

Sandy Dugan
Authorized Signature

Number: SS-IM-09-032
Issue Date: 06/15/2009

Topic: Other

Subject: Pilot startup of On-Line Food Stamp Application

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message:

On June 15, 2009, the Online Application for Food Benefits will be available to designated outreach sites in Multnomah County for SSP, as well as Marion, Polk and Tillamook counties for NorthWest Senior and Disability Services (NWSDS), in support of the Food Stamp Participation Grant.

The Online Application for Food Benefits allows an applicant to submit an application via the internet to designated offices based on the applicant's zip code. Offices participating in the initial pilot release are the Multnomah Metro Processing Center and NorthWest Senior and Disability Services (NWSDS) for Marion, Polk and Tillamook counties.

Training will be provided to the designated outreach sites regarding completion of the Online Application. Training will also be provided to designated staff in the Pilot areas on the look and feel of the PDF application associated with the online application.

The PDF application is a legal document and needs to be retained for the same retention period as other applications. A blank PDF application is attached as a reference so that you can be aware of what it looks like should you get a case transferred from one of the designated pilot sites.

If you have any questions about this information, contact:

Contact(s):	Sandy Dugan		
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E-mail:	Sandy.dugan@state.or.us		

ONLINE APPLICATION FOR BENEFITS
Section A - APPLICATION INFORMATION

Branch ID	Worker ID	Receptionist ID	FB Case No:
Expedited Service: <input type="radio"/> Yes <input type="radio"/> No	Appointment <input type="checkbox"/> MA	Date of Request	Filing Date
	Date		
Alternate Format: <input type="radio"/> Yes <input type="radio"/> No	Written Language: _____		
	Spoken Language: _____		
What Format: <input type="radio"/> AT <input type="radio"/> BR <input type="radio"/> CD <input type="radio"/> LP <input type="radio"/> OP	Interpreter: <input type="radio"/> Yes <input type="radio"/> No		
Case Name:	SSN:		

Application completed by:

- I am applying for myself or someone in my household, or both.
- I am a volunteer assisting and verifying the identity of the applicant **FTF Completed** Yes No
- I am applying for another individual (not in my household).

Name:

CONTACT INFORMATION:

Home phone: _____	Cell phone: _____	Message phone: _____	Ext: _____
Work phone: _____	Ext: _____	Email Address (if any): _____	
<input type="checkbox"/> TTDY/TTY	<input type="checkbox"/> OR Relay	<input type="checkbox"/> None	
Best way to reach during the weekday: _____		Best time to call during the weekday: _____	

RESIDENTIAL ADDRESS:

MAILING ADDRESS:

Address: _____	Address: _____
Apt/Unit: _____	Apt/Unit: _____ PO Box: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____ FIPS: _____	Zip Code: _____
<input type="checkbox"/> I am homeless right now	

THE FOLLOWING ARE FOR THE EXPEDITED FOOD BENEFIT DETERMINATION:

- Is household gross income less than \$150 per month? Yes No
- Does anyone have \$100 or more in cash, checking or savings accounts? Yes No
- Are your monthly rent and utility payments more than your monthly income, cash and money in your bank accounts? Yes No
- Is anyone a migrant or seasonal farm worker? Yes No
- Will you get income of \$25 or more from a new source in the next 10 days? Yes No
- Did all income stop within the last 30 days? Yes No

AUTHORIZED REPRESENTATIVE:

An authorized representative is a person who can apply for benefits for you. They need to know your situation. They can report changes for you. Do you want to choose someone to apply for or report changes for you?

Yes No

Viewed or copied ID?

I want the person I name below to represent me in my application and reviews. This includes signing the application for me. This person can give information and proofs that may be needed to complete my application for benefits. I will give this person information that is true and correct to the best of my knowledge.

Name: _____

Address: _____

Apt/Unit: _____

City: _____ State: _____

Zip Code: _____

ALTERNATE PAYEE:

An alternate payee is a person who can use your food benefits. They will get a card that lets them use your benefits for you. Do you want to choose another person to use your benefits for you?

Yes No

Viewed or copied ID?

I want the person I name below to get an Oregon Trail card to use my benefits. This person will need to show identification at the local office to get the card.

Name: _____

Address: _____

Apt/Unit: _____

City: _____ State: _____

Zip Code: _____

Section B: INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD

	Person Name 1	Person Name 2	Person Name 3	Person Name 4	Person Name 5
Have/Has applied for SSN?					
SSN					
DOB					
Age					
Programs					
Purchase and prepare together					
Gender					
Caretaker					
Relationship to primary					
Where this person lives					
Ethnicity					
Racial heritage					
Place of birth					
Resident of Oregon					
US Citizen					
If no, how admitted					
Date of LPR					
Disability or Life-threatening/disabling condition if not treated					
Student					
Full time or Part time					
Type of School					
Name of School					
Work Study					
WIA					
Employer Requested					
Displaced Worker					
Out of State Benefits last 30 days					
Programs					
What State					
Tribal Food Benefits					
Outstanding arrest warrant					

Section C: HOUSEHOLD INCOME INFORMATION

	A	B	C	D	E
Previous /Current/ Future					
Employer Name					
Employer Phone					
Start date					
How are you paid?					
Hours per week					
Rate of pay					
Salary per period					
How often paid					
Income expected this month					
Income same next month					
Last month income					
Additional pay type					
Paid other than money					
Tips per week					
Job ended past 30 days					
Last day worked					
Date of final paycheck					
Amount of final pay					
On strike					
Employer Name					
Employer Phone					
Strike began					
Income prior to strike					
Strike benefits amount					
Reason(s) hours or situation is different for previous or current jobs					

SELF EMPLOYMENT

	A	B	C	D	E
Business name					
Business type					
Hours per week					
Incorporated					
Partner					
% of ownership					
Last year taxes filed?					
Income same this year					
Reason Different					
Income expected this month					
Last month income					
Type of Business Costs					

UNEARNED INCOME:

	A	B	C	D	E
Type					
Frequency of payment					
Income same next month					
Reason different					
Income expected this month					

	F	G	H	I	J
Type					
Frequency of payment					
Income same next month					
Reason different					
Income expected this month					

	K	L	M	N	O
Type					
Frequency of payment					
Income same next month					
Reason different					
Income expected this month					

Section E: HOUSEHOLD DEDUCTION INFORMATION

Expense without income:

RENTAL COSTS:

Full cost of rent each month:

\$

Amount that you pay:

\$

Full cost of space rent each month:

\$

Amount that you pay:

\$

HOME OWNERSHIP COSTS:

Full mortgage payment each month:

\$

Amount that you pay monthly:

\$

Full second mortgage payment each month:

\$

Amount that you pay monthly:

\$

Property taxes - Every _____

\$

Fire or hazard insurance - Every _____

\$

Condominium or Housing Association fees - Every _____

\$

ALL TYPES OF SHELTER COSTS:

Expect to pay same amount next month?

Yes No

If no, new amount:

\$

UTILITY COSTS:

Low Income Home Energy Assistance Payments (LIHEAP) any time in the past 12 months at this address:

Yes No

Utilities paid in addition to your housing costs:

Yes No

How is your home heated?

How the heating expense is paid: (FUA only for paid separate)

Other Utilities paid: (LUA/TUA)

- | | | | |
|--|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Electricity (not to heat) | <input type="checkbox"/> Garbage | <input type="checkbox"/> Phone | <input type="checkbox"/> Water |
| <input type="checkbox"/> Propane (not to heat) | <input type="checkbox"/> Gas (not to heat) | | <input type="checkbox"/> Sewer |

ASSISTANCE FOR HOUSING AND UTILITY COSTS:

Housing help from HUD or Section 8:

Yes No

Amount that you pay:

\$

Does anyone else help you pay for housing?

Yes No

Does anyone else help you pay for utilities?

Yes No

ASSISTANCE WITH SHELTER COSTS:

Person Paying	Phone number of payor	Monthly amount paid \$

ASSISTANCE WITH UTILITY COSTS:

Person Paying	Phone number of payor	Monthly amount paid \$

MEDICAL COSTS (persons with disabilities or over 60yrs):

	Person Name 1	Person Name 2	Person Name 3	Person Name 4	Person Name 5
Medicare part B Premium monthly amount:					
Medicare part D Premium monthly amount:					
Doctors visits					
Dental					
Hearing Aids/ Eyeglasses					
Lifeline					
Medical Transportation					
Nursing/Attendant costs					
Prescriptions					
Prescribed Over-the -counter medications					
Other: Type/Amount?					

HEALTH INSURANCE:

Person Paying	Name of the Insurance Company	Monthly amount \$

DEPENDENT CARE:

Person Paying	Name of person in care	In addition to co-pay \$	State pays portion	Monthly Amount \$

COURT ORDERED CHILD SUPPORT:

Person Paying	Name of child	Total monthly amount \$	State name of order

TYPE OF INTERVIEW

Appointment Scheduled Date: _____ Time: _____

In person

By phone

- Elderly, blind or have a disability
- Limited transportation or difficulty getting to the local office
- Work during regular business hours
- School or training during regular business hours
- I am caring for another member in my household
- Child care unavailable
- I am ill and unable to come to the office
- Not comfortable going to local office
- Bad weather in my area
- Other - Unable to go to the local office because: _____

THE FOLLOWING HAS TO BE COMPLETED BY SITE VOLUNTEERS ONLY:

Information & Referral Packet given?

Yes No

Applicants Identification viewed?

Yes No

Drivers License State _____ Number _____
Birth Certificate State _____
Oregon Identification Card Number _____
Passport Number _____
Other _____

Did you view proof of income?

Yes No

Was this information faxed?

Yes No

Additional information obtained in interview

AGREEMENTS

- Yes, I understand how the household's SSN will be used by DHS
 - No I don't understand. Please explain during my interview
- Yes, I agree to these responsibilities
 - No I don't understand. Please explain during my interview
- Yes, I agree to report changes
 - No I don't understand. Please explain during my interview
- Yes, I understand these penalties
 - No I don't understand. Please explain during my interview

DECLARATION AND SIGNATURE

- I understand all adults in my household must repay if there is an overpayment of benefits.
- I understand I cannot get food benefits from the tribal food distribution program and the food benefit program at the same time.
- I will give proof of the information I have given to DHS. I will also let DHS contact other people and agencies to get proof.
- I understand the adults under 60 on this form who apply for Food Stamps will register for the state's employment program. If I add people to the program in the future, they will also register.
- I affirm under penalty of perjury that the statements made about persons in my home, including statements about citizenship, income, resources, property and all other information I have given to DHS and their contractors are true and correct.

By typing your name below, you agree that the information you have given in this application is correct. Your typed name will serve as your signature for this application.

Application Signature _____

You have submitted an application for _____

The application has been submitted on (date) _____

AGENCY ONLY

- ECLM
- WAGE
Last qtr seen _____
- SSA Records
- SMUX
- DPPL
- SPVF/HINQ
- WVIR
- Work Number

PERSON UPDATE:

- Ethnicity
- Employer
- Citizenship field updated
- Income verified
- Narration transferred to TRACS/ACCESS
- Other _____