
<td>333</td>
<td>Uzbekistan</td>
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<td>Iraq</td>
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<td>319</td>
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</tbody>
</table>

Military Income: 461-145-0345

48. Motor Vehicle; SNAP

SEE CA B.49

Motor Vehicle: 461-145-0360
49. **Motor Vehicle**

* SEE CA A.3 FOR HOW TO DETERMINE THE FAIR MARKET VALUE OF VEHICLES.

(1) For MAA, MAF, REF, REFM, SAC, SNAP and TANF, exclude up to $10,000 equity value of all licensed and unlicensed motor vehicles. Count the remaining equity value as a resource.

* SEE TANF G.3 FOR MORE INFORMATION ON HOW TO DETERMINE THE RESOURCE VALUE OF MOTOR VEHICLES FOR TANF.

(2) For EA, ERDC and OHP, exclude all motor vehicles.

(3) For GA and GAM, exclude up to $4,500 equity value of one licensed motor vehicle selected by the financial group. Count any remaining equity in that vehicle and the total equity value of all other vehicles as a resource.

(4) For grandfathered OSIP and OSIPM financial groups, exclude one motor vehicle in operating condition and count the equity value of any other motor vehicles as a resource.

(5) For OSIP, OSIPM and QMB:

   (a) Exclude the total value of a vehicle selected by the financial group if it is used for employment or necessary and continuing medical treatment. If not, exclude the first $4,500 of the fair market value.

   (b) Count the amount above $4,500 as a resource.

   (c) Count the total equity value of all other vehicles as a resource.

(6) For OSIP and OSIP-EPD clients, if a vehicle was purchased as an employment and independence expense (see OAR 461-001-0035), or with moneys from an approved account (CA B.7), exclude the total value of the vehicle.

* SEE CA B.61 OR OAR 461-145-0433 FOR INFORMATION ON HOW TO TREAT RECREATIONAL VEHICLES.

Motor Vehicle: 461-145-0360

50. **National and Community Services Trust Act (NCSTA/AmeriCorps)**

(1) The National and Community Service Trust Act (NCSTA) of 1993 (P.L. 103-82) amended the National and Community Service Act (NCSA) of 1990 (P.L. 101-610) that established a Corporation for National and Community Service. The Corporation administers national service programs providing living allowance, educational award, child care, and in-kind benefits.
(2) NCSTA payments, including AmeriCorps (except AmeriCorps VISTA which is covered in OAR 461-145-0110) are treated as follows:

(a) The living allowance (stipend benefits) is excluded.

(b) Educational award and in-kind benefits are treated as follows:

(A) In the GA program, these benefits are treated according to the policy for the specific type of asset.

(B) In all programs except GA, these benefits are excluded.

(c) The child care allowance is treated as follows:

(A) For clients in the ERDC, MAA, REF, SAC and TANF programs who are eligible for direct provider payment of child care, the allowance is counted as unearned income. The allowance is excluded only if the client already pays the provider. The provider may be paid for only the costs not covered by the allowance.

(B) For clients in the SNAP program who are receiving a child care deduction, the allowance is excluded as income and the deduction is allowed only for the costs not covered by the allowance.

(C) In all other programs, the allowance is excluded.

Note: The programs administered by the corporation under the NCSTA include AmeriCorps USA and AmeriCorps NCCC. The corporation also oversees the Senior Corps, the Earth Corps, and Learn and Serve. For information on how to treat AmeriCorps VISTA benefits, see CA B.20 (OAR 461-145-0110).

National and Community Services Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA): 461-145-0365

51. Older Americans Act

For all programs except GA, GAM and SNAP exclude benefits under title III of the Older Americans Act of 1965 (Nutrition Program for the Elderly). For GA, GAM and SNAP count these benefits as unearned income.

For all programs except SNAP, count as earned income benefits paid to persons age 55 and older under title V of the Older Americans Act of 1965. The organizations receiving title V funds are: Green Thumb, Experience Works, American Association of Retired Persons, National Association for Spanish-Speaking Elderly, National Council on Aging, National Council on Black Aging, National Council of Senior Citizens, National Urban League, Senior Community Service Employment Program (SCSEP), U.S. Forest Service. For SNAP, exclude all payments made under title V of this Act.
Note: In Oregon, some seniors working for Easter Seals may also be paid using title V funds. Confirm the funding source before excluding the income.

Older Americans Act: 461-145-0370

52. Pension and Retirement Plans

(1) Pension and retirement plans include the following:

(a) Benefits employees receive only when they retire. These benefits can be disbursed in lump-sum \((\text{CA} \&.5)\) or monthly payments.

(b) Benefits that employees are allowed to withdraw when they leave a job before retirement.

(c) The following retirement plans and annuities if purchased by a client with funds from the plans authorized by section 401 of the Internal Revenue Code of 1986:

(A) Traditional Defined-Benefit Plan.

(B) Cash Balance Plan.

(C) Employee Stock Ownership Plan.

(D) Keogh Plan.

(E) Money Purchase Pension Plan.

(F) Profit-Sharing Plan.

(G) Simple 401(k).

(H) 401(k).

(d) Retirement plans and annuities purchased by a client with funds from plans authorized by section 403 of the Internal Revenue Code of 1985 at subsections (a) or (b).

(e) The following are retirement plan and annuities if purchased by the client with funds from the plans authorized by section 408 of the Internal Revenue Code of 1986.

(A) Individual Retirement Annuity.

(B) Individual Retirement Account (IRA).

(C) Deemed Individual Retirement Account or Annuity under a qualified employer plan.
(D) Accounts established by employers and certain associations of employees.

(E) Simplified Employee Pension (SEP).

(F) Simple Individual Retirement Account (Simple-IRA).

(G) Roth IRA.

(f) The following retirement plans and annuities offered by governments, nonprofit organizations or unions:

(A) 457(b) Plan.

(B) 401(c)(18) Plan.

(C) Federal Thrift Savings Plan under 5 USC 8439.

(2) An annuity purchased by the spouse of a client with funds from a retirement plan described in (1)(c) of this subsection is not considered a retirement plan and is treated in accordance with a CA B.5 or CA B.6 (OAR 461-145-0020 and OAR 461-145-0022).

(3) Treat benefits the client receives from pension and retirement funds as follows:

(a) Count monthly payments, minus any penalties for early withdrawal, as unearned income.

(b) Count all other payments as periodic (CA A.6) or lump-sum income.

(4) In all programs except OSIP, OSIPM, and QMB, count the value of pension and retirement plans that allow clients to withdraw funds before retirement as follows:

(a) For all programs except OHP and SNAP, count as a resource the equity value of the plan, minus any penalty for early withdrawal.

(b) For SNAP, the value of retirement accounts identified in sections 401(a), 403(a), 403(b), 408, 408(k), 408(p), 408A, 451(b), or 501(c)(18) of the IRS code, or in a federal Thrift Savings Plan Account are excluded resources.

(c) For OHP, exclude the equity value of the plan.

(5) In the OSIP, OSIPM and QMB programs:

(a) Except for an annuity purchased with funds from a retirement plan described in subsection (1)(c) above:

(A) The equity value of a pension or retirement plan is excluded as a resource if the individual is eligible for monthly or periodic payments under the terms of the plans and has applied for these payments.
(B) The equity value of all pension and retirement plans not covered by paragraph (A) of this subsection that allow clients to withdraw funds minus any penalty for withdrawal, is counted as a resource.

(b) The equity value of an annuity purchased with funds from a retirement plan described in subsection (1)(c) above is excluded as a resource if it meets the payout requirements of 461-145-0022(10)(c). Otherwise, the equity value is counted as a resource.

Pension and Retirement Plans: 461-145-0380

53. Personal Belongings

Personal belongings are such items as household furnishings, clothing, heirlooms, keepsakes and hobby equipment. For all programs, exclude the value of all personal belongings.

Personal Belongings: 461-145-0390

54. Personal Injury Settlement

(1) For all programs except ERDC, treat personal injury settlements as follows:

(a) Count monthly payments as unearned income.

(b) For clients in all programs except grandfathered clients in OSIP and OSIPM, count all other payments as periodic (CA A.6) or lump-sum income (CA A.5).

(c) For grandfathered OSIP and OSIPM clients, count the balance from personal injury claims after the department’s lien is satisfied as lump-sum income. If the lien was not filed due to the recipient’s failure to notify the department of the claim, count the payment as unearned income.

(2) For ERDC, exclude all personal injury settlements.

FOR WORKERS’ COMPENSATION PAYMENT, SEE CA B.85.

Personal Injury Settlement: 461-145-0400

55. Plan for Self-Support

A plan for self-support allows a client to retain a part of his or her assets for a specific period of time so they can meet specific occupational goals. The Social Security Administration may establish a plan for self-support with SSI recipients. SPD may also
establish a plan for self-support with some GA, GAM, OSIP, OSIPM or QMB clients that are not eligible for SSI.

(1) This policy covers two types of plans for self-support.

(a) A plan for self-support approved by the Social Security Administration.

(b) A plan of self-support approved by the department (see OAR 461-135-0708).

(2) Assets listed in an approved plan for self-support are treated as follows:

(a) In the SNAP program, assets designated for use in an approved plan for self-support are excluded.

(b) In all programs except SNAP, if assets are identified to meet a specific cost directly related to the occupational goal:

(A) Resources identified to meet costs, such as purchase of equipment for a trade or business, transportation, books and maintenance costs at school, are excluded.

(B) An income deduction is allowed for the amount identified to meet allowable costs necessary for complying with the plan for self-support including:

(i) Room and board, and other maintenance requirements, if the client must be away from home; and

(ii) Above-normal expense, if the client remains at home but must buy meals or incur other known expenses while away from home during the day.

56. Program Benefits

(1) Treat Pre-TANF Program payments as follows:

(a) In SNAP, count a payment for basic living expenses made directly to the client as unearned income. Exclude all other payments.

Note: For clients being certified for SNAP at the same time that Pre-TANF Program payments are being made, count payments for basic living expenses that can reasonably be anticipated. For other clients with ongoing prospectively budgeted SNAP benefits, count these payments after giving 10-day notice only if the payments can be anticipated for next month.
(b) In all programs except SNAP, exclude these payments.

(2) Treat EA and TA-DVS payments as follows:

(a) In ERDC and SNAP, count a payment made directly to the client as unearned income. Exclude dual payee and provider-direct payments.

(b) In all programs except ERDC and SNAP, exclude these payments.

(3) Exclude payments from ERDC and TANF child care unless the client is the provider.

(4) Exclude payments from EXT, GAM, MAA, MAF, OHP, OSIPM, QMB, REFM and SAC.

(5) Treat SNAP payments as follows:

(a) Exclude the value of a SNAP benefit in all programs except EA. In EA, count the value as a resource when determining the emergency food needs of the filing group.

(b) Exclude OFSET service payments.

(6) Treat benefits from GA, OSIP (except OSIP-IC), Post-TANF, REF, SFPSS, TANF and tribal-TANF as follows:

(a) In the EA program, count these payments as unearned income, except exclude these payments for a benefit group whose emergent need is the result of domestic violence.

(b) In the ERDC program:

(A) Post-TANF payments are excluded.

(B) All other payments are counted as unearned income.

(c) In the SNAP program:

(A) Treat GA, OSIP, Post-TANF, REF, SFPSS and TANF payments as unearned income.

(B) Treat an amount received as a late processing payment as lump-sum income.

(C) Treat payments made to correct an underpayment as lump-sum income (CA A.5).

Œ SEE CA A.5 FOR LUMP-SUM INCOME.

(D) Treat ongoing special needs payments for laundry allowances, special diet or meal allowance, restaurant meals, accommodation allowances
and telephone allowances as unearned income. Exclude all other special needs payments (e.g., Transportation Services Payment (TSP) and Prescription Co-Pay Coverage (PCC)) as reimbursements.

**Note:** In SNAP, the MNL HH-type to prevent the system from counting special needs payments that are excluded.

**Note:** For SNAP, for telephone allowances: if a client was receiving a check each month for a telephone allowance which included payment for a basic telephone and a life line, the amount for basic telephone would be considered unearned income and the amount for the life line is considered a reimbursement.

**Note:** For SNAP, if a client is eligible for a special need but rather than receiving a check has their pay-in reduced, the pay-in amount is considered a medical deduction plus any other out-of-pocket expenses that may be allowable medical deductions.

(d) In the OHP program:

(A) Exclude GA payments from income for purposes of determining OHP eligibility.

(B) Benefits from the Post-TANF program are excluded.

(C) Treat benefits from OSIP (except OSIP-IC), Post-TANF, REF, SFPSS and TANF (including the 10 percent late-processing fee discussed in OAR 461-165-0150) as follows:

(i) Count the payments as unearned income if all the individuals included in the benefit group for the cash payment are also in the OHP financial group.

(ii) Count a prorated share as unearned income if any of the individuals in the cash payment are not included in the OHP financial group. Determine a prorated share by dividing the total payment by the number of individuals in the TANF benefit group.

(iii) Exclude a payment made to correct an underpayment caused by the department if the underpayment occurred prior to the budget period.

(e) In all programs except the EA, ERDC, OHP and SNAP programs:

(A) Exclude these payments in the month received, and count any portion remaining following the month of receipt as a resource.

(B) Exclude payments made to correct an underpayment.
(f) In all programs:

   (A) Exclude JOBS, REF and TANF JOBS Plus support service payments.

       For how to treat JOBS Plus income, see CA B.22.

   (B) Treat REF and TANF client incentive payments as follows:

       (i) Except in TANF, count the cooperation incentive payment (see OAR 461-135-0210) as unearned income.

       (ii) Count progress and outcome incentive payments other than in-kind payments as lump-sum income (see OAR 461-140-0120). Exclude all other incentives.

       See CA B.21 and CA B.22 or OAR 461-145-0120 for treatment of subsidized wages (e.g., JTPA work experience and JOBS Plus wages).

   Note: When a person is receiving TANF JOBS Plus, continue to code the TANF grant and the extra JOBS Plus $10 payment as unearned income.

(7) Payments from OSIP-IC are treated as follows:

   (a) In the SNAP program, these payments are counted as unearned income and assets held in a contingency fund (see OAR 411-030-0020) are counted as a resource.

   (b) In all other programs, these payments and funds held in a contingency fund are excluded.

Program Benefits: 461-145-0410

57. Radiation Exposure Compensation Act

Radiation Exposure Compensation Act payments are issued to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing or uranium mining.

For all programs, these payments are excluded.

Radiation Exposure Compensation Act: 461-145-0415
58. **RARE**

The Research Assistance for Rural Environments (RARE) is a program administered through the University of Oregon. The program assists rural communities in their efforts to improve their economic, social and environmental conditions. Local communities request the assistance of this program and provide part of the funding. The program is supported through grants from various federal and state agencies. In addition, this program sometimes includes funding from The National and Community Services Trust Act (AmeriCorps).

RARE participants are graduate-level people who reside in the local community. They work in this program for 11 months and receive monthly living stipend and medical health insurance.

The stipend may include funding from the Corporation for National and Community Services (AmeriCorps). The stipend may be counted differently depending on their participation in AmeriCorps. If the RARE participant is also getting funding from AmeriCorps, they will have a signed agreement showing this participation.

With proof of AmeriCorps participation, count the RARE living allowance (stipend benefits) as follows:

1. For MAA, MAF, OHP, SAC, SNAP and TANF, exclude these payments.
2. For ERDC, count as earned income if paid to a caretaker. If not, exclude it.

   **Note:** Ask each RARE participant to provide a copy of the AmeriCorps contract before excluding the stipend income.

Without proof of AmeriCorps participation, count the RARE living allowance (stipend benefits) as follows:

1. For all programs except ERDC, count as earned income.
2. For ERDC, count as earned income if paid to a caretaker. If not, exclude it.

   National and Community Services Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA): 461-145-0365

   **Assets; Income and Resources:** 461-140-0010

59. **Real Property**

Manufactured, mobile homes, and floating homes and houseboats are treated the same as real property.

Real property is land, buildings and whatever is erected or affixed to the land and taxed as real property.
The client has the burden of proof of establishing the fair market value of real property. The department may determine the methodology that will most accurately reflect the value. If decided it is the most accurate, fair market value of real property may be determined using the highest value identified by the county assessor on the most recent property tax statement. The exception is if a real estate appraisal is submitted showing the property is expected to sell for less on the open market.

Treat real property that is not income-producing (CA B.34) or the financial group’s home (CA B.32) as follows:

(a) For MAA, MAF, REF, REFEM, SAC and TANF, count as a resource the equity value of all real property that is not excluded under a TANF Interim Assistance agreement (CA B.60).

(b) For EA, ERDC and OHP, exclude real property.

(c) For SNAP, exclude the equity value of real property that the financial group is making a good-faith effort to sell at a fair market price. If the group refuses to make a good-faith effort to sell, count the equity value of the property as a resource. In addition, the resource is excluded if selling it would produce a net gain of less than $1500 to the financial group.

(d) For GA, GAM, OSIP, OSIPM and QMB:

(A) Exclude real property that was the home of the financial group if they are making a good-faith effort to sell at a reasonable price. If the group refuses to make a good-faith effort, count the equity value of the property as a resource.

(B) Count the equity value of all other real property as a resource unless the financial group is making a good-faith effort to sell the property. The equity value is counted after the property is excluded for nine months unless the failure to sell is for reasons beyond the reasonable control of the financial group.

Note: A good-faith effort to sell property includes listing the property for sale in the local newspaper, putting a “For Sale” sign on the property, and/or listing the property with a real estate company.
60. **Real Property Excluded Under an Interim Assistance Agreement; MAA, MAF, REF, REFM, TANF**

For MAA, MAF, REF, REFM and TANF, treat real property where the equity value puts the financial group over the TANF resource limit as follows:

1. Exclude real property for a maximum of nine months if the financial group signs and complies with the terms of the Interim Assistance Agreement. After the ninth month, count the equity value of the property as a resource.

2. To comply with the terms of the Interim Assistance Agreement, the financial group must agree to do the following:
   
   (a) Make a good-faith effort to sell the property; and
   
   (b) Use the proceeds from the sale of the property to reimburse the department for all benefits paid under the terms of the Interim Assistance Agreement. The reimbursement will not exceed the net proceeds of the sale of the property.

3. The amount of benefits paid while the financial group has excess real property is an overpayment if the financial group fails to notify the department that they have the property.

4. The amount of the benefits paid while the financial group has excess real property up to the net proceeds of the sale of the property is an overpayment if the property sells and the group does not repay the department per the terms of the Interim Assistance Agreement.

**Note:** If the financial group has excess real property, complete a Children, Adults and Families Resource Referral form (DHS 647B) and file in the case record with the following:

- A signed copy of the Children, Adults and Families Interim Assistance Agreement (DHS 418A).
- A copy of the legal description of the property.
- A copy of the deed or purchase agreement (if available).

Track the case for the entire nine-month exclusion period. Close the case at the end of the exclusion period.

If the client reapplies, check to see if they still have the property or if the property sold. If the client still has the property, they remain ineligible. If the property sold while the case was closed, and the client did not reimburse the department, compute an overpayment.
Use receipt code 216 when the client makes a payment based on the terms of the TANF Interim Assistance Agreement.

Real Property Excluded under an Interim Assistance Agreement; MAA, MAF, REF, REFM, TANF: 461-145-0430

61. **Recreational Vehicles**

Recreational vehicles include the following:

- They are used primarily for amusement and not for day-to-day transportation; and
- They cannot be licensed as a motor vehicle for use on a public highway. However, they may be registered or licensed as a nonmotor vehicle.
- An ATV, boat, camper, dune buggy, plane, snowmobile or trailer, unless it qualifies as a capital assets (CA B.86) or work-related equipment.

(1) For all programs except ERDC and OHP, count the equity value of recreational vehicles as a resource. Except for SNAP, the value is excluded if by selling the vehicle the proceeds would be less than $1500 to the financial group.

(2) For ERDC and OHP, exclude recreational vehicles.

SEE CA B.49 OR OAR 461-145-0360 FOR INFORMATION ON HOW TO TREAT MOTOR VEHICLES THAT DO NOT MEET THE DEFINITION OF RECREATIONAL VEHICLES.

Recreational Vehicles: 461-145-0433

62. **Refunds**

Exclude the following refunds in the month they are received:

(1) Refunds on merchandise that was purchased or received as a gift.

(2) Refunds of utility and rental deposits.

Count any refund amount remaining after the month of receipt as a resource.

SEE CA B.75 OR OAR 461-145-0530 FOR INFORMATION ON TAX REFUNDS.

Refunds: 461-145-0435
63. **Reimbursement**

“Reimbursement” means money or in-kind compensation provided specifically for an identified expense.

1. For the treatment of USDA meal reimbursements, see OAR 461-145-0570.

   SEE USDA MEAL REIMBURSEMENT PER CA B.80.

2. For the treatment of reimbursements for self-employed clients, see OAR 461-145-0920.

   SEE SELF-EMPLOYMENT; COSTS THAT ARE EXCLUDED TO DETERMINE COUNTABLE INCOME PER CA C.2.

3. Except as provided in section (1) and (2) above, a reimbursement (see OAR 461-001-0000) is treated as follows:

   a. In the ERDC program, a reimbursement is excluded, except that a reimbursement for child care from a source outside of the department is counted as unearned income.

   b. In the SNAP program:

      A reimbursement in the form of money for a normal household living expense, such as rent or payment on a home loan, personal clothing, or food eaten at home, is unearned income.

      SEE TREATMENT OF EARNED INCOME (CA B.22) IF AN EMPLOYER IS REIMBURSING THE CLIENT FOR HEALTH INSURANCE OR CHILD CARE IN A CAFETERIA PLAN.

      **Note:** Shared shelter is not a cash reimbursement.

      SEE IN-KIND INCOME, CA B.40 OR OAR 461-145-0280.

   (B) Any other reimbursement, except as in (3)(c) below, is treated as follows:

      i. An in-kind reimbursement is excluded.

      ii. A reimbursement in the form of money is excluded if used for the identified expense, unless the expense is covered by program benefits.

      iii. A reimbursement is counted as periodic or lump-sum income (see OAR 461-140-0110 and 461-140-0120) if not used for the identified expense.
(iv) A reimbursement for an item already covered by the benefits of the benefit group (see OAR 461-110-0750) is counted as periodic or lump-sum income.

(c) In the OHP and SNAP programs, an expenditure by a business entity that benefits a principal is counted as earned income (see OAR 461-145-0130).

(d) In all programs except the ERDC and SNAP programs, a reimbursement is treated as follows:

(A) An in-kind reimbursement is excluded, except as provided in subsection (c) of this section for the OHP program.

(B) A reimbursement in the form of money is excluded if used for the identified expense, unless the expense is covered by program benefits.

(C) A reimbursement is counted as periodic or lump-sum income if not used for the identified expense.

(D) A reimbursement for an item already covered by the benefits of the benefit group is counted as periodic or lump-sum income.

**Note:** Payments for extra expenses, such as meal reimbursements for training or conferences, JTPA lunch payments, DHS shelter payments for attendants or housekeepers, and premiums for cost-effective employer-sponsored health insurance are not considered to be expenses paid by program benefits and are excluded as reimbursements. Exclude all jury-duty payments.

Reimbursement: 461-145-0440

64. **Representative Payee Payment**

Representative payees receive payments on behalf of other people who are required to have a representative payee. Some representatives charge a fee to the person they are receiving the payments for.

(1) Fees paid by a client, to a representative payee, who is required by the Social Security Administration to receive payments through a representative payee is excluded. The amount of the exclusion is limited to the amount authorized by the Social Security Administration. Criteria for this exclusion are in OAR 461-145-0490 and 461-145-0510.

(2) Fees received by a financial group member, as a representative payee, are counted as earned income per OAR 461-145-0120.

(3) When a representative payee, who is a member of the financial group receives benefits for another person as their representative payee, treat the income as follows:
(a) Excluded as long as the payments are being disbursed as intended for the person requiring the payee per OAR 461-140-0040.

(b) Counted as unearned income if the payments are being kept by the financial group member and not being disbursed as intended for the person requiring the payee.

65. Reception and Placement Grants

A Reception and Placement (R&P) grant is a payment made by the United States Department of State through national refugee resettlement agencies to local resettlement agencies, refugee sponsors and refugees. The R&P grants are provided to the resettlement agencies to help with the costs of initial resettlement of refugees in the United States. The resettlement agencies provide a part of this grant to refugees, usually in their first month after arrival, for their initial resettlement needs, and not for ongoing living expenses.

(1) For ERDC, REF, REFM and TANF, R&P grants are excluded from consideration as income and resources for purposes of determining program eligibility or benefit levels, except as provided in OAR 461-140-0070.

(2) For SNAP, any amount paid directly to an SNAP household from an R&P grant is unearned income. For in-kind payments made by the Resettlement Agency, see CA B.40 or OAR 461-145-0280.

(3) For GA, MAA, MAF, OHP, OSIPM and QMB, an R&P grant determined to be available to the refugee case is considered unearned income.

Reception and Placement (R&P) Grants: 461-145-0455

66. Sale of a Resource

(1) For all programs except ERDC, EXT, MAA, MAF, REF, REFM, SAC and TANF, treat proceeds from the sale of a resource as follows:

(a) Count proceeds from the sale of a resource (other than a home) received on a monthly or other periodic basis as unearned income. Treat proceeds received on a lump sum basis as follows:

(A) If the proceeds are from the sale of an excluded resource, exclude the amount reinvested in another excluded resource. Count the remainder as a resource.

(B) Count the proceeds from all other sales as a resource. If the proceeds put the benefit group over the resource limit, treat the proceeds as periodic (CA A.6) or lump-sum income (CA A.5).
(b) For all clients except those eligible for OSIPM under OAR 461-135-0771, exclude the proceeds from the sale of the financial group’s home, if they intend to reinvest the proceeds in another home within three months from receipt of funds.

(c) For clients eligible for OSIPM under OAR 461-135-0771, exclude the proceeds from the sale of the financial group’s home, if they intend to reinvest the proceeds in another home within 12 months from receipt of funds.

(d) Count the proceeds from the sale of a home that are not reinvested in another home as a resource. Except for GA and GAM, if the proceeds put the benefit group over the resource limit, count the monies as periodic or lump-sum income. For SNAP, count any interest generated by a sales contract and paid on a regular basis as unearned income.

(e) Treat the equity value of income-producing sales contracts as follows:
   (A) For GA and GAM, count it as a resource.
   (B) For all programs except GA and GAM, exclude it.

(f) In the SNAP program, if a self-employed client sells a work-related asset (CA B.11), including equipment and inventory (CA B.86), the proceeds of the sale are treated as self-employment income.

(2) For MAA, MAF, REF, REFM, SAC, and TANF, if the proceeds are from the sale of an excluded resource, exclude the amount reinvested in another excluded resource. Count all other proceeds from the sale of a resource as unearned income.

(3) For ERDC and EXT, exclude all proceeds from the sale of a resource.

(4) Any costs that are excluded under OAR 461-145-0920 are subtracted from the proceeds from the sale of a resource if the proceeds are treated as income under this rule. This is true even though the income is not from self-employment. Use the actual costs and not the allowed self-employment deduction identified in CA C.3.

Gifts and Winnings: 461-145-0210
Sale of a Resource: 461-145-0460

67. **Shelter-in-Kind Income**

Shelter-in-kind is when an agency or person outside the household provides the financial group’s shelter, or makes a payment to a third party for some or all of the group’s shelter costs. Shelter costs are housing costs (rent or mortgage payments, property taxes) and
utility costs, not including cable TV or nonbasic telephone charges. (See OAR 461-001-0000.)

(1) For all programs except GA, GAM, OSIP, OSIPM and QMB, shelter-in-kind does not include temporary shelter provided by a domestic violence shelter, homeless shelter or residential alcohol and drug treatment facilities.

(2) For GA, GAM, OSIP, OSIPM and QMB, shelter-in-kind also includes situations where the client has no shelter costs.

(3) Except as provided in section (4):
   
   (a) For ERDC, count earned shelter-in-kind as earned income. Unearned shelter-in-kind is excluded.

   (b) For EXT, MAA, MAF, REF, REFM, SAC and TANF, except for child support, shelter-in-kind payments are excluded.

   (c) For GA and GAM, exclude shelter-in-kind payments.

   (d) For SNAP, an expenditure by a business entity for shelter costs of a principal (see OAR 461-145-0088) is counted as earned income. See CA B.22 when shelter is part of earned income. See In-Kind Income (CA B.40) when the payments are made by the noncustodial parent. Exclude all other shelter-in-kind housing and utility payments.

   (e) For OHP, shelter-in-kind payments are excluded, except if the shelter payment is provided by a business entity in which the client is a principal, the payment is countable income. A “principal” is a person with significant authority in the business entity, such as the proprietor of a sole proprietorship, including a person who is self-employed, or a partner of a partnership, or a member or manager of a limited liability company, or an officer or principal stockholder of a closely held corporation.

   SEE OAR 461-140-0040.

Example: Sara is the principal owner of a bakery which is an incorporated business. She states on her application that she currently does not receive wages. She also has not received draws from the business. Bank statements and canceled checks show payments made for her home in the amount of $1,275 per month, tax payments monthly in the amount of $127, utility payments (electricity, gas, water, garbage and phone bills) totaling $380 per month. The total amount of these payments, $1,782, is countable income for her.

SEE CA B.40, IN-KIND INCOME FOR INFORMATION ON HOW TO TREAT SHELTER-IN-KIND PAYMENTS RECEIVED AS CHILD SUPPORT.

(f) For OSIP, OSIPM and QMB, treat shelter-in-kind income as follows:
(A) Unearned *shelter-in-kind* income is treated as follows:

(i) *Shelter-in-kind payments* from HUD are excluded.

(ii) If all *shelter costs* (see OAR 461-001-0000) are covered by a payment, the Shelter-in-Kind Standard for total shelter (see OAR 461-155-0300) is counted as unearned income.

(iii) If only rent or mortgage costs are covered by a payment, the Shelter-in-Kind Standard for housing costs (see OAR 461-155-0300) is counted as unearned income.

(iv) If the client has no *shelter costs*, the Shelter-in-Kind Standard for total shelter (see OAR 461-155-0300) is counted as unearned income.

(B) Earned *shelter-in-kind income* is treated as follows:

(i) If shelter is provided for services related to the employer’s trade or business and acceptance of the shelter is a condition of employment, the *shelter-in-kind income* is treated in accordance with paragraph (A) of this subsection.

(ii) Except as provided in subparagraph (i) of this paragraph, the *fair market value* (see OAR 461-001-0000) of the shelter is counted as earned income.

(4) A payment for which there is a legal obligation to pay to a member of the *financial group* that is made to a third party for shelter expenses of a member of the *financial group* is counted as unearned income.

Shelter-in-Kind Income: 461-145-0470

SEE CA B.33 FOR PAYMENTS MADE BY HUD.

68. **Social Security Benefits**

For this section, a payment is retroactive if it is issued in any month after the calendar month for which it would normally be received.

Treat all SSB as follows:

(1) Count monthly payments as unearned income.

(2) Count all other payments as periodic or lump-sum income except as provided in (3) below.
(3) In the OSIP (except OSIP-EPD) and OSIPM (except OSIPM-EPD) programs, count retroactive payments as unearned income in the month of receipt except as follows:

When retroactive payments are made through the representative payee of an individual who is required to have a representative payee because of drug addiction or alcoholism, the retroactive payments may be required to be made in installments. If the payments are made in installments, the total of the benefits to be paid in installments is considered unearned income in the month in which the first installment is made. Any remaining amount from a retroactive payment after the month of receipt is counted as an excluded resource for nine calendar months following the month in which the payment is received. After the nine-month period, any remaining amount is a countable resource.

(4) The representative payee fee paid by a client who is required by the Social Security Administration to receive payments through a representative payee is excluded. The amount of the exclusion is limited to the amount authorized by the Social Security Administration. The representative payee must be a community-based nonprofit social services agency which is bonded or licensed by the state. The amount of the exclusion is limited to the amount authorized by the Social Security Administration. Criteria for this exclusion are in OARs 461-145-0490 and 461-145-0510.

 SEE CA B.55 FOR HOW TO TREAT INCOME FROM PLAN FOR SELF SUPPORT OR CA B.76 FOR TICKET TO WORK.

Social Security Benefits: 461-145-0490

69. Social Security Death Benefit

Money remaining from Social Security Death benefits after the payment of burial costs is treated as lump-sum income (see OAR 461-140-0120).

Social Security Death Benefit: 461-145-0500

70. Spousal Support

“Spousal support” is income paid (voluntarily, per court order, or per administrative order) by a separated or divorced spouse to a member of the financial group (see OAR 461-110-0530).

Definitions for Chapter 461: 461-001-0000

(1) For ERDC, MAA, MAF, OHP, OSIP, OSIPM, QMB and SAC programs, spousal support is counted as unearned income.
(2) For SNAP:

(a) Payments made by the separated or divorced spouse to a third party for the benefit of the financial group are excluded, except that a payment for which there is a legal obligation to pay to a member of the financial group that is made to a third-party for shelter expenses of a member of the financial group is counted as unearned income.

(b) Spousal support (see OAR 461-001-0000) is counted as unearned income.

(3) In the REF and TANF programs:

(a) For clients not working under a TANF JOBS Plus agreement, if the spousal support is received by the department or the Department of Justice, and if continued receipt of the spousal support is reasonably anticipated, the spousal support is:

(A) Counted as unearned income when determining eligibility; and

(B) Excluded when determining the REF and TANF benefit amount.

Note: For example, receipt of spousal support can be reasonably anticipated if the support is secured by wage garnishment or if it has been received in each of the two months before the payment month.

(b) For clients working under a TANF JOBS Plus agreement:

(A) Spousal support is excluded in determining countable income.

(B) Spousal support is excluded when calculating the TANF portion of the benefit equivalency standards.

(C) Spousal support received by the client is counted as unearned income when calculating the wage supplement.

(c) Other spousal support payments (not covered under subsections (a) or (b) of this section) are counted as unearned income.

☞ SEE OAR 461-160-0200 FOR INFORMATION ON THE UNEARNED INCOME DEDUCTION FOR SPOUSAL SUPPORT FOR MAF AND SAC.

Spousal Support: 461-145-0505

71. SSI

(1) For ERDC, GA, GAM, OHP and SNAP, count monthly SSI payments as unearned income. Exclude the representative payee fee for clients who must receive payments through a representative payee under P.L. 101-508 or P.L. 103-
296. In this instance the representative payee must be a community-based nonprofit social services agency which is bonded or licensed by the state. They may collect the lesser of 10 percent of the monthly benefit amount or $37 ($72 a month in any case in which SSA determined the individual has an alcohol or drug addiction and is incapable of managing such benefits). (These amounts are as of January 1, 2006.).

**Note:** *When disability is based on drug addiction or alcoholism, P.L. 103-296 requires that payments to SSA clients be made through an authorized representative.*

(2) For ERDC, GA, GAM and OHP:

(a) Count SSI monthly payments as unearned income.

(b) Count SSI lump-sum payments according to the specific program policy on lump-sum.

☞ SEE OAR 461-140-0120.

☞ SEE OSIP E.3 AND GA E IN THE SPD MANUAL; SEE CA A.5 FOR SNAP.

(3) For EXT, MAA, MAF, REF, REFM and TANF:

(a) Exclude SSI monthly and lump-sum payments, even if received by a financial group member, if that person will be removed from the group the following month.

(b) Treat SSI lump-sum in a bank account held jointly with other financial group members according to CA B.8.

(c) Exclude SSI retroactive lump-sum payments in the month paid and the next month, even if the recipient is in the financial group. Count the remainder as a resource after those two months, if the SSI recipient is still in the group.

(4) In SNAP, count monthly SSI payments as unearned income and exclude any lump-sum SSI payments.

**Note:** *Clients receiving SSI from California also get SNAP benefits with the SSI. These clients are not eligible for SNAP from Oregon until the California SSI ends.*

(5) For OSIP and OSIPM (not OSIP-EPD or OSIPM-EPD), exclude retroactive lump-sum SSI payments for nine months after receipt. After the nine-month period, any remaining amount is counted as a resource. For the purpose of this subsection, a payment is retroactive if it is issued in any month after the calendar month for which it is intended.
72. **Stipends**

A stipend is a fixed or regular payment for services rendered. The stipend may include a living allowance, personal expenses or reimburse a person for their costs, such as a person’s time or transportation.

A stipend may be excluded, or counted as earned or unearned income. How it is treated depends on the funding source of the stipend and the program.

First, determine the funding source. The client may not know; you will need to ask the organization. For example, a community agency, college or university, etc., may obtain AmeriCorps, WIA, or some other type of funding to fund the stipend.

Once identified, check in Counting Client Assets.

- The stipend income is countable if it is not specifically excluded in one of the sources in Counting Client Assets, per OAR 461-140-0010.

- If the funding source is not covered in this section of the manual, for SNAP it is counted as earned income (use the TNG income code on FCAS) and unearned income for all other programs.

Some of the stipend funding sources identified in Counting Client Assets are:

- VISTA (including AmeriCorps VISTA) or various programs under the Domestic Volunteer Services Act (CA B.20).

- Youthbuild Program (CA B.33).

- Job Corps (CA B.41).

- Programs under the National Community Services Trust Act (including AmeriCorps) (CA B.50).

- Programs funded by the Older Americans Act (CA B.51).

- RARE (CA B.58).

- Veterans Administration (CA B.81).

- Vocational Rehabilitation (CA B.83).

- WIA (CA B.84).
Some examples of stipend income that may or may not be funded by sources identified in Counting Client Assets are:

- A tribal member receives a stipend to attend training or GED classes. This income is from the tribe and not funded under a law that excludes the stipend.

- A College or University may pay a stipend to a student in a faculty fellowship program. This income may be from the College or University using state or grant funds and is not funded by a law that excludes the stipend.

- A volunteer in a Community program receives a stipend for the time they worked on a project. This income may be from the community via a grant, state or local funds and is not funded under a law that excludes the stipend.

- A student is receiving an income each month from ROTC funds each month while attending school. This income is considered a stipend and is not excluded.

### 73. Stocks, Bonds and Other Securities

1. Except as provided in section (2) below, securities, including stocks, bonds, and certificates of deposit (CDs), are counted as a resource.

2. The value of a savings bond issued by the United States Department of the Treasury is excluded during the minimum retention period if the owner has received a denial of a request for a hardship waiver based on financial need.

3. A request for a hardship waiver may be made to the United States Department of the Treasury, Bureau of Public Debt, Accrual Services Division, PO Box 1328, Parkersburg, West Virginia 26106-1328.

Stocks, Bonds, and Other Securities: 461-145-0520

### 74. Strikers’ Benefits

Strikers’ benefits are payments made to strikers by their union, whether or not based on the striker’s participation in picketing. Treat these payments as follows:

1. For all programs except SNAP, count as unearned income.

2. For SNAP, exclude these payments, unless the striker’s current income is higher than their pre-strike income. If so, count as unearned income.

SEE SNAP F.14 FOR MORE INFORMATION ON DETERMINING SNAP ELIGIBILITY OF A STRIKER AND INCOME CALCULATION.
75. **Tax Refund**

For all programs, count the following types of tax refunds as a resource.

1. Federal and state tax refunds.
2. Property tax refunds, including Elderly Rental Assistance (ERA).

Tax Refund: 461-145-0530

SEE CA B.24 ON TREATMENT OF EARNED INCOME TAX CREDIT.

76. **Ticket to Work**

Ticket to Work is a Social Security program mandated under the Ticket to Work and Work Incentives Improvement Act of 1999. The intent is to enable social security beneficiaries to obtain, regain or maintain employment and to reduce their dependency on cash assistance.

Ticket to Work is for most Social Security Disability (SSD) and Supplemental Security Income (SSI) clients who are between age 18 and 65. The program is voluntary. Recipients may use the “ticket” to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice to help them to go to work and achieve their employment goals. The recipient may be placed in on-the-job training or in school.

Most recipients participating in the Ticket to Work program are not receiving money from SSA for Ticket to Work. Instead, SSA is sending payments to the provider to reimburse the provider for their costs to provide the services. The recipient may continue to get SSD or SSI while in the training, etc. They may be paid a wage when work begins. They lose SSD or SSI when their income exceeds the allowable limits for SSD or SSI.

Some recipients of Ticket to Work will receive a stipend or training allowance. For SNAP, the stipend from a vocational rehabilitation program is counted as earned income. For all other programs, the stipend is counted as unearned income.

For all programs, count the income from employment as earned income. Count the SSD or SSI received by the client as unearned income.

**Note:** For MAA, MAF, REF, REF, and TANF, if the Ticket-to-Work participant receives SSI, the stipend does not count as income because the SSI recipient is not in the Financial Group.

Earned Income; Defined: 461-145-0120
Earned Income; Treatment: 461-145-0130
Vocational Rehabilitation Payment: 461-145-0585
77. **Trusts**

(1) Trust funds are money, securities or similar property held by a person or institution for the benefit of another person.

(2) This section applies to all trust funds in the MAA, MAF, OHP, REF, REFM, SAC, SNAP and TANF programs. It also applies to GA, GAM, OSIP, OSIPM and QMB for trust funds established before October 1, 1993:

   (a) Trust funds are counted as a resource if the fund is legally available for use by a member of the financial group for items covered by program benefits. For OSIP, OSIPM and QMB, the amount of the trust that is considered legally available is the maximum amount that could be distributed to the beneficiary under the terms of the trust, regardless of whether or not the trustee exercises his or her authority to actually make the distribution.

   (b) Trust funds are excluded if the fund is not available for use by a member of the financial group. The financial group must try to remove legal restrictions on the trust, unless that would cause an expense to the group.

   (c) The part of the fund available for use for medical expenses covered by the medical program for which the financial group is eligible is counted.

(3) In the ERDC program, all trust funds are excluded.

(4) In the OSIP, OSIPM and QMB programs, trust funds established on or after October 1, 1993, are treated in accordance with sections (5) through (11) of this rule. In the GA and GAM programs, trust funds established on or after October 1, 1993, are treated in accordance with sections (5) through (9) of this rule.

(5) A trust is considered established if the financial group used their resources to form all or part of the trust and if any of the following established a trust, other than by a will:

   (a) The client.

   (b) The client’s spouse.

   (c) Any other person, including a court or administrative body, with legal authority to act in place of or on behalf of the client or the client’s spouse.

   (d) Any other person, including a court or administrative body, acting at the direction or upon the request of the client or the client’s spouse.

(6) If the trust contains resources or income of another person, only the share attributable to the client is considered available.

(7) Except as provided in section (10) of this rule, the following factors are ignored when determining how to treat a trust:


(a) The purpose for which the trust was established.

(b) Whether or not the trustees have or exercise any discretion under the trust.

(c) Any restrictions on when or if distributions may be made from the trust.

(d) Any restrictions on the use of distributions from the trust.

(8) If the trust is revocable, it is treated as follows:

(a) The total value of the trust is considered a resource available to the client.

(b) A payment made from the trust to or for the benefit of the client is considered unearned income.

(c) A payment from the trust other than to or for the benefit of the client is considered a transfer of assets covered by OAR 461-140-0210 and following.

(9) If the trust is irrevocable, it is treated as follows:

(a) If, under any circumstances, the funds transferred into the trust are unavailable to the client and the trustee has no discretion to distribute the funds to or for the benefit of the client, the client is subject to a transfer-of-resources penalty as provided in OAR 461-140-0210 and following.

(b) If, under any circumstances, payments could be made to or on behalf of the client, the share of the trust from which the payment could be made is considered a resource. A payment from the trust other than one to or for the benefit of the client is considered a transfer of assets that may be covered by OAR 461-140-0210.

(c) If, under any circumstances, income is generated by the trust and could be paid to the client, the income is unearned income. Payments made for any reason other than to or for the benefit of the client are considered a transfer of assets subject to disqualification per OAR 461-140-0210.

(d) If any change in circumstances makes assets (income or resources) from the trust unavailable to the client, the change is a disqualifying transfer as of the date of the change.

(10) Notwithstanding the provisions above in this rule, the following trusts are not considered in determining eligibility for OSIPM and QMB:

(a) A trust containing the assets of a client determined to have disabilities by SSI criteria that was created before the client reached age 65, if the trust was established by one of the following and the state will receive all funds remaining in the trust upon the death of the client, up to the amount of medical benefits provided on behalf of the client:
(A) The client’s parent.

(B) The client’s grandparent.

(C) The client’s legal guardian or conservator.

(D) A court.

(b) A trust established between October 1, 1993, and March 31, 1995, for the benefit of the client and containing only the current and accumulated income of the client. The accumulated amount remaining in the trust must be paid directly to the state upon the death of the client up to the amount of medical benefits provided on behalf of the client. The trust is the total income in excess of the income standard for OSIPM. The remaining income not deposited into the trust is available for the following deductions in the order they appear prior to applying the patient liability:

(A) Personal-needs allowance.

(B) Community spouse monthly maintenance needs allowance.

(C) Medicare and other private medical insurance premiums.

(D) Other incurred medical.

(c) A trust established on or after April 1, 1995, for the benefit of the client and containing the current and accumulated income of the client. The accumulated amount remaining in the trust must be paid directly to the state upon the death of the client up to the amount of medical assistance provided on behalf of the client. The trust contains all the client’s income. The income deposited into the trust is distributed monthly in the following order with excess amounts treated as income to the individual subject to the rules on transfer of assets in division 140 of this chapter of rules:

(A) Personal needs allowance and applicable room and board standard.

(B) Reasonable administrative costs of the trust, not to exceed a total of $50 per month, including the following:

   (i) Trustee fees.

   (ii) A reserve for administrative fees and costs of the trust, including bank service charges, copy charges, postage, accounting and tax preparation fees, future legal expenses and income taxes attributable to trust income.

   (iii) Conservatorship and guardianship fees and costs.

(C) Community spouse and family monthly maintenance needs allowance.
(D) Medicare and other private medical insurance premiums.

(E) Other incurred medical care costs as allowed under OAR 461-160-0030 and 461-160-0055. Contributions to reserves or payments for child support, alimony, and income taxes. Monthly contributions to reserves or payments for the purchase of an irrevocable burial plan with a maximum value of $5,000. Contributions to a reserve or payments for home maintenance if the client meets the criteria of OAR 461-155-0660 or 461-160-0630.

(F) Patient liability not to exceed the cost of waived services or nursing facility care.

(11) For a trust signed on or after July 1, 2006:

(a) Notwithstanding the provisions of subsections (2) through (9), a trust that meets the requirements of subsection (b) below is not considered in determining eligibility for OSIPM or QMB, except if the client is age 65 or older when the trust is funded or transfer is made to the trust. The transfer may constitute a disqualifying transfer of assets under OAR 461-140-0210 and the following.

(b) This section applies to a trust that meets all of the following conditions:

(A) The trust is established and managed by a nonprofit association.

(B) A separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of funds, the trust pools these accounts.

(C) The trust is established by the client, client’s parent, grandparent, or legal guardian, or a court for clients who have disabilities.

(D) To the extent that amounts remaining in the beneficiary’s account upon the death of the beneficiary are not retained by the trust, the trust pays to the state an amount equal to the total medical assistance paid on behalf of the beneficiary under the state plan for Medicaid.

(E) The trust contains the resources or income of a client who has a disability that meets SSI criteria.

(12) In the GA, GAM, OSIP, OSIPM, and QMB programs, the provisions of this rule may be waived for an irrevocable trust if the department determines that denial of benefits would create an undue hardship on the client if, among other things:

(a) The absence of the services requested may result in a life-threatening situation.
(b) The client was a victim of fraud or misrepresentation.

Trusts: 461-145-0540

78. Unemployment Compensation Benefit

Count most UC benefits received weekly or bi-weekly as unearned income and retroactive payments as lump-sum income (CA A.5) or (OAR 461-140-0120).

The American Recovery and Reinvestment Act of 2009 funded an additional $25 weekly in unemployment compensation (UC) benefit payments. Payments are for the UC claim weeks beginning February 26, 2009, through December 26, 2009. Clients will begin seeing the additional $25 UC benefit the first week of March.

- For ERDC, all SSP/SPD medical programs, SNAP, all TANF and TANF related programs (including Pre-TANF, single-parent and two-parent TANF, Post-TANF, TA-DVS and SFPSS), the $25 increase is excluded.

The Weekly Benefit Amount (WBA) does not include the additional $25 benefit. However, the $25 is included in the check amount on the E-PAY- Payment List.

If the client does not have any earnings or overpayments withholding, use the WBA on ECLM- Claim Summary Display.

If the client has earnings or an overpayment withholding, use the E-PAY-Payment List screen to determine the amount of countable UC income.

- Add the check amount, amount of overpayment withheld, amount of child support withheld and amount of federal and state taxes withheld. Subtract $25 from the total.

<table>
<thead>
<tr>
<th>Countable UC Income When You Cannot Use the WBA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-Pay amounts</strong></td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>ERDC</td>
</tr>
<tr>
<td>SNAP</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>All TANF</td>
</tr>
</tbody>
</table>

Unemployment Compensation Benefits: 461-145-0550

Note: Countable UC income includes garnishments and taxes. Work Share is also countable as UC income. UC benefits received while participating in Trade Act activities are also countable income.
79. **Uniform Relocation Act and Real Property Acquisition Policies Act**

Reimbursements from the Federal Uniform Relocation Assistance Act (42 U.S.C 4621-4625) and from the Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4651-4655) are counted as a resource for GA and GAM and excluded for all other programs.

Uniform Relocation Act: 461-145-0560

80. **USDA Meal Reimbursement**

USDA meal reimbursements are cash reimbursements for family day-care providers who serve snacks and meals. The reimbursements are made by the Department of Education and the amount of the reimbursement is determined by family size and income.

1. Count USDA meal reimbursements made to child care providers as self-employment income.

2. Exclude the USDA meal reimbursements for a filing group member.

Child care providers often have young children of their own who are present at the same time as children in care. When the provider receives the USDA meal reimbursement, they submit the voucher for both the children in care and their own children who were present for the snacks and meals.

Exclude the part of the meal reimbursement for the provider’s own children as follows:

(a) Determine the total number of children (not in filing group) who receive meals or snacks.

(b) Determine the total number of the children (in filing group) also receiving meals or snacks.

(c) Total (a) and (b) above.

(d) Determine the total amount of monthly meal reimbursement.

(e) Divide the total from (c) into the meal reimbursement in (d) to arrive at the amount of reimbursement per child.

(f) Multiply the result of (e) by the number of children in (a) to arrive at the countable USDA meal reimbursement. Count as SEC.
81. **Veterans’ Benefits**

(1) Treat veterans’ benefits, other than Aid and Attendance and educational or vocational rehabilitation training benefits, as follows:

(a) Count monthly payments as unearned income.

(b) Count other payments as periodic (CA A.6) or lump-sum income (CA A.5 or OAR 461-140-0120).

(2) Treat veterans’ Aid and Attendance payments as follows:

(a) For SNAP, count these payments as unearned income.

(b) For OHP and QMB, exclude these payments.

(c) For OSIP, OSIPM and QMB clients receiving long-term care or title XIX-waivered services, treat as follows:

(A) Exclude the entire payment when determining financial eligibility.

(B) Count the entire payment as unearned income when calculating monthly benefits or patient liability.

(C) Exclude payments for services not covered by the department’s programs.
(D) The client is required to repay to the department the amount of the payments received by the client for costs and services already paid for by the department, up to the amount of institutional and home- or community-based waivered care provided to the client during months covered by the payments. Any unrecovered third-party resource or payment above the actual cost is counted as lump-sum or periodic income.

(d) For all other programs, treat Aid and Attendance payments as follows:

(A) Exclude payments for services not covered by the department’s programs.

(B) Reimbursements paid to the client for costs and services already paid for by the department are third-party resources and should be recovered from the client. Count any unrecovered third-party resource or payment above the actual cost as lump-sum or periodic income.

Note: If an applicant/recipient’s Aid and Attendance income makes the total income over the 300 percent of SSI, an income cap trust is not needed.

(3) Exclude payments under Public Law 104-204 to children of Vietnam veterans who are born with spina bifida.

(4) Treat educational benefits from the Veterans’ Administration according to CA B.24 or OAR 461-145-0150.

Note: Educational benefits from the VA include the Montgomery GI Bill (Chapter 30), Survivors and Dependents Educational Assistance (DEA) (Chapter 35), Selected Reserve Educational Assistance Program (Title 10, Chapter 1606), Reserve Educational Assistance Program (Chapter 1607), Active Duty Veterans Educational Assistance Program (VEAP) (Chapter 32) and VA Work Study.

There are other types of VA educational assistance. Please call Central Office for how to handle the other types.

(5) For SNAP, count VA vocational rehabilitation maintenance payments for food, shelter and clothing as unearned income.

(6) For SNAP, count the VA Chapter 31 subsistence allowance paid while the veteran with disabilities participates in training or a vocational rehabilitation plan as earned income. For all other programs, it is unearned income.
**Note:** The Chapter 31 VA Vocational Rehabilitation program is for veterans with disabilities and a few dependents. Look for VA disability income also. (For SNAP, use income type code TNG.)

Veterans' Benefits: 461-145-0580  
Vocational Rehabilitation Payment: 461-145-0585

82. **Victims’ Assistance**

   (1) Payments made under Public Law 103-286 to victims of Nazi persecution, and payments under 42 U.S.C 10602, the Crime Act of 1984 (VOCA), are:

   (a) Excluded as income and amounts retained are excluded as a resource as long as the amounts are not commingled with other funds for all programs except GA and GAM.

   (b) In the GA and GAM programs, these payments are counted as unearned income.

   (2) For other types of victims’ assistance:

   (a) Treat payments that are considered a reimbursement (see OAR 461-001-0000) for a lost item according to CA B.63 or OAR 461-145-0440.

   (b) Treat payments for pain and suffering as personal injury settlements according to CA B.54 or OAR 461-145-0400.

Victims' Assistance: 461-145-0582

83. **Vocational Rehabilitation Payment**

   (1) Count Vocational Rehabilitation Maintenance payments for food, shelter and clothing as unearned income.

   (2) For SNAP, count a training allowance or stipend from a vocational rehabilitation program as earned income. For all other programs, it is counted as unearned income.

   (3) Treat Vocational Rehabilitation payments for special itemized needs connected with the evaluation, planning, or placement activity as a reimbursement. These special need payments include:

   (a) Child care.

   (b) Clothing.
(c) Second residence.

(d) Special diet.

(e) Transportation.

Vocational Rehabilitation Payment: 461-145-0585

84. **Workforce Investment Act (WIA)**

Treat Workforce Investment Act (WIA) of 1998 (PL 105-220) payments made under title I-B (see OAR 589-020-0210) as follows:

1. Count need-based (stipend) payments as unearned income, except as follows:
   
   a. Exclude for MAA, MAF, OHP, REF, REF, SAC and TANF clients under the age of 19 (or under the age of 20 if the client is a caretaker relative); and
   
   b. Exclude for all SNAP clients.

2. Count OJT and work experience payments as earned income, except as follows:
   
   a. Exclude for EXT, MAA, MAF, OHP, REF, REF, SAC and TANF clients under the age of 18 (or under the age of 20 if the client is a caretaker relative); and
   
   b. Exclude for SNAP clients who are:
      
      A. Under the age of 19 and under the control of an adult member of the filing group; or
      
      B. Receiving OJT payments under the Summer Youth Employment and Training Program.

*Note:* SNAP clients age 18 and younger are considered under the control of an adult member of the household when they or the adult state they are under the adult’s control (see SNAP C.3).

3. For SNAP, exclude the training stipend received under Section 402, rehabilitation payment.

4. Count support service payments for items already covered by the benefits of the benefit group as unearned income. Exclude all other support service payments (including lunch payments and clothing allowances).

5. A reimbursement (OAR 461-145-0440) is treated as provided in CA B.63.

Workforce Investment Act: 461-145-0300
85. **Workers’ Compensation**

(1) For workers’ compensation payments received monthly or more frequently:

   (a) Except as provided in subsection (b) of this section, these payments are counted as unearned income.

   (b) In the ERDC, MAA, MAF, OHP, REF, REFM, SAC, SNAP and TANF programs, income from temporary workers’ compensation is counted as earned income (see OAR 461-145-0130 or CA B.21) if paid to a client who is still employed while recuperating from a temporary illness or injury.

(2) All workers’ compensation payments other than those in section (1) are counted as periodic or lump-sum income (see OAR 461-140-0110 and OAR 461-140-0120 or CA A.6 and CA A.5).

Workers Compensation: 461-145-0590

86. **Work-Related Capital Assets, Equipment and Inventory**

“Work-related equipment” is property essential to the employment or self-employment of a financial group member. Examples are a tradesman’s tools, a farmer’s machinery, and equipment used to maintain an income-producing vehicle.

“Inventory” is goods that are in stock and available for sale to prospective customers.

(1) A capital asset (CA B.11 OR OAR 461-001-0000), other than work-related equipment and inventory, is treated as follows:

   (a) For all programs except MAA, SNAP and TANF, treat the equity value of all capital assets according to the type of asset it is.

   (b) For SNAP, exclude the equity value of capital assets used in a business as follows:

      (A) For nonfarm assets, as long as the financial group is actively engaged in self-employment activities;

      (B) For farm assets, for one year from the date the person quit self-employment as a farmer.

   (c) For MAA, REF, REFM and TANF:

      (A) For a self-employed client participating in the microenterprise component of the JOBS program, exclude the value of capital assets.

   (d) For all other clients, treat the capital asset according to rules for that asset.

(2) Treat work-related equipment as follows:
(a) For EA, ERDC, OHP and SNAP, exclude the equity value of work-related equipment as a resource.

(b) For GA, OSIP, OSIPM and QMB, exclude the value of equipment needed by a client who has a disability or is blind, to complete a plan for self-support (CA B.55 or 461-135-0708 and 461-145-0405) as long as the plan is in effect. For all other equipment, count the equity value of the equipment as a resource except as provided in OAR 461-145-0250(3)(c).

(c) In the MAA, REF, REFM and TANF programs:

(A) For a self-employed client participating in the microenterprise component of the JOBS program, the equity value of the equipment is excluded.

(B) For all other clients, the equity value of the equipment is treated as a resource.

(d) For MAF and SAC, count the equity value of work-related equipment as a resource.

3. Treat inventory as follows:

(a) For EA, ERDC, OHP and SNAP exclude the value of inventory as a resource as long as the client is engaged in self-employment activities.

(b) For GA, OSIP, OSIPM and QMB, exclude the value of inventory needed by a client who has a disability or is blind to complete a plan for self-support, as long as the plan is in effect. For all other inventory, count the equity value of the inventory as a resource.

(c) In the MAA, REF, REFM and TANF programs:

(A) For a self-employed client participating in the microenterprise component of the JOBS program, the wholesale value of inventory remaining at the end of a quarter, less encumbrances, is counted as a resource.

(B) For all other clients, the wholesale value of inventory remaining at the end of a month, less encumbrances, is counted as a resource.

(d) For MAF, REF and SAC, count the wholesale value of inventory remaining at the end of the month, minus any encumbrances, as a resource.

4. For SNAP, count the full amount received from the sale of work-related equipment or inventory as part of the household’s self-employment income.
C. Self-Employment and Microenterprise Income

1. Self-Employment; General

(A) Self-employment income is received directly from one’s own business, trade or profession, rather than earning a salary or wages from an employer. Clients are considered self-employed if they meet the criteria in section (B) or (C). Except as noted in section (C), for all programs except SNAP, when a client has established a corporation determine if the client is self-employed per section (B). For SNAP, an owner of an incorporated business is not self-employed in that business. If a client has more than one self-employment business, trade, or profession the income from each is determined separately.

**Note:** Self-employment begins when the person is working to earn income, as opposed to preparing the groundwork to get their business started.

See CA B.15 for policy on corporations.

(B) Except as noted in section (C), a client is self-employed if he or she:

(1) Is considered an independent contractor by the business that employs them; or

(2) Meets at least four of the following criteria:

   (a) Is engaged in an enterprise for the purpose of producing income.

   (b) Is responsible for obtaining or providing a service or product by retaining control over the work or services offered.

   (c) Has principal responsibility for the success or failure of the business operation by assuming the necessary business expenses and profit or loss risks connected with the operation of the business.

   (d) Is not required to complete an IRS W-4 form for an employer or does not have federal income tax or FICA payments withheld from a paycheck.

   (e) Is not covered under an employer’s liability insurance or workers’ compensation.

(C) Notwithstanding section (B) above:

(1) Home care providers paid by SPD are not self-employed.

(2) Child care providers paid by DPU, adult foster care providers paid by SPD, realty agents, and clients who sell plasma, redeem beverage containers, pick mushrooms for sale or similar enterprises are considered to be self-employed.
(3) If a financial group member actively manages the property 20 hours or more per week, the income is treated in the same manner as self-employment income. If a financial group member does not actively manage the property 20 hours or more per week, the income is counted as unearned income with exclusions allowed only in accordance with OAR 461-145-0920.

**Note:** Self-employment may include income from a business, including a microenterprise, hobby, weekly or monthly garage sales, commercial boarding, or other income-producing property. For day care providers, the gross self-employment income includes payments from DPU, clients, Head Start contracts and USDA meal reimbursements.

(D) For ERDC, MAA, MAF, REF, SNAP and TANF, self-employment income, including microenterprise, is annualized or anticipated if it meets the following criteria:

1. Self-employment income is annualized when it is:
   - (a) Received during less than a 12-month period but is intended as a full year’s income.
   - (b) From a business that has operated for a full year and the previous year is representative of what income is expected for the next year.

2. Self-employment income is anticipated when a financial group begins self-employment and is unable to determine what their income and costs will be during the budget month.

**Note:** For SNAP, a client may choose to not annualize their income. When they make this choice, their income may be averaged. However, peak and low business periods must be considered when doing this average. For example, a client with a yard maintenance service earns more during the summer months. The summer months must be included in the average.

(E) For the GA, OSIP, OSIPM and QMB programs, self-employment income is considered available upon receipt by a member of the financial group, except it is prorated over the period of work if the duration of the work exceeds one month.

(F) When determining countable self-employment income, use gross receipts and sales, including mileage reimbursements, before costs.

Self-Employment; General: 461-145-0910

Refer to CA-WG #1 for examples, a guide to using tax forms and more information. For clients with ongoing costs related to employment, who are not self-employed, see CA A.2 on availability of income.
2. **Self-Employment; Costs That Are Excluded To Determine Countable Income**

Use the following to determine which costs are excluded from gross self-employment income.

(A) Unless prohibited by subsection (B) and subject to the provisions of subsections (C) and (D) and to section C.3 of this chapter, the necessary costs of producing self-employment income are excluded from gross sales or receipts (before costs), including but not limited to:

1. Labor (wages paid to an employee or work contracted out);
2. Raw materials used to make a product and stock (inventory);
3. Interest paid to purchase income-producing property, such as equipment or capital assets;
4. For SNAP only, payments on the principal of the purchase price of income-producing property, such as real estate, equipment, machinery, durable goods or capital assets;
5. Insurance premiums, taxes, assessments and utilities paid on income-producing property;
6. Service, repair and rental of business equipment (including motor vehicles) and property that is owned, leased or rented;
7. Advertisement and business supplies;
8. Licenses, permits, legal or professional fees;
9. Transportation costs at 20 cents per mile, if the cost is part of the business expense. Commuting expenses to and from the worksite are not part of the business expense;

**Note:** *Commuting is the process of the person getting themselves to and from work sites. Transportation costs are allowed only if the client must haul work equipment (lawnmowers, vacuum cleaners, drop cloths, etc.) to a job site.*

10. Charges for telephone service that can be verified as a necessary cost for self-employment; **and**

11. Meals and snacks provided by family day care providers receiving USDA meal reimbursements for children in their care (including their own). Use the actual cost of the meals if the provider can document the cost. If they cannot document the actual cost, use the following figures:

   (a) Breakfast – $ .83;
(b) Lunch – $1.51;

(c) Dinner – $1.51; and

(d) Snacks – $.45.

(12) Materials purchased for resale, such as Avon products. For newspaper carriers, this includes the monthly cost of newspapers, bags and rubber bands.

(B) The following costs are not allowable costs for doing business:

(1) Business losses from previous months;

(2) For all programs except SNAP, payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery and other durable goods;

(3) Federal, state and local income taxes, draws or salaries paid to any financial group member, money set aside for personal retirement and other work-related personal expenses (such as transportation, personal business and entertainment expenses);

(4) Depreciation. Depreciation is a prorated lessening of value assigned to a capital asset based on its useful life expectancy and initial cost;

(5) Costs related to traveling to another area to seek business when there is no reasonable possibility of deriving income from the trip;

(6) Interest or fees on personal credit cards;

(7) Personal telephone charges;

(8) Additionally for MAF and OHP, the costs of real property used as both a home and a business, unless the real property (including utilities) used for business is separate from the dwelling in which the financial group lives; and

SEE RULE 461-145-600 (COUNTING CLIENT ASSETS, B.86) FOR INFORMATION ON HOW TO TREAT INVENTORY.

(9) Shelter or utility costs associated with the client’s home, except as authorized by subsection (C) below.

(C) The exclusions for items used for both business and personal purposes, such as automobiles and real property (including utilities), are limited by the following rules:

(1) For MAF and OHP, the costs of real property (including utilities) are prorated if a separate office or shop is located on the property used as a
home. No expense is allowed if the office or shop is part of the dwelling in which the client lives. For other items, the portion of the expense that is for business use only is excluded;

(2) For ERDC, GA, GAM, OSIP, OSIPM and QMB, the portion of the expense that is for business use only is excluded; and

(3) For SNAP, costs are excluded for a separate office or shop located on the property used as a home, unless the office or shop is part of the dwelling in which the client lives. Costs for other items used for both business and personal use are excluded.

(D) If no member of the financial group has been self-employed for a sufficiently long period to ascertain the costs of self-employment, they may be estimated.

(E) For clients participating in the microenterprise component of the JOBS program, costs are excluded according to general accounting principals as applied by an accounting professional, such as a certified public accountant or bookkeeper, and OAR 461-145-0920.

Self-Employment; Costs That Are Excluded To Determine Countable Income: 461-145-0920

3. Exclusions Allowed From Self-Employment Income

The following explains how exclusions are taken from self-employment gross income in the different programs. Gross income less exclusions leaves countable income. Costs of producing self-employment income, determined in accordance with section C.2 of this chapter, are excludable according to the following guidelines:

(A) In the MAA and REF programs, no costs are excludable.

(B) In the TANF program:

(1) For a client participating in the microenterprise component of the JOBS program, costs are excluded according to general accounting principals as applied by an accounting professional, such as a certified public accountant or bookkeeper, and OAR 461-145-0920.

(2) For all other clients, no costs are excluded.

(C) In the GA, MAF, OSIP, OSIPM and QMB program, all costs are excludable.

(D) In the SNAP program, if there are any excludable costs, the exclusion is 50 percent of gross self-employment income.

(E) In the ERDC program, if the client claims an excludable cost, the minimum exclusion is 50 percent of gross self-employment income and the maximum exclusion is the total excludable cost.
(F) In the OHP program, gross income from self-employment must be compared to the $20,000 income limit before determining countable income. If average monthly gross income from self-employment for an OHP household exceeds the $20,000 limit, the household is ineligible. If the gross income is under the $20,000 limit, the minimum exclusion is 50 percent of gross self-employment income and the maximum exclusion is the total excludable cost.

Self-Employment; Determination of Countable Income: 461-145-0930
Income Standard; HKC, OHP, REFM: 461-155-0225

4. Additional Exclusions for Farming Costs; SNAP

In the SNAP program, if gross self-employment income from farming is less than the costs calculated in accordance with OAR 461-145-0920, and the client receives or anticipates receiving annual gross farm income of $1,000 or more, then farming-related costs that exceed self-employment income from farming are allowed as an exclusion from nonfarm self-employment income, other earned income, and unearned income.

Additional Exclusions for Farming Costs; SNAP: 461-145-0931

SEE SNAP F.15 FOR AN EXAMPLE OF HOW TO TREAT FARM INCOME.
Worker Guide
Identifying and Budgeting Self-Employment Income

The purpose of this worker guide is to help caseload-carrying staff identify self-employment, determine allowable costs and budget income correctly for self-sufficiency programs.

1. Overview

Self-employment is a category of earned income. Because most programs treat self-employment differently than wages, all earned income must be identified either as self-employment or as earnings.

2. Identifying Self-Employment

Per OAR 461-145-0910, except as provided below, a client is self-employed if he or she:

- Is considered an independent contractor by the business that employs them; or
- Meets four or more of the following criteria:
  - Is engaged in an enterprise for the purpose of producing income. For example, the person operates under their own business name, advertises or otherwise solicits for business.
  - Is responsible for obtaining or providing a service or product by retaining control over the work or services offered. For example, the person establishes their own hours, territory and methods of work and determines what services they will offer.
  - Has principal responsibility for the success or failure of the business operation by assuming the necessary business expenses and profit or loss risks connected with the operation of the business. This could mean providing the equipment, supplies and materials needed to do a job or to produce the income; risk of loss. This is principal responsibility for their own business. If, for example, the client is a freelance tattoo artist, we would consider their own potential for gain or loss, not that of the tattoo parlors they work in.
  - Is not required to complete an IRS W-4 form for an employer or does not have federal income tax or FICA payments withheld from a pay check.
  - Is not covered under an employer’s liability insurance or workers’ compensation. Many definitions of self-employment hold this as an absolute test.
For SNAP, incorporated businesses are not self-employment. For all other programs, determine if the applicant meets at least four of the self-employment criteria listed above.

The SNAP Web Tools page (http://www.dhs.state.or.us/training/foodstamps/webtools.htm) has links to Business Registries for California, Idaho, Oregon and Washington. The registries help identify the status of a business, its address, partners, etc. Recent activity showing current status also confirms that the client has business income records. Refer to CA B.15 for policy on corporations.

For all programs:

- Home care providers paid by SPD are not self-employed.

- Child care providers paid by DPU, adult foster care providers paid by SPD, realty agents and clients who sell plasma, redeem beverage containers, pick mushrooms for sale or similar enterprises are considered to be self-employed.

- If a financial group member actively manages the property 20 hours or more per week, the income is treated in the same manner as self-employment income. If a financial group member does not actively manage the property 20 hours or more per week, the income is counted as unearned after allowing costs per OAR 461-145-0920 (usually mortgage (interest only, if not for SNAP), property taxes and homeowner’s insurance).

In most cases, determining whether an individual earns money from an employer or through their own business is relatively simple. For example, sales associates working the cash registers at Target are undoubtedly employees of the corporation. Conversely, a person who works as a gardener, advertises his work, sets his own schedule and prices and is solely responsible for all business decisions is clearly self-employed.

However, many working individuals have a balance of responsibilities and freedoms that fall between these two extremes. The next section of this worker guide will walk through several case situations, using the tests tied to the rule above to answer the question: is this person self-employed?

3. **Examples of Client Work Situations**

1. A married couple has incorporated their tile installation business. They select the stock, set the process, hire their own employees and determine their own business methods. They take a salary from their business.

2. A glassblower makes beads, ornaments and other decorative items on demand for a local shop owner. The owner sets the prices and puts in orders according to current need. The glassblower purchases his own supplies. He only does business with one shop. He does not have tax withholding through the business and is not
covered by their employee worker comp/liability policy because they consider him an independent contractor.

(3) A woman works for a tax accounting business every January through April. She travels among three of the business’s offices as scheduled, and has a desk and computer set up at each location for her use. She takes as many clients as she can each day, and is paid commission of 50 percent of what her clients are charged. The business has her fill out a W-4 and covers her under their liability policy. She tells us she is self-employed because she is not contractually obligated to work only for them.

(4) An exotic dancer pays weekly rental for her “station” in the club. She is paid no salary, but keeps all her tips. The club provides a DJ and expects her to work a minimum of 20 hours per week. She is responsible for providing her own outfits.

<table>
<thead>
<tr>
<th>Work = occupation</th>
<th>Tile Company</th>
<th>Glass blower</th>
<th>Accountant</th>
<th>Dancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control over services</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Resp. success/failure</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>No W-4 form</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>No Workers Comp</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td><strong>Self-employed?</strong></td>
<td>**Yes ***</td>
<td>Yes</td>
<td>No</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

**Reasons for these decisions:**

**Tile company.** The couple owns the company and have total control. *They cannot be considered self-employed for SNAP because the company is incorporated.*

**Glassblower.** The glassblower is considered an independent contractor, so there is no need to go through the five-criteria test.

**Accountant.** She is covered by the business liability policy, files a W-4 and is directed by the company. She is not self-employed.

**Exotic dancer.** The dancer is paid nothing by the club she works in; she merely pays a fee to be allowed to work there. The club is not her employer; they provide no income, no Workers Comp, no UC, no benefits. She is free to perform in multiple clubs. Although she has to work a minimum number of hours, she sets her own schedule.

4. **Occupations That May Be/Not Be Self-Employment**

Below are some examples of occupations that are usually challenging. For each of these, an example of a self-employed client vs. an employee is given, again using the test of meeting at least four out of the five criteria.
Ministers/Religious Leaders

(1) Minister A is selected by the local Methodist church to fill their vacancy. The church provides housing, a living stipend and insurance for the minister and his family, but no salary. The church reports his compensation and covers him with the liability policy. The minister takes his other living expenses out of the love offerings (membership donations/pledges) made at the end of each service and for officiating at other ceremonies (e.g., weddings and funerals) as required. 

**Decision:** He is **not** self-employed. He meets none of the tests.

(2) Minister B has started his own small church. It is not affiliated with or authorized by any existing religious organization. He has total control over how he presents his theology and over the content of his communication with parishioners. He is supported by donations, plus income from yard sales, bake sales, etc. 

**Decision:** He is self-employed. The church and the person are one. He meets all five tests for self-employment.

Hairstylists

(3) Hairstylist A rents out a station in a local salon. Her station rental pays for the chair, her share of electricity, use of the salon towels, sinks, etc. She purchases all her own hair products, sets her own hours and prices, decides which services she will offer. She is not on the salon’s payroll.

**Decision:** Because of the costs incurred, the lack of employee status through taxes and her freedom to make decisions, she is self-employed.

(4) Hairstylist B works at a chain salon. She is hired for an hourly rate, plus tips. Her hours, services offered and the cost of those services are set by the company. She files a W-4 and is covered by liability.

**Decision:** She is **not** self-employed.

Taxicab Drivers

(5) Cab driver A uses a car that the cab company provides. The company pays the insurance on the vehicle and he pays for gas and maintenance. His gross income is a percentage of his fares and is based on a sliding scale. He also receives tips, but they are separate from the fare percentage. He has chosen to work nights; he determines which fares he will accept and the geographic area he will serve. He uses a Schedule C for his taxes.

**Decision:** He is self-employed.

(6) Cab driver B works for a medi-cab company. She rents her cab and pays gas and maintenance. Her pay is a percentage of the fares, plus tips. She can only pick up fares given to her by dispatch. She does not control her territory or hours.

**Decision:** She is **not** self-employed.
Newspaper Carriers

(7) Newspaper carrier A picks up copies of the Oregonian each morning at 3:00. He puts each copy into a plastic bag before he delivers them to the subscribers. When the subscriber’s monthly fee is due, the carrier encloses the bill with the newspaper. The subscribers will mail him the payments which average about $2,400 a month. He sends them to the Oregonian. He pays for gas, insurance, and maintenance of his vehicle, cost of the papers, plastic bags and rubber bands. The Oregonian considers him an independent contractor but will reimburse him for gas. He uses a Schedule C for his taxes. **Decision:** He is self-employed. His gross income is $2,400.

(8) Newspaper carrier B works for the Healthy Food Weekly (HFW). He drives a car that the company provides. The company pays the insurance on the vehicle and reimburses him for gas. He delivers the weekly paper to a paper stand every Monday so that they can be available to readers each Tuesday morning. He is paid on a weekly basis on the number of deliveries he makes each week. HFW pays him $.75 for each delivery to the paper stand and his average weekly pay is $100. Federal and state income taxes are being deducted from his pay check. HFW also offers a health insurance policy for him at a reduced rate since he is not a full-time employee. **Decision:** He is **not** self-employed. His income will be counted as EML.

5. **Examples of Self-Employment Situations**

Real estate agents;
Selling Avon, Mary Kay, Party Light, Pampered Chef, etc.;
Selling blood plasma;
Collecting and redeeming beverage containers;
Picking mushrooms, collecting firewood, picking brush, etc. for sale;
Running a franchise (e.g., McDonald’s).

6. **Examples of Non-Self-Employed Jobs**

Beautician hired by salon;
Jobs in which the person receives both wages/salary and commission;
Incorporated businesses (SNAP only).

7. **Verification**

Independent contractor status must be verified. Acceptable verification includes:

- A signed contract specifying this.
- A 1099 (Miscellaneous Income) form issued by the business.
- A narrated conversation with the employer.

Income, including money from self-employment, must be verified for all programs.

**Exception:** For medical, if the income cannot be verified by the client or the worker, accept the client’s statement of income. Expenses do not need to be verified unless questionable.

Acceptable proof of self-employment income includes:

- Income tax return – (for OHP, income tax returns can be used to check the accuracy of past income calculations, but not to determine the monthly average income);
- Check stubs or copies of contracts specifying payment schedule;
- Self-employment bookkeeping records;

**Note:** For medical, the Self-Employment Income form (DHS 859B) may be used as a bookkeeping record if the client does not have any other form of verification.

- Copies of personal checking and savings account bank statements;
- Copies of business account bank statements;
- Proof of salary, stipend, allowance, donations or gifts received;
- Copy of any contract or work agreement;
- Statement from organization or business explaining access rights to an organization’s or business’ bank accounts.

**Exception:** For JOBS Microenterprise, the client must provide an income statement quarterly to the department. It must be prepared by a certified public accountant, bookkeeping firm or other entity approved by the department according to generally accepted accounting principles and OAR 461-145-0920.

For SNAP, self-employed clients can be certified once without income verification. At the time of certification, explain to the client – in writing – that they must begin keeping income records. Use a *Notice of Proof Needed for Self-Employment Income* (DHS 858 or NOTM FS00858). If they reapply without income verification, they will be denied. Narrate the conversation and notice given.

Clients with marginal employment – such as homeless people – sometimes report very limited earnings from collecting and redeeming beverage containers, selling plasma, returning airport luggage carts for the deposit money, etc. In many cases, requiring them to provide written verification of self-employment earnings would be an unreasonable
barrier to eligibility. To get an acceptable estimate of their income, ask the client about their typical monthly earnings. Narrate their response. If the person is not sure about how much money they earn, ask:

- What the money is spent on. For example, if the client says they make enough to buy cigarettes for the month, how much do they smoke? If he picks up cans to pay his OHP premium, does he have any money left over after paying?

- How many days a week they typically pick up cans (or how many times a month they sell their plasma). If the person says he picks up three or four bags of cans a week, about how many cans fit in one bag?

- How much walking around money they get? Most of the time, how much money do you have in your pocket?

**Note:** For SNAP, if the client is claiming marginal income, but substantial living expenses, income verification must be provided. For medical, treat as questionable income and request verification. If no verification is submitted, staff with a medical policy analyst.

Verify self-employment costs as follows:

- ERDC: Verify costs only if questionable.

- SNAP: Ask the client what costs they have related to their self-employment. Narrate the client’s statement about allowable costs to support use of the SEC 50 percent income exclusion. Do not verify unless questionable.

- MAF: Use the client’s statement from either the DHS 859B or the application. Verify only if questionable.

- OHP and HKC: Verify costs only when questionable if the client wants to claim actual expenses above 50 percent.

- TANF: Verify costs only for JOBS Microenterprise. Costs must be verified along with income as specified above, by providing an income statement quarterly to the department.

- MAA: Costs are not allowed except for self-employed clients who are participating in the microenterprise component of the JOBS program. Verify costs for clients participating in a microenterprise only if questionable.

8. **Identifying Countable Business Income**

Most clients accurately report their stake in a business. Others will report only the portion they draw each month in earnings. Some red flags that may lead you to ask about other business income include:
• Paychecks are always in exact hundreds (e.g., $800, $1100).

• Paychecks are personal checks or handwritten business checks.

• Wages are too low to cover the client’s claimed expenses.

• When you check the employer’s business on the computer:
  – The owner has the same last name as the client.
  – The client is listed as an officer or agent of the company.

• Service employees (nail technicians, hairstylists, etc.) report no tips.

Personal and business bank statements often reveal diverted income. Be sure to check the business name on the account. If you see any DBA (doing business as), check the ownership and agents listed for other businesses. Also review the types of payments going into and coming out of the business account. A small business owner may be depositing all earnings into the business, then paying personal bills such as credit cards directly from the business account.

Note: For medical, do not pend for bank account statements unless the income is questionable.

Ask questions to determine how much income to count. Ask what costs the business pays. If tax forms show costs for rent, mortgage, etc., get the address of the property and compare it to the home address. If you determine that the corporation is paying the home mortgage, etc., add those amounts to the client’s income and allow the appropriate Shel & Util deductions.

If a cost paid by the company can reasonably be explained as a business vs a personal cost, simply narrate; do not pursue further verification on the cost (e.g., a vehicle registered on WVIR under the business name). For SNAP, count personal bills paid by the business (such as life insurance for the owner/employee) as earned income.

If the client refuses to answer questions and is reporting income below the level needed to meet their reported expenses, deny the application for failure to supply requested information/verification.

ALWAYS: Review the case narratives – at least back to the last eligibility determination – to help get a clear picture of the situation. This is critical when the amount and source of income is in question. In the rare case that you suspect fraud, follow local procedures for referring the case to Investigations.
9. **Reading Tax Forms**

If a business has been in existence at least one full calendar year, tax forms can be a great help with annualizing for SNAP, MAA and sometimes MAF. If not representative, tax forms can still be used as a base to anticipate income for SNAP, MAA and MAF.

Always request the entire federal tax filing and start with page 1 of the 1040 (*U.S. Individual Income Tax Return*). Not every form will be needed, but it is much better to make just one, comprehensive pending request. Use the following table as your guide to which forms, sections and lines to reference when calculating business income.

**Note:** Local areas should consider whether they want to specialize work with tax forms. Tax forms, including instructions that help identify entries, are available online at www.irs.gov. Policy analysts in Central Office are also available to help staff cases.

<table>
<thead>
<tr>
<th>Tax Form</th>
<th>Line/Section</th>
<th>Information Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1040</td>
<td>Line 7</td>
<td>Income on this line is earned income.</td>
</tr>
<tr>
<td></td>
<td>Line 12</td>
<td>Self-employment business income; tax filing must include Schedule C.</td>
</tr>
<tr>
<td></td>
<td>Line 17</td>
<td>The client owns a corporation, is in a partnership or owns and rents real estate. You need the 1120-S (<em>US Income Tax Return for S Corporations</em>) and Schedule K-1; both partnerships and S corps file this form. The tax return requires a Schedule E.</td>
</tr>
<tr>
<td></td>
<td>Line 27</td>
<td>Self-employment tax. If there is any figure here, look for Schedule SE.</td>
</tr>
<tr>
<td></td>
<td>Lines 28, 29</td>
<td>The person is self-employed per IRS. They may meet the SNAP definition of self-employment.</td>
</tr>
<tr>
<td>Sched C</td>
<td>Part I, line 3</td>
<td>Use this figure for gross self-employment income.</td>
</tr>
<tr>
<td></td>
<td>Part II</td>
<td>Information on expenses. For medical, not all expenses allowed under IRS rules are allowed for medical. Refer to OAR 461-145-0920 and CA-C.2 for a list of expenses allowed for medical.</td>
</tr>
<tr>
<td>Sched C-EZ</td>
<td>Part I, line A</td>
<td>Type of business.</td>
</tr>
<tr>
<td></td>
<td>Part II, line 1</td>
<td>Gross receipts; use for gross self-employment income.</td>
</tr>
<tr>
<td>Sched E</td>
<td>Part I, Line 1</td>
<td>Type and address of rental properties.</td>
</tr>
<tr>
<td></td>
<td>Line 3</td>
<td>Rental income.</td>
</tr>
<tr>
<td></td>
<td>Part I, exps.</td>
<td>This will be SEC income if self-employed; if not, for SNAP, deduct only the ongoing costs of the property ownership (e.g., mortgage, taxes) for PTY.</td>
</tr>
<tr>
<td></td>
<td>Part II, line 28</td>
<td>Indicates P (partnership, SLF) or S (corporation, EML for SNAP) status.</td>
</tr>
<tr>
<td>Sched F</td>
<td>Line 11</td>
<td>Gross farm income. Note: <em>Special rules apply to farm income; see SNAP F 18.</em></td>
</tr>
<tr>
<td></td>
<td>Line 8</td>
<td>Crop insurance payments; exclude from the gross.</td>
</tr>
<tr>
<td></td>
<td>Line 10</td>
<td>Gasoline tax credit or refund; exclude from the gross.</td>
</tr>
<tr>
<td>Tax Form</td>
<td>Line/Section</td>
<td>Information Provided</td>
</tr>
<tr>
<td>----------</td>
<td>--------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>1065</td>
<td>Line 1c</td>
<td>Gross income for a partnership.</td>
</tr>
<tr>
<td></td>
<td>Sched K-1</td>
<td>Section J of the K-1 shows the client’s partnership share. With the figure from line 1c of the 1065, figure the client’s gross self-employment income.</td>
</tr>
<tr>
<td>W-2</td>
<td>Detail listing</td>
<td>T in left-hand column indicates taxpayer; S means wages to the spouse. If a self-employment business is paying wages to the spouse, do not count as earned income. The income and the costs are included in the SEC.</td>
</tr>
<tr>
<td>1120S</td>
<td>Line 1c</td>
<td>Gross corporate income; cannot use this figure for SNAP. Need information on wages and expenses paid by the business to be counted as EML. This tells you how much the business made in total.</td>
</tr>
<tr>
<td></td>
<td>Sched K-1</td>
<td>Part II, line F states the client’s share of stock ownership in the company.</td>
</tr>
<tr>
<td></td>
<td>Sched K-1</td>
<td>Part III, line 1 is the client’s share of the profits. Include in the earned income.</td>
</tr>
<tr>
<td>Fed’l Supp</td>
<td></td>
<td>Federal Supporting Statements detail business costs and can identify business payments that directly benefit the client (e.g., rent).</td>
</tr>
</tbody>
</table>

10. **Verifying Self-Employment Costs**

The *Self-Employment Income* (DHS 859B) form may be used to help collect information about costs related to producing self-employment income. For SNAP, the form **cannot** be accepted as verification of either income or costs for self-employed clients. For medical, the form may be used as verification of income if the client does not have any other form of verification.

Verify self-employment costs as follows:

- **ERDC:** Verify costs only if questionable.
- **SNAP:** Ask the client what costs they have related to their self-employment. Narrate the client’s statement about allowable costs to support use of the SEC 50 percent income exclusion. Do not verify unless questionable.
- **MAA:** Costs are not allowed except for self-employed clients who are participating in the microenterprise component of the JOBS program. Verify costs only for JOBS Microenterprise, if questionable.
- **MAF:** Use the client’s statement from either the DHS 859B or the application. Verify only if questionable.
- **OHP and HKC:** Verify costs only when questionable if the client wants to claim actual expenses above 50 percent.
• TANF: Verify costs only for JOBS Microenterprise. Costs must be verified along with income as specified above, by providing an income statement quarterly to the department.

11. **Treatment of Self-Employment Income**

For all programs:

- Self-employment is defined the same, except that corporations cannot be considered self-employment for SNAP. Once you have determined that a person is self-employed, treat them that way for all benefits.

- Gross self-employment income (including microenterprise) is the gross sales or receipts (before costs).

- Self-employment income is counted as earned income.

The differences are in how allowable costs are treated.

**ERDC.** Self-employment income is counted as earned income.

**Note:** *Clients that have a combination of self-employment and regular employment may qualify for ERDC for only the hours they work at their regular employment job; however, their self-employment is counted as earned income (SLF). Clients that are only self-employed are not eligible for ERDC. Two caretaker households, where one parent is self-employed and the other parent works a regular paid job, are not eligible for ERDC.*

**SNAP.** Self-employed clients who have no costs have their gross self-employment income coded as SEN. That income is given the same 20 percent deduction as all other earned income. Most self-employed clients do have allowable costs. Their income is coded as SEC and is given a 50 percent deduction before the 20 percent earned income deduction is applied.

**MAA.** For MAA, no business costs are excludable. Treat self-employment income the same as other earned income when determining the countable and adjusted income. The only exception is for JOBS Microenterprises. The earned income deduction for income earned in the Microenterprise is 50 percent of the client’s countable income calculated per OARs 461-145-0920 and 461-145-0930.

**MAF.** For MAF, all allowable costs are deducted from self-employment income, then compared to the countable income limit. Cases that pass that test then have their adjusted income calculated using the *MAF Eligibility Determination Worksheet (DHS 420).*

**OHP and HKC.** In the OHP program, first compare gross budget month income from self-employment to the $20,000 income limit. If the gross budget month income from
self-employment exceeds the $20,000 limit, the filing group is ineligible. If the gross income is under the $20,000 limit, deduct costs as follows:

- 50 percent deduction from monthly SLF income, or
- Actual expenses if above 50 percent.

TANF. Self-employment is treated the same as other earned income and given a 50 percent disregard by CMS. The only exception is for JOBS Microenterprises. The earned income deduction for income earned in the Microenterprise is 50 percent of the client’s countable income calculated per OARs 461-145-0920 and 461-145-0930.

12. Case Scenario

Amy Jefferson applies for cash, medical, day care and food benefits for herself and Billy, her three-year-old son. Amy is a hairstylist. She pays $460 per month for a space at The Hair Biz. Her rental pays for her share of utilities, exclusive use of her chair, access to a sink, a supply of towels, her share of the receptionist’s salary and use of the laundry facilities. Amy sets her own hours, usually putting in 30-35 hours per week. She determines which services to offer, sets her own prices and is solely responsible for collecting the income from her work. Amy is determined to be self-employed.

She provides a copy of the bookkeeping log that she is keeping for tax purposes. Amy’s budget month income of $1,800, the same as her ongoing average of $1,800 per month. Her allowable costs for space rental and supplies total $670.

ERDC. Amy is not eligible as she is self-employed.

SNAP. Amy has allowable costs, so she is given the 50 percent self-employment income deduction. Because Amy was not self-employed last year, the worker anticipates her income at $1,800 per month, codes it as SEC and the computer deducts 50 percent.

MAA. Amy’s budget month income of $1,800 is over the countable income limit. She is over income for TANF. The 50 percent earned income deduction can be applied only after the applicant passes the countable income test.

MAF. First exclude all allowable costs from self-employment income before the countable income test. Amy’s budget month income of $1,800, minus her allowable costs of $670 leaves a total of $1,130, which is over the countable income limit. Amy is over income for MAF.

OHP and HKC. Amy passes the $20,000 business entity test. Amy has allowable costs, so 50 percent is deducted from her budget month income of $1,800 to leave $900 HPI. Amy is income eligible for OPU; her son qualifies for OPC. The deduction of 50 percent was applied by the worker, because she does not have costs that equal more than half of her income.
TANF. Amy’s budget month income of $1,750 is over the countable income limit. She is over income for TANF. The 50 percent earned income deduction can be applied only after the applicant passes the countable income test.
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Worker Guide
Forms Used for Issuing and Restoring Benefits

Following are the forms and their uses, as related to Issuing Benefits and Restoring Lost Benefits. The forms are listed in numerical order.

DHS 138A  
**Affidavit Concerning Lost Check**  
The payee must complete as part of check replacement procedures.

DHS 208  
**How to Use Your Oregon Trail Card**  
Used to provide EBT training for clients.

AFS 215  
**Authorization to Cancel Benefits Deposited to an Electronic Benefits Transfer (EBT) Account**  
Worker request to cancel EBT benefits.

AFS 231  
**Designation of Authorized Representative or Alternate Payee**  
Used to designate persons with the authority to apply for benefits in behalf of the SNAP group or to designate persons to get an EBT card and use the benefits.

SDS 246  
**Assignment of Personal Identification Number (PIN)**  
Used by SDSD as part of the PIN proxy process.

DHS 284A  
**Overpayment/Overissuance Change Report**  
Notice forwarded to the Overpayment Recovery Unit when the amount of a previously written overpayment is adjusted.

DHS 349  
**Application for Emergency Food Stamp Assistance**  
Application that may be used with FNS approval, should an area in Oregon be declared a natural disaster.

DHS 362  
**Notice of Restoration of Lost Benefits**  
Notice to the client when benefits are issued to make up for an agency-caused underissuance of benefits.

DHS 435A  
**Request for Payment Alert and Follow Up (paper only)**  
Payroll completes with information provided by the branch as part of check replacement procedure.

DHS 437  
**Authorization of Cash Payment**  
Used to issue replacement checks.

DHS 457D  
**Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken**  
Notice signed by the client giving the division permission to take action on benefits immediately, which waives the right to a timely notice.
<table>
<thead>
<tr>
<th>Form Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| AFS 7262  | Request for Direct Deposit – A Safer Easier Way to Put Your Benefits in Your Bank Account
Used to provide client training on direct deposit. |
| Forged Packet | Sent by branch to Payroll as part of procedure for replacement of negotiated check. |
| DHS 163 (paper only) | Affidavit, Claimant’s Endorsement Forged |
| AFS 597 (paper only) | Handwriting Exemplar |
| AFS 980 (paper only) | Forgery Packet Memo to be Completed by Payee |
A. Definitions

1. Administrator of an agency mentioned in section (1) of OAR 461-001-0000 means the Director of the Department of Human Services (DHS).

2. The budget month is the calendar month from which nonfinancial and financial information is used to determine eligibility and benefit level for the payment month.

3. Budgeting is the process of calculating the benefit level.

4. Branch office means any DHS or Area Agency on Aging (AAA) office serving a program covered by Chapter 461 of the Oregon Administrative Rules.

5. Cafeteria plan means a written benefit plan offered by an employer in which:
   a. All participants are employees; and
   b. Participants can choose, cafeteria-style, from a menu of two or more cash or qualified benefits. In this context, qualified benefits are benefits other than cash that the Internal Revenue Services does not consider part of an employee’s gross income. Qualified benefits include, but are not limited to:
      • Accident and health plans (including medical plans, vision plans, dental plans, accident and disability insurance);
      • Group term life insurance plans (up to $50,000);
      • Dependent care assistance plans; and
      • Certain stock bonus plans under section 401(k)(2) of the Internal Revenue Code (but no 401(k)(1) plans).

6. A caretaker relative is the person, regardless of age, who is responsible for the care, control and supervision of the dependent child and is related to the child in any one of the following ways:
   a. The biological parent.
   b. The adoptive parent and people related to the child through the adoption who meet the degree of relationship specified below.
   c. Blood relative or half-blood relative (sharing one common natural or adoptive parent). This includes siblings, aunts, uncles, first cousins, first
cousins once removed, nephews, nieces and persons of preceding generations
denoted by the prefixes of grand, great- or great-great-.

d. Stepfathers, stepmothers, stepbrothers or stepsisters.

e. The spouse of anyone listed above.

If any of the preceding relationships are established through marriage, the
relationship remains the same even if the marriage is terminated by death or
divorce.

Definitions for Chapter 461:
- 461-001-0000: Requirement to Live With a Caretaker or Caretaker Relative:
- 461-120-0630

A non-needy caretaker relative is a caretaker relative (other than a parent) for
TANF who is not required to apply for benefits with the dependent child, and does
not wish to do so.

| 7. Categorical Eligibility for SNAP |

A SNAP filing group is considered categorically eligible when all its members
meet one of the following:

- Receive benefits or determined eligible to receive benefits or services from
  any one of, or a combination of, the following programs: EA, ERDC, GA,
  HSP, Pre-TANF, SSI, TA-DVS, TANF, TANF-JOBS Plus and TANF
  Transition services;

- Be considered to be receiving SSI under 1619(a) or 1619(b) of the Social
  Security Act;

- The financial group countable income is below 185 percent of the federal
  poverty level and they are authorized to receive TANF information and
  referral services.

No filing group member is considered categorically eligible if a member of the
filing group is disqualified from receiving SNAP due to an IPV or the head of
household is disqualified for failure to comply with OFSET work requirements.

SEE SNAP E, FOR MORE INFORMATION ON CATEGORICAL ELIGIBILITY.

| 8. Child |

Child means the offspring of a biological or legal (step or adoptive) parent. The
term “child” does not include unborns. The following additional program-specific
definitions apply:

a. For TANF and TANF-related medical (EXT, MAA, MAF, REFM), the term
dependent child means the following:
• A person who is not a caretaker relative of a child in the household. This person is unmarried or married but separated, and is under age 18, or is 18 and a full-time student in secondary school or the equivalent level of vocational or technical training; or

• A minor parent whose parents have chosen to apply for benefits for the minor parent. This does not apply to minor parents who are married and living with their spouse.

b. For ERDC, *child* includes children who have no biological or legal relationship to the caretaker, but are in the care and custody of the caretaker and are:

  • Under age 18; or

  • Age 18 and in secondary school or vocational training at least half time.

Definitions for Chapter 461: 461-001-0000

☞ See SNAP C.3.

c. For GA, GAM and OSIP, *child* means an individual under age 18.

d. For OHP, *child* means a person, including a minor parent, who is under age 19.

e. For OSIPM and QMB, *child* means unmarried people living with their parent(s) and:

  • Under age 18; or

  • **Under age 22**, and attending full-time secondary, post-secondary or vocational/technical training designed to prepare the person for employment.

Definitions for Chapter 461: 461-001-0000

9. **Community-based care** is any of the following:

a. Adult foster care – Room and board and 24-hour care and services for the elderly or for disabled people age 18 and older. The care is contracted to be provided in a home for five or fewer clients.

b. Assisted living facility – A program approach within a physical structure, which provides or coordinates a range of services available on a 24-hour basis, for support of resident independence in a residential setting.

c. In-home services – People living in their home receiving services determined necessary by SPD or MHDDSD.
d. Residential care facility – A facility that provides residential care in one or more buildings on contiguous property for six or more physically handicapped or socially dependent people.

e. Specialized living facility – Identifiable services designed to meet the needs of persons in specific target groups that exist as the result of a problem, condition or dysfunction resulting from a physical disability or a behavioral disorder and require more than basic services of other established programs.

f. Independent choices – In-home services recipients in demonstration sites who receive a cash benefit to coordinate in-home services under a section 1115 demonstration waiver.

Definitions for Chapter 461: 461-001-0000

10. Costs are bills incurred by the client that the client has a legal responsibility to pay.

Overview of Costs: 461-160-0030

11. Countable means that an available asset (either income or a resource) is not excluded and may be considered by some programs to determine eligibility.

12. Custodial parents means parents who have physical custody of their child(ren). Custodial parents may be receiving benefits as dependent children or as caretaker relatives for their own children.

Definitions for Chapter 461: 461-001-0000

13. Department means the Department of Human Services (DHS).

14. In the REF, SFPSS, TA-DVS and TANF programs, “disability” means for purposes other than determining eligibility:

   a. An individual with a physical or mental impairment that substantially limits the individual’s ability to meet the requirements of the program; or

   b. An individual with a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or who is regarded as having such an impairment as defined by the Americans with Disabilities Act (42 USC 12102; 28 CFR 35.104).

15. In the SNAP program, an individual with a disability means an individual who meets any of the following:

   a. Receives SSI benefits under title XVI of the Social Security Act; SSB benefits based on blindness or disability criteria under titles I, II, X, XIV or XVI of the Social Security Act; or OSIP, or other state or federal supplement under section 1616(a) of the Social Security Act.
b. Receives state general assistance benefits based upon disability or blindness criteria under title XVI of the Social Security Act; or is a recipient of disability-related medical assistance under title XIX of the Social Security Act; or receives interim assistance benefits pending the receipt of SSI.

c. Receives a state or federally administered supplemental benefit under section 212(a) of Public Law 93-66.

d. Receives an annuity payment under section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible for Medicare by the Railroad retirement Board; or section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and meets the disability criteria used under title XVI of the Social Security Act.

e. Receives VA benefits for nonservice or service-connected disability rated or paid as total under title 38 of the United States Code.

f. Receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act.

Note: PERS disability or workers compensation from SAIF or Department of Labor does not meet the requirements for SNAP disability because they are not based on SSA criteria.

g. Is the 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 United States Code and has a disability considered permanent under section 221(i) of the Social Security Act.

h. Is a veteran or the surviving spouse of a veteran, considered by the VA to be in need of Aid and Attendance benefits under title 38 of the United States Code.

i. Is a veteran or the surviving spouse or child of a veteran and is considered permanently incapable of self-support under title 38 of the United States Code.

Definitions; SNAP: 461-001-0015

16. Domestic violence shelters are public or private nonprofit residential facilities providing services to victims of domestic violence. If the facility serves other people, a portion must be used solely for victims of domestic violence.

Definitions for Chapter 461: 461-001-0000

17. The effective date is the day that action will be taken or a change made on a case.
18. For SNAP, *elderly* means a person age 60 or older.

Definitions; SNAP: 461-001-0015

19. *Eligibility* is the decision as to whether a person qualifies, under financial and nonfinancial requirements, to receive program benefits.

Definitions for Chapter 461: 461-001-0000

20. For the SNAP program, *Employee* means a person who works for another in return for financial or other compensation.

21. For the SNAP program, *Employer* means a person or business that employs one or more people for wages or salary.

22. For the SNAP program, *externship* is a required period of supervised practice done off campus or away from one's school in order to complete the requirements for one's degree.

23. *Family stability* in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS and TANF programs means the characteristics of a family that support healthy child development, including parental mental health, drug and alcohol free environment, stable relationships, and a supportive, flexible and nurturing home environment.

24. *Family stability activity* in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS and TANF programs means an action or set of actions taken by the client, as specified in a case plan, intended to promote the ability of one or both parents to achieve or maintain family stability.

25. *Financial institution* means a bank, credit union, savings and load association, investment trust or other organization held out to the public as a place receiving funds for deposit, savings, checking or investment.

26. For the SNAP program, *Graduate Assistance* means an appointment as a student employee, which offers a financial payment to a graduate student for part-time work in teaching, administration or research while studying to meet academic requirements for advanced degrees. Assistantships can include such positions as Graduate Assistants, Graduate Research Assistants, Graduate Teaching Assistants and Graduate Teaching Associates.

27. For the SNAP program, *Graduate fellowship* means a university-awarded, federally funded or independent organization's program targeted to a specific student group or field of study. Fellowships can be offered by independent organizations, and many graduate fellowship award funding based on academic need, academic record or merit. The amount of the stipend granted varies depending upon a number of factors, including length of fellowship and fellowship provider.

28. For SNAP, *homeless* means the filing group does not have a fixed or regular nighttime residence or the group’s primary residence is one of the following:
• A supervised shelter that provides temporary accommodations;

• A halfway house or residence for people who may become institutionalized;

• A temporary accommodation in another person’s or family’s residence for 90 days or less;

• A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (hallway, bus station, lobby or similar places).

Definitions; SNAP: 461-001-0015

29. Income:

a. *Adjusted income* is countable income minus income deductions.

Definitions for Chapter 461: 461-001-0000

b. *Countable income* is the amount of available income remaining after allowing exclusions.

Definitions for Chapter 461: 461-001-0000

Determining Availability of Income: 461-140-0040

c. Income *deductions* are specified amounts subtracted from countable income.

Definitions for Chapter 461: 461-001-0000

d. *Deemed assets* are the portion of the income and resources of a person not in the financial group used to determine eligibility and benefit level for a financial group member.

Deemed Assets; Overview: 461-145-0810

e. *Earned income* is income received in exchange for a person’s physical or mental labor.

Earned Income; Defined: 461-145-0120

f. *Periodic income* is income received on a regular basis less often than monthly.

Definitions for Chapter 461: 461-001-0000

g. *Lump-sum income* is income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. Lump-sum income includes but is not limited to:
• Retroactive benefits covering more than one month, whether received in a single payment or several payments;

• Income from inheritance, gifts, winnings and personal injury settlements.

Definitions for Chapter 461: 461-001-0000

30. The *initial month* of eligibility means any of the following:

- In all programs, the first month a benefit group (see OAR 461-110-0750) is eligible for a program benefit in Oregon after a period during which the group is not eligible;

- In all programs except the SNAP program, the first month a benefit group is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break;

- In the SNAP Program:
  - The first month for which the benefit group is certified following any period during which they were not certified to participate, except for migrant and seasonal farmworkers (see OAR 461-001-0015);
  - For migrant and seasonal farmworkers, the first month for which the benefit group is certified following any period of one month or more during which they were not certified to participate.

- In the OHP program, the first month of a redetermination or recertification period.

Definitions for Chapter 461: 461-001-0000

31. *Internship* means any official or formal program through a learning institution to provide practical experience for beginners in an occupation or profession.

32. *Long-term care* is the system through which SPD and mental health provide a broad range of social and health services to eligible adults who are aged, blind or have disabilities for extended periods of time. This includes nursing homes and state hospitals (Eastern Oregon and Oregon State Hospitals).

Definitions for Chapter 461: 461-001-0000

33. *Marriage* means the union of a man and a woman who are legally married. *Legally married* means a marriage uniting a man and a woman according to the provisions of either:

- The statutes of the state where the marriage occurred;
The common law of the state in which the man and woman previously resided while meeting the requirements for common law marriage in that state;

The laws of the country in which the man and woman previously resided while meeting the requirements for legal or cultural marriage in that country.

Definitions for Chapter 461: 461-001-0000

34. For SNAP, a migrant farmworker is an individual who regularly travels away from their permanent residence overnight, usually with a group of laborers, to seek employment in an agriculturally related activity. If any member of a SNAP household fits the definition of migrant farmworker at any time during the redetermination period, budget the household according to the policy on migrant farmworkers.

Definition; SNAP: 461-001-0015

35. A minor parent, for ERDC, EXT, MAA, MAF, REF, REFM and TANF is a parent under the age of 18.

Definitions for Chapter 461: 461-001-0000

36. Need:

   a. Need is the amount at the Department of Human Services (DHS) payment standards that represents the client’s need for items covered by the benefit.

   b. Special needs are costs in addition to standard allowances. If required, they must be used to determine:
      - Initial eligibility and
      - Ongoing eligibility for nonwaivered GA clients and nonwaivered OSIP and OSIPM clients in SPD/AAA facilities and clients in mental health facilities.

Use of Payment Standards to Establish Need: 461-155-0010

37. A nonstandard living arrangement is:

   a. In the GA, GAM, OSIP, OSIPM and QMB programs, a client is considered to be in a nonstandard living arrangement when the client is applying for or receiving services in any of the following locations:
      - A nursing facility;
      - An intermediate care facility for the mentally retarded (ICF/MR);
      - A psychiatric institution, if the individual is not yet 21 years of age or has reached the age of 65;
• A community-based setting covered by a waiver under title XIX of the Social Security Act.

b. In all programs except GA, GAM, OSIP, OSIPM and QMB, a nonstandard living arrangement means each of the following locations:

• Foster care;
• Residential care facilities;
• Drug or alcohol residential treatment facilities;
• Homeless or domestic violence shelters;
• Lodging house if paying for room and board;
• Correctional facilities;
• Medical institutions.

Definitions for Chapter 461: 461-001-0000

38. The ongoing month is one of the following:

| • For all programs except OHP and SNAP, any month following the initial month of eligibility, if there is no break in the program benefit of one or more calendar months. |
| • For OHP and SNAP, any month in the certification period following the initial month of eligibility. |

Definitions for Chapter 461: 461-001-0000

39. Parent means the biological or legal (step or adoptive) mother or father of a person or unborn child.

a. If the mother lives with a male, and either she or the male claims that he is the father of the child/unborn and no one else claims to be the father, he is treated as the father even if paternity has not been legally established.

b. A stepparent relationship exists if:

• The person is legally married to the child’s biological or adoptive parent; and
• The marriage has not been terminated by legal separation, divorce or death.
c. A legal adoption erases all prior legal and blood relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a parent if both of the following are true:

- The child lives with the biological parent; and
- The legal parent (the adoptive parent) has given up care, control and supervision of the child.

**Note:** To establish the filing group in this situation, treat the biological parents and biological siblings of the adoptive child the same as if there had been no adoption. However, in this situation, the biological parents are never considered the parents for child support enforcement. Workers should refer the absent adoptive parents for child support enforcement.

40. For all programs except Emergency Assistance (cash and medical), the **payment month** is the calendar month for which benefits are issued.

41. **Payment period** means, for EA, the 30-day period starting with the date the first payment is issued and ending on the 30th day after the date the payment is issued.

42. For all programs except SNAP, **primary person** means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The primary person for individual programs is as follows:

- For EXT, MAA, MAF and TANF the parent or caretaker relative.
- For ERDC, the caretaker.
- For GA, GAM, OSIP, OSIPM and QMB, the client or their spouse.
- For OHP, REF and REFM, the applicant, caretaker, caretaker relative or parent.

43. For SNAP, **primary person** means:

a. An adult in the filing group who is designated by the group to serve as the primary person. The household designates the primary person by identifying them as the applicant on the filing page of the application. This is most likely the person coded “head of household” in the FSMIS system. Where there is no adult, the group can designate another responsible person in the filing group.
b. Once the primary person has been designated, the filing group cannot choose a different person to be the primary person during the same certification period or during an OFSET/job quit disqualification period, unless there is a change in the composition of the household group.

Definition; SNAP: 461-001-0015

44. Qualified Partnership Policy means a long-term care insurance policy meeting the requirements of OAR 836-052-0531 that was either:

a. Issued while the client was a resident in Oregon on January 1, 2008, or later; or

b. Issued in another state while the client was a resident of that state on or after the effective date of that state’s federally approved State Plan Amendment to issue qualified partnership policies.

45. Questionable information is any client statement that is inconsistent with any of the following:

- Other reported information;
- Other information provided on the application;
- Other information received by the branch office;
- Information reported on previous applications.

Verification; General: 461-115-0610

46. Redetermination is the process used to review eligibility to approve or deny continuing benefits. This process includes a review of the application and supporting verification documents.

47. Redetermination period means the months between initial eligibility and when a redetermination is due or between one redetermination and the next.

48. Safe homes are private homes that provide a few nights lodging to victims of domestic violence. The homes must be recognized as such by the local domestic violence agency, such as crisis hot lines and shelters.

Definitions for Chapter 461: 461-001-0000

49. For SNAP, seasonal farmworkers are people employed in agricultural employment of a seasonal or temporary nature. If any member of a SNAP household fits the definition of seasonal farmworker at any time during the redetermination period, budget the household according to policy on seasonal farmworkers. Seasonal farmworkers are not required to be absent overnight from their permanent residence when:
• Employed on a farm or ranch performing field work related to planting, 
cultivation or harvesting operations; or

• Employed in a canning, packing, ginning, seed conditioning or related 
research or processing operation, and transported to or from the place of 
employment by means of a day-haul operation.

Definitions; SNAP: 461-001-0015

50. *Sibling* means the brother or sister of a person. “Blood-related” means they share at 
least one biological or adoptive parent. “Step” means they are not related by blood, 
but are related by the marriage of their parents.

Definitions for Chapter 461: 461-001-0000

51. *Spouse* means a person who is legally married to another person. For ERDC and 
SNAP, the spouse includes a person who is not legally married to another, but is 
presenting themselves to the community as the husband or wife by:

• Representing themselves as husband and wife to relatives, friends, neighbors 
or tradespeople, and

• Sharing living expenses or household duties.

Definitions for Chapter 461: 461-001-0000

52. *Stable income* means income that is the same amount each time it is received.

53. *Standard living arrangement* means a location that does not qualify as a 
nonstandard living arrangement.

Definitions for Chapter 461: 461-001-0000

54. *Variable income* means earned or unearned income that is not always received in 
the same amount each month.

Definitions for Chapter 461: 461-001-0000
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C. Overpayments

1. Expectations and Definitions of Overpayments

   (A) Expectations

   The department provides overpayment identification and collection services to the extent possible based on the following expectations:

   • The department has a responsibility to ensure that state and federal funds are appropriately expended and to identify where funds have been misapplied.

   • Individuals receiving services or payments have a responsibility to provide timely and accurate information to assist the department in appropriate distribution of services and funds.

   • The department will hold claimants accountable for repayment of overpayments.

   • When overpayment recovery is necessary, the process must be clear and fair to all parties to maintain public trust.

   (B) Definitions of Overpayment

   A benefit or service received by or on behalf of a client, or a payment made by the department on behalf of a client, that exceeds the amount for which the client is eligible.

   Note: If a client was not eligible for a medical program but during the period in question was eligible for another medical program with same benefit level there is no overpayment. Example: A child is not eligible for MAA medical, but would have been eligible for OHP Plus benefits.

   A payment made by the department and designated for a specific purpose which is spent by a person on an expense not approved by the department and not considered a basic living expense.

   Note: Basic living expenses are limited to the need of the client at the time the payment was designated for shelter, utilities, household supplies (other than food, and personal incidentals that the client could not meet with other immediately available resources. Payment amounts are limited to 200 percent of the payment standard for the benefit group (see OAR 461-155-0030(2)).

   A payment for child care made by the department to or on behalf of a client that:

   • Is paid to an ineligible provider;
- Exceeds the amount for which a provider is eligible;
- Is paid when the client was not engaged in an activity which made the client eligible for child care, such as an activity of the JOBS program (see OAR 461-001-0025 and OAR 461-190-0151 and following); or
- Is paid when the client was not eligible for child care benefits.

**Note:** It is not a client overpayment in the child care program when a client would otherwise be eligible for a child care payment and provides inaccurate information due to an aspect of a documented disability of the client.

**Note:** It may not be a provider overpayment in the child care program when the total paid to two or more providers exceeds the monthly limit the department may pay on behalf of the client unless:

- Two or more providers were paid at the full-time rate; or
- One of the providers is under contract with the department to provide child care.

A misappropriated payment is when a person cashes and retains the proceeds of a check from the department on which that person is not the payee and the check has not been lawfully endorsed or assigned to the person.

**Note:** In the case of a forged instrument, follow DHS forgery policy DHS-040-003 (see business procedure manual) for proper identification and resolution of forged instruments. If you need assistance to determine when it is an overpayment, staff with the Overpayment Writing Unit in the Office of Payment Accuracy and Recovery.

A benefit or service provided for a need when that person is compensated by another source for the same need and the person fails to reimburse the department when required by law (see ORS 411.690, OAR 461-145-0580 and OAR 461-195-0521.

A cash benefit received by an individual client in the General Assistance (GA) or SFPSS programs for each a month for which the client receives a retroactive Supplemental Security Income (SSI) lump-sum payment.

In the TA-DVS program, an overpayment is established only when an IPV in the TA-DVS program is established.

In the SNAP program, the trading of a controlled substance (as defined in section 102 of the Controlled Substances Act in 21 U.S.C.802) is the buying or selling of SNAP program benefits for cash or consideration other than eligible food; or the exchange for SNAP program benefits of firearms, ammunition, explosives or controlled substances.
Note: Cash benefits include JOBS program support payments (this includes child care support service payments) (see OAR 461-190-0211).

Note: Medical benefits include medical transportation payments and health insurance reimbursements.

Definitions and Categories of Overpayments: 461-195-0501

2. Identifying and Establishing Overpayments

(A) Identifying Overpayments

Identifying who is responsible for the overpayment is an important part of the process. The overpayment process provides the basis for determining:

- When an overpayment occurs;
- Who is responsible for the overpayment;
- The type of overpayment (overpayment categories);
- The amount of the overpayment;
- Who is liable for repaying the overpayment; AND
- Appropriate actions, including collection.

Overpayments may be discovered from the following sources:

- Information from the client or provider;
- Discrepancies identified by agency staff;
- Community complaints;
- Information received from an employer;
- Information supplied by the Fraud Investigation Unit;
- Information received from community partners;
- Employment Department quarterly wage reports; and
- Other sources of information.
(B) Establishing Overpayments in the Initial Month

The department may establish an overpayment for the initial month (see OAR 461-001-0000) of eligibility under circumstances including but not limited to:

- The filing group, ineligible student, or authorized representative (see OAR 461-115-0090) withheld information;
- The filing group, ineligible student or authorized representative provided inaccurate information;
- The department fails to use income reported as received or anticipated in determining the benefits of the filing group; or
- The error was due to an error in computation or processing by the department.

(C) Establishing Overpayments in Months of Ongoing Eligibility

When an overpayment is caused by reported or unreported changes as required per OAR 461-170-0011, the overpayment start date is determined as follows:

- For cases in CRS:
  
  Administrative error overpayments: When the business is reported as required per OAR 461-170-0011, allow 10 days to report the change, 10 days to take action and the notice period per OAR 461-175-0050.
  
  Client error and fraud overpayments: When the change is not reported as required per OAR 461-170-0011, allow 10 days to report the change and the notice period per OAR 461-175-0050 only.

- For cases in SRS:
  
  For SRS the overpayment start date is the same for reported or unreported changes per OAR 461-170-0011, required changes must be reported by the 10th day of the month following the month of occurrence. The overpayment begins the month after the required change is due. This allows for the required notice period per OAR 461-175-0050.

  **Note:** This applies to administrative error, client error and fraud overpayments.

(D) Establishing Overpayments when Prospective Budgeting was Used

It is not an overpayment when prospective budgeting under OAR 461-150-0020(2) is used to calculate income and the actual income is different unless:
• The department failed to use income reported;

• The department miscalculated the income;

• The filing group, ineligible student, or authorized representative failed to make a required change report;

• The filing group, ineligible student or authorized representative provided inaccurate information; or

• The filing group, ineligible student or authorized representative withheld information.

(E) Continuation of Benefits Pending a Hearing

When benefits issued incorrectly are continued unreduced pending a hearing and the hearing decision supports the department, the additional benefits beyond the initial notice period are an overpayment. This overpayment is considered a client error.

In all programs except OSIP and OSIPM, when a client disputes a disqualification and benefits are continued do not establish an overpayment for the continued benefits unless an overpayment exists for a reason other than the disqualification.

Note: The disqualification will be applied when the department is upheld.

3. Overpayment Categories and Thresholds

(A) Overpayment Categories

AE “administrative error” overpayment is a result of an error made by the department. Examples include:

• The department fails to reduce, suspend or end benefits after timely reporting by the filing group, ineligible student or authorized representative of a change covered under OAR 461-170-0011 and the reported change requires the department to reduce, suspend or end benefits;

• The department fails to use the correct benefit standard;

• The department fails to compute or process a payment correctly based on accurate information timely provided by the filing group, ineligible student or authorized representative;

• In the GA and SFPSS programs, the department fails to require a client to complete an interim assistance agreement; or
• The department commits a procedural error that was no fault of the filing group, ineligible student or authorized representative. For example, a case that is opened as JOBS Plus, but SNAP benefits continue to be issued.

CE “client error” overpayment is caused by a misunderstanding or unintended error on the part of the client, ineligible student or authorized representative, such as unintentionally providing incomplete information or not reporting a change, even if the information was available to the department. Examples include:

• An overpayment caused by the failure of a filing group, ineligible student, or authorized representative to declare or report information or a change in circumstances as required under OAR 461-170-0011, including information available to the department, that affects the client’s eligibility to receive benefits or the amount of benefits;

• A client's unreduced liability or receipt of unreduced benefits pending a contested case hearing decision or other final order favorable to the department;

• A client's failure to return a benefit known by the client to exceed the correct amount;

• A client's use of a JOBS or SFPSS program support payment (see OAR 461-190-0211) for other than the intended purpose (see note on basic living expenses in FSMC1B);

• A payment for child care when the client was not engaged in an activity that made the client eligible for child care, such as an activity of the JOBS program (see OAR 461-001-0025 and OAR 461-190-0151 to OAR 461-190-0401;

• A payment for child care when the client was not eligible for child care benefits; or

• The failure of a client to pay his or her entire share of the cost of services or the participant fee (see OAR 461-160-0610 and OAR 461-160-0800) in the month in which it is due.

FR “fraud” occurs when an overpayment is determined to be an intentional program violation (see OAR 461-195-0601 and OAR 461-195-0611) or is substantiated through a criminal prosecution.

PE “provider error” overpayment:

• In the SNAP program, a provider error overpayment is an overpayment made to a drug or alcohol treatment center or residential care facility that acted as a client’s authorized representative.
In the child care programs, a provider error overpayment is a payment made by the department on behalf of a client to a child care provider when:

- Paid to an ineligible provider; or
- The payment exceeds the amount for which a provider is eligible.

PF “possible fraud” overpayment occurs when a client or provider is suspected of intentionally causing an overpayment to occur in order to receive or increase payments or benefits they are not eligible to receive.

PI “provider intentional” overpayment occurs when there is clear and convincing evidence that the provider intended to mislead, misrepresent, conceal or withhold facts.

Note: Applies to all categories: In the TANF program, when an overpayment puts the client at greater risk of domestic violence (see OAR 461-001-0000), the overpayment is waived (see OAR 461-135-1200).

(B) Overpayment Thresholds

AE overpayments;

- Establish an overpayment in:
  - Cash and child care programs, when the amount is greater than $200.
  - SNAP open case, when the amount is greater than $100.
  - SNAP closed case, when the amount is greater than $200.
  - SNAP, regardless of the amount, if the overpayment was identified in a quality control review (even if the case is currently closed).

- Do not establish AE overpayments in the medical programs.

CE overpayments, establish an overpayment in the:

- Cash and child care programs, when the amount is greater than $200.
- SNAP open case, when the amount is greater than $100.
- SNAP closed case when the amount is greater than $200.
- SNAP, regardless of the amount, if the overpayment was identified in a quality control review (even if the case is currently closed).
- Medical programs, when the amount is greater than $750.
Note: When using prospective budgeting (see OAR 461-001-0000) and the actual income differs from the amount determined under OAR 461-150-0020(2), there may be a client error overpayment only when the filing group, ineligible student, or authorized representative withheld information, failed to report a change, or provided inaccurate information.

PE overpayments, establish an overpayment in the:

- Cash and child care programs, when the amount is greater than $200.
- SNAP open case, when the amount is greater than $100.
- SNAP closed case when the amount is greater than $200.
- SNAP, regardless of the amount, if the overpayment was identified in a quality control review (even if the case is currently closed).

PF overpayments, refer all overpayments to OWU, regardless of program or amount.

Definitions and Categories of Overpayments: 461-195-0501

4. Verification and Overpayment Claims Establishment Timelines

Seek verification of potential income or eligibility discrepancies within 30 working days of first identifying them. Additional steps may need to be taken before discovering if an overpayment of benefits has actually occurred.

The date of discovery of an overpayment is defined as:

- The date on which an overpayment of benefits, the specific dollar amount, and time period are all confirmed. This is typically achieved once all evidence, eligibility verifications, earnings, and household composition factors have been confirmed and the appropriate benefit level has been calculated.

The goal is to complete the overpayment within 90 days following the calendar quarter in which the overpayment was discovered. For SNAP benefits, 90 percent of the overpayments should be written within this time frame.

5. Responsibility for Completing Overpayments and Referral Process

When department employees’ receive information indicating a potential overpayment exists, report the information to the appropriate branch worker. The case is reviewed by the worker to determine if a discrepancy exists resulting in an overpayment. The worker is responsible for referring potential overpayments that exceed the overpayment threshold.
guidelines (see GP.C.3.B). Narrate the referral in TRACS. If a potential overpayment does not meet the threshold, do not submit a referral and narrate the reason for not referring. Overpayment Writers from the Office of Payment Accuracy (OPAR), Overpayment Writing Unit (OWU) complete all cash, medical, SNAP and child care (both client and provider) overpayments. To refer an overpayment to OWU, follow the process below:

1. Complete *CAF Self-Sufficiency Overpayment Referral* form (DHS 284F). Include your name, branch number, date and your phone number. Indicate on the referral form the approximate dates of the potential overpayment and describe the cause. It is important that the cause of the potential overpayment be specific and clear. List sources of income and the persons receiving it. If the overpayment was caused by earned income, list the employer and the name of the person on the case who was working.

2. Attach the documentation you have gathered. It is not a requirement for field staff to obtain supporting documents, such as verification of earnings, mainframe screen prints and copies of narratives. This preparatory work is completed by an overpayment referral specialist in OPAR.

3. Submit the referral form to OPAR using one of the following methods:
   - Email to: REFERRALS, OVERPAYMENT or OVPMTREF@STATE.OR.US (preferred);
   - Fax to: 503-378-3872;
   - Mail to: OPAR OVP Referrals, PO Box 14150, Salem OR 97309;
   - Submit directly to your local overpayment writer if there is no preparatory work that needs to be done or supporting documentation that needs to be obtained. For example, income cases where no hard copy verification needs to be obtained from an outside employer or agency, such as:
     - Home Care Worker income (HINQ);
     - Child Support (SMUX);
     - Unemployment (ECLM);
     - The Work Number; (please note on the referral form if income is on the Work Number).

*Note:* When a QC review results in an overpayment, the referral will be sent to OWU by staff in the QC unit. This does not apply to overpayments resulting from other types of reviews, such as those conducted by the Self-Sufficiency Program Accuracy Team, manager reviews or peer reviews.

Definitions and Categories of Overpayments: 461-195-0501
6. **Calculating Overpayments**

Calculate the overpayment by determining the amount the client received or the payment made by the department on behalf of the client that exceeds the amount for which the client was eligible.

The overpayment starts with the first incorrect payment or program benefit following receipt or possession of income, property, resources, or another change in circumstances that caused the overpayment, and ends with the payment in which benefits are corrected or ended.

Benefits paid during a required notice period (see OAR 461-175-0050) are included in the calculation of the overpayment when:

- The filing group, ineligible student or authorized representative failed to report a change within the reporting time frame under OAR 461-170-0011; and
- Sufficient time existed for the department to adjust the benefits to prevent the overpayment if the filing group, ineligible student or authorized representative had reported the change at any time within the reporting time frame.

**Note:** To determine when the overpayment begins, see GP-C.2 for identifying and establishing overpayments.

When an overpayment is caused by both an administrative and client error in the same month, the department determines the primary cause of the overpayment and assigns as either an administrative or client error overpayment.

**(A) Income General**

Assign unreported income to the applicable budget month without averaging the unreported income, except:

- A client's earned income reported quarterly from the Employment Department is considered received by the client in equal amounts during the months identified in the report.

When benefits were calculated using prospective budgeting (see OAR Division 461-150) and the actual income differs from the amount determined under OAR 461-150-0020(2), use the actual income to calculate the overpayment only when:

(a) The department failed to use income reported;

(b) The department miscalculated the income;

(c) The filing group, ineligible student or authorized representative failed to report a change;
(d) The filing group, ineligible student or authorized representative provided inaccurate information; or

(e) The filing group, ineligible student or authorized representative withheld information.

**Note:** For prospective income that was reported and determined correctly, continue to use the original amount, even if the actual amount the client received was different.

**B) Earned Income Overpayments**

**Reported earned income:**


**Note:** For SFPSS and TANF overpayment's, see GP-C.6 for allowing a Post-TANF credit.

**Note:** For TANF overpayments that occurred between October 1, 1989, and June 30, 1997, if the $30 and one-third deduction was used for four consecutive months, it is not allowed in computing the overpayment. The $30 may be used for an additional eight consecutive months after the $30 and one-third deduction is allowed. For administrative error overpayments that occurred after June 30, 1997, allow the 50 percent deduction.

**Unreported and under-reported earned income:**

Compute total countable earned income on a month-to-month basis, allowing earned income deductions (see OARs 461-145-0930, 461-160-0160, 461-160-0190, 461-160-0430, 461-160-0550, and 461-160-0552) as follows:

- In ERDC, OSIP, OSIPM, QMB and REFM, allow the earned income deduction.

- In MAA, MAF, REF and TANF, do not allow the earned income deductions, unless good cause exists.

- In SNAP, do not allow the earned income deduction on the portion of the income not reported or under reported.

**Note:** For purposes of this section good cause means circumstances beyond the client’s reasonable control that caused the client to be unable to report income timely and accurately.

**Overpayment Calculation Example:**

Client received TANF benefits and the following income:
• **Employer A:** Client reported income correctly. Prospective budgeting was used and determined correctly at $350.00. The actual wages the client received equaled $365.

• **Employer B:** Client did not report countable wages that equaled $300.00.

*When computing the overpayment use $350.00 from employer A (because it was determined correctly) and $300.00 from employer B (actual earnings), which totals $650. No earnings deduction is allowed due to under reported earned income (without good cause). This $650 is the amount to be compared against the client's TANF income and payment standard (see OAR 461-155-0030), and the income used in determining the overpayment amount.*

(C) **Unearned Income Overpayments**

Compute unearned income on a month-by-month basis if it is:

- Less than the monthly benefit amount for cash, SNAP or child care programs. Remember, there may not be a medical program overpayment if this is the only income source.

- Equal to or more than the monthly benefit amount for cash, SNAP or child care programs.

*Note:* For medical programs if the client is eligible for another medical program with the same benefit level during the period in question, there is no overpayment. Example: MAA went OVI due to an increase in child support, there is no overpayment in MAA for the months they met EXT eligibility.

- For GA and General Assistance Medical (GAM) programs in prospective budgeting, an administrative overpayment occurs in the month the financial group received a lump sum that resulted in ineligibility, regardless of when the income is reported.

(D) **Child Support - Including Cash Medical Support**

When the department retains support:

- In the TANF program, the amount of support (other than cash medical support) the department retains as a current reimbursement each month is added to other income to determine eligibility. When a client is not eligible for TANF program benefits, the overpayment is offset by the support the department retains as a current reimbursement.

- In the medical programs, the amount of the cash medical support the department retains each month is excluded income and not used to determine eligibility for medical program benefits. When a client has incurred a medical program overpayment, the overpayment is offset by
the amount of the cash medical support the department retains during each month of the overpayment.

In the REF and TANF programs, when a client directly receives support used to determine eligibility or calculate benefits, the overpayment is:

- If still eligible for REF or TANF program benefits, the amount of support the client received directly; or
- If no longer eligible for REF or TANF program benefits, the amount of program benefits the client received.

In the SNAP program, exclude child support payments the group receives that must be assigned to the department to maintain TANF eligibility, even if the group fails to turn the payments over to the department, per OAR 461-145-0080.

(E) Credits Against Overpayments:

Allow appropriate credits against the amount of benefits paid in error. Document credits allowed in the narrative portion of the Overpayment/Overissuance Report form (DHS 284), the Overpayment/Overissuance Change Report form (DHS 284A), or the Notice of Adjustment of Daycare Provider Overpayment form (DHS 284C). Allowable credits are:

- In all programs, for underpayments or adjustments.
- In GA, REF and TANF a client’s verified payment for medical services made during the period covered by the overpayment, in an amount not to exceed the department fee schedule for the service. Do not allow a credit for an elective procedure unless it was prior authorized by the department.
- In TANF months where there was no eligibility, child support payments made on behalf of the client that is retained by the state and applied to reimburse assistance paid. Only the amount up to the monthly legally obligated support is allowed.
- For SFPSS and TANF earned income overpayments occurring on or after 4/1/09: Allow a credit for Post-TANF only if:
  - The client reported timely;
  - The client met Post-TANF eligibility per 461-135-1250, including verification of the minimum number of work hours; and
  - The client has received less than 12 months of Post-TANF program benefits. A client cannot receive a Post-TANF payment and a credit in the same month.
• In medical programs cash medical support the department retained during each month of the overpayment.

• In SNAP, if the overpayment was caused by unreported earned income allow a credit for the following, (when verified only):
  – Paid child care costs, to the extent they would have been deductible under OAR 461-160-0040 and OAR 461-160-0430.

**Note:** *The overpayment cannot be adjusted for other types of costs that were not reported timely.*

(F) Overpayments Caused by Failure to Reimburse the Department

When an overpayment occurs due to the failure of an individual to reimburse the department, when required by law to do so, for benefits or services (including cash medical support) provided for a need for which that individual is compensated by another source, the overpayment is limited to the lesser of the following:

• The amount of the payment from the department;

• Cash medical support; or

• The amount by which the total of all payments exceeds the amount payable for such a need under the department's rules.

(G) SNAP Program Categorical Eligibility and American Recovery and Reinvestment Act of 2009

Categorical Eligibility, in the SNAP program:

• If the benefit group (see OAR 461-110-0750) was categorically eligible, there is no overpayment based on resources.

• For a filing group (see OAR 461-110-0370) found eligible for SNAP program benefits under OAR 461-135-0505(1)(a) to (c), and the actual income made the group ineligible for the related program, the group remains categorically eligible for SNAP program benefits as long as the eligibility requirement under OAR 461-135-0505(1)(d) is met. A benefit group of one or two individuals would be entitled to at least the minimum food benefits allotment under OAR 461-165-0060.

• For a filing group found eligible for food benefits only under OAR 461-135-0505(1)(d), and the actual income equals or exceeds 185 percent of the Federal Poverty Level, the filing group is no longer categorically eligible. The overpayment is the amount of food benefits incorrectly received.
In compliance with the American Recovery and Reinvestment Act of 2009, effective April 1, 2009, through September 30, 2009, the amount between the normal Thrifty Food Plan (TFP) benefit amount under this section and the increased TFP benefit amount under OAR 461-155-0190 is not counted in the overpayment amount unless the filing group was ineligible for SNAP program benefits.

### Normal TFP for October 1, 2008 - September 30, 2009

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>7</td>
<td>926</td>
</tr>
<tr>
<td>8</td>
<td>1,058</td>
</tr>
<tr>
<td>Each additional individual</td>
<td>132</td>
</tr>
</tbody>
</table>

(H) Medical, Screening for all Programs

When a client was not eligible for benefits under his or her medical program during the period in question, but during the period in question was eligible for another medical program with a lesser benefit level, the overpayment is the amount of medical program benefit payments made on behalf of the client exceeding the amount for which the client was eligible.

**Note**: When an overpayment is caused by administrative error (see OAR 461-195-0501), any overpayment of GA, OSIP, REF, SFPSS or TANF program benefits is not counted as income when determining eligibility for the EXT, GAM, MAA, MAF, OSIPM, REFM and SAC programs.

(I) OSIP and OSIPM, Client’s Share of Cost of Service and EPD Program Participant Fee

In the OSIP and OSIPM programs, when a client does not pay his or her share of the cost of services or the EPD program participant fee (see OAR 461-160-0610 and OAR 461-160-0800) in the month in which it is due, an overpayment is calculated as follows:

- All payments made by the department on behalf of the client during the month in question are totaled, including but not limited to any payment for:
  - Capitation;
- Long term care services;
- Medical expenses for the month in question;
- Medicare buy-in (when not concurrently eligible for an MSP);
- Medicare Part D;
- Mileage reimbursement;
- Special needs under OAR 461-155-0500 to OAR 416-155-0710; and
- Waivered services, including home delivered meals and nonmedical transportation.

- Any partial liability payment made by a client receiving in-home waivered services or participant fee paid by an EPD program client is subtracted from the total calculated under subsection (a) of this section. The remainder, if any, is the amount of the overpayment.

(J) Continuation of Benefits Pending a Hearing

When benefits issued incorrectly are continued unreduced pending a hearing and the hearing decision supports the department, the additional benefits beyond the initial notice period are an overpayment. The overpayment is considered a client error. Calculate from the date of the proposed action to the date benefits are reduced or closed as a result of the hearing decision.

In all programs except OSIP and OSIPM, when a client disputes a disqualification and benefits are continued do not establish an overpayment for the continued benefits unless an overpayment exists for a reason other than the disqualification.

If the hearing concerns a proposed action to reduce, suspend, or end benefits due to an overpayment that has already been reported, add the additional overpayment amount via the Overpayment/Overissuance Change Report form (DHS 284A). If the overpayment has not been completed, report the entire overpaid amount via the DHS 284.

When a client’s liability is unreduced pending the outcome of a contested case hearing about that liability the overpayment is the difference between the liability amount determined in the final order and the amount, if any, the client has repaid.

(K) Overpayment Notification

The Overpayment Writing Unit (OWU) completes the overpayment calculation, enters the overpayment in the overpayment system and sends the overpayment notice to the client or provider. Overpayment benefit calculation worksheets are also included to explain how the overpayment was calculated. The notice includes hearing rights (see OAR 461-025-0310) and recovery information (see OAR 461-195-0551).
When notice is required in an alternate format it is noted on the DHS 284. OWU Central Office will have the alternate format notice generated.

If any overpayment notice is returned by the Postal Service as “undeliverable,” the Overpayment Recovery Unit (ORU) will attempt to locate the person’s current address and resend the notice.

Calculation of Overpayments 461-195-0521

7. Overpayment Liability

(A) Liability for REF, SFPSS and TANF Client Overpayments

In the REF, SFPSS and TANF programs, the following individuals are liable for repayment of an overpayment (see OAR 461-195-0501):

- Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who did not reside with and did not know he or she was included in the filing group.

- A caretaker relative (see OAR 461-001-0000) and his or her spouse (see OAR 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred.

- A parent (see OAR 461-001-0000) or caretaker relative of a child (see OAR 461-001-0000) in the benefit group (see OAR 461-110-0750) and the spouse of the parent or caretaker relative if the parent, caretaker relative or spouse was a member of or resided with the filing group when the overpayment was incurred.

- An individual determined liable for an overpayment remains liable when the individual becomes a member of a new filing group.

- An authorized representative (see OAR 461-115-0090) when the authorized representative gave incorrect or incomplete information or withheld information resulting in the overpayment.

(B) Liability for SNAP Program Overpayments

In the SNAP program, the following individuals are liable for repayment of an overpayment or a claim that results from the trading of a controlled substance (see OAR 461-195-0501(6)):

- The primary person (see OAR 461-001-0015) of any age, an ineligible student in the household, and all adults who were members of or required
to be in the filing group (see OAR 461-110-0370) when excess benefits were issued.

**Note:** No member of a financial group (see OAR 461-110-0530) is liable for an overpayment caused by a change the group was not required to report.

**Note:** An emancipated minor is an adult under state law and therefore liable. For example, a benefit group consists of an 18-year-old with his 17-year-old wife. The wife became emancipated when she got married and is therefore equally liable for an overpayment as the 18-year-old husband.

- A sponsor of a noncitizen household member if the sponsor is at fault.
- A drug or alcohol treatment center or residential care facility that acted as the authorized representative of the client.

Liability for Overpayments 461-195-0541

(C) Liability for BCCM, CEC, CEM, EXT, MAA, MAF, OHP, REFM and SAC Program Overpayments

In the BCCM, CEC, CEM, EXT, MAA, MAF, OHP, REFM and SAC programs, the following individuals are liable for repayment of an overpayment:

- Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who ---
  - Was a child or dependent child (see OAR 461-001-0000) at the time of the overpayment; or
  - Did not reside with and did not know he or she was included in the filing group.
- A caretaker relative (see OAR 461-001-0000) and his or her spouse (see OAR 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred.
- A parent (see OAR 461-001-0000) or caretaker relative of a child (see OAR 461-001-0000) in the filing group and the spouse of the parent or caretaker relative if the parent, caretaker relative, or spouse was a member of or resided with the filing group when the overpayment was incurred.
- An authorized representative (see OAR 461-115-0090) when the authorized representative gave incorrect or incomplete information or withheld information that resulted in the overpayment.

Liability for Overpayments 461-195-0541
(D) Liability for GA, GAM, OSIP, OSIPM and QMB Program Overpayments

In the GA, GAM, OSIP, OSIPM and QMB programs, the following persons are liable for repayment of an overpayment:

- Each individual in the filing group or required to be in the filing group and the payee when the overpayment was incurred, except an individual who ---
  - Was a child or dependent child (see OAR 461-001-0000) at the time of the overpayment; or
  - Did not reside with and did not know he or she was included in the filing group.

- A caretaker relative (see OAR 461-001-0000) and his or her spouse (see OAR 461-001-0000) who were not part of, but resided with, the filing group when the overpayment was incurred.

- A parent (see OAR 461-001-0000) or caretaker relative of a child (see OAR 461-001-0000) in the filing group and the spouse of the parent or caretaker relative if the parent, caretaker relative, or spouse was a member of or resided with the filing group when the overpayment was incurred.

- An authorized representative (see OAR 461-115-0090) when the authorized representative knowingly gave incorrect or incomplete information or intentionally withheld information that resulted in the overpayment.

Liability for Overpayments 461-195-0541

(E) Liability for Child Care Program Overpayments

An overpayment caused by administrative error is collectible as follows:

- The provider is liable for a provider overpayment made on behalf of a client eligible for child care payments.

- The client is liable for an overpayment if the client was not eligible for the payment.

A client is liable for a client overpayment, and a provider is liable for an overpayment caused by the provider. The client and provider are jointly and severally liable for an overpayment caused by both. In the case of an alleged provider overpayment, a provider's failure to provide contemporaneous records of care provided creates a rebuttable presumption that the care was not provided.

An adult who cosigned an application with a minor provider applicant is liable for an overpayment incurred by the minor provider.

Use this general rule of thumb in figuring out who is liable for the overpayment:
- If the provider provided the child care service and the client is not eligible, it is a client overpayment.

- If the provider did not provide the service or was not eligible and the client is eligible, it is a provider overpayment.

- If both the provider and client were not eligible, it is a joint liability overpayment.

The following chart should be used to determine who is liable for a child care overpayment:

1. Were the client and/or child eligible for child care services?

   *This means the client and/or child were:*

   a. *Engaged in an activity that made the client eligible for child care, and*

   b. *Eligible for child care benefits*

   YES - go to next step

   NO - Write OVP for client or Admin Error

2. Is the provider eligible for approved listing status?

   YES - go to next step

   NO - Write OVP for provider

3. Did the provider on billing form provide the child care services?

   YES - go to next step

   NO - Write OVP for provider

4. Was the child in provider's care the same # of hours as billed?

   YES - go to next step

   NO - Write OVP for provider

5. Was child care billed at correct rate?

   YES - go to next step

   NO - Write OVP for provider

6. Did DHS data entry make the correct payment?

   YES - go to next step

   NO - Write OVP as Admin Error for provider
7. Is there evidence that the parent and provider collaborated to receive a payment for which they were not eligible (other than parent signature on billing form)?

This means the parent was not eligible for the service and the provider was not eligible to provide or did not provide the child care.

**YES -** Write OVP for both provider and parent.

**NO -** Does an OVP really exist?

Eligibility of Child Care Providers 461-165-0180
Liability for Overpayments 461-195-0541

(F) Non-Citizen Overpayment Liability

In all programs, both a noncitizen and the sponsor of the noncitizen are liable for an overpayment incurred if the overpayment results from the failure of the sponsor to provide correct information (see OARs 461-145-0820 to 461-145-0840). If the sponsor had good cause (see OAR 461-195-0521(5)) for withholding the information, the sponsor is not liable for the overpayment.

Liability for Overpayments 461-195-0541

8. Reporting Changes in Client-Liable Overpayments

When changes occur to a client liable overpayment, the information needs to be reported to either the Overpayment Writing Unit (OWU) or the Overpayment Recovery Unit (ORU) within the Office of Payment Accuracy and Recovery as follows:

Report to the Overpayment Writing Unit (OWU) when:

- The original amount of the overpayment needs to be adjusted;
- The reason for the overpayment needs to be changed;
- An allowable credit not deducted previously needs to be applied against the overpayment balance; or
- The adjustment is due to a hearing.

**Note:** The change information will be entered on the Overpayment/Overissuance Change Report form (DHS 284A) and processed by OWU.

Submit an Overpayment/Overissuance Change Report form (DHS 284A) to the Overpayment Recovery Unit (ORU) when:

- The department recovered on an overpayment that is later determined to not be an overpayment;
Note: When recovery occurred by reduction of cash benefits and a reimbursement is needed, attach a completed Authorization of Cash Payment form (DHS 437) to the DHS 284A.

- The benefit group voluntarily repays the overpayment using EBT benefits over and above any mandatory benefit reduction;

Note: Attach a completed Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken form (DHS 457D) to the DHS 284A. The branch EBT card issuer must adjust the EBT account accordingly. The client and worker must sign the DHS 457D or the DHS 284A for the dollar amount.

- TANF overpayment recovery is being restored to the client because they requested unreduced benefits pending a hearing decision on the overpayment or the EOP (TANF overpayment recovery from earned income deduction);

- For all programs except SNAP, when a benefit check (that the client was eligible to receive) is canceled to recover an overpayment and no check is reissued, report the amount of the check and the amount the overpayment is to be reduced on the DHS 284A.

Do not submit a DHS 284A when an overpayment is recovered from:

- Payment by cash when a DHS General Receipt Book (DHS 29) (paper only) is issued. The DHS 29 will be used to adjust the overpayment balance.

- For cash benefits, when benefit reduction is coded on UCMS, except as required above. The computer adjusts the balance(s).

- For TANF, disallowance of earned income deduction coded EOP on UCMS. The computer adjusts the balance.

9. Overpayment Recovery

(A) Collecting Overpayments

Collection action is initiated by sending liable persons (see OAR 461-195-0541) notice of overpayment and demand. The demand includes a due date and options for repayment. The Overpayment Recovery Unit (ORU) will allow 10 working days before taking any recovery action. Clients requesting continuation of benefits must make the request within 10 days of the notice date to delay benefit reduction. When the request is made within this time frame, no recovery action is taken until a hearing decision is reached.

Note: To recover from an inactive child care provider the child care provider overpayments (see OAR 461-195-0501) is referred to the agency’s Account Receivables Unit.
In addition to judicial process, the department may recover an overpayment (see OAR 461-195-0501) through an agreed repayment plan, reduction in benefits, voluntary payment from the client or authorized representative (see OAR 461-115-0090), and offset of the debt.

**Note:** Liable persons receive 30, 60 and 90 day notices requesting them to contact ORU to set up a payment plan. Involuntary recovery may begin 90 days from the date of the initial notice if the client has not requested a hearing.

**Note:** All correspondence received from a bankruptcy court on a client's or former client's bankruptcy must be forwarded to ORU.

The department reduces current benefits to collect an overpayment only as follows:

- In the GA and OSIP programs, the department may recover an overpayment by reducing cash benefit payments by the lesser of the following:
  - The total overpayment amount;
  - The total benefit amount; or
  - Ten percent of the client’s total benefit requirement at the standard of need.

- In the REF, SFPSS and TANF programs, the department:
  - Allows only half of the 50 percent earned income deduction described in OAR 461-160-0160.
  - Reduces the benefit payment by 10 percent of the total benefit requirement of the benefit group (see OAR 461-110-0750) at the adjusted income payment standard. The reduced benefit payment after such reduction, when combined with all other income may not be less than 90 percent of the benefit group’s adjusted income payment standard for a family with no income. In the TANF program, the cooperation incentive (see OAR 461-135-0210) is not included in the calculations prescribed by this paragraph.

**Note:** Mandatory recovery is automated through overpayment system linkage to the CM system. No recovery can be made if the monthly benefit amount is less than $10. If the amount is $10 or more, the computer will enter the overpayment amount on UCMS, enter an OVM Resource code, compute 10 percent of need, round this amount down to the next lowest dollar and enter the amount as the OVM amount. If the benefit amount is less than $10 after the 10 percent mandatory reduction, a check will be issued to the client.
Example: If the total need is $322, 10 percent equals $32.20. The computer will round $32.20 down to $32 and enter $32 as the OVM amount.

Note: Recovery by a reduction in benefits will end when benefits are:

- Suspended or ended.
- Converted to medical only, where there is no financial eligibility.
- For TANF, under $10. The case will remain open with a zero monthly benefit. No overpayment recovery credit will be allowed for the amount of money the benefit group did not receive because it was under the $10 limit. In such cases, the Recovery Resource code must be on UCMS so that overpayment records will not show a reduction of the overpayment balance(s).

Note: The benefit group may voluntarily repay cash program overpayments using cash benefits over and above any mandatory benefit reduction. When benefits are used as repayment, the branch office will complete a Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken form (DHS 457D) and an Overpayment/Overissuance Change Report form (DHS 284A). The branch EBT card issuer must adjust the EBT account accordingly. The client and worker must sign the DHS 457D or the DHS 284A for the dollar amount. Send completed forms to ORU.

- In the SNAP program, unless the department and the client agree to a repayment plan and the filing group (see OAR 461-110-0370) meets the terms of the plan, the department collects an overpayment from a liable member of a filing group participating in the SNAP program by reducing the food benefits allotment of the benefit group each month as follows:

  - For an overpayment caused by client error (see OAR 461-195-0501) or administrative error (see OAR 461-195-0501), 10 percent of the group's monthly allotment or $10 a month, whichever is greater.
  - For an overpayment caused by an IPV (see OAR 461-195-0601), 20 percent of the group's monthly entitlement or $20 a month, whichever is greater.

Note: Recovery by a reduction in benefits will end when benefits are suspended or ended.

Note: The benefit group may voluntarily repay the SNAP program overpayment using SNAP benefits over and above any mandatory benefit reduction. When benefits are used as repayment, the branch office will complete a Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken form (DHS 457D) and an Overpayment/Overissuance Change Report form.
The branch EBT card issuer must adjust the EBT account accordingly. The client and worker must sign the DHS 457D or the DHS 284A for the dollar amount. Send completed forms to ORU.

- In the child care programs:
  - The department may not recover an overpayment through reduction of a client's child care program benefits.
  - When a child care program provider is liable for a child care overpayment (see OAR 461-195-0501) the department may recover the child care overpayment by reducing up to 100 percent any future child care payment for which the provider bills the department.

**Note:** The department may recover ERDC overpayments from TANF only if the client signs a voluntary request. The client may make such a request by completing the appropriate segment on the reverse side of a DHS 284B. Forward the completed DHS 284B to ORU, which will code the computer for the grant reduction.

The department may recover an overpayment by offset as follows:

- Using the collection services provided by the Department of Revenue and any other state or federal agency to collect a liquidated claim established by:
  - A court judgment.
  - A confession of judgment.
  - A document signed or acknowledged by the debtor that acknowledges the debt, such as:
    - The department-designated form to acknowledge an IPV (see Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearings (DHS 649C), Agreement to Waive Child Care Provider Hearing for Intentional Program Violation (DHS 649CP)).
    - A plea-bargain agreement.
    - Any other document acknowledging the overpayment.
  - A written notification of overpayment from the department to the debtor, advising the debtor of the basis and amount of the overpayment and the right to request a hearing, if the debtor has exhausted his or her rights of administrative appeal.
  - A written communication from the debtor acknowledging the debt.
**Note:** A voluntary agreement to reduce benefits, or a mandatory reduction, does not prevent or preclude recovery from other sources, such as state income tax refund offset.

- Through use of a warrant authorized by ORS 411.703. Upon issuance of the warrant, the department may issue a notice of garnishment in accordance with ORS 18.854.

- The amount of any retroactive payment or restoration of lost benefits otherwise payable to the client, when the retroactive payment corrects a prior underpayment of benefits in the program in which the overpayment occurred.

- In the SNAP program, by offsetting the full amount of the overpayment against restored benefits owed to the client or to another benefit group that a liable member of the overpaid group has joined.

**Note:** The retroactive payment amount is credited to the overpayment by the following method: Complete an Overpayment/Overissuance Change Report form (DHS 284A) for TANF, REF and SFPSS or a Notice of Restoration of Lost Benefits form (DHS 362) for SNAP. Send the completed form to the Overpayment Recovery Unit (ORU). Issue to the client only the portion of the retroactive payment that exceeds the overpayment balance.

A confession of judgment is used in the case of a client error (see OAR 461-195-0501) overpayment. The department may not file a confession of judgment while the client receives public assistance and may file one only if the client has refused to agree to or has defaulted on a repayment plan.

When clients are found by a court to be guilty of fraud, the court may order restitution. The department will initiate recovery actions for the full amount of the overpayment even if:

- The court did not order restitution; or

- The amount of the restitution ordered is less than the full overpayment amount.

The department may not take collection action against a filing group while a member of the filing group is working under a JOBS Plus agreement.

Methods of Recovering Overpayments: 461-195-0551

**(B) Over-Collection of SNAP Overpayments**

If money was collected in error or if the overpayment claim is over-collected, ORU will reimburse the client the over-collected amount.

The branch office must reimburse over-collected amounts when benefit reduction caused the over-collection; however, ORU will initiate this action.
(C) Receipting Direct Overpayment Reimbursements

The branch must transmit all money it collects to the Department Receipting Unit via DHS 29 (receipt) *(paper only)* system. For direct reimbursements via check, cash or money order, enter the following receipt codes (for additional receipting codes, see the Business Integrity Manual, now titled Field Business Procedure Manual):

- 745 for administrative error overpayments in the SNAP program.
- 746 for client error in the SNAP program.
- 747 for IPV in the SNAP program.
- 231 for all TANF overpayment recoveries that have a DHS 284.
- 232 for all ERDC and GA reimbursements with appropriate DHS 284 forms processed.
- 216 for Medical overpayment recoveries that have a DHS 284.

*Note:* Make sure all checks or money orders are made out to the Overpayment Recovery Unit.

- Do not use these codes when benefits are reimbursed to prevent an overpayment; use code 216.

10. Compromise of Overpayment Claims

For overpayments in, Child Care, SNAP, Medical and TANF programs, the Overpayment Recovery Unit (ORU) will consider requests for a compromise on the unsatisfied balance. When a client or former client has questions regarding recovery of their overpayment claim, including compromising, refer them to their assigned recovery specialist in ORU. The following specifies when and how the department compromises an overpayment (see OAR 461-195-0501) claim:

- The department may consider a request to compromise an overpayment claim only if the estimated administration and collection costs necessary to collect the account in full likely exceed the current balance of the overpayment.

The following limitations apply to the compromise of an overpayment claim:

- The authority of the department to compromise may be limited by federal or state law.
- The department may compromise a claim only once it is a liquidated claim (see OAR 461-195-0551).
• The department may compromise a claim only if the requester has made a good faith effort to repay the overpayment.

• The department may not compromise:
  - A fraud overpayment (see OAR 461-195-0501) claim.
  - Any overpayment claim, unless 36 months have passed since the requester initially was notified of the overpayment.
  - An overpayment claim if the debtor has the ability to repay the overpayment in full within 36 months of the request date.
  - An overpayment claim for less than 75 percent of the total amount of the claim.
  - An overpayment claim if the debtor is a member, currently or in the previous 12 months, of a filing group that received benefits under the program in which the overpayment occurred.
  - A child care provider overpayment claim if the provider, currently or in the previous 12 months, received a direct provider payment for child care under division 165 of this chapter.

The department may allow a compromised claim to be paid in installments over a period not to exceed 90 days.

During the 12 months following the date of the compromise agreement, the department reserves the right to collect the original unmitigated claim through benefit reduction under OAR 461-195-0551.

Compromise of an Overpayment Claim: 461-195-0561

11. Referrals to the Investigations Unit

(A) Role of the Investigator

The investigator conducts investigations as needed to support the operations of the branch office in case management. Results of these investigations are reported to the branch and/or OWU and can result in eligibility determinations, overpayments, Intentional Program Violations and/or referral to a district attorney for criminal prosecution.

(B) Appropriate Referrals to the Department Investigator

The following are examples of referrals that are appropriate for the Department Investigator:
- Clients/providers receiving duplicate benefits using different names and SSNs.

- Clients receiving cash, medical or SNAP benefits simultaneously from more than one state or in more than one filing group in Oregon.

- Clients failing to report receipt of earned or unearned income.

- Under reported earned or unearned income.

- False report of nonreceipt of benefit and receipt of duplicate benefit.

- Not reporting assets (e.g., real property, boats, recreational vehicles, livestock, etc.).

- Unreported liquid or easily converted assets (e.g., cash, bank accounts, bonds, stock, etc.).

- Unreported marriage.

- Unreported self-employment.

- Unreported property settlement.

- Presentation of forged documents by a client.

- Client receipt of assistance for nonexistent children or children no longer in the household.

- “Absent” parent in the household.

- False presentation of child care expenses including falsified or forged documents, care not provided, a fictitious provider, etc.

- Presentation of false claims for OHP benefits including unreported and under reported income, false claim of residency, unreported assets/resources, false financial groups, etc.

Do not refer routine eligibility matters such as:

- Routine home visits on new, reopened, or ongoing cases.

- Separate financial group verification.

- Instate motor vehicle license checks.

- Vital statistics checks.

- School attendance verification.

- Citizenship verification.
• Determining value of assets.

Do not ask the department Investigator to investigate sale of drugs or income from illegal activities. These are police matters.

(C) Reporting the Result of an Investigation

Upon completion of an investigation, the Department Investigator will send a written report (enclosing any documentary evidence obtained) to the branch office/DPU with a copy to the ORU Overpayment Writer and/or the IPV Team if appropriate.

If a case is referred to a district attorney for consideration of prosecution, the branch office/DPU will be notified in writing and will receive a copy of the report to the district attorney when the case has reached its disposition.

If the Investigator has documentary evidence of an IPV and has decided not to refer the case for prosecution, the Investigator will refer the case to the IPV Team for IPV processing.

The IPV Team will notify claimants that they can avoid an IPV hearing by signing an Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – Cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearing (DHS 649C). If the claimant signs the DHS 649C, they waive all rights to an IPV hearing for the offense and accept the disqualification period (unless the waiver is set aside by an ALJ or court because the waiver was signed under duress). OWU will initiate collection and disqualification. OWU will notify the branch/DPU of the IPV.

When claimants choose not to sign a DHS 649C, and the IPV Team has documentary evidence to support IPV, an IPV hearing will be initiated by the IPV Team. The hearing is scheduled and the claimant and branch/DPU office's designated contact person are notified of the time and place of the hearing.

When the final hearing order is received by the IPV Team, and the claimant is found to have committed an IPV, the case is referred to OWU for initiation of disqualification penalties and collection of the overpayment.

12. IPV Disqualification Periods

IPV (Intentional Program Violation) Person Disqualification Periods:

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Additionally, effective 10/96:

For SNAP, when an IPV is established against any person found guilty of:

- Trading SNAP benefits for firearms, ammunition or explosives, the person will be disqualified from SNAP benefits permanently starting with the first DQ.

- Trading SNAP benefits for controlled substances, the person will be disqualified from SNAP benefits for 24 months with the first DQ and permanently for the second DQ.

- Trafficking (buyer or seller) in SNAP benefits of $500 or more, the person is permanently disqualified from SNAP benefits.

A person is disqualified for a 10-year period from receiving benefits in the program in which the person committed fraud if the person –

In the TANF program:

(A) Is convicted in state or federal court of having made a fraudulent statement or representation with respect to the place of residence of the individual in order to receive assistance simultaneously from two or more states under programs that are funded under title IV or XIX of the Social Security Act; OR

(B) Is found in an IPV hearing or admits, in a written waiver of the right to an IPV hearing, to having made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive benefits simultaneously from two or more states.

In the SNAP Program:

Is convicted in state or federal court, is found in an IPV hearing, or admits in a written waiver of the right to an IPV hearing, of having made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple benefits simultaneously from one or more states under programs that are funded under the Food Stamp Act of 1977 and Nutrition Act of 2008.

For ERDC, a client is not subject to an IPV disqualification but is still required to repay overpayment amounts.

A child care provider who has incurred an overpayment in the child care program established as an IPV after September 30, 2005, is disqualified:

a. for six months and until the full amount of the overpayment is paid or,
b. permanently, if the Child Care Program Manager finds it in the best public interest.

Methods of Recovering Overpayments: 461-195-0551
Intentional Program Violations; Establishment and Appeal: 461-195-0611
Intentional Program Violations; Penalties and Liability for Overpayments: 461-195-0621

13. **Forms**

- Use a *DHS General Receipt Book* (DHS 29) (*paper only*) to receipt monies received directly from clients or providers.

- Use a *SNAP Benefits Computation* (DHS 221) or the SNAP Calc, (or PC facsimile) to compute SNAP overpayments.

- Use an *Overpayment/Overissuance Report* (DHS 284) to compute and record all overpayments, except child care provider overpayments.

*Note:* **DHS 284 forms that are marked CE (client error) or PF (possible fraud) are screened for possible referral to the Investigation Unit.**

- Use an *Overpayment/Overissuance Change Report* (DHS 284A) to adjust the amount of an overpayment already reported. Do not use this form to submit a new overpayment or to increase an overpayment if the reason to increase is different from the reason for the original overpayment. Submit to OWU within three days of completion.

- Use a *Notice of Overpayment and Planned Action* (DHS 284B) to notify a client or former client of an overpayment and their hearings rights. Show the computation of the overpayment on the TANF Calc or DHS 284C used to compute the overpayment. Attach a copy of any client notice and the calculation sheets to the DHS 284 sent to OWU.

- Use a *Notice of Overpayment and Planned Action for Provider Overpayments* (DHS 284BP) to notify child care providers of overpayments.

- Use a *Notice of Adjustment of Daycare Provider Overpayment* (DHS 284C) to compute the overpayment.

- Use a *Daycare Overpayment Worksheet* (DHS 284DC) to compute all child care overpayments. Additionally for child care overpayments, indicate on the DHS 284 which ERDC program the overpayment occurred in. Complete and attach a DHS 284DC. Send the completed forms to OWU within three days of completion.

- Use a *CAF Self-Sufficiency Overpayment Referral* (DHS 284F) to refer potential client caused overpayments to the Overpayment Writing Unit.

When the overpayment is calculated using the TANF calculation program, be sure to include an explanation of the calculation.
Use a *Notice of Medical Overpayment and Planned Action* (DHS 284M) to notify a client or former client of a medical program overpayment and their hearing rights. Show the computation of the overpayment on medical overpayment calculation worksheets. Attach a copy of the client notice and the calculation sheets to the DHS 284.

Use a *Provider Overpayment/Over-Issuance Report* (DHS 284P) to record a claim for a child care provider overpayment.

Use a *Notice of Restoration of Lost Benefits* (DHS 362) when benefits are restored to a client who has been underpaid.

Use a *Fraud Investigation Unit Investigation Referral* (DHS 371) to refer a case for investigation to the Investigation Unit.

*Authorization of Cash Payment* (DHS 437).

*Voluntary Agreement to Reduce, Close, or Deny Benefits and Notice of Decision & Action Taken* (DHS 457D).

Use an *Agreement to Intentional Program Violation, Temporary Assistance to Needy Families (TANF – Cash for families), Supplemental Nutrition Assistance Program (SNAP – food benefits) Waiver of Right to Hearing* (DHS 649C) when the client agrees that they intentionally violated an eligibility requirement or withheld information.

*Verification of Earnings* (DHS 851).
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J. Notices

1. Decision Notices

   (A) A decision notice is a written notice sent to the filing group describing the action taken on an application or the benefit group’s benefits. When the department becomes aware that a client has legal representation for dealing with the department, the department must also send the legal representative copies of decision notices and amended decision notices. Notices can be computer-generated or sent by the worker. A decision notice must do all the following:

   (1) Except for mass changes, specify the action the department intends to take, the effective date of such action, and the date the notice is mailed;

   (2) Specify the reason(s) for the action;

   (3) Provide the name and phone number of the department staff person or department to contact for additional information;

   (4) Inform the client of their right to a hearing before an impartial person;

   (5) Specify the method and time frame for requesting a hearing;

   (6) Inform the client of their right to a prehearing conference with the branch office staff making the decision;

   (7) Inform the client of their right to representation, including legal counsel, and their right to have witnesses testify on their behalf;

   (8) Provide information about the availability of free legal help;

   (9) Cite the rule(s) that supports the action.

   (B) In addition to containing the decision notice information listed in (A), the continuing benefit decision notice and timely continuing benefit decision notice must inform clients of their right to continuing benefits as follows:

   (1) Clients are entitled to continuation of benefits if they request a hearing by the later of the following:

       (a) Within 10 days of the mailing of the notice; **OR**

       (b) On or before the effective date of the action;

       (c) If the deadline for requesting a hearing falls on a weekend or holiday, extend the deadline to the next working day.
(2) Any benefits paid while awaiting the hearing’s final order are considered an overpayment if the decision is in favor of the department’s action, except as follows:

(a) JOBS or JOBS Plus disqualification hearings;

(b) SNAP employment program disqualifications as a result of any of the following:

(i) Job quits;

(ii) Failure to cooperate with employment programs under OARs 461-130-0315 and 461-130-0330;

(iii) Disqualifications for noncooperation with JOBS or UC employment programs.

(c) Hearings on overpayment recovery issues.

What a Decision Notice Must Include: 461-175-0010
Notice Situation; Mass Changes: 461-175-0250

(C) When a written request is required and the time frames:

For all programs except SNAP, a written request is required for a hearing. A filing group member who requests the hearing completes an Administrative Hearings Request that is signed by that person or an authorized representative. A SNAP client may request a hearing verbally and department staff must then initiate a written request on behalf of the client.

The Administrative Hearings Request must be received by the branch office within the time period described below starting from the date the decision notice is mailed or given to the person, or on or before the effective date of the action, whichever is later. If the deadline falls on a weekend or holiday, extend the deadline to the next working day.

(1) The 45th day following the date of the decision notice in public assistance and medical programs.

(2) The 90th day following the effective date of the reduction or termination of benefits in a public assistance program if the reduction or termination of aid is a result of a JOBS disqualification (see OAR 461-130-0330) or a penalty for failure to seek treatment for substance abuse or mental health (see OAR 461-135-0085).

(3) The 90th day following the date of the decision notice in the SNAP program.

(4) The 30th day following the date of notice from the Oregon Department of Revenue in cases covered by ORS 293.250.
(5) The 90th day after a waiver is signed if a claimant asks for a hearing to
determine if the waiver of an Intentional Program Violation hearing was
signed under duress.

Hearing Requests: 461-025-0310

The time frame to submit the hearing request for continuing benefits is set out in
(B)(1) above.

2. Types of Decision Notices

(A) A basic notice:

- Is mailed no later than the planned date of action;
- Contains all the information required in a decision notice, including the
  right to a hearing;
- Does not give the client the right to continuation of benefits.

(B) A continuing benefit decision notice:

- Is mailed in time to be received by the date benefits are, or would be,
  received;
- Contains all the information required in a decision notice, including the
  right to a hearing;
- Gives information on the benefit group’s right to continuing benefits.

(C) A timely continuing benefit decision notice:

- Is mailed no later than 10 calendar days before the effective date of the
  action (except for clients participating in the Address Confidentiality
  Program, who are given 15 calendar days);
- Contains all the information required in a decision notice, including the
  right to a hearing;
- Gives information on the benefit group’s right to continuing benefits.

Definitions for Chapter 461: 461-001-0000
Notice Period: 461-175-0050

3. Notice Period

The notice period is used to determine the effective date for taking action when a
decision notice is sent to the filing group:
For a basic decision notice, the notice period is the month in which the notice is mailed;

For a continuing benefit decision notice, the notice period is the budget month from which information is used to initiate the decision notice;

For a timely continuing benefit decision notice, the notice period is the month in which the 10-calendar day mailing requirement ends. This mailing requirement is 15 calendar days for clients in the Address Confidentiality Program and 10 calendar days for all other clients.

Notice Period: 461-175-0050

4. Notice Situations

(A) For all programs except JOBS support service payments, OHP and the Pre-TANF program, send a decision notice as follows:

(1) Send a basic decision notice whenever benefits, including retroactive medical, are approved or denied; AND

(2) Send a timely continuing benefit decision notice whenever benefits (including the amount, scope or duration of medical care service) are reduced or closed, or the method of payment changes to protective, vendor or two-party.

See OAR 461-175-0230 for exceptions when a person enters a nursing home, jail or institution.

(B) Notices to reduce or close benefits become void if the reduction or closure is not initiated on the date stated on the notice. Notwithstanding any rule in Chapter 461, to the extent permitted by OAR 137-003-0530, the department may take any of the following actions:

(1) Amend a decision notice with another decision notice or a contested case notice;

(2) Amend a contested case notice;

(3) Delay a reduction or closure of benefits as a result of a client’s request for hearing;

(4) Extend the effective date on a decision notice or contested case notice.

If the notice is void, a new timely continuing benefit decision notice is required to inform the filing group of a new date on which their benefits will be reduced or closed.
(C) Amended Notices

(1) When the department amends a decision notice with another decision notice under (4)(B) above, the date of the amended notice restarts the client’s deadlines to request a hearing or continuing benefits, or both.

(2) When a contested case notice extends an effective date or delays a reduction or closure, the date of the amended notice restarts a client’s timeline to request continuing benefits.

(3) When a client has a pending hearing request or is receiving continuing benefits, and the department amends a notice under this section, the client need not re-file the hearing request or renew the request for continuing benefits.

(D) Notices approving MAA, MAF, REF, REFM and TANF benefits must inform clients, within one month following eligibility determination, of their opportunity to volunteer for JOBS participation and of the procedure for JOBS program entry.

(E) For EXT, MAA, MAF, OHP, SAC and TANF, send a basic decision notice if benefits are ended because the only eligible child is deceased.

(F) For JOBS support service payments, send a basic decision notice when a request for a support service payment is denied. When closing or reducing an ongoing JOBS support service payment as a result of information received through the MRS, send a continuing benefit decision notice. When closing or reducing other ongoing JOBS support service payments, send a timely continuing benefit decision notice.

FOR MORE INFORMATION ABOUT NOTICES FOR JOBS SUPPORT SERVICE PAYMENTS AND TANF, SEE TANF O.

(G) For EA, send a basic decision notice for all situations.

(H) For OHP:

(1) Send a basic decision notice when benefits are approved or denied, when the premium amount changes and when benefits are ended because the OHP certification period has ended;

(2) Unless otherwise provided in administrative rule, send a timely continuing benefit decision notice whenever benefits are otherwise reduced or closed.

(I) For the Pre-TANF program, send a basic decision notice when payment for basic living expenses or a JOBS support service payment is denied.
(J) No decision notice is required if:

1. Benefits are ended because there is no living person in the benefit group (see OAR 461-110-0750);

2. A notice was sent, the client requested the hearing, and either the hearing request is dismissed or a final order is issued;

3. The client has signed a voluntary agreement that qualifies as a final order under ORS 183.417(3)(b) (see OAR 461-175-0340(s)); OR

4. A JOBS support service payment has been approved.

Notice Situations; General Information: 461-175-0200

Notices approving EXT, MAA, MAF, OHP, REF, REFM, SAC and TANF benefits are computer generated. Notices ending OHP at the end of a certification period are also computer generated.

Some forms contain all the information required for a basic decision notice. When these forms are used and contain the required OAR, they meet the requirement to provide a basic notice (e.g., SNAP Rights and Responsibilities, 200R).
Worker Guide
Program Change Chart

This worker guide is intended to help workers determine if a new application is needed when a client changes programs.

Program Change Chart

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<th>Break of less than one calendar month in cash/medical benefits</th>
<th>Break of one calendar month or more in cash/medical benefits</th>
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</tr>
</tbody>
</table>

1 A new application is required when a client is moving from OHP to any other program and used the Oregon Health Plan Application (OHP 7210) originally.

2 Establish a new date of request. The client may request ERDC by using the 6E notice, with a phone or visit by either the worker or the client as long as the worker has enough information to reliably predict the client’s future income; and any other method that results in enough information to determine eligibility and gives clients information needed to participate in the program.

3 For ERDC only, the application is the Application for Employment Related Day Care (ERDC) Program (DHS 7470). When a client applies for more than one program, the application is the Application for Services (DHS 415F).

4 If a DHS 7470 was used, a DHS 415F is required to change to any other program(s). If a DHS 415F was used, no new application is required as long as the requirements in rule 461-115-0050 are met.

Note: See discussion with OAR for information on when to use an application when there is a change in TANF deprivation.

More Information on Program Changes

(A) When there is a change in the caretaker relative for TANF, a new application must be filled out, unless the caretaker is included on the current application.

(B) The following are examples of situations where it is up to the worker to decide if a new application is needed:

- Interoffice transfer of a case record;
• Reconsideration of eligibility on cash or medical cases denied or closed in error within the last 30 days;

• Restoring a suspended case;

• Changing the basis of deprivation of TANF;

• Changes in any program, except from an adult program to ERDC, OHP or TANF if:
  
  - There is sufficient information available to make an eligibility determination for the new program based on the current application form and other documentation provided by the client; **AND**

  - Everyone in the filing group is included in the application.

(C) Branch staff may use various forms to document the program change. The documentation to support ongoing eligibility or a change in program must be available in the case record. Options for documenting eligibility include:

- Change report forms (*Monthly Change Report* (DHS 859A), *Change Report* (DHS 943));

- *Application for Services* (DHS 415F);

- TRACS narration;

- Written statement from the client;

- *Application for Employment Related Day Care (ERDC) Program* (DHS 7470);

- *Oregon Health Plan Application* (OHP 7210).

**Note:** When adding a new person to the TANF filing group, use a new DHS 415F or revise the current DHS 415F with an addendum.
Worker Guide
Educational Income

This worker guide is not policy. It lists the grants and loans that are considered educational income, and is intended to help workers determine what portion of educational income is countable for ERDC, SNAP and TANF (OAR 461-145-0150).

The Educational Income Calculation for ERDC and Food Stamps (DHS 7351) can be helpful in this calculation for ERDC and SNAP.

☞ See CA B.24 for the policy on how to treat educational income.

1. Types of Educational Income

   (A) Major funds for education income are administered by the U.S. Department of Education under the following:

   (1) Title IV of the Higher Education Act. Includes, but is not limited to, the following:

   - Pell Grant (Basic Education Opportunity Grant – BEOG).
   - Perkins Loan Program (formerly NDSL).
   - Supplemental Education Opportunity Grants (SEOG).
   - State Student Incentive Grants (SSIG).
   - Oregon Opportunity Grant (because it contains federal SSIG funds).
     - Federal Direct Stafford/Ford Loan Program.
     - Federal Direct Student Loan Programs (FDSLTP).
     - Federal Direct Supplemental Loan Program.
     - Parent Loans for Students (PLUS loans).
     - Direct Stafford Loan Program.
     - Direct Unsubsidized Stafford/Ford Loan Program.
     - Federal Consolidated Loan Program.
     - William D. Ford Federal Direct Loan (Direct Loan Program).
- College Work Study (CWSP)\textsuperscript{1}.

- Special programs for students from disadvantaged backgrounds (source of TRIO funds).
  - Upward Bound (Some stipends given to students).
  - Student Support Services.
  - Robert E McNair Post-Baccalaureate Achievement.

- Robert C. Byrd Honors Scholarship Program.

- Colleges Assistance Migrant Program – CAMP (Special programs for students whose families are engaged in migrant and seasonal farm work).

- High School Equivalency Program (HEP).

- National Early Intervention Scholarship and Partnership Program (NEISP).


Education Programs Under the Carl D. Perkins Vocational and Applied Technology Education Act. Includes, but are not limited to, the following:

- Indian Vocational Education Program.

- Native Hawaiian Vocational Education Program.

- State Vocational and Applied Technology Education Program, which contains:
  - State Program and State Leadership Activities.
  - Sex Equity Program.
  - Programs for Criminal Offenders.
  - Secondary School Vocational Education Program.
  - Postsecondary and Adult Vocational Education Program.
  - State Assistance for Vocational Education Support Programs by Community-Based Organizations.

\textsuperscript{1} Because work study funds are available under different funding sources, treat work study assets according to the funding source.
- Consumer and Homemaking Education Program.
- Comprehensive Career Guidance and Counseling Program.
- Business-Labor-Education Partnership for Training Program.
- National Tech-Prep Education Program.
- State-Administered Tech-Prep Education Program.
- State Grant for Facilities and Equipment and Other Program Improvement Activities.
- Community Education Employment Centers Program.
- Vocational Education Lighthouse Schools Program.
- Tribally Controlled Post-secondary Vocational Institutions Program.
- Vocational Education Research Program.
- Curriculum Coordination in Vocational and Technical Education.
- Centers for Research in Vocational Education.
- Materials Development in Telecommunications Program.
- Demonstration Centers for the Training of Dislocated Workers Program.
- Vocational Education Training and Study Grants Program.
- Vocational Education Leadership Development Awards Program.
- Vocational Educator Training Fellowships Program.
- Internships for Gifted and Talented Vocational Education Students Program.
- Business and Education Standards Program.
- Blue Ribbon Vocational Education Program.
- Educational Programs for Federal Correctional Institutions.
- Vocational Education Dropout Prevention Program.
- Model Programs of Regional Training for Skilled Trade.
- Demonstration Projects for the Vocational and Academic Learning Program.
• Cooperative Demonstration Programs.
• Bilingual Vocational Training Program.
• Bilingual Materials, Methods, and Techniques Program.
• Bilingual Vocational Instructor Training Program.

(B) Educational Income Administered by the Bureau of Indian Affairs. Includes the following:

• Tribal Development Student Assistance (Revolving Loan Program issued under the Tribal Student Assistance Act).
• Scholarship Grant Program.
• Higher Education Grant Program.
• Loans issued by various tribes for Higher Education; may verify by calling tribe BIA office.
• Other programs are also available; such as the Indian Child and Family Program.

(C) Federally Funded Educational Income not Administered by the U.S. Department of Education or the Bureau of Indian Affairs. Includes, but is not limited to, the following:

• Veteran’s educational benefits (Chapters 30, 31, 32, 34, 35, 36, and 1606 and 1607).
• Fellowships.
• Public Health.
• Chafee Education and Training Grant.
• Work study.  

2 FOR TREATMENT OF VA INCOME, SEE CA B.24 AND CA B.81.

(D) Nonfederally Funded Educational Income. Includes, but is not limited to, the following:

• Nonfederal deferred payment loans that are specifically earmarked by the lender for education expenses.

2 Because work study funds are available under different funding sources, treat work study assets according to the funding source.
• Private scholarships earmarked by the grantor as a reimbursement or an allowance for education expenses.

• Work study.³

**Note:** Contact the financial aid office of the college/university that the client attends if they receive educational payments from sources not listed above.

(E) Graduate Assistantships, Graduate fellowships, Internships and Externships are forms of educational income.

### 2. How to Handle Educational Income

First, decide the following:

- What DHS program(s) is the person receiving benefits from? If more than one program, remember educational income may be treated differently in each.

  **Note:** Employed clients may receive ERDC for their Employment-related child care costs. ERDC does not cover the school-related child care costs.

- What kind of institution are they attending?

- Does the student meet the definition of **eligible student** for SNAP? (See SNAP D.3 or OAR 461-135-0570.)

After making these decisions, next determine what type of educational income the student is receiving. There are four categories of educational income, identified in the first section of this worker guide.

After identifying the source and type of income, determine what exclusions are allowed. Remember that if the student states that they have no cost for any item listed on the award letter, it is not an allowable exclusion.

³  Because **work study** funds are available under different funding sources, treat work study assets according to the funding source.

After you have determined the exclusions, subtract the exclusion from the income. The remaining income, except work study, is countable unearned income. Non-title IV work study is counted as earned income.

For ERDC and SNAP, use the *Educational Income Calculation for ERDC and Food Stamps* (DHS 7351) to compute the countable income.
Example: Catherine de Great is a half-time student and a single parent receiving SNAP and ERDC. Catherine is receiving ERDC because she has a child care need due to her employment of 20 hours a week at Gotham Middle School. She is an eligible student because she has a 5-year old daughter named Louise. Louise goes to a kindergarten class each morning while her mother is attending classes. She spends the afternoons, while her mother is working, at a local child care center. Following are the financial aid and expenses listed on her award letter for a three-month school term:

<table>
<thead>
<tr>
<th>Financial Aid</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 500 Pell Grant</td>
<td>$1,300 Tuition and mandatory fees</td>
</tr>
<tr>
<td>$ 400 SEOG</td>
<td>$ 200 Books and supplies</td>
</tr>
<tr>
<td>$ 500 Perkins Loan</td>
<td>$ 300 Transportation</td>
</tr>
<tr>
<td>$2,200 Private Scholarship</td>
<td>$ 200 Miscellaneous/personal</td>
</tr>
<tr>
<td></td>
<td>$ 300 Child Care</td>
</tr>
<tr>
<td></td>
<td>$ 100 Loan origination fee</td>
</tr>
<tr>
<td></td>
<td>$2,400 TOTAL</td>
</tr>
</tbody>
</table>

For SNAP and ERDC: Use the DHS 7351 to calculate Catherine’s monthly student income. Since the title IV monies are excluded for both programs, list only the $2,200 private scholarship as the countable income. For expenses, do not include the $300 child care as an expense for ERDC.

For SNAP: The DHS 7351 will show that the total expenses exceed the countable income and there is $200 unmet need.

For ERDC: The DHS 7351 will show that the total expenses are less than the countable income. Therefore, the difference of $100 will be averaged over the school term.

Example: Debbie is a full-time student, receiving both TANF and SNAP. She has a 7-year-old son, Nathan. Following are the financial aid and expenses listed on her award letter for a nine-month school term:
### Financial Aid

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>Pell Grant</td>
</tr>
<tr>
<td>$400</td>
<td>SEOG</td>
</tr>
<tr>
<td>$500</td>
<td>Perkins Loan</td>
</tr>
<tr>
<td>$300</td>
<td>Fred Meyer Scholarship</td>
</tr>
<tr>
<td>$900</td>
<td>Title IV Work Study</td>
</tr>
<tr>
<td>$1,000</td>
<td>Stafford Loan</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Amount</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,300</td>
<td>Tuition and mandatory fees</td>
</tr>
<tr>
<td>$200</td>
<td>Books and supplies</td>
</tr>
<tr>
<td>$200</td>
<td>Transportation</td>
</tr>
<tr>
<td>$100</td>
<td>Miscellaneous/personal</td>
</tr>
<tr>
<td>$300</td>
<td>Child care</td>
</tr>
<tr>
<td>$100</td>
<td>Loan origination fee</td>
</tr>
</tbody>
</table>

**TOTAL** $2,200

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**For TANF:** Subtract expenses ($2,200) from the $300 Fred Meyer Scholarship (countable income). No income is remaining after this exclusion, because the remainder is Title IV, which is excluded.

**For SNAP:** Use the DHS 7351 to calculate the monthly student income. The $300 Fred Meyer Scholarship is the countable income. List all of the expenses for SNAP. The computations for this example will show there is no income remaining after the exclusion for expenses from the countable educational income.

**Example:** Harry is a student and is a single parent receiving SNAP only. He is an eligible student, because he has a 10-year-old daughter named Rachel. Rachel stays with her grandmother while Harry is in school, so there are no child care costs. Following are the financial aid and expenses listed on his award letter for a three-month school term:

### Financial Aid

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500</td>
<td>Pell Grant</td>
</tr>
<tr>
<td>$400</td>
<td>SEOG</td>
</tr>
<tr>
<td>$200</td>
<td>Stafford Loan</td>
</tr>
<tr>
<td>$1,200</td>
<td>Private scholarship</td>
</tr>
<tr>
<td>$900</td>
<td>Non-title IV Work Study</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Amount</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>Tuition and mandatory fees</td>
</tr>
<tr>
<td>$200</td>
<td>Books and supplies</td>
</tr>
<tr>
<td>$300</td>
<td>Transportation</td>
</tr>
<tr>
<td>$400</td>
<td>Miscellaneous/personal</td>
</tr>
<tr>
<td>$100</td>
<td>Loan origination fee</td>
</tr>
</tbody>
</table>

**TOTAL** $2,000

---

*Use the DHS 7351 to calculate Harry’s monthly student income. Since the Title IV monies are excluded, list only the private scholarship as the countable income. The result is that Harry has*
an unmet educational need of $800 (not including work study income).

Use the nontitle IV work study to reduce Harry’s unmet educational need. Allow the first $800 of work study against unmet need, then count the last $100 received as earned income.
Worker Guide

Ten-Day Notice Deadline

This calendar gives the 10-day notice cutoff (adverse actions) for 2011. The dates reflect an effective date of the end of the month. Workers can usually add a day for first of the month effective dates (such as adding a person for SNAP). If the effective date falls on a nonbusiness day (weekend or holiday), a request for a hearing and continued benefits is still considered timely when received on the next working day. For example, July 31 is a Sunday. If the client requests a hearing and continued benefits on Monday, August 1, the request is to be honored as timely.

This calendar gives three cut-off dates for each month:

- NOTM (Notice Writer). Because these notices are mailed centrally from Salem, they take the longest to deliver. It is not necessary to add any days for translated NOTM notices: the two days it takes for them to be translated and mailed by IRCO is the same as the two days allowed for mailing of English and Spanish (NOTM, SP) notices. Worker-entered text on SP notices is not sent for translation.

- Next-day mailing (CM, SNAP and hand-written notices). Notices generated by the worker or these mainframe systems go into the mail the working day after the worker processes them. Remember to check the Reas fields on CM and SNAP to determine which notices are sent automatically.

- Same day. A notice given directly to the client or put into the mail with the U.S. Postal Service the same day as written.

*Note:* Additional processing time is needed for clients that require an alternate format from the Department of Human Services (DHS) contractor Braille Plus.

**Calculating the cutoff date.** The last date on which a timely continuing benefits decision notice can be mailed or delivered by hand is determined by counting backwards 10 days from the proposed date of action. If the 10th day is not a business day, continue back to the previous business day. That day is the last date on which a timely continuing benefits decision notice can be mailed. For instance, if the action date is November 30, you count 10 days back to November 20. Because November 20 is a Sunday, you must go back to the previous business day, which is Friday, November 18. The last day you can put the notice into the mail or personally deliver a notice is November 18.

Whichever method you choose for providing the notice, you must ensure that the notice is put into the mail or personally delivered by that date.

Allow one extra work day for a notice generated by CMS or FSMIS and two extra work days for NOTM notices, to allow for processing time. The days within the 10-day count are known as the notice period.

☞ See SNAP H.9 and SNAP H.10 for more information on SNAP notices.

☞ See GP J for information on notices.
SEE TF O FOR MORE INFORMATION ON TANF NOTICES.

The calendar below is based on end-of-month effective dates, and takes into consideration furlough days.

<table>
<thead>
<tr>
<th>2011</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
<td><strong>July</strong></td>
<td><strong>August</strong></td>
</tr>
<tr>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
</tr>
<tr>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 19ᵗʰ</td>
</tr>
<tr>
<td>Same Day: 21ˢᵗ</td>
<td>Same Day: 21ˢᵗ</td>
<td>Same Day: 19ᵗʰ</td>
</tr>
<tr>
<td><strong>February</strong></td>
<td><strong>March</strong></td>
<td><strong>September</strong></td>
</tr>
<tr>
<td>NOTM: 16ᵗʰ</td>
<td>NOTM: 18ᵗʰ</td>
<td>NOTM: 16ᵗʰ</td>
</tr>
<tr>
<td>CM/SNAP: 17ᵗʰ</td>
<td>CM/SNAP: 18ᵗʰ</td>
<td>CM/SNAP: 19ᵗʰ</td>
</tr>
<tr>
<td>Same Day: 18ᵗʰ</td>
<td>Same Day: 21ˢᵗ</td>
<td>Same Day: 20ᵗʰ</td>
</tr>
<tr>
<td><strong>April</strong></td>
<td><strong>May</strong></td>
<td><strong>October</strong></td>
</tr>
<tr>
<td>NOTM: 18ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
</tr>
<tr>
<td>CM/SNAP: 19ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
</tr>
<tr>
<td>Same Day: 20ᵗʰ</td>
<td>Same Day: 20ᵗʰ</td>
<td>Same Day: 21ˢᵗ</td>
</tr>
<tr>
<td><strong>June</strong></td>
<td><strong>July</strong></td>
<td><strong>November</strong></td>
</tr>
<tr>
<td>NOTM: 17ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 18ᵗʰ</td>
</tr>
<tr>
<td>CM/SNAP: 17ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 18ᵗʰ</td>
</tr>
<tr>
<td>Same Day: 20ᵗʰ</td>
<td>Same Day: 20ᵗʰ</td>
<td>Same Day: 18ᵗʰ</td>
</tr>
<tr>
<td><strong>July</strong></td>
<td><strong>August</strong></td>
<td><strong>December</strong></td>
</tr>
<tr>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
<td>NOTM: 19ᵗʰ</td>
</tr>
<tr>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
<td>CM/SNAP: 20ᵗʰ</td>
</tr>
<tr>
<td>Same Day: 21ˢᵗ</td>
<td>Same Day: 21ˢᵗ</td>
<td>Same Day: 21ˢᵗ</td>
</tr>
</tbody>
</table>
B. Subject Index

<table>
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<th>Description</th>
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</thead>
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<td>CA:</td>
<td>Counting Client Assets</td>
</tr>
<tr>
<td>CC:</td>
<td>Child Care Assistance</td>
</tr>
<tr>
<td>CM:</td>
<td>Case Management</td>
</tr>
<tr>
<td>CS:</td>
<td>Child Support Program</td>
</tr>
<tr>
<td>DV:</td>
<td>Domestic Violence Survivors (TA-DVS)</td>
</tr>
<tr>
<td>EA:</td>
<td>Emergency Assistance</td>
</tr>
<tr>
<td>ES:</td>
<td>Employment and Self-Sufficiency Services</td>
</tr>
<tr>
<td>GP:</td>
<td>Generic Program Information</td>
</tr>
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<td>HS:</td>
<td>Housing Stabilization</td>
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<td>IB:</td>
<td>Issuing and Restoring Benefits</td>
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<tr>
<td>IN:</td>
<td>Introduction</td>
</tr>
<tr>
<td>IND:</td>
<td>Subject Index and Acronyms</td>
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<td>MA:</td>
<td>Medical Assistance Programs</td>
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<td>MP WG:</td>
<td>Multiple Program Worker Guides</td>
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<td>NC:</td>
<td>Noncitizens</td>
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<tr>
<td>PR:</td>
<td>Prevention Resources</td>
</tr>
<tr>
<td>PRT:</td>
<td>Pre-TANF</td>
</tr>
<tr>
<td>RF:</td>
<td>Refugee Program (REF)</td>
</tr>
<tr>
<td>SNAP:</td>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
</tr>
<tr>
<td>TF:</td>
<td>Temporary Assistance for Needy Families (TANF)</td>
</tr>
</tbody>
</table>

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