B. Application and Redetermination

1. Date of Request and application time frames

Date of Request (DOR)

The Temporary Assistance for Needy Families (TANF) application process starts with a client request. The request may be in the form of a:

- Phone call;
- Office visit;
- Home visit;
- Written request.

The request can be made by the client or another person or agency authorized to act on the client’s behalf. Additionally, to establish a date of request, an application is not needed.

The date of request is the date the request for benefits is received by a Self-Sufficiency Program office of the Department of Human Services (DHS).

A TANF client must apply at the branch serving the area in which their family lives or works.

Application time frames

A client has up to 45 days from the date of request to complete the application process. The application process is completed when the client fills out and signs the application form, has a face-to-face interview, and provides the necessary information and verification.

The 45-day limit may be extended when one of the following is true:

- Circumstances exist beyond the control of either the client or the branch to complete the process;
- Information needed to determine eligibility is expected to be received after the 45-day limit, and the client has no control over delivery;
- The client requests a hearing before the 45-day time frame has ended.
2. **Application for TANF and additional forms**

The application form for TANF is the *Application for Services* (DHS 415F). It must be signed by at least one caretaker relative to be considered complete.

**Note:** *CAPI is not an allowable application for TANF.*

The required application forms are:

- A new, signed *Application for Services* (DHS 415F);

- If there is not a signed *Your Rights and Responsibilities While in JOBS and JOBS Plus* (DHS 7819) on file that is less than 12 months old or a narrative in the past 12 months documenting a discussion with the client about the DHS 7819, do one of the following:
  - Review the DHS 7819 and have each JOBS participant sign;
  - Review with each JOBS participant during the interview and narrate the discussion in TRACS;
  - Narrate that the form was mailed to the client with the intent of it being reviewed at the next JOBS appointment.

- If there is not a signed *Cooperating with Child Support Enforcement* (DHS 428A) on file that is less than 12 months old or a narrative in the past 12 months documenting a discussion with the client about the DHS 428A, review the DHS 428A with the parent and narrate this discussion or narrate that the form has been given to the parent.

Application Process; General: 461-115-0010
Application Requirements: 461-115-0020
Date of Request: 461-115-0030
 Application Processing Time Frames; Not Pre-TANF or SNAP: 461-115-0190

3. **Who must sign an application and complete the application process**

A parent or a nonparent caretaker relative of the dependent child(ren) must sign an application and completes the application process. If they are unable to do so unassisted, they may use an authorized representative. The authorized representative may obtain and use the benefits on behalf of the family. People who can be authorized representatives include:

- A legally appointed guardian;

- A conservator;

- A person with power of attorney;
- A person authorized by the client; and
- A person acting responsibly for the client.

**Note:** *When the caretaker relative changes, the new caretaker relative must sign a current application.*

Who Must Sign the Application and Complete the Application Process: 461-115-0071
Authorized Representatives; General: 461-115-0090

4. **When is an application needed?**

A completed application is required for TANF applicants except as listed in this section.

**Using an existing application**

An existing application can be used when:

- A case closes and reopens during the same calendar month; or
- Adding a newborn to the case, if the newborn was included on the original application as an unborn; or
- A case is closed because the case was over income and the case is reopened the month after closure.

When an existing application is used, the existing application should be reviewed and updated as needed.

**Example 1:** Mom and child receive TANF. Returned mail is received. A basic decision notice is sent and the TANF case is closed effective March 31. The client comes into the office March 25 and reports a new address. Since the client came in during the same month the case is closing, a new application is not needed.

**Example 2:** Mom is on TANF due to pregnancy and is due May 1. She reports on May 8 that she had her baby May 2. A new application is not needed.

**Example 3:** Dad and two children are on TANF. Dad’s case is closed September 30 due to being over income. Dad reports on October 10 that he was laid off due to lack of work and meets all requirements for TANF, including financial requirements, in October. Since he met eligibility in the month following closure, a new application is not needed.
Transitioning between Self Sufficiency programs

Workers may use the existing application when clients change between self sufficiency programs administered by DHS.

For more information about when to use a new application to change programs, please see Multiple Program Worker Guide #1 (MP-WG#1).

Adding a new person

If workers are adding a person other than a newborn to the grant, they must either:

- Use a new DHS 415F application form; or
- Amend a current application on file.

Branches may use their discretion to determine when to use a new application or an addendum.

5. Interview

A face-to-face interview is required at initial application and redetermination unless there is a hardship. If a hardship is present, it should be narrated.

A hardship includes but is not limited to:

- Care of a household member;
- A client’s age, disability or illness;
- A commute of more than two hours from the clients residence to the nearest branch office;
- A conflict between the client’s work or training schedule and the business hours of the branch office; and
- Transportation difficulties due to prolonged severe weather or financial hardship.

Note: Only one caretaker relative is required to attend the interview. Do not delay benefits by requiring the second caretaker relative to attend.

Application Requirements: 461-115-0020
Interviews: 461-115-0230
6. Verification of eligibility

Clients must provide verification to DHS when it is requested.

Verification may be received in a variety of ways but must come from a third party. The third party, however, must have direct knowledge of the information and cannot be a member of the filing group.

Verification 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. When verification is not placed in the file or available online, the worker must carefully narrate the information received. In certain situations, questionable information may warrant a home visit by DHS staff.

The following are factors that must be verified at application, redetermination and when changes occur:

- SSN or application for an SSN;
- Noncitizen status. It is not necessary to verify the document of the noncitizen if the document has already been verified once;
- Income;
- Incapacity for deprivation based on incapacity;
- Pregnancy, if it is an eligibility requirement. The client must turn in verification of the pregnancy if there are no other eligible children in the home. If there are other dependent children in the home, then the client’s statement that the pregnancy was determined by one of the following is adequate for verification:
  - Medical practitioner;
  - Health department;
  - Clinic;
  - Crisis pregnancy center; or
  - Like facility.
- Verification of Time on TANF in another state.

Do not delay benefits by pending for income that has not yet been received. Accept the client’s statement on what the income will be.

Example 4: Satine is pregnant in her last month and has no other children. Satine is applying for TANF and the worker will need to pend for verification of her estimated due date.
Example 5: Velvet is applying for TANF with her 10-year-old son and is also currently pregnant. Since Velvet has a child besides her pregnancy, the worker can accept her statement of her estimated due date.

Example 6: Mike is applying for TANF on April 10. He has started working and received his first check on April 5 and will receive his second check on April 20. There is no need to pend for proof of Mike’s April 20th check as he has not received it. The worker may accept Mike’s statement of how much is anticipated on the check.

For other eligibility factors, workers may accept the client's statement as verification.

Workers may verify any factors affecting eligibility whenever they consider them questionable. They can choose the type of verification they believe is acceptable for specific eligibility factors and specific situations.

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 a client identifies himself or herself as a noncitizen on the application, noncitizen status must be verified.

Note: When requesting information from a financial institution, have the client sign and date an Authorization for Use and Disclosure of Information (MSC 2099) for each request. Name the specific financial institution on the form before the client signs. Send the form to the financial institution and keep a copy in the branch.

Verifying time on TANF from another state

When a client indicates on the application that they received TANF benefits in another state(s), the agency must verify how many months the client received TANF in the other state(s).

If verification is needed, do the following things:

- Pend the adult’s benefits for 45 days and open a case for the children if all other TANF eligibility requirements are met; and

- Attempt to verify the out of state time by contacting the other state.

CONTACT INFORMATION FOR VERIFICATION OF TIME IN ANOTHER STATE IS AVAILABLE IN MULTIPLE PROGRAM WORKER GUIDE #4 (MPWG#4) – CONTACTS FOR STATEWIDE VERIFICATION OF ASSISTANCE.
If verification of time on TANF from another state is not received within the 45 day-application period, deny the application for failure to complete the application process. When verification is received within the 45-day application time frame:

- If the adult has less than 60 months on TANF: Supplement TANF back to the date the case was opened for the children. Once verification is received the adult is considered to have met eligibility the date all other eligibility factors for TANF were cleared;

- If over 60 months, the adult’s needs would not be added to the grant unless the client meets an exemption. The children would continue to receive benefits as long as all other TANF eligibility requirements were met.

CLICK HERE FOR MORE ON EXEMPTION TO THE TANF TIME LIMIT REQUIREMENT.

Out-of-state months, once verified, must be added to the Out-of-State Time Limits screen.

CLICK HERE ON HOW TO UPDATE THE OUT-OF-STATE TIME LIMITS SCREEN.

Note: If verification from the other state identifies months in Indian Country or months a program was not federally funded, those months do not count towards the federal or Oregon state time limit.

Example 7: Mary Ann moved to Oregon from Washington. At intake she said she had about four years on assistance in Washington. The worker called Washington but was unable to make a connection with anyone. Since all other eligibility factors were met, the worker opened TANF for the children but pended Mary Ann for proof of time on assistance in Washington. The worker emailed Washington. Two weeks later, she received an email from Washington verifying the client had received TANF for 48 months, none of which were in Indian Country. The worker was able to supplement TANF back to the date the grant opened for the children.

Example 8: Josh and his children moved to Oregon from Washington, D.C. Josh said he had received 60 months of TANF in DC and so the family had timed out. Josh did not meet a current hardship exemption. The worker tried to call D.C., but the office was already closed because of the difference in time zones. Since the family met all other eligibility requirements, the worker opened benefits for the children and pended Josh for proof of time on assistance. The worker then faxed a request to D.C. to verify time on assistance for Josh. The verification was received two days later. Because Josh had received TANF for 60 months, all months being after July 2003 and no months being while Josh lived in Indian Country, nor was time funded with state dollars, the worker
sent a notice to Josh denying him TANF and updated the Out-of-State Time Limit screens. TANF remained open for the children.

Application Process; General: 461-115-0010  
Verification; General: 461-115-0610  
Limitation on Eligibility Period; TANF: 461-135-0075  
Effective Dates; Initial Month Benefits: 461-180-0070

7. **When to open a TANF grant**

*Initial application*

A TANF grant is opened when the client completes the application process and provides the needed verification within the application processing time frames. This includes the interview.

The effective date for initial month cash benefits is the date that all eligibility factors have been cleared and the family is determined eligible for TANF program benefits.

**Example 9:** Lynne and her children apply for TANF on the second. She meets with her case worker on the third. Lynne may have an unemployment claim and the worker asked if she has applied for UC benefits. Lynne says she has not applied. All other eligibility factors have been cleared. Lynne is pended to apply for UC benefits. On the fifth, Lynn contacts the worker to let her know she had just applied for UC benefits.

**Question:** What is the effective date for opening TANF benefits?

**Answer:** The effective date for TANF program benefits will be the fifth of the month.

*Redetermination*

At redetermination, TANF is opened the first of month following the closure if both of the following criteria are met:

1. The client establishes a date of request during the final month of the certification period; and

2. A completed application is turned in no later than the end of month following the last month of the certification period.

**Example 10:** McKayla’s TANF certification period ends December 31. She establishes a date of request for TANF on December 15 and turns in a completed application on January 8.
Question: Did McKayla establish a DOR in the final month of her certification period?

Answer: Yes, the final month of her certification period was December and she established a DOR on December 15.

Question: Was a completed application turned in no later than the end of the month following the last month of the certification period?

Answer: Yes. The certification period ended December. The following month was January and a completed application was submitted January 8.

Question: What is the effective date for opening TANF benefits?

Answer: The effective date for opening TANF benefits will be January 1.

If both of the criteria listed above are not met, TANF is opened the date the client meets all eligibility requirements, including an interview.

Example 11: Liam’s TANF certification ends on May 31. He establishes his date of request on June 2. He turns in an application, meets with his case manager and completes all eligibility requirements on June 6.

Question: Did Liam establish a DOR in the final month of his certification period?

Answer: No. Since he did not, his benefits begin the date he cleared all eligibility.

Question: What is the effective date for opening TANF benefits?

Answer: The effective date for opening TANF benefits will be June 6.

Re-opening TANF after closure (nonredeterminations)

When reopening TANF after a mid-certification closure, the client must submit a new application unless they meet one of two requirements:

1. The client becomes eligible for TANF before the closure takes place; or

2. The case is closed for going over income but the client becomes eligible for TANF in the month following closure.

If the case is closed due to being over income and the client becomes eligible for TANF in the month following closure, TANF is opened effective the day the client clears eligibility.
Example 12: Landon is receiving TANF. His case is closed July 31 for returned mail. Landon contacts his worker on August 2 with a new mailing address. Since Landon’s case has already closed, he must complete a new application.

Example 13: Julie is receiving TANF. She was pended for information to add her child to her case. She did not turn in the pended items and her case is closed October 31. Julie returns the pended items on October 29. Since she returned the pended items prior to the closure of her case, TANF would be reopened, without a new application for November 1.

Example 14: Monica is receiving TANF. She goes to work and is over income. Her case closes January 31. On February 14, she contacts her worker and explains that she got laid off in January and received her final check on January 30. Since she closed due to being over income and she contacted DHS in February (the month following closure), her TANF can be restored without a new application if she meets TANF eligibility. The effective date is 2/14, the day she contacted her worker and cleared eligibility.

Prior to opening benefits, all eligibility must be reviewed. This includes checking all required screens.

Example 15: Brandy applied for TANF on January 16. She is pregnant and due March 10 and has no other children. She is not eligible for benefits until February 1. Before opening TANF on February 1, eligibility and screens must be reviewed.

Effective Dates; Eligibility Following Closure: 461-180-0100

8. Certification periods

All eligibility factors must be redetermined at least once every six months for families who have an open JOBS plan and are not participating or an active JOBS disqualification. This includes a completed application and interview.

For other families, eligibility factors must be redetermined at least once every 12 months.

A redetermination may be done either at assigned intervals or whenever it is deemed necessary by the case manager if the interval between redeterminations does not exceed those listed above.

A TANF certification may be redetermined early in order to align the TANF certification with SNAP benefits as long as the certification length does not exceed the guidelines above.
Example 16: Sharon has an active DQ2 JOBS disqualification. Her TANF must be redetermined no more than every six months. This is because she has a current JOBS disqualification.

Example 17: Josie and her two children are receiving TANF. Josie does not have a case plan at this time as a work experience site has not been arranged. A plan will be developed as soon as the site is available. She has no JOBS disqualification. Josie has no case plan; therefore, she would not be considered to be failing to participate. The redetermination of TANF eligibility could be up to 12 months.

Example 18: Jonathan was laid off from his job at the factory. He said his employer was going to hire him back in about three to four months. He has a case plan and is participating. His redetermination could be up to 12 months. However, because he may be going back to work soon, the case manager may do a six-month certification.

Example 19: Bobbi and her child are receiving TANF. She is receiving SSI after working with the State Family Pre-SSI program to become eligible. Bobbi is not required to participate in the JOBS program. Therefore, her redetermination date could be up to 12 months.

Periodic Redeterminations; Not EA, ERDC, REF, REFM, SNAP or TA-DVS: 461-115-0430

9. Withdrawal of applications or noncompletion of the application process

Withdrawn application

A client may withdraw their application at any time during the application process. When an application is withdrawn, the client must either sign a Voluntary Agreement to Take Action on a Case (MSC 457D) or be given a basic decision notice.

Note: If a client requests TANF on a signed application, they must either sign a MSC 457D or be given a basic decision notice.

Example 20: Carol is applying for TANF. During her intake, she states that she does not want to apply for TANF as she does not want to participate in the JOBS program. Carol must either sign a MSC 457D or be given a basic decision notice.

Notice Situation; Voluntary Action: 461-175-0340
Noncompletion of the application process

A client’s application is considered incomplete when the client or their authorized representative does not complete the application process by the 45th day from the date of request. This includes failing to:

- Sign and submit the application;
- Provide verification of eligibility factors; and
- Attend an interview.

This does not mean that a client’s TANF application may be instantly or automatically denied for missing a single appointment.

**Note:** Once the department has correctly denied an application or considered it withdrawn by the 45th day from the date of request, the client must initiate the application process again if they want to get benefits. The same application may be used if the anticipated changes make the client eligible the following month, and the eligibility decision is made within the application processing time frame.

*Example 21:* Madison turns in a completed application. She cannot stay for an intake and is scheduled to return tomorrow for her interview. Madison does not attend her interview and does not contact the branch to reschedule. On the 45th day, the application is denied for failure to complete the application process.

10. **Duplicate benefits**

A TANF recipient cannot receive cash benefits in two different benefits groups at the same time. Cash benefits are other cash benefit programs funded under title IV-E of the Social Security Act. Cash benefits include:

- Oregon TANF benefits;
- Out-of-State TANF;
- Tribal TANF;
- Social Security Income;
- Child Welfare Foster Care payments;
- Child Welfare Guardianship payments.
**Note:** SSI is the only social security program funded under title IV-E of the Social Security Act. Receipt of other social security programs such as Social Security based off a disability (SSDI) or Social Security based off retirement, widow’s benefits or a parent or spouse’s disability benefits (SSB) do not prevent an individual from receiving TANF.

**Note:** Benefits issued under the TA-DVS program are not considered cash benefits.

**Example 22:** Callie is requesting a non-needy caretaker relative grant for her niece, Amelia, for whom she receives foster care payments. Amelia is not eligible for TANF as she receives foster care payments.

**Example 23:** Meredith, Derek and their two children just moved to Oregon from Washington, where they are all receiving TANF benefits. Washington confirms that their TANF will end May 31. They are eligible for TANF in Oregon on June 1.

SEE TANF-I \(\text{TF-I}\) ON WAIVING TANF REQUIREMENTS DUE TO DOMESTIC VIOLENCE.

SEE MULTIPLE PROGRAM WORKER GUIDE \#4 (MPWG\#4) FOR INFORMATION ON HOW TO CONTACT OTHER STATES TO VERIFY THAT BENEFITS HAVE ENDED.

**TANF and Employment Related Day Care**

An ERDC recipient may move from ERDC to TANF in the same month as long as all TANF eligibility criteria have been met. A TANF recipient may not move from TANF to ERDC in the same month except in the following circumstances:

- Adults receiving TANF for themselves and their children may also receive ERDC for children who are in the household but cannot be included in the TANF benefit group;

- Children who are in an ERDC benefit group can also be a TANF benefit group member when living with a non-needy caretaker relative who is not included in the TANF benefit group;

- Children who are in an ERDC benefit group can also be in a TANF benefit group when living with a needy caretaker relative receiving SSI.

**Example 24:** Christina is receiving ERDC benefits for her child. She is laid off on May 5 and applies for TANF on May 10. Christina and her child meet all eligibility criteria for TANF on May 10. Christina and her child are eligible for TANF effective May 10.

**Note:** Christina is still responsible for her ERDC copay for May for any child care that she uses.
Example 25: Owen is on TANF and has recently started working. His TANF will end September 30. If he meets eligibility for ERDC, it cannot start until October 1. Owen should be reviewed for JOBS child care for September child care benefits.

Example 26: April receives SSI and receives TANF for her children. April begins working February 15 and needs child care assistance. She is not eligible for JOBS child care as she is exempt from the JOBS program. April may receive ERDC benefits in February if she meets all other ERDC eligibility requirements.

Note: April’s SSI and TANF grant need to be counted on her ERDC case as income.

ERDC recipients may not receive JOBS child care in the same month.

Example 27: Lexie receives ERDC. She used her ERDC benefits until she was laid off on December 10 and becomes eligible for TANF on December 18. Lexie is not eligible for JOBS child care until January 1.

Determining TANF for caretaker relatives with the dependent child receives TANF on another TANF case

If a needy caretaker relative applies for TANF and meets all eligibility requirements except that their dependent child is on another case, the caretaker relative may receive TANF for themselves while the dependent children are removed from the other case. The child(ren) may not receive TANF on both cases.

Prior to issuing TANF for the caretaker relative, it must be determined that the child is in the caretaker relative’s household and must meet all other eligibility requirements.

Children are considered in the household, filing and financial groups on the new case. They are not in the need group as they do not meet all nonfinancial requirements due to duplicate benefits. Since they are in the financial group, their income and resources count towards eligibility and the benefit allotment.

Example 28: Sheila applies for TANF on May 15 for her two children. She clears all other eligibility as of May 17. The children are currently receiving TANF on their father John’s case. Sheila’s worker does not find this questionable as John has already reported that the children have left his household. John’s worker sends a 10-day notice to close his TANF case May 31. Sheila may receive TANF for herself starting May 17. Her children are added to the case effective June 1.

Example 29: On May 25, Marcus applies for TANF for himself and his daughter, Bethany, who is receiving TANF on a non-needy
caretaker relative grant with her grandmother. This report is considered questionable as Marcus had previously reported having his daughter in his care when he did not. The worker pends for verification that his child lives with him. This is received May 31. The grandmother’s worker sends a 10-day notice removing Bethany from the TANF case, effective July 1. Marcus receives TANF for himself only May 31 through June 30. Bethany is added July 1.

Example 30: Tracy applies for TANF for her son Brody on May 16. It is not questionable as it is confirmed by Tracy’s child welfare worker. Brody is currently receiving TANF on his aunt’s case. Brody also receives $150 per month in SSB benefits. A 10-day notice is sent removing Brody from his dad’s case effective June 1. The SSB counts against Tracy’s TANF grant.

Example 31: On August 2, Jonas applies for TANF for himself and his two children. It is not questionable that the children are in Jonas’ care as he has primary custody during the school year. His two children are currently receiving TANF on their mother’s case in California. The worker in California is closing TANF for the children August 30. Jonas may receive TANF through the end of August on his own. His children will be added to his case effective September 1.
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F. **Deprivation**

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<th>Case Management Opportunity</th>
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<tbody>
<tr>
<td>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.</td>
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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.

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

**Example 1:** Kevin and Winnie are boyfriend and girlfriend and they have one child in common. Winnie has another child from a prior relationship. Kevin and Winnie are not employed currently and their child meets deprivation based on under/unemployment. Winnie’s child, Wayne, does not see his father on a regular basis. There is deprivation for Wayne, based on Continued Absence.

Deprivation as an Eligibility Requirement: 461-125-0010
Determining Deprivation of a Child: 461-125-0030
Specific Requirements: TANF: 461-135-0070

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.

**Example 2:** Echo is applying for TANF for herself and son Topher. The worker asks Echo about Topher’s father. Echo states that the father does not come around and she is not sure even of his whereabouts. Deprivation is met based on Continued Absence.

**Example 3:** Boyd is living with his son Victor and informs his worker that Victor’s mom, Sierra, is now picking up Victor Friday evenings around 5 p.m. and returns him home Sunday around 3 p.m. The worker asks Boyd if he and the mother are making day-to-day decisions and Boyd states they are. Since Victor spends the weekends at his mother’s house less than 30 percent but the parents make daily decisions, there is Deprivation based on Continued Absence.

**Example 4:** Adelle is raising her grandchildren on a non-needy caretaker relative grant. During recertification, Adelle states that the children’s father is now calling once a month but their mother does not call or visit. There is still Deprivation based on Continued Absence.

**Example 5:** Jennie is applying for TANF with two kids. Jennie states that the children’s father, Clive is currently in Texas training to become an underwater welder. Since Clive is away for training, there is no Deprivation based on Continued Absence.

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**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; TANF:** 461-125-0130

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### 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 SSD based on disability or blindness.

**Deprivation Based on the Incapacity of a Parent:** 461-125-0230
(A) 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:

(1) 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;

(2) A prognosis, including an expected recovery time frame;

(3) 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:

(4) The nature of the impairment;

(5) The medical documentation and, when appropriate, the social summary;

(6) 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.
6. **Deprivation based on unemployed/underemployed**

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

- Either caretaker relative monthly earned income is less than the countable income limit for the need group;
- Neither caretaker relative is participating in a labor dispute.

*Example 6: Sonya and John are applying for TANF as a two-parent household. During the intake, Sonya states that she and John work at the same company and are currently on strike. Since Sonya and John are participating in a labor dispute, there is no deprivation. TANF application is denied due to no deprivation.*

*Note: To be considered unemployed or underemployed, their monthly earned income is less than the countable income limit for the need group.*

*Note: Please refer to OAR 461-135-0070 and Family Services Manual TANF-D.10 (TF-D.10) (Separation from employment; caretaker relative in the need group) chapter for more information regarding employment separation.*

Specific Requirements: TANF: 461-135-0070

7. **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. If the change in deprivation is not reported timely, send a timely continuing benefit notice ending benefits.

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

If eligibility is not established, 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.

*Example 7: Amy reports to her case manager that her boyfriend (father of their two children) has moved back into the home on 2/15. Amy reports timely and establishes the DOR. Amy and her boyfriend have*
45 days from 2/15 to clear eligibility. Once he meets all eligibility requirements, he will be added to the TANF case.

Change in Basis of Deprivation; TANF: 461-125-0255
Notice Situations; General Information: 461-175-0200
# Supplemental Nutrition Assistance Program (SNAP)

## Table of Contents

### A. Program Intent and Overview
1. Program intent
2. Program overview

### B. Applications
1. Overview
2. Where clients apply
3. When to use an application
4. Who must sign an application and complete the application process
5. Filing date
6. Expedited service
7. Withdrawn applications
8. Interviews
9. Application processing time frames
10. Verification; overview
11. Verification for 30-day application processing and changes
12. Verifying out-of-state benefits
13. Verifying terminated income and reduced work hours
14. Length of certification
15. Authorized representatives and alternate payees
16. Disposition of the application
17. Effective dates on applications
18. Redetermination of eligibility; overview
19. Notice of redetermination
20. Redetermination process and interview
21. Right to uninterrupted benefits
22. Acting on changes from the redetermination
23. SNAP B - Applications examples

### C. Eligibility Determination Groups
1. Household group
2. Filing group; overview
3. Filing group; most situations
4. Filing group; special living arrangements
5. Financial group
6. Need group
7. Benefit group
8. Supplemental Nutrition Assistance Program (SNAP) C - Eligibility determination groups examples

### D. Noncitizens
1. Types of noncitizens
2. Qualified noncitizens
3. Unqualified noncitizens
4. Public charge
5. Eligible unqualified noncitizens
6. Additional eligibility conditions
7. Qualified noncitizens who do not need to meet additional criteria
8. General overview of eligibility factors for noncitizens
9. Eligibility for certain vulnerable noncitizens
10. Ineligible noncitizens
11. Additional eligibility criteria expanded
12. Verification of immigration status
13. Expired documents
14. SAVE
15. Applicant’s responsibility to provide verification
16. Acceptable verification
17. Sponsors and deeming
18. Exceptions to deeming for vulnerable populations
19. Sponsors
20. Treatment of income and deductions of ineligible noncitizens

E. **Nonfinancial Eligibility**
1. Identity
2. Residency
3. Students of higher education
4. Declaration of citizen/noncitizen status
5. Citizen status
6. Social Security number
7. SNAP work program requirements, who must comply
8. Work requirement exemptions
9. SNAP work requirements for mandatory clients
10. Changes in work requirement status
11. Referrals to the OFSET Program
12. OFSET components
13. OFSET support service payments
14. OFSET noncooperation
15. Conciliation; determining good cause
16. OFSET noncooperation; disqualification penalties
17. Job Quit penalties
18. OFSET; showing cooperation and ending disqualification
19. Fleeing felon and violators of parole, probation or post-prison supervision
20. SNAP E - Nonfinancial eligibility examples

F. **Categorical Eligibility for SNAP**
1. What does categorical eligibility for SNAP mean?
2. Who cannot be categorically eligible for SNAP?
3. How long is a household categorically eligible?
4. Eligibility factors
5. Households with noncategorically eligible members
6. Advantages of categorical eligibility
7. Categorical Eligibility Guidance Table
8. SNAP F - Categorical eligibility for SNAP examples

G. Financial Eligibility
   1. Overview of assets
   2. Countable income limit
   3. Resource limit
   4. Transfer of resources of noncategorically eligible households
   5. Asset Quick-Reference Chart
   6. Prospective eligibility and budgeting
   7. Annualizing income
   8. Budgeting in the reporting systems
   9. Change Report System
10. Simplified Reporting System
11. Transitional Benefit Alternative
12. Changing budgeting methods
13. Income in prospective systems
14. Disqualified income (DQI) and client overpayment for cash recipients
15. Income and income deductions for ineligible/disqualified group members
16. People on strike
17. Special treatment of income
18. When to allow deductions
19. Standard deduction and earned income deduction
20. Dependent care deduction
21. Medical deduction for elderly/clients with disabilities
22. Child support payment deduction
23. Shelter deductions; housing
24. Shelter deduction; utilities
25. Nonstandard living arrangements
26. Benefit levels
27. Benefit calculation
28. Exceptions to the SNAP benefit calculation
29. Prorating benefits
30. SNAP G - Financial eligibility examples

H. Issuing Benefits for SNAP
   1. General information
   2. SNAP Cash-Out Project for SSI or seniors
   3. Access to benefits via EBT
   4. EBT benefit aging
   5. Client moves out of state; EBT
   6. Nonstandard living situations and EBT
   7. Concurrent and duplicate program benefits
   8. Benefits of less than $10
   9. Issuance of SNAP benefits
10. Prorating benefits
11. Exceptions to staggered issuance
12. Issuing expedited SNAP benefits
13. JOBS Plus for TANF/SNAP companion cases
14. Benefits to survivors
15. Restoration of benefits
16. Calculating restored or lost benefits
17. Replacing benefits
18. Replacement of benefits due to a disaster
19. SNAP coupons returned to the branch
20. Issuing the Oregon Trail Card when the client or alternate payee cannot be present
21. Replacing EBT cards

I. Changes and Notices
   1. Overview of changes
   2. Changes that must be reported
   3. Mass changes
   4. Mail returned as undeliverable by Post Office
   5. Prison discrepancy lists
   6. Action on changes during the certification period
   7. Transferring cases between branch offices due to a move
   8. Effective dates
   9. Notices; general information
   10. No notice required
   11. Notice situations
   12. Using the Notice of Pending Status (DHS 210) or Notification of Pending States (SDS 539H)
   13. Using the Notice of Information or Verification Needed (DHS 210A)
   14. Using the Notice of Incomplete Information (DHS 487)
   15. SNAP I - Changes and notices examples

J. Special Situations
   1. Migrant and seasonal farmworkers
   2. Tribal food distribution
   3. Situations where meals are provided
   4. Using SNAP to purchase prepared meals
   5. Free Meals or Milk Program
   6. Farmers Market Program
   7. Quality Control (QC)
   8. Disaster (Emergency) Supplemental Nutrition Assistance Program (DSNAP)
   9. SNAP J - Special situations examples

Worker Guide SNAP -1: Forms Used in the SNAP Program
Worker Guide SNAP -2: Facilities
Worker Guide SNAP -3: Effective Narration
Worker Guide SNAP -4: Determining the Value of Motor Vehicles for SNAP
Worker Guide SNAP -5: SNAP Medical Deductions
Worker Guide SNAP -6: Processing Changes
A. **Program Intent and Overview**

1. **Program intent**

   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.

   In Oregon, the Department of Human Services (DHS) 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 a 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. These referrals can be to other food programs such as Women, Infants and Children (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**

   SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with state agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with state partners and the retail community to improve program administration and ensure program integrity.

   DHS, in partnership with the Area Agencies on Aging (AAAs), provides SNAP benefits to Oregon residents. 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 receive SNAP benefits, people apply either online or in an office, and provide proof of their living situation. Generally, people who buy and prepare food together must apply for SNAP together. To qualify for SNAP, 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) How SNAP benefits are received

(1) 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, some authorized facilities, and some homeless meal providers.

(2) SNAP recipients who are at least 65 years old or are SSI recipients and reside in Clackamas, Columbia, Multnomah or Washington counties, receive their SNAP benefits through the “SNAP Cash-Out” program. This is a special demonstration project allowable by FNS. The recipients may receive their SNAP cash food benefit in several ways:

   (a) Via EBT card, allowing them to access their accounts via ATM machines;

   (b) Via a check; or

   (c) Via direct deposit.

(D) What SNAP benefits are for

(1) SNAP benefits have a value equivalent to cash, but can only be spent on food intended for people. 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/snap/eligible-food-items

(2) Households CAN use their SNAP benefits to buy:

   (a) Foods for the household to eat, such as:

      (i) Bread and cereals;

      (ii) Fruits and vegetables;

      (iii) Meats, fish and poultry; and

      (iv) Dairy products.
(3) Households CANNOT use SNAP benefits to buy:

(a) Beer, wine, liquor, cigarettes or tobacco;

(b) Any nonfood items, such as pet foods, soaps, paper products or household supplies;

(c) Vitamins and medicines;

(d) Food that will be eaten in the store;

(e) Hot foods.

(E) SNAP and eligibility for other benefits

Families and individuals may qualify for other benefits due to their eligibility for and receipt of SNAP benefits. Some of these benefits are:

(a) 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.

(b) Eligible for the WIC nutrition program. Clients may go to any local County Health Department to apply for WIC. Click here for a list of WIC clinic locations.

(c) Eligible for School Lunch and Child Care food programs.

Homeless as well as the elderly and clients with disabilities may purchase prepared meals using their SNAP benefits.

SEE MP-WG #10 FOR INFORMATION ON OUTREACH FOR OTAP/LIFELINE.

SEE MP-WG #16 FOR MORE INFORMATION ON DIRECT CERTIFICATION FOR FREE AND REDUCED PRICE LUNCHES.

SEE SNAP-J.4 FOR INFORMATION ON HOMELESS AND ELDERLY MEAL PROVIDERS.
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B. Applications

1. Overview

(A) 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.

(B) 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).

(C) 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.

(D) 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

(A) 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 (SNAP). Persons temporarily in another part of the state may apply at the office serving that area.

(B) 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 worksite if the client wants their case transferred.
(C) 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.

(D) 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.

(E) Offices must have a process in place for receipt of applications by fax, mail and electronically. 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). Workers must 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.

(F) When all members of the filing group (SNAP-C.2) are applying for or receiving Supplemental Security Income (SSI), the group may apply at the Social Security Administration (SSA) office. Filing groups applying at SSA must not have applied for or received SNAP in the last 30 days.

(G) 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

(A) Use an application form approved by the department, when determining initial eligibility. The application must be complete, including a mailing address and a signature.

(B) If you deny an application for any reason, the same paper application can be used within 60 days of the original filing date; however, the client must re-sign the application again to set a new filing date. The applicant must also review all information on the old application, making changes where necessary.

(C) There are two exceptions to having a client re-set a filing date and re-sign the application:

(1) If you are denying benefits in the initial month and approving benefits for the second month (e.g., the client was on another SNAP case or was over
(A) 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 Benefit Filing Form (SDS 539F), the filing date begins the date the total application is signed, unless the filing date is set via another document.

(B) Usually, a responsible adult signs the application and completes the application process. This person could be:

(1) The primary person (GP-A.63);

(2) The spouse (GP-A.77) of the primary person;

(3) Another adult in the filing group (SNAP-C.2);
(4) 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

(5) When there is no responsible adult, such as when a homeless (GP-A.41) teen applies, the child can sign the application and complete the application process.

(C) If an applicant is unable to write their name, they can sign with their mark. The mark must be witnessed by a department employee.

(D) An electronic application is signed electronically by the client typing their name and clicking on the submit button.

SEE SNAP-B.14 AND SNAP-WG #2 FOR INFORMATION ON WHO SHOULD SIGN AN APPLICATION WHEN THE CLIENT LIVES IN AN ALCOHOL & DRUG (A&D) TREATMENT CENTER OR RESIDENTIAL CARE FACILITY (RCF).

Application Requirements: 461-115-0020
When an Application Must be Filed: 461-115-0050
Who Must Sign the Application and Complete the Application Process: 461-115-0071

5. Filing date

(A) 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.

(B) 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:

(1) The Application for Services (DHS 415F);

(2) The Re-Application for Food Stamp Benefits (Part 1) (DHS 415Y);

(3) The Food Benefit Filing Form (SDS 539F); or

(4) The completed reapplication forms at recertification.

(C) 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.
(D) 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).

(E) 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.

(F) The filing date for an electronic application is the date that the department receives the signed electronic application.

(G) When an application is denied after 30 days because pended information was not returned timely, receipt of the pended items 31-60 days following the filing date automatically establishes a new filing date. Determine eligibility using the new filing date. For all other denials, the client must reapply (at a minimum, by initialing or re-signing the original request) to set a new filing date.

6. Expedited service

(See #22, A for examples of expedited service.)

(A) 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).

(B) Under expedited service, client statements and limited verification are 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.

(C) To be eligible for expedited service, the filing group (SNAP-C.2) must meet one of the following:

(1) Have countable income of less than $150 a month and resources in the form of cash and bank accounts of $100 or less;
(2) Have combined gross monthly countable income, cash and bank account balances that are less than the group’s total monthly housing and utility costs (using the dollar value of the appropriate utility standard) (GP-A.16);

(3) Be destitute (SNAP-J.1). “Destitute” means the filing group contains a migrant or seasonal farm worker who has met certain criteria during the month of application. See SNAP-J.1 for more information on destitute groups.

SNAP Expedited Services: 461-135-0575

(D) 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 Benefit Filing Form (SDS 539F) for this screening.

(1) The seven-day processing includes the screening, the intake interview (SNAP-B.8), I.D., other verification readily available, the decision that the client meets all eligibility requirements, and the issuance of benefits for those eligible for expedited service.

(2) 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.

(E) 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.

(F) 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 the client misses the appointment, send a NOMI and follow the regular application processing timeframes.

Note: If the client is unable to be reached by phone to schedule the expedited interview, an appointment letter must be mailed. Clients do not lose expedited eligibility for
not being reachable by phone to schedule the interview. Clients only lose expedited eligibility if they miss their scheduled appointment unless the reason for the missed appointment is beyond their control.

Application Processing Time Frames; SNAP: 461-115-0210

(G) 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.

(H) 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 (MSC 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

(I) Verification for seven-day application processing: The only eligibility factor absolutely required to be verified under expedited service is the identity (SNAP-E.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-E.1 AND MP-WG #2.5 FOR MORE INFORMATION ON VERIFYING IDENTITY.

(1) 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.

(J) 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 an REC action for a full 12 months without requiring a new application.

(K) 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.

*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 PER MP-WG #4.*

Verification for SNAP Expedited Services; 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**

(See #22, B for examples of withdrawn applications.)

(A) 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.
(B) 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.

(C) 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 Take Action on Case (MSC 457D). Code FCAS with the “WI” reason code and the computer will send the withdrawal denial notice.

(D) 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 (MSC 456) or a Notification of Planned Action (SDS 540) if a different reason code is used for the withdrawal action.

(E) 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.

Application Process; General: 461-115-0010

8. Interviews

(A) An interview is required of all households applying for SNAP benefits at all initial applications and recertifications.

(B) 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).

(C) The interview appointment is scheduled for a set date and time when a client is not interviewed the same day as the filing date.

SEE SNAP-WG #3 FOR IDEAS ON EFFECTIVE NARRATION.
(D) Initial application: This interview is generally conducted in the office or by phone. In either instance, the interview must be conducted protecting the client’s right to privacy and confidentiality. If an applicant comes into an office, interview the SNAP applicant the same day they request benefits or schedule an appointment for them to return, or a phone appointment if they prefer. Always give the client the appointment date and time for the interview. Also note it on the application or in narration.

(E) An interview must be conducted when the applicant does not have an in-office interview, a telephone interview, a home visit or an interview at a mutually agreed upon location can be done. The client may decline a phone interview and request an in-office interview. When this occurs, the department must grant the in-office interview.

(F) Notification of Missed Interview (NOMI)

(1) 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.

(2) The expectation is that notice will be mailed within two business days of the missed appointment. This is to give the applicant time to reschedule the appointment before the 20th day following the filing date.

(3) 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.

(4) 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:

(a) The Missed Appointment Postcard (DHS 411). 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. Narrate the NOMI was sent. If the client returns for the scheduled appointment, the card should be put with other confidential shred material;

(b) A 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.
(5) 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.

(G) Recertification application: The interview requirements for a redetermination (GP-A.67) of eligibility or recertification are the same as the ones for an initial application.

SEE SNAP-B.18 FOR THE RECERTIFICATION PROCESS.

Disclosure of Client Information: 461-105-0130
Interviews: 461-115-0230

9. Application processing time frames

(See #22, C for examples of expedited service.)

Determine eligibility and provide benefits as soon as possible for all SNAP benefit applicants. The application processing timeframes are as follows:

(A) Expedited seven-day processing. See Expedited service (SNAP-B.6).

(B) Nonexpedited 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.

(C) When taking a denial action on an application, it must be done on the 30th day or as soon as possible following the 30th day. Do not deny an application before the 30th day unless it is being denied for a reason other than failure to complete the application process.

SEE SNAP-B.16 FOR AUTOMATIC DENIALS FOR FAILURE TO COMPLETE THE APPLICATION PROCESS.

(D) The 30-day application processing time frame can be extended when the delay is beyond the control of the client and the client has called to request an extension in the initial 30-day processing period or if an intake interview cannot be scheduled during 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 to conduct the interview. Also extend the limit when the client requests a hearing before the 30-day time frame has ended. 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.22.C).

(E) The application processing time frame includes the following:

1. Setting a filing date;
2. Receiving a completed and signed application;
3. Conducting the interview (SNAP-B.8). 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;
4. Gathering needed verification (SNAP-B.11); and
5. Making the eligibility decision.

(F) 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.

(G) 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.

(H) If the client does not contact the branch within the 30 days, deny the application.

Application Processing Time Frames; SNAP: 461-115-0210
Interviews: 461-115-0230

10. Verification; overview

(A) 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, deny the application or end ongoing benefits unless the client has been asked for verification of a deduction; do not deny the application or end benefits, but do not add the deduction to the case.

(B) 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. When
verification is not placed in the file, or available online, the worker must carefully narrate the information received.

(C) If gathering verification over the telephone, during a phone conversation obtain:

1. Name of person providing the information;
2. Position or title along with name of organization the information is from;
3. 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 $10 an hour. The first pay check will be received October 15.

(D) If documents are viewed during a home visit – narrate:

1. Document(s) viewed;
2. Date on document(s);
3. Specific information viewed on each document.

\[\text{SEE SNAP-WG#3 FOR NARRATION EXAMPLES.}\]

(E) 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 Notice of Information or Verification Needed (DHS 210A) form to request verification when it is needed during a certification period.

\[\text{SEE SNAP-I.12 FOR MORE ON USING THE DHS 210 OR SDS 539H OR SNAP-I.13 FOR MORE ON THE DHS 210A.}\]

(F) 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 (MSC 321), or copies of papers authorizing guardianship or power of attorney.

(G) Home visits may be made to verify eligibility factors. However, the home visit must be scheduled in advance with the household.

(H) 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, countable income must be verified even when it has not changed when
processing the Interim Change Report For Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852).

(I) Exceptions to income verification

(1) Some clients are paid under the table or do jobs that do not generate pay stubs (e.g., pick up cans). 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.

(2) Some clients may earn marginal income from jobs that do not generate pay stubs (i.e., picking up cans, panhandling, selling plasma). 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.

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

(See #22, D for examples of expedited service.)

(A) The eligibility factors that must be verified are:

| (1) Identity (SNAP-E.1) of the applicant, the authorized representative(s) (SNAP-B.14), and the alternate payee; |
(2) Alien status for all adult noncitizens in the filing group (SNAP-E.5). Verify for children only if questionable. In addition, work quarters for LPRs whose eligibility is based on 40 qualifying work quarters;

(3) Social Security number (SSN) (SNAP-E.6) or application for an SSN;

(4) Countable income;

(5) The actual amounts billed for medical before allowing the costs (GP-A.16) in the medical deduction (SNAP-G.21);

(6) Disability: when a student (SNAP-E.3) claims they are unable to be employed due to a physical or mental condition and the physical or mental condition is not obvious;

(7) The legal obligation to pay child support (SNAP-G.22) and the amount actually paid;

(8) Questionable information (GP-A.65).
   (a) Information is questionable when it is inconsistent with information provided in the application, received by the office or reported on previous applications.

(9) 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.

FOR EXAMPLES OF DOCUMENTS USED FOR VERIFICATION, SEE MP-WG #2. 
ALSO SEE PROOF FOR ELIGIBILITY (MSC 223).

(10) For the initial application, get a month’s worth of the most recent representative income verification. If you do not use the most recent income, be sure to narrate why. Request additional verification if needed (e.g., income is highly variable or needs to be annualized). (For terminated income see SNAP-B.12.)

(B) Anytime a client is asked to verify a cost (whether questionable or required), do not allow the deduction until the verification is provided. Remember to narrate the reason the cost is not allowed.

(C) 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.22.D).

Supplemental Nutrition Assistance (SNAP) Verification Table

<table>
<thead>
<tr>
<th>Eligibility Factors</th>
<th>CERTIFICATION</th>
<th>INTERIM CHANGE</th>
<th>RECERTIFICATION*</th>
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<tr>
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<td>Accept Statement</td>
<td>Verify</td>
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<tr>
<td>Countable Income</td>
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<td>Medical costs</td>
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<td>X (Only verify new costs that are provided)</td>
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<td>Child Support Deduction</td>
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</table>
(D) Verification may be required for any information that is questionable, but if you request verification for something that is not required, you must narrate the reason you have requested the verification.

(E) 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.

(F) At recertification verify:

1. Countable income from any source;
2. The actual amounts billed for medical before allowing the costs (GP-A.16) in the medical deduction (SNAP-G.21);
3. Change in the legal obligation to pay child support and the amount paid must always be verified.

(G) At Interim Report processing, verify all income received in the fifth month of the certification period. If the client turns in the Interim Report late and provides more recent verification, that verification can be used as long as it is representative.

(H) Mid-certification for cases in the Simplified Reporting System (SRS) (NOT Interim Report processing):

1. Alien status and SSN when a new member joins the benefit group;
2. All changes in countable income;
3. All changes in medical expenses used as a deduction;
4. An order to pay child support and the amount being paid.

(I) Mid-certification for cases in the Change Report System (CRS):

1. Income changes;
(2) The actual amounts billed for medical before allowing the costs (GP-A.16) in the medical deduction (SNAP-G.21);

(3) Changes in the legal obligation to pay child support or in the amount the client is paying.

SEE SNAP-G.10 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 out-of-state-benefits

(A) Out-of-state verification of benefits for EXPEDITED cases:

(1) If the customer presents an out-of-state I.D., ask them when they moved to Oregon. In addition, if the customer does not present an out-of-state I.D., but indicates they have recently moved to Oregon, ask them when they moved.

(2) When a customer has resided in Oregon longer than six (6) months, we do not need to verify benefits with the other state they moved from.

(3) When a customer has moved to Oregon in the last six (6) months and applies for benefits and meets expedited criteria, ask them whether or not they are currently receiving benefits in the other state.

(a) If the customer is currently receiving benefits, they are not eligible for expedited benefits in Oregon. You must verify the benefits have ended in the other state before opening benefits in Oregon;

(b) If they have received benefits previously, but tell you that their benefits have ended, for expedited cases only, follow the verification requirements in SNAP.B.6.B. (Under expedited service, client statements and limited verification are used to determine eligibility for SNAP for a short period of time. All verification except identity (SNAP-D.1) may be postponed until later.)

In order to extend the certification for ongoing benefits for expedited cases, you must validate there are no benefits being received in the other state. Make at least two attempts to contact the other state and verify the client is not receiving benefits. If you have not received an
answer from the other state after two attempts, narrate your contact attempts and certify the case if they are eligible.

**(B) Out-of-state verification of benefits for NON-EXPEDITED cases:**

1. If the customer presents an out-of-state I.D., ask them when they moved to Oregon. In addition, if the customer does not present an out-of-state I.D., but indicates they have recently moved to Oregon, ask them when they moved.

2. When a customer explains that they have resided in Oregon longer than six (6) months we do not need to verify benefits with the other state they moved from.

3. When a customer has moved to Oregon in the last six (6) months and applies for benefits and does not meet expedited criteria, ask them whether or not they are currently receiving benefits in the other state.
   
   (a) If the customer is currently receiving benefits, they are not eligible for expedited benefits in Oregon. You must verify the benefits have ended in the other state before opening benefits in Oregon;
   
   (b) If they have received benefits previously, but tell you that their benefits have ended, make at least two attempts to contact the other state and verify the customer is not receiving benefits. If you have not received an answer from the other state after two attempts, narrate your contact attempts and certify the case if they are eligible.

**(C) Out-of-state verification of benefits and Pending:**

You should not generally give pending notices to customers for items you will verify. For example, if you are required to verify that out-of-state benefits have ended prior to opening a SNAP case, you will be making contact with the other state. This is not something the customer will be doing. You should not be issuing the customer a pending notice for something that you will be responsible for doing.

In the rare circumstance that you are unable to verify benefits have closed, a pending notice can be issued to the customer (after you have attempted to validate the benefit closure yourself) in order to have them provide something showing the benefits are closed.

13. **Verifying terminated income and reduced work hours**

   **(D) Terminated income:** It is not required that workers verify terminated income for multiple reasons. Follow the guidelines below:
(1) 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.

(2) 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?

(3) 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. In some cases (SUP, UC) income termination can be verified by a mainframe screen.

(E) 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.

14. **Length of certification**

(A) When SNAP benefits are approved, assign the longest possible certification period while attempting to align the end date with companion benefits. It will not always be possible to align certification periods with other programs. 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:

(1) Use a one- or two-month certification period for:

   (a) Clients who meet expedited services criteria (SNAP-B.6) when pending for ongoing months, or

   (b) When it appears that the household will not be eligible for SNAP benefits longer than one or two months;
(2) Assign a 12-month certification period:

(a) When the countable income is from annualized self-employment, or

(b) The case is in SRS or CRS.

**Note:** In order to match CM or FS end dates: 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 123009).

(B) Once the SNAP 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.

(C) The certification period for SNAP may be extended out to 12 months from the starting date of the certification period if it was initially certified for a shorter period. Do not use a REC action. Instead, change the end 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:** You do not change the start date or use a REC action on cases unless you are processing a recertification. If you use 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.

(D) SNAP households with a certification period of less than 12 months may have their certification period extended using the following criteria:

1. SNAP benefits were certified as expedited (SNAP-B.6) for one or two months and the requested verification was received;

2. When the Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application (DHS 7476) is received and no interview is scheduled;

3. When the Transitional Benefit Alternative (TBA) begins and the certification period will expire prior to the end of the TBA period;

4. When SRS begins and the certification period is less than 12 months.

(E) The only time a certification period may be greater than 12 months (other than a NED household) 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.
(F) 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.

Periodic Redeterminations; SNAP: 461-115-0450

15. Authorized representatives and alternate payees

(A) 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.

(B) The authorized representative (AR) may help the filing group (SNAP-C.2) by completing the application process for them and reporting changes.

(C) 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.

(D) 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 (MSC 231).

(E) If the designated AR or AP is in the filing group, they do not need to complete the MSC 231. If the designated AR or AP is outside of the filing group, the MSC 231 needs to be completed.

(F) 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.

(G) An AR or AP cannot be any of the following:

1. People serving a disqualification for intentional program violation (unless they are the only adult member of the case);

2. Landlords and other vendors of goods or items who deal directly with the client. This especially includes retailers who accept SNAP benefits;

3. 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;
(4) Homeless meal providers (SNAP-1.4).

Authorized Representatives; General: 461-115-0090
Authorized Representative or Alternate Payee; SNAP: 461-115-0140

(H) ARs or APs for individuals: The primary person (GP-A.63), their spouse (GP-A.77) or another responsible member of the filing group appoints an AR or AP by naming them in writing.

(1) The AR signs the application as a filing group member or signs the MSC 231 if they are not a filing group member.

(2) The AP does not need to be listed on the MSC 231 if they are a filing group member. The AP does need to be listed on the MSC 231 if they are not a filing group member but does not need to sign the MSC 231.

(I) The department can assign an emergency AP when no member of the benefit group (SNAP-C.7) is able to use SNAP benefits because of circumstances beyond their control. When an emergency AP is designated for a specific period of time, issue a new EBT card for that person.

(J) When overpayments result from information given or withheld by the AR, filing group members are responsible.

(K) 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.

(L) 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; General: 461-115-0090
Authorized Representative or Alternate Payee; SNAP: 461-115-0140
Alternate Payees; EBT: 461-165-0035

(M) ARs or APs for clients residing in facilities:

(1) Two types of facilities qualify to be the AR or AP when their residents receive SNAP benefits. These are:

(a) Drug addiction or alcoholic treatment centers which are tax exempt, private or nonprofit, and are:
(i) 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

(ii) Drug or alcohol treatment and rehabilitation centers which are authorized as a retailer by FNS.

(b) Nonprofit residential care facilities (RCFs) \((GP-A.15)\) licensed by APD 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 website at [http://www.oregon.gov/oha/amh/Pages/resource_center.aspx](http://www.oregon.gov/oha/amh/Pages/resource_center.aspx). Also refer to the Oregon Alcohol & Other Drug 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.

(2) 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.

(3) 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 \((GP-A.22)\).

(4) In both certified drug or alcohol treatment centers or RCFs, 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.

(N) **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.

(1) 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 16\(^{th}\) 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 16\(^{th}\), 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.

(2) 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.

\[\text{SEE SNAP-WG #2 FOR INFORMATION ON CLIENTS LIVING IN A FACILITY, A&D TREATMENT CENTERS OR RCF.}\]

(O) *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.

(1) Ask clients coming to the office after leaving the facility to review, update and sign the application that was or 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.

(2) Cancel the card used by the facility when they report the client has left the facility. This preserves any remaining benefits for the client.

(3) 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
16. **Disposition of the application**

(A) 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.

(B) When an application for benefits is approved or denied (SNAP-B.16), send a basic decision notice (SNAP-I.9). The effective date (GP-A.26) 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.

(C) 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. Every Reas code marked with an asterisk(*) in the Help window {F1} on FSMIS generates a notice.

(D) Whenever a worker is denying an application for any other reason, or denying some individuals rather than the whole group, a basic decision notice is required. Send the *Notice of Decision and Action Taken* (MSC 456) or *Notification of Planned Action* (SDS 540) noting the reason for the denial action.

17. **Effective dates on applications**

(See #22, E for examples of expedited service.)

(A) The effective date (GP-A.26) 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.

(1) *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:

(2) 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;
(a) 30 days after the filing date;

(b) 60 days after the filing date, if the filing group is given extra time to provide required information per OAR 461-115-0210.

(3) 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:

(a) The verification is received between 30 and 60 calendar days after the filing date;

(b) No extra time was given to provide the verification;

(c) All eligibility requirements are met on the date the verification is provided.

Effective Dates; Initial Month SNAP Benefits: 461-180-0080

(B) Denial. The effective date for denying benefits is the earlier of the following:

(1) The date the decision is made that the client is not eligible; OR

(2) 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

(C) All new application or recerts on expired certifications are to be entered on to 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).

(D) 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.

FOR MORE INFORMATION ABOUT ALLOWING EXTRA TIME FOR VERIFICATION SEE SNAP-B.9.

SEE EXAMPLES OF EFFECTIVE DATES ON APPLICATIONS: EFFECTIVE DATE IS NOT THE FILING DATE (SNAP-B.22.E).
18. Redetermination of eligibility; overview

(A) 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.67) of eligibility is made to approve or deny continuing benefits.

Note: Recertification notices or packets are automatically sent to ongoing clients. Do not send recertification packets out of state, even if the client indicates that they plan to return to Oregon.

(B) If eligibility for SNAP benefits becomes questionable during the certification period because of a reported change or new information, the change in circumstances needs to be addressed. Do not require a new application. The reported changes and worker’s subsequent action should be documented in TRACS or ACCESS in a timely manner.

SEE SNAP-L.6 FOR ACTION ON CHANGES DURING A CERTIFICATION PERIOD AND SNAP-B.13 ON LENGTH OF CERTIFICATION PERIODS.

(C) SNAP clients with companion ERDC or TANF cases can complete one application for both redeterminations of eligibility. Whenever possible, align the end dates for all benefits.

Periodic Redeterminations; SNAP: 461-115-0450

(D) 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 for CRS cases closed because mail was returned by the post office marked “moved, unable to forward” and the closing code was RM.

SEE SNAP-L.4.

19. Notice of redetermination

(A) 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; ERDC, SNAP, TANF: 461-175-0222

(B) 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.

(C) 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-I.6 FOR ACTIONS ON CHANGES REPORTED DURING THE CERTIFICATION PERIOD.

Notice Situation; Benefits for Less Than 30 Days: 461-175-0205

20. Redetermination process and interview

(A) The redetermination (GP-A.67) 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.

(B) 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.9 ON APPLICATION PROCESSING TIME FRAMES AND SNAP-B.20 ON THE CLIENT’S RIGHTS TO UNINTERRUPTED BENEFITS AT RECERTIFICATION.

(C) 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.

(D) In addition to the possibility of expedited services, benefits must be prorated (SNAP-G.29) at recertification if the household established the filing date after the prior certification period ended.
(E) Similar to an initial application, an interview is required at the time eligibility is reetermined. 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.

Interviews: 461-115-0230

(F) 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.

(G) 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.

(1) 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.

(H) For Aging Disabled offices: There are a number of ways to process the ACCESS application at redetermination:

(1) During the redetermination interview, changes can be made to ACCESS and the client can sign the new application;

(2) 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);

(3) 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;
(4) 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.

Periodic Redeterminations; SNAP: 461-115-0450

SEE SNAP-B.13 FOR INFORMATION ON ALIGNING CERTIFICATION OR REDETERMINATION PERIODS.

Periodic Redeterminations; SNAP: 461-115-0450

21. Right to uninterrupted benefits

(A) 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:

(1) The 15th of the last month of their certification period if they were approved for two or more months; or

(2) 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.

(B) 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 reetermined for the cash program.

Periodic Redeterminations; SNAP: 461-115-0450

22. Acting on changes from the redetermination

(A) 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.
(B) 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-1.6.

23. SNAP B – Application examples (Examples correspond to section numbers above.)

A. Expedited service examples (See #6 for expedited service information.)

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.

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.

B. Withdrawn applications examples (See #7 for application withdrawal information.)

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.

C. Application processing time frames examples (See #9 for application processing timeframe information.)

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 and adds the EAT HH Type code to FSMIS. 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.

D. Verification for 30-day application processing and changes examples (See #11 for application and changes information.)

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.

E. Effective dates on applications examples (See #16 for effective date information.)

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.52) or seasonal (GP-A.71) farm workers (SNAP-J.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.60), 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.41) groups, the household is the people who consider themselves living together.

   **SEE SNAP-J.4 FOR A LIST OF HOMELESS SHELTERS CERTIFIED TO ACCEPT SNAP 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, unless there is a dispute about the custody/meals arrangement, there is no need to question the person applying for the child. You may accept their statement regarding household composition. If the child is on another SNAP case, send an appropriate notice to remove the child from the other case. However, if there is then a dispute about the child, it must be determined whose household they receive the majority of their meals from. Determine the number of the 21 meals the child receives in each home each month. 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.25) or safe homes (GP-A.70) can be in both the household they just left and the household they are in the month they enter the shelter. Please visit https://aix-xweb1p.state.or.us/es_xweb/DomesticViolence/ to help determine whether or not the person is in an approved shelter. If you have questions about a shelter that is not listed, please contact the SNAP Policy Unit.
In addition, people gone from the household for 30 days or more are no longer in the household.

SEE SNAP-I.5 FOR POLICY ON WHEN A PERSON IS INCARCERATED.

Household Group: 461-110-0210

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.77);

- Parents (GP-A.60) and their children (GP-A.14), unless the children are age 22 or over;

- When a child under the age of 22 is living with their parents and applying for benefits separately from their parents, do not deny the application. Instead, pend the child's application for the parent's information using a DHS 210. 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-E.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-E.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-G.17 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-J.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.15) 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 parents and children under age 22. Parents with children under age 22 form one filing group.

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.22);
- 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.
Elderly persons who have disabilities. An elderly person (GP-A.27) and their spouse (GP-A.77) (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:

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<th>Monthly Countable Income</th>
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<tr>
<td>8</td>
<td>5,513</td>
</tr>
<tr>
<td>Each additional person</td>
<td>559</td>
</tr>
</tbody>
</table>

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.15) 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 OAR 461-110-0370.

SEE SNAP-WG #2.5 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.27) 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

Residents of domestic violence shelters (GP-A.25) or safe homes (GP-A.70). 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-H.7 AND IB-A.29 REGARDING ISSUING BENEFITS TO CLIENTS RESIDING IN DV SHELTERS OR SAFE HOMES.
SEE SNAP-WG #2.2 AND 2.3 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.25);
- Public or private nonprofit shelters for homeless people (GP-A.41);
- 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 assets (income and resources) looked at to determine whether or not the assets are countable or excluded.

> SEE COUNTING CLIENT ASSETS FOR MORE INFORMATION.

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;
  > SEE SNAP-E.19 AND GENERIC PROGRAM L (GP-L) FOR INFORMATION ON HOW TO DETERMINE ELIGIBILITY AFTER A PERSON HAS BEEN IDENTIFIED AS NOT MEETING THE CONDITIONS OF THEIR PAROLE, PROBATION OR POST-PRISON SUPERVISION.
- 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.
  > SEE SNAP-G.17 FOR INFORMATION ABOUT HOW TO TREAT A PERSON WHO IS RECEIVING SSI FROM CALIFORNIA.

**Note:** Examples of clients not meeting the nonfinancial requirements are ineligible noncitizens (SNAP-E.5), clients disqualified for failure to meet work requirements (SNAP-E.16), or clients disqualified for refusal to provide an SSN (SNAP-E.6).

> SEE NEED GROUP EXAMPLES (SNAP C – EXAMPLES 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.

Need Group: 461-110-0630

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. Noncitizens

Federal laws and regulations limit eligibility for SNAP benefits to U.S. citizens and certain lawfully present noncitizens. Generally, a noncitizen must be a qualified alien in order to be eligible for SNAP. Noncitizens like tourists and students are generally not eligible. Individuals who are eligible based on their immigration status must satisfy all other SNAP eligibility requirements such as income limits.

1. Types of noncitizens

There are two types of noncitizens we look at in the SNAP program:

(A) **Qualified Noncitizens** – these noncitizens may be eligible for benefits if they meet all other SNAP eligibility requirements.

(B) **Unqualified Noncitizens** – these noncitizens, with two exceptions, generally will not be eligible for SNAP benefits. The two exceptions are certain American Indians born abroad and Hmong or Highland Laotian tribal members.

You will need to look at each person's documentation to determine the type of documentation they have and the Class of Admission Codes in order to make your eligibility determination.

Click [here](#) to view a list of Class of Admissions (COA)

See section 5 for more information about American Indians born abroad and Hmong or Highland Laotian tribal members.

2. Qualified noncitizens

A "qualified noncitizen" is a noncitizen that meets an immigration status that is consistent with the Personal Responsibility and Work Opportunity Act (PRWORA) which was passed in 1996. An individual that meets one of the identified statuses may be eligible for SNAP. To be eligible for SNAP, most noncitizens must be in a qualified noncitizen category and meet one additional eligibility condition.

See section 6 for more information about additional eligibility conditions.
<table>
<thead>
<tr>
<th>Noncitizen Category</th>
<th>Description</th>
<th>Must Meet Additional Criteria (Section 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L Lawfully Admitted for permanent Residence (LPRs)</td>
<td>LPRs are holders of &quot;green cards&quot;. This category also includes &quot;Amerasian immigrants&quot; as defined under §584 of the Foreign Operations, Export Financing and Related programs Appropriations Act of 1988.</td>
<td>YES* Except for Amerasians. See section 5 for information</td>
</tr>
<tr>
<td>A Asylees</td>
<td>Granted asylum under Immigration and Nationality Act (INA) §208. (I-94 Card)</td>
<td>NO</td>
</tr>
<tr>
<td>P Parolees</td>
<td>Paroled into the U.S. under §212(d)(5) of the INA for at least 1 year.</td>
<td>YES</td>
</tr>
<tr>
<td>D Deportation (or Removal) Withheld</td>
<td>Deportation is being withheld under §243(h) of the INA as in effect before 4/1/97, or removal is withheld under §241(b)(3) of the INA.</td>
<td>NO</td>
</tr>
<tr>
<td>O Conditional Entrants</td>
<td>Granted conditional entry under §203(a)(7) of the INA as in effect before 4/1/80. These individuals will be employment based noncitizens who are Skilled workers, professionals, and other qualified workers.</td>
<td>YES</td>
</tr>
<tr>
<td>E Cuban or Haitian Entrants</td>
<td>Cuban or Haitian entrant under §501(e) of the Refugee Education Assistance Act of 1980.</td>
<td>NO</td>
</tr>
</tbody>
</table>

***See the Noncitizen Worker Guide #1: Noncitizen Charts for more information about eligibility.
<table>
<thead>
<tr>
<th>Noncitizen Category</th>
<th>Description</th>
<th>Must Meet Additional Criteria (Section 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These individuals will be either a public interest or humanitarian parolee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Battered Noncitizens</td>
<td>Under certain circumstances, a battered noncitizen spouse or child, noncitizen parent of a battered child or a noncitizen child of a battered parent with a petition pending.</td>
<td>YES</td>
</tr>
<tr>
<td>R Refugees</td>
<td>Refugees admitted to the U.S. under §207 of the INA</td>
<td>NO</td>
</tr>
<tr>
<td>T Trafficking Victims</td>
<td>Victims under the Trafficking Victims Protection Act of 2000. A person who is a victim of a severe form of trafficking is to be treated as a refugee under the Trafficking Victims Protection Act of 2002.</td>
<td>NO</td>
</tr>
<tr>
<td>S Iraqi and Afghan Special Immigrants (SIV)</td>
<td>Special immigrant status under §101(a)(27) of the INA may be granted to Iraqi and Afghan nationals who have worked on behalf of the U.S. government in Iraq or Afghanistan. The Department of Defense Appropriations Act of 2010 (DoDAA), P.L. 11-118, §8120 enacted on 12/19/09, provides that SIVs are eligible for all benefits to the same extend and the same period of time as refugees. Iraqi and Afghan Special Immigrants are a type of LPR and are considered qualified noncitizens.</td>
<td>NO</td>
</tr>
</tbody>
</table>
3. **Unqualified noncitizens**

"Unqualified noncitizens" are generally not eligible for SNAP benefits. This group includes individuals who are tourists, students, and undocumented citizens.

Unqualified noncitizens that are ineligible for SNAP include the following:

(A) Noncitizens who are lawfully present in the US in a nonqualified status, such as students and H-1B Visa workers.

(B) Undocumented noncitizens such as those individuals who entered the country as temporary residents and overstayed their visas or who entered without a visa.

(C) Individuals granted Temporary Protected Status (TPS). These individuals are permitted to remain temporarily in the U.S. because their home nation is suffering under armed conflict, environmental disaster, or other extraordinary or temporary conditions.

(D) Citizens of nations under Compact of Free Association Agreements. These are individuals from:

1. The Federated States of Micronesia (FSM);
2. The Republic of the Marshall Islands (RMI); and
3. The Republic of Palau.

(E) Most individuals present in the U.S. with a U visa. Individuals who are victims of criminal activity who have suffered substantial mental or physical abuse because of the crime may be granted "U" nonimmigrant status.

4. **Public charge**

A public charge is an individual who is likely to become primarily dependent on the government for subsistence. The INA provides that an individual who is likely at any time to become a public charge is ineligible or admission into the U.S. or adjustment of status to become an LPR. In rare cases the public charge may be deported.
PUBLIC CHARGE

Applying for SNAP benefits does not make a noncitizen a public charge. This means a noncitizen will not be deported, denied entry to the country, or denied permanent status because of receipt of SNAP benefits.

Receiving SNAP does not affect the individual’s immigration status nor does it affect the noncitizen’s ability to become a U.S. citizen or LPR.

5. **Eligible unqualified noncitizens**

Certain unqualified noncitizens may still be eligible for SNAP.

<table>
<thead>
<tr>
<th>Noncitizen Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certain American Indians born abroad</td>
</tr>
<tr>
<td></td>
<td>American Indians born in Canada living in the U.S. under §289 of the INA or</td>
</tr>
<tr>
<td></td>
<td>noncitizen members of a Federally-recognized Indian tribe under §4(e) of</td>
</tr>
<tr>
<td></td>
<td>the Indian Self-Determination and Education Assistance Act.</td>
</tr>
<tr>
<td>H</td>
<td>Hmong or Highland Laotian tribal members</td>
</tr>
<tr>
<td></td>
<td>An individual lawfully residing in the U.S. who was a member of a Hmong or</td>
</tr>
<tr>
<td></td>
<td>Highland Laotian tribe that rendered assistance to the U.S. personnel by</td>
</tr>
<tr>
<td></td>
<td>taking part in a military or rescue operation during the Vietnam era (8/5/</td>
</tr>
<tr>
<td></td>
<td>64 – 5/7/75). This category includes the spouse (or surviving spouse that</td>
</tr>
<tr>
<td></td>
<td>has not remarried) or unmarried dependent children of these individuals.</td>
</tr>
</tbody>
</table>

6. **Additional eligibility conditions**

The following are additional conditions that certain qualified noncitizens must meet to be eligible for SNAP. Qualified noncitizens must only meet one additional condition to be eligible for SNAP. They must also meet all other SNAP eligibility criteria.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five years of residence — referred to as the &quot;Waiting Period&quot;</td>
<td>Has lived in the U.S. as a qualified noncitizen for five years from the date of entry. The date of entry will be found on their documentation.</td>
</tr>
</tbody>
</table>
### Condition | Description
--- | ---
Forty qualifying work quarters | An LPR with credit for 40 qualifying work quarters.
Children under 18 | Any qualified noncitizen under 18 years of age who lawfully resides in the U.S.
Blind or disabled | Blind or disabled receiving benefits or assistance for their condition regardless of entry date.
Elderly born on or before 8/22/31 | Must have lawfully resided in the U.S. on 8/22/96.
Military connection | An individual who is lawfully residing in a State and is on active duty in the military (excluding National Guard) or is an honorably discharged veteran whose discharge is not because of immigration status — this includes spouse, surviving spouse if not married, and unmarried dependent children. A discharge "Under Honorable Conditions," which is not the same as an honorable discharge, does not meet this requirement.

7. **Qualified noncitizens who do not need to meet additional criteria**

There are some categories of noncitizens that are eligible for SNAP who do not have to meet the waiting period (five-year residency requirement) or meet one of the additional conditions:

<table>
<thead>
<tr>
<th>No Waiting Period or Additional Condition Needed to be Eligible for SNAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees</td>
</tr>
<tr>
<td>Victims of severe trafficking</td>
</tr>
<tr>
<td>Asylees or Deportation Withheld</td>
</tr>
<tr>
<td>Amerasians</td>
</tr>
<tr>
<td>Cuban and Haitian entrants</td>
</tr>
<tr>
<td>Iraqi and Afghan special Immigrants</td>
</tr>
<tr>
<td>Certain American Indians born abroad</td>
</tr>
<tr>
<td>Hmong or Highland Laotian tribal members</td>
</tr>
<tr>
<td>Qualified noncitizen children under 18</td>
</tr>
<tr>
<td>Individuals receiving benefits or assistance for blindness or disability – regardless of their entry date</td>
</tr>
<tr>
<td>Elderly who are lawfully residing in the U.S. and age 65 or older on 8/22/96</td>
</tr>
<tr>
<td>Military connection * see section 6 above</td>
</tr>
</tbody>
</table>

8. **General overview of eligibility factors for noncitizens**

The following chart provides a general overview of how immigration status, additional conditions, and waiting periods relate in determining whether a noncitizen may be eligible for SNAP benefits:
Is the person a U.S. citizen (including a naturalized citizen), an American Indian born in Canada or a Hmong or Highland Laotian Tribal Member?

Qualified noncitizen?

Cuban/Haitian Entrant, SIV, Amerasian, Refugee, Victim of Trafficking, Asylee or Deportation being withheld?

Lawfully residing in the U.S. and 65 or older on 8/22/96, Disabled, Under 18, or have a Military connection?

Lived in the U.S. in a qualified status for 5 years or are an LPR with 40 qualifying work quarters?
9. **Eligibility for certain vulnerable noncitizens**

   (A) Qualified noncitizen children

   (1) Children under age 18 — Current SNAP policy provides that all qualified noncitizen children under age 18 are eligible, regardless of when they came into the U.S. In addition, eligible children are exempt from all deeming requirements. (See section 17 for deeming).

   (2) Children turning 18 — If a child turns 18 during the certification period and the child has been in the U.S. for over five years, the child may continue to be eligible for SNAP as long as the child meets all other SNAP eligibility requirements.

   (3) If a child turns 18 during the certification period and the child has been in the U.S. for less than five years, they may still be eligible for SNAP but they must meet one of the other additional conditions in section D in addition to meeting all other SNAP general eligibility requirements.

   (B) Elderly noncitizens

   (1) The SNAP definition of elderly is age 60 or older. However, when looking at noncitizen status, being 60 years or older does not mean automatic eligibility.

   (2) A qualified noncitizen, who meets both of the following, may be eligible for SNAP.

      (a) The qualified noncitizen was born on or before 8/22/1931; and

      (b) Lawfully resided in the U.S. on 8/22/1996.

   (3) This is an important distinction — although an individual 60 or older is considered elderly under SNAP general eligibility rules, for a noncitizen to be eligible for SNAP without a waiting period (requirement to be in the U.S. for five years), the noncitizen must meet the criteria in (2).

   (C) Disabled noncitizens

   Noncitizens who meet the SNAP definition of disabled (OAR 461-001-0015) may be found eligible without a waiting period. They must still meet all other SNAP general eligibility requirements.

   (D) Iraqi and Afghan special immigrants

   (1) Iraqi and Afghan special immigrants enter the U.S. either as LPRs with the SIV or later adjust to special immigrant status after entering the U.S. Potential eligibility for SNAP can begin when the individual was granted special immigrant status,
either from the date of entry to the U.S. as an Iraqi or Afghan Special Immigrant, or the date of adjustment to special immigrant status within the U.S.

(2) Iraqi and Afghan Special Immigrants granted status under Section 101(a)(27) of the INA are eligible for SNAP. These special immigrants have worked on behalf of the U.S. government.

(3) Individuals and family members granted Iraqi or Afghan special immigrant visas (SIV) are considered qualified noncitizens and are eligible for resettlement assistance, entitlement programs and other federal public benefits the same as refugees admitted under Section 207 of the INA.

(4) Refugees and SIVs may be eligible for SNAP benefits indefinitely without a waiting period if they meet all other SNAP general eligibility criteria.

(E) Cuban or Haitian entrants

(1) Cubans or Haitians classified as Cuban or Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980 are considered qualified noncitizens.

(2) A Cuban or Haitian entrant is:

   (a) Any individual granted parole as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; and

   (b) Any other national of Cuba or Haiti who:

      (i) Was paroled into the U.S. and has not acquired any other status under the Immigration and Nationality Act;

      (ii) Is the subject of removal proceedings under the Immigration and Nationality Act; or

      (iii) Has an application for asylum pending with the Immigration and Naturalization Service; and

      (iv) Has not had a final, nonappealable and legally enforceable order of removal.

   (c) Cuban or Haitian entrants who meet the criteria in (B) are eligible for SNAP without a waiting period as long as they meet all other SNAP general eligibility requirements.
(F) Military connection

(1) Qualified noncitizens with a military connection are eligible for SNAP without a waiting period as long as they meet all other SNAP general eligibility requirements.

(2) This includes individuals who are lawfully residing in Oregon and are on active duty (other than for training) in the U.S. Army, Navy, Air Force, Marine Corps or coast Guard (but not full-time National Guard).

(3) SNAP eligibility also extends to the spouse and the dependent children of veterans and active duty personnel, and to those honorably discharged veterans whose discharge is not due to immigration status.

10. Ineligible noncitizens

(A) Noncitizens are ineligible for SNAP if they fall into any of the following categories:

(1) Noncitizens who are lawfully present in the U.S. in an unqualified status, such as students and H-1B Visa workers.

(2) Noncitizens who are undocumented, such as individuals who entered the country as temporary residents and overstayed their visas or who entered without a visa.

(3) Noncitizens granted Temporary Protected Status (TPS) that are permitted to remain temporarily in the U.S. because their home nation is suffering under armed conflict, environmental disaster, or other "extraordinary or temporary" conditions.

(4) Citizens of nations under Compact of Free Association Agreements (Palau, Micronesia, and the Marshall Islands) who have been admitted under those Agreements are not qualified noncitizens. Although individuals under existing Compact of Free Association Agreements are not considered LPRs, they may reside, work and study in the U.S.

(B) Eligibility for SNAP for any other household members seeking assistance who are not in the above classifications must still be determined.

(C) See section 20 for additional information on the treatment of income and deductions of ineligible household members.
11. Additional eligibility criteria expanded

The following categories give further detail for the waiting periods, qualifying with 40 work quarters, victims of trafficking and battered noncitizens. In general, qualified noncitizens may be eligible to receive SNAP benefits based on these specific criteria.

(A) Eligibility based on the waiting period (five-year residency)

Using the waiting period (five-year residency): In general, qualified noncitizens must be in the U.S. for five years (the waiting period) in order to be eligible for SNAP benefits. There are a few exceptions to this and some groups of qualified noncitizens can become eligible for SNAP immediately (without the waiting period of five years).

<table>
<thead>
<tr>
<th>Waiting Period (Five Years Residency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective 4/1/2003, qualified noncitizens using this criterion that are not exempt from the waiting period, must have resided in the U.S. for a period of five years or longer.</td>
</tr>
<tr>
<td>Specific Requirements:</td>
</tr>
<tr>
<td>• The five-year period can be either consecutive or nonconsecutive.</td>
</tr>
<tr>
<td>- Temporary absences of less than six months from the U.S. with no intention of abandoning U.S. residency do not terminate or interrupt the individual's period of U.S. residency;</td>
</tr>
<tr>
<td>- If the individual is absent for more than six months, it is assumed that U.S. residency has been interrupted unless the individual presents evidence of their intent to resume U.S. residency after the time outside the U.S.</td>
</tr>
<tr>
<td>• The five-year waiting period begins on the date the noncitizen obtains status as a qualified noncitizen or enters the U.S. in a qualifying status;</td>
</tr>
<tr>
<td>• Some qualified noncitizens are exempted from the waiting period. This exemption continues indefinitely, even if their status changes to LPR. These groups are:</td>
</tr>
<tr>
<td>- Asylees;</td>
</tr>
<tr>
<td>- Refugees;</td>
</tr>
<tr>
<td>- Amerasians;</td>
</tr>
<tr>
<td>- Cuban/Haitian entrants;</td>
</tr>
<tr>
<td>- Trafficking victims;</td>
</tr>
<tr>
<td>- Iraqi and Afghan Special Immigrants (SIVs); and</td>
</tr>
<tr>
<td>- Noncitizens whose deportation or removal is being withheld.</td>
</tr>
</tbody>
</table>

*Note:* When a qualified noncitizen in one of the above exempt categories has adjusted their status to LPR from another status, the
Waiting Period (Five Years Residency)

*documentation card usually shows the previous status and the date of the adjustment of the status to LPR. To obtain a history of the individual's status from United States Citizenship and Immigration Services (USCIS), use form G-845 (Document Verification Request) and G-845 Supplement (Document Verification Request supplement).*

(B) Eligibility based on 40 work quarters

An LPR must have worked for 10 years cumulatively to be eligible for SNAP.

Qualifying quarters of work can only be credited to Lawful Permanent Residents (LPRs). Qualified noncitizens who do not have their INS status adjusted to LPR must become one before they can get credits for the quarters of work.

40 Qualifying Work Quarters

An LPR using this criterion must have worked for 10 years cumulatively before becoming eligible to participate in SNAP.

Specific Requirements:

- Only LPRs who have been in the U.S. less than five years may claim 40 qualifying quarters of work by claiming quarters credited from the work of:
  - A parent earned before the applicant became 18 years old, including before the child was born; or
  - A spouse during the time they are married. You can count the quarters of a deceased spouse during the marriage. The marriage cannot have ended in divorce.

- Qualifying quarters can be verified via a request through TPQY by doing the following:
  - Enter a Y in the QQ HIST field;
  - Enter your Branch I.D.;
  - Enter your Worker I.D.;
  - Hit F9 to send the request;
  - Come back the next day and check the quarters via the WQY3 screen.

- If the LPR states they have 40 quarters of work history, but this cannot be verified through SSA, and SSA is conducting an investigation to determine if additional quarters can be credited, certify the household pending the results of the investigation from SSA for up to six months from the date of the original determination of insufficient quarters.
40 Qualifying Work Quarters

- Some quarters cannot be counted. These include:
  - Quarters in which not enough income was earned to qualify;
  - Quarters earned after 12/31/96 if, during the quarter, the LPR received SNAP or any other Federal means-tested public benefits (such as Medicaid, SSI, SCHIP, or TANF);
  - Use BEIN screens for SSI receipt-ELGR for TANF and Medical history. SCEH indicates SNAP history for only the past three years. However, most SNAP recipients also receive medical.
- LPRs can receive credit for work performed while they were in an undocumented status. SSA counts quarters worked while the person was living in this country regardless of the person's immigration status at the time the work was performed.

(1) Verifying quarters

Verify 40 qualifying work quarters for noncitizens by one of the following methods:

(a) Accessing the Social Security Administration’s (SSA's) Quarters of Coverage History System (QCHS);

(b) Verifying work income and calculating the appropriate quarters using SSA’s methodology; or

(c) A combination of both.

(2) Using QCHS

(a) When verifying work quarters through QCHS, access the system through TPQY. "Consent for Release of Information" (SSA-3288) must be completed and signed by each person whose work history is being accessed and has not signed the SNAP application. The QCHS response will be the TPQY Qualifying Quarters History screen. It will indicate quarters that can be credited by the following codes: A, C, D, F, G, J, M, R, S, X or *. When the client does not qualify for a quarter of coverage, the response will be "N.”

(b) For example, a client’s TPQY Qualifying Quarters History screen could show the following:

| Qualifying Quarters TPQY Example |
|-------------------------------|----------------|----------------|
| 2001 NNNN                     | 2002 AAAA      | 2003 CCCC      |
| 2004 NAAC                     | 2005 AAAA      | 2006 CCCC      |
| 2007 NNNN                     | 2008 AANN      | 2009 NNNN      |
| 2010 NNAA                     | 2011 CCCC      | 2012 NNNN      |
This response verifies 27 quarters of coverage. The client would not be eligible unless they could either verify additional wages for the periods showing no coverage, or they could be credited with additional quarters from a relative (a spouse, or a parent while they were under age 18).

(c) When quarters of coverage are questionable, the code will be "#" or "Z." If the client is not eligible without these quarters, do one of the following:

(i) For a "Z" that is 1977 or earlier or a "#," refer the case to the SSA Office of Central Records Operations (OCRO) for investigation. Complete a Request to Resolve Questionable Quarters of Coverage (QC) (SSA 512) (paper only) or other written request with the client’s name, SSN, date of birth, year or years in question and a return address.

SSA Office of Central Records Operations (OCRO)
P.O. Box 17750
Baltimore, MD 21235-0001

Forty-five days after the information is sent to SSA OCRO, conduct another TPQY request. The new request will show updated information. If there has been no update within 60 days, call 800-775-7802 (SSA-OCRO, Earnings Discrepancy).

(ii) For a "Z" that is 1978 or later, or when the client claims there are missing quarters, the client (or the person whose quarters are being verified) must complete a Request for Correction of Earnings Record (SSA-7008). They must write "Welfare Reform" at the top of the form. They must verify the earnings with documents such as W-2s, paystubs, a tax return, or an employer statement. Mail the form and verification to SSA-OCRO.

If the client has no documentation of the work performed, they should contact their local SSA office or call 800-772-1213 to arrange an appointment.

(d) If the client claims they used more than one SSN or allowed other people to use their SSN, they must contact their local SSA office or call 800-772-1213 to set up an appointment. Give them a copy of their TPQY Qualifying Quarters History record and advise them to take it and any proof of earnings they may have to the SSA appointment.

(e) When a client disagrees with the TPQY Qualifying Quarters History record and SSA gives the client documentation to verify that they are investigating the record, SNAP can be approved for up to six months. Advise the client that if SSA's investigation does not result in 40 work quarters to verify their eligibility, the benefits received pending verification will be an overpayment.
Report all clients certified for SNAP pending verification in this manner, to the SNAP Program Analyst in the DHS Policy and Budget Section.

(f) When a consent form cannot be completed because someone refuses to complete it or cannot be located, SSA cannot release information on work quarters. In that case, accept the client's reasonable declaration of the other person's work quarters.

(g) On the SSA response, also note any information given about a client's eligibility for SSI, because from January 1, 1997, to the present, if the client received SSI during the quarter, the quarter does not count.

(3) Calculating quarters using SSA methodology

(a) Because of the lag time for processing employer information through SSA, their system will not have information available to verify quarters of coverage for the most recent two-year period. Workers use the SSA methodology to calculate quarters of coverage for this period, and for any period of time the client verifies income from work that is not included in SSA's record. SSA would not have the income information for child care or housekeeper work performed in a private home, for example, if the employer failed to pay Social Security taxes.

(b) In order for quarters of work to count, it is not necessary for the client to have paid into the Social Security system. Instead, it is necessary that they earned enough for a quarter to be credited.

(c) Use the verification sources from the Verifying Client Information worker guide (MP-WG#2) at the end of this manual, to verify earned income for periods not verified by SSA's records. Acceptable sources include paystubs, W-2 forms or tax records.

(d) Once income has been verified, use the chart below to determine qualifying quarters.

<table>
<thead>
<tr>
<th>Year</th>
<th>Earnings</th>
<th>Year</th>
<th>Earnings</th>
<th>Year</th>
<th>Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>$250</td>
<td>1993</td>
<td>$590</td>
<td>2008</td>
<td>$1,050</td>
</tr>
<tr>
<td>1979</td>
<td>$260</td>
<td>1994</td>
<td>$620</td>
<td>2009</td>
<td>$1,090</td>
</tr>
<tr>
<td>1980</td>
<td>$290</td>
<td>1995</td>
<td>$630</td>
<td>2010</td>
<td>$1,120</td>
</tr>
<tr>
<td>1981</td>
<td>$310</td>
<td>1996</td>
<td>$640</td>
<td>2011</td>
<td>$1,120</td>
</tr>
<tr>
<td>1982</td>
<td>$340</td>
<td>1997</td>
<td>$670</td>
<td>2012</td>
<td>$1,130</td>
</tr>
<tr>
<td>1983</td>
<td>$370</td>
<td>1998</td>
<td>$700</td>
<td>2013</td>
<td>$1,160</td>
</tr>
<tr>
<td>1984</td>
<td>$390</td>
<td>1999</td>
<td>$740</td>
<td>2014</td>
<td>$1,200</td>
</tr>
<tr>
<td>1985</td>
<td>$410</td>
<td>2000</td>
<td>$780</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(4) Eligibility for victims of trafficking

Individuals who are determined to be victims of human trafficking are eligible for SNAP benefits. These vulnerable noncitizens are provided special exceptions from the general restrictions governing noncitizen's eligibility for SNAP.

<table>
<thead>
<tr>
<th>Year</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>$440</td>
</tr>
<tr>
<td>1987</td>
<td>$460</td>
</tr>
<tr>
<td>1988</td>
<td>$470</td>
</tr>
<tr>
<td>1989</td>
<td>$500</td>
</tr>
<tr>
<td>1990</td>
<td>$520</td>
</tr>
<tr>
<td>1991</td>
<td>$540</td>
</tr>
<tr>
<td>1992</td>
<td>$570</td>
</tr>
<tr>
<td>2001</td>
<td>$830</td>
</tr>
<tr>
<td>2002</td>
<td>$870</td>
</tr>
<tr>
<td>2003</td>
<td>$890</td>
</tr>
<tr>
<td>2004</td>
<td>$900</td>
</tr>
<tr>
<td>2005</td>
<td>$920</td>
</tr>
<tr>
<td>2006</td>
<td>$970</td>
</tr>
<tr>
<td>2007</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

The Trafficking Victims Protection Act of 2000 provided that the term "severe forms of trafficking in persons" means:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

Specific Requirements:

- Individuals who are trafficking victims who are issued a Letter of Certification or Eligibility from the U.S Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) and family members who have been issued T visas because they are family members of a trafficking victim — are considered qualified noncitizens;
- Most trafficking victims and certain family members are eligible for SNAP to the same extent as refugees;
- These qualified noncitizens must be issued a Certification Letter, an Eligibility Letter or an Interim Assistance Agreement from ORR to be eligible for SNAP.

Letters of Certification

- The Certification Letter verifies the noncitizens eligibility and workers do not need to contact USCIS to verify the noncitizens status as a trafficking victim;
- Certification Letters do not expire.

Eligibility Letter for Children

- ORR issues an Eligibility Letter, similar to the adult certification letter, for children under the age of 18;
Victims of Trafficking

- The eligibility letter states that the child is a victim of a severe form of trafficking and is eligible for federally funded benefits and services to the same extent as a refugee;
- Letters of eligibility do not expire.

Interim Assistance Agreement

- Interim Assistance Letters are provided to children who may have been subjected to trafficking;
- These letters are valid to 90 days from the effective date in the letter. ORR may extend interim eligibility an additional 30 days;
- Children with an interim assistance letter can only receive SNAP benefits for the time period established in the interim letter;
- The worker should contact ORR at 866-401-5510 to find out if the child will receive an eligibility letter to establish continued eligibility for SNAP.

(5) Eligibility for battered noncitizens

Individuals who are determined to be victims of certain violent acts such as battery or extreme cruelty may be eligible for SNAP benefits. These vulnerable noncitizens are provided special exceptions from the general restrictions governing noncitizen’s eligibility for SNAP.

Battered Noncitizens

Battered noncitizens who have been subjected to battery or extreme cruelty in the U.S. by a family member with whom they resided must meet an additional condition in order to be eligible for SNAP benefits.

This status also extends to a noncitizen whose child has been abused or a noncitizen whose parent has been abused.

Additionally, this group of battered noncitizens is exempt from deeming requirements for a 12-month period. (See section 17 for more information on deeming).

Identifying battered qualified noncitizens:

A battered noncitizen is a qualified noncitizen if the person meets ALL FOUR of the following requirements:

1. The battered noncitizen must show they have an approved or pending petition which makes a case for immigration status in one of the following categories:
   a. A Form I-130 (Petition for Alien Relative) filed by their spouse or the child’s parent; or
   b. A Form I-130 petition as a widow(er) of a U.S. citizen; or
c. A self-petition under the Violence Against Women Act (including those filed by a parent on behalf of an abused child); or

d. An application for cancellation of removal or suspension of deportation filed as a victim of domestic violence;

**AND**

2. The noncitizen, the noncitizen's child or the noncitizen child's parent has been abused in the U.S. under one of the following circumstances:

a. The noncitizen has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the noncitizen, or by a member of the spouse's parent's family residing in the same household if the spouse or parent consents to or acquiesces in the battery or cruelty; or

b. The noncitizen's child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the noncitizen or by a member of the spouse's or parent's family residing in the same household if the spouse or parent consents to the battery or cruelty, and the noncitizen did not actively participate in the battery or cruelty; or

c. The parent of a noncitizen child has been battered or subjected to extreme cruelty in the U.S. by the parent's spouse, or by a member of the spouse's family residing in the same household as the parent, if the spouse consents to or acquiesces in such battery or cruelty

**AND**

3. There is a substantial connection between the battery or extreme cruelty and the need for the public benefit sought;

**AND**

4. The battered noncitizen, child or parent no longer resides in the same household as the abuser.

**Specific requirements for eligibility for battered qualified noncitizens:**

- Once the four criteria above are met, the noncitizen is considered a qualified noncitizen. This does not mean they are automatically eligible for SNAP.

- This means they must meet one other condition for eligibility such as the waiting period, or 40 qualifying work quarters. However, there are some special distinctions:
  - If the qualified noncitizen is a child under 18, they are eligible as long as they meet all other general SNAP eligibility criteria.
  - The waiting period begins when the case determination is issued or when the abused noncitizen's I-360 visa petition is approved, whichever is earlier. Keep in mind that the relevant date for eligibility is the date the noncitizen obtained qualified noncitizen status as an abused noncitizen rather than the date of the individual’s immigration status, such as that of an LPR.
(6) **U Visas**

Individuals who are victims of criminal activity who have suffered substantial mental or physical abuse because of the crime may be granted "U" nonimmigrant status, also known as a U Visa. The U Visa allows the victim to remain in the U.S. and assist law enforcement agencies or government officials in the investigation or prosecution of the criminal activity. Noncitizen granted U nonimmigrant status can remain in the U.S. for a period of up to four years.

Individuals with U Visas, including minor children under the age of 18 are ineligible for SNAP as they have temporary status and are not considered qualified noncitizens. However if the individual adjusts to a qualified noncitizen status, such as LPR or battered immigrant status, then the individual could potentially be eligible to receive SNAP.

**12. Verification of immigration status**

(A) Staff must verify the immigration status of only those individuals who are applying for SNAP benefits via the System Alien Verification for Entitlements (SAVE).

(B) Do not verify the immigration status of anyone who is applying for SNAP on behalf of someone else in their household. For example, a noncitizen may choose to apply only for their U.S. citizen children in the household.

(C) Under no circumstance can staff:

   (1) Require any information about the citizenship or immigration status of anyone who is not applying for SNAP;

   (2) Deny SNAP to applying household members because a nonapplicant household member has not disclosed their citizenship or immigration status or SSN;

   (3) Try to establish or verify immigration status through any means other than the procedures outlined below.

(D) All eligible persons have an entitlement to food assistance and workers are required to provide fair service to applicants. Some applicants (typically eligible children in families where other adults are not eligible) cannot apply on their own. They depend on adult household members to secure assistance for them.

**13. Expired documents**

Applicants sometimes present expired immigration documents. If a noncitizen presents expired documents, the worker should:
(A) Accept the expired documents for one certification/redetermination period; and

(B) Complete a form Document Verification Request (SAVE Agencies) (G 845) to validate alien status. USCIS prefers that the form be filled out and submitted online via SAVE. If there is not enough information on the document to permit use of SAVE, this form can also be found through the DHS form server by searching for “0845.” The server will link you to the USCIS website.

If USCIS validates the document, it can be used to verify alien status at the next recertification. If they do not, the noncitizen must present current documents at recertification to continue receiving benefits.

Encourage the applicant to contact USCIS to renew their status. There is a fee for renewal, but it may be waived due to destitution. Although DHS cannot help with the cost, some advocacy agencies may have funds available.

14. SAVE

(A) To get access to SAVE, contact your local sub administrator (RACF security guardian). The sub administrator will set up rights using your RACF I.D. and give you the initial password.

(B) The first time you use SAVE, you will be required to change your password. The new password must meet all the posted requirements of the website or you will be prompted to try again.

Access SAVE by clicking on the link below

For detailed information on using SAVE, refer to the transition guide, which also includes a link to the SAVE website:
http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-im-09-043-transition.pdf

The USCIS Help Desk is available during Federal business hours, weekdays from 7:00 a.m. to 9:00 p.m., Eastern Time. This Help Desk can assist with connectivity questions or problems, password resets and centralized problem management. This Help Desk's number is 800-741-5023.

(C) Use USCIS Form G-845 when an Alien Registration Number is not available.

Before submitting the G-845 to USCIS, remember to do the following:
(1) Complete all items. Attach a speedy note or a memo if you have specific questions or information for them;

(2) Use one G-845 for each individual you want USCIS to verify;

(3) Legibly copy both sides of the noncitizen’s document(s) on regular letter-size paper.

(4) Give your own telephone number to the verifier in case he or she needs further information from you or needs to give you additional information. It is impossible for the verifier to leave a message with the 800 number;

(5) Do not enclose a DHS self-addressed stamped envelope. USCIS has its own and will simply throw ours away.

(D) Verification of "continuously present": For some legal entrants, such as Canadian and Mexican border crossers, for whom the USCIS does not maintain an arrival and departure record, as well as for illegal entrants, proof of continuous presence can be shown through such items as a letter from an employer, a series of pay stubs and utility bills or rental agreements in the immigrant's name spanning the period of time in question. For most legal entrants, the USCIS maintains a record of arrivals to and departures from the country. Verification of continuous presence for these entrants can be completed by filing the G-845 and the G-845S.

(E) When instructed to institute secondary verification by SAVE, do not delay or deny benefits while waiting for a reply from USCIS if all of the following are true:

(1) The client would have met the alien status requirement if no secondary verification were required;

(2) Information provided by SAVE matches the information on the client's USCIS document;

(3) The client meets all other eligibility requirements.

Wait 48 hours, then check SAVE. Document the findings in the case record. If the information from USCIS adversely affects the client's eligibility, e.g., the submitted document is not valid, send a timely continuing benefit decision notice to the client and end SNAP for the client. Do not write an overpayment in this situation. However, an administrative overpayment exists if the worker fails to send the notice and end benefits when USCIS has verified that the document is invalid.
15. **Applicant’s responsibility to provide verification**

(A) Applicants are responsible to provide proof of immigration status for all household members applying for SNAP. If an applicant is unable or unwilling to provide documentation of immigration status for themselves or for any household member applying for SNAP:

1. Classify that household member as an ineligible noncitizen; and

2. Stop efforts to obtain any documentation for those members.

(B) Most noncitizens will provide documentation from [USCIS](https://www.uscis.gov). However, acceptable documentation may also be issued by other Federal agencies such as the Office of Refugee Resettlement (ORR), the Bureau of Indian Affairs (BIA), or a court.

(C) Noncitizens who are lawfully present in the U.S. typically have documents issued that contain information about that individual's immigration status and the date that individual entered the country or adjusted to the status shown on the card.

(D) Some eligible applicants may not have documents issued by [USCIS](https://www.uscis.gov), and in some cases the date of entry or adjustment may not be necessary or required.

(E) Until acceptable documentation is provided, a noncitizen is ineligible for SNAP benefits unless:

1. The worker has submitted a copy of a document provided by the household to [USCIS](https://www.uscis.gov) for validation. Pending validation, do not deny, delay, reduce or terminate the individual's eligibility for SNAP on the basis of immigration status; or

2. The individual provides documentation that SSA is conducting an investigation to determine if more quarters of work coverage can be credited. In this situation, workers must certify the individual, pending the results of the investigation, for up to six months from the date of the original determination of insufficient quarters; or

3. The applicant or worker has submitted a request to a Federal agency (other than [USCIS](https://www.uscis.gov)) for verification of information applicable to the individual's immigration status. In this situation, workers must certify the individual, pending the results of the investigation, for up to six months from the date of the original request for verification.
PROTECTING CIVIL RIGHTS

The verification of immigration status should never give rise to discrimination. Four major civil rights laws (the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and Title VI of the Civil Rights Act of 1964) apply to all aspects of SNAP. SNAP is subject to these laws.

16. Acceptable verification

(A) Workers responsibilities

Although the household has primary responsibility for providing proof of immigration status, workers must assist the household in obtaining verification of immigration status provided the household is cooperating in the process. Most of the time the validity of immigration documents is done through the SAVE system.

Noncitizens can be treated as nonapplicants and only apply for other household members. Although nonapplicants are not eligible to receive SNAP benefits, they must still disclose their income, resources and other information in order for the eligibility determination to be made on the case for the remaining household members.

If a noncitizen is unable or unwilling to provide documentation of their immigration status for themselves or any other household member, those persons will be classified as ineligible noncitizens. Do not continue to pursue documentation for those members.

(B) Verifying qualified status

USCIS documents generally contain the date a noncitizen entered the country or adjusted to the immigration status reflected on the document. If a noncitizen does not have USCIS documentation, workers can verify the date of entry in the U.S. or the date status was granted by submitting USCIS Form G-845 and Form G-845 Supplement to USCIS.

(C) Contacting USCIS

In the event a noncitizen does not want a worker to contact USCIS to verify their status, give the individual the opportunity to withdraw the application or to be a nonapplicant household member. Only verify the status of those individuals applying for benefits.

(D) Individuals claiming U.S. citizenship or U.S. national status

Persons stating they are a U.S. citizen on the application for benefits are attesting under penalty of perjury to the citizenship status for themselves and the people applying for benefits. This attestation of U.S. citizenship is generally sufficient for SNAP.
If the applicant’s status as a U.S. citizen or U.S. national is questionable, it is acceptable to use other forms of verification such as:

(1) **Primary evidence**

   (a) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island or the Northern Mariana Islands.

   (b) A U.S. passport (except limited passports, which are issued for periods of less than five years);

   (c) A report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)

   (d) A certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;

   (e) A certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);

   (f) A certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);

   (g) A United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);

   (h) A Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);

   (i) A statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or
(j) An American Indian Card with a classification code `KIC' and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

(2) **Secondary evidence**

If the applicant cannot present one of the documents listed in the Primary Evidence section above, the following may be relied upon to establish U.S. citizenship or nationality:

(a) A religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island or the Northern Mariana Islands within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

(b) Evidence of civil service employment by the U.S. government before June 1, 1976;

(c) Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);

(d) Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;

(e) Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island or the Northern Mariana Islands or, where an adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions; or

(f) Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island or the Northern Mariana Islands.

(E) **Eligibility pending verification**

The individual whose citizenship or noncitizen status is in question is ineligible to participate until the verification is received. If the verification is not received within the application processing time frames, certify the household with the person as an
ineligible noncitizen, coding them as an IA/IH. Continue to count their income and resources.

<table>
<thead>
<tr>
<th>Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>When determining eligibility workers must follow SNAP policy on verifying citizenship and noncitizen status when questionable. Federal regulations and State policies prohibit requiring verification based on race, religion, ethnic background, national origin, or a particular group be targeted.</td>
</tr>
</tbody>
</table>

Please see Section 12 for examples of how to verify immigration status and the special categories.

17. Sponsors and deeming

Sponsors who bring family-based and certain employment-based noncitizens to the U.S. must demonstrate they can provide enough financial support to the sponsored noncitizens so that they do not have to rely on public benefits. Sponsor deeming applies only to certain LPRs. To address this requirement, the income and resources of a sponsor are deemed to the sponsored noncitizen when a worker determines the noncitizens eligibility for SNAP. Sponsored noncitizen children, domestic violence survivors and the indigent, because they are particularly vulnerable populations in need of SNAP, are exempt from deeming requirements. A noncitizen is indigent if his or her own income and any assistance provided by the sponsor or any other individuals is not enough for the noncitizen to obtain food and shelter without SNAP.

(A) Deeming overview

Deeming is a process in which a worker counts a portion of the income and resources of a noncitizens sponsor as income and resources available to the noncitizen.

(B) Sponsor overview

A sponsor is someone who signs an affidavit (most I-864 Affidavit of Support forms under Section 213A of the INA) promising to provide enough financial support to maintain the sponsored noncitizens at an annual income that is not less than 125 percent of the Federal Poverty Level (100 percent for active duty military if they are sponsoring their spouse or children). It is required that the sponsor sign this legally binding affidavit of support. USCIS allows for a maximum of two joint sponsors per family unit, including the principal sponsor. A joint sponsor is only permitted when the
principal sponsor's income is insufficient. The joint sponsor must also sign an affidavit of support.

(C) Noncitizens subject to deeming

Deeming applies only to eligible LPRs whose sponsor has signed a legally binding affidavit of support on or after 12/9/1997. Prior to this time, affidavits of support were not legally binding. The following are not subject to sponsor deeming:

(1) Children under 18 years of age, regardless of when they entered the U.S.

(2) Battered spouses or children.

(3) Noncitizens without sponsors.

(4) Noncitizens whose sponsor has not signed a legally binding Affidavit of Support.

(5) Sponsor is in the same SNAP household.

(6) Indigent noncitizens (see note below).

(7) Ineligible members.

(D) Sponsor deeming time limits

(1) Deeming of the sponsor's income and resources to the sponsored noncitizen lasts until:

(a) The sponsored noncitizen becomes a naturalizes citizen; or

(b) The sponsored noncitizen can be credited with 40 qualifying quarters; or

(c) The sponsored noncitizen loses LPR status and leaves the U.S. (unless the noncitizen submits an I407 to USCIS abandoning their LPR status and leaves, the noncitizen will be considered still to be an LPR until there is an administratively final removal order).

(d) The sponsored noncitizen obtains in removal proceedings a new grant of adjustment of status as relief from removal (in this case, if a new I-864 is required, the support obligation and deeming will apply to the new sponsor); or

(e) The sponsor dies.
(E) **Resource amounts to deem to the noncitizen**

All but $1,500.00 of the amount of countable resources of the sponsor and the sponsor’s spouse are deemed to the sponsored noncitizen.

*Example:* Mariko is an LPR who is sponsored by John. John has $2,000 in his savings account and $15,000 in his retirement account. The retirement account is not a countable resource. $2,000 - $1,500 = $500 countable resources deemed to Mariko.

(F) **Income amounts to deem to the noncitizen**

The amount of the sponsor's income attributed to the sponsored noncitizen is the total monthly earned and unearned income of the sponsor and sponsor’s spouse, reduced by 20 percent of their earned income (to allow for the earned income deduction) and reduced again by the countable income limit for the household equal in size to the sponsor, sponsor’s spouse if living with the sponsor and any other person who is a dependent or receives support from the sponsor or sponsor's spouse. If the sponsor signs an affidavit of support for more than one noncitizen, the sponsor's income is prorated among the sponsored noncitizens.

*Example:* Catherine is an LPR who is sponsored by Jack and his wife Frances. Jack and Frances both work and earn a total of $3,000.00 per month.

$3,000.00 - $600.00 (20% earned income deduction) = $2,400.00 - $1,705 (FFY 2014 countable income limit) = $695.00 deemed income to Catherine.

(G) **Sponsor refusal of information**

Noncitizens subject to deeming are responsible for obtaining the cooperation of the sponsor and for providing the income and resource information and documentation. Workers can assist with this process if necessary and can get the sponsor's name, address and SSN through SAVE.

<table>
<thead>
<tr>
<th>Deeming Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>461-145-0810 — Deemed Assets; Overview</td>
</tr>
<tr>
<td>461-145-0820 — Deemed Assets; Noncitizen's Sponsor</td>
</tr>
<tr>
<td>461-145-0830 — When to Deem the Assets of a Sponsor of a Noncitizen and How Income is Deemed</td>
</tr>
</tbody>
</table>

18. **Exceptions to deeming for vulnerable populations**

The following provides more details about exceptions to deeming for certain vulnerable populations.
(A) **Deeming and Children**

Sponsored noncitizens children under age 18 are exempt from deeming requirements. In addition, the sponsor’s income cannot be counted in determining the eligibility of U.S. citizen children under the age of 18. Regardless of whether there are citizen or noncitizen children in the home, all children are treated equitably in that a sponsor's income cannot be considered when determining the child's eligibility for SNAP.

Since children are not subject to deeming, only a portion of a sponsor's income would be counted for any remaining adult household members subject to deeming. The following illustrates how to treat sponsor income:

<table>
<thead>
<tr>
<th>Deeming with children in the home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household composition</strong></td>
</tr>
<tr>
<td>Example 1</td>
</tr>
<tr>
<td>Example 2</td>
</tr>
</tbody>
</table>

(B) **Indigence determinations**

1. A noncitizen that is indigent is exempt from sponsor deeming.
2. Prior to conducting an indigence determination, workers must explain the purpose of the indigence determination to a noncitizen applying for benefits and provide the noncitizen the opportunity to refuse (opt out) the indigence determination.
3. Noncitizens can opt out of the indigence determination; however, if they do, they are subject to regular sponsor deeming rules.
4. A noncitizen is indigent if the noncitizens own income and any assistance provided by the sponsor or any other individuals is not enough for the noncitizen to obtain food and shelter without SNAP benefits. If the sum noncitizen household own income, cash contributions of the sponsor and any other people, and the value of any in-kind assistance the sponsor and any other people provide does not exceed 130 percent of the FPL for the household size, the noncitizen is considered indigent.
5. Once a determination of indigence is made, the noncitizen remains indigent for 12 months from the date of eligibility, regardless of any additional information.
that may be obtained from the SAVE query on the sponsor within the household's certification period.

(6) The 12-month indigence determinations are renewable for additional certifications.

(7) Verification of a sponsor's income and resources are not needed to make an indigence determination. A sponsored noncitizen may self-declare that they are not being supported by the sponsor. Non-support by the sponsor does not need to be verified.

(8) When determining if someone is indigent, count any in-kind assistance provided to the noncitizen. The value of in-kind assistance is only taken into consideration in making this indigence determination; it is not considered when determining eligibility or benefit levels for the noncitizens household.

Workers must notify Central Office if an indigence determination is made. Use the Declaration of Indigency (DHS 1058) for applicants to declare indigence and send the original copy to the SNAP program analyst at:

SNAP Policy
500 Summer Street NE, E-48
Salem, OR 97301-1066

19. Sponsors

(A) Liability

Sponsors are federally required to meet minimum income requirements and be financially responsible for noncitizens they sponsor. A sponsor who has signed a legally binding affidavit of support may be liable for the value of SNAP benefits received by that sponsored noncitizen. If there are joint sponsors, both the sponsor and the joint sponsor are equally responsible for the noncitizens support.

Sponsors may be liable to repay any SNAP benefits the noncitizen receives during the time they are sponsored.

(B) Support obligation timeframe

A sponsor's obligation to support the noncitizen ends when:

(1) The sponsored noncitizen becomes a naturalized citizen;

(2) The sponsored noncitizen can be credited with 40 qualifying quarters of work;
The sponsored noncitizen loses LPR status and leaves the U.S.;

The sponsored noncitizen obtains in removal proceedings a new grant of adjustment of status as relief from removal; or

The sponsor dies.

(C) Verifying sponsors

Workers may verify whether or not a noncitizen has a sponsor who has signed a binding affidavit of support by submitting to USCIS the "Document Verification Request and Supplement (Form G-845 and G-845 Supplement). Information provided by USCIS includes the name SSN and address of the noncitizens sponsor.

Pending the verification, do not delay, deny, reduce or terminate the individual's eligibility for benefit son the basis of the individual's immigration status.

20. Treatment of income and deductions of ineligible noncitizens

(A) SNAP has special rules and procedures for handling the income and resources of ineligible noncitizens. In Oregon there are two distinct groups of noncitizens:

(1) NC1 (Unqualified Noncitizens) – this group consist primarily of visitors, tourists, diplomatc, students and undocumented noncitizens as well as those who are unable or unwilling to provide documentation of their immigration status.

(2) NC2 (Qualified Noncitizens) – this group consists primarily of those noncitizen that meets an immigration status that is consistent with the Personal Responsibility and Work Opportunity Act (PRWORA) such as: Asylees; Parolees; Deportation (or Removal) Withheld; Conditional Entrants; Cuban or Haitian Entrants; Battered Noncitizens; Refugees; Trafficking Victims; Iraqi and Afghan Special Immigrants (SIV).

(B) NC1 Income and deduction treatment and calculation

(1) Only a prorated share of the NC1's income is counted on the SNAP case. This means the income is divided proportionally among all filing group members, including eligible and ineligible noncitizens.

(2) NC1 costs for shelter, medical (for those elderly or disabled), dependent care and court-ordered support are prorated. These deductions should be prorated when
the costs are either paid in full or in part by the NC1. Utility costs are never prorated.

(a) If the shelter or dependent care bills are not being paid, prorate the cost if billed to the NC1.

(b) When the deductions are shared, prorate the NC1's portion only.

(c) The dependent care deduction is prorated by the computer system, when an IH or IA member type is used with the CCP deduction code.

(d) Other deductions must be hand-prorated, before being coded on FSMIS. The system cannot perform these prorations.

(e) For shelter, medical, dependent care and court-ordered child support paid by an NC1, divide the amount by the total people in the filing group, to get a share per person. Allow only the share for the eligible people in the benefit group.

(f) Additionally, for dependent care, medical and shelter deductions, if they are not being paid but are just incurred, prorate them if a NCI’s income is paying them. If they are not being paid but are just incurred, prorate them if they are being billed to an ineligible member.

(3) The income is calculated following these steps:

(a) The gross income of the filing group is compared to the income limits prior to the proration. If the filing group is over the limit, the household is ineligible.

(b) If the income is under the income limits, count a prorated share of the income on the SNAP case.

(c) To determine the amount of prorated income to count, take the total gross income of the NC1 and divide it by the total number of people in the filing group. Multiply that amount by the number of eligible filing group members. This is the amount that is coded on the SNAP case.

<table>
<thead>
<tr>
<th>NC1 Income Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households Composition</td>
</tr>
<tr>
<td>Example 1 (eligible)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### NC1 Income Calculation Example

<table>
<thead>
<tr>
<th>Per month.</th>
<th>Eligible household members = $750. Code $750 EML on the SNAP case.</th>
</tr>
</thead>
</table>

| Example 2 (ineligible) | Two undocumented noncitizen parents with one child. Noncitizen parents make $3000 per month. | Apply the $3000 to the gross income limit for a filing group of 1 (the eligible member). The income is above the limit and the case is ineligible for benefits. |

(C) NC2 income and deduction treatment and Calculation

When calculating the income of NC2s, there is a two-step calculation process. This two-step process is done to ensure the benefit amount for the eligible members does not exceed the amount of the allotment the group would have received if the ineligible member had been included.

(1) The NC2 two-step income calculation will follow these steps:

(a) **NC2: STEP 1**

(i) Include the NC2 in the benefit group as if the person were eligible, i.e., code the person with an AD or HH, whichever is appropriate.

(ii) Count all the income of the NC2 as well as the income of other household members whose income must be counted.

(iii) Allow deductions for the expenses paid by the household, including the expenses paid by the NC2.

(iv) Let the system do the calculation but do not update. Narrate the amount.

(2) **NC2: STEP 2**

(a) Exclude the NC2 from the benefit group, code the person with an IA or IH, whichever is appropriate.

(b) Remove the income of the NC2.

(c) Count all the income of the eligible members.

(d) Count any income given directly by the NC2 to the eligible members in the household.

(e) Allow only the deductions paid by the eligible members.
(f) Let the system do the calculation. Compare the amount with Step 1. If it is less, use this action to issue benefits to the group. If it is more, go back to Step 1 and issue benefits.

<table>
<thead>
<tr>
<th>NC2 Income Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Composition</strong></td>
</tr>
<tr>
<td><strong>Example 1</strong></td>
</tr>
<tr>
<td>Mom and dad who are both LPRs (NC2s) and two citizen children. Dad and mom have combined earnings of $1500 per month and pay $600 per month in rent with utilities included.</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
</tr>
<tr>
<td>4 Person Household</td>
</tr>
<tr>
<td>a. Total earned in income</td>
</tr>
<tr>
<td>b. Less 20% earned income deduction</td>
</tr>
<tr>
<td>c. Less standard deduction</td>
</tr>
<tr>
<td>d. Adjusted income (a-b-c)</td>
</tr>
<tr>
<td>e. Shelter expense</td>
</tr>
<tr>
<td>f. Excess shelter deduction</td>
</tr>
<tr>
<td>g. Net monthly income (d-f)</td>
</tr>
<tr>
<td>h. Maximum allotment for 4</td>
</tr>
<tr>
<td>i. 30% of g</td>
</tr>
<tr>
<td>j. Allotment amount (h-i)</td>
</tr>
</tbody>
</table>

The final allotment amount would be $357, the lesser of Step 1 and Step 2.

<table>
<thead>
<tr>
<th><strong>Example 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom and dad who are both LPRs (NC2s) and one citizen child and one citizen roommate. Dad and mom have combined earnings of $1500 per month. The roommate has earnings of $500 per month. They pay $600 ($450 mom and dad, $150 roommate) per month for rent including utilities.</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
</tr>
<tr>
<td>4 Person Household</td>
</tr>
<tr>
<td>a. Total earned in income</td>
</tr>
<tr>
<td>b. Less 20% earned income deduction</td>
</tr>
<tr>
<td>c. Less standard deduction</td>
</tr>
<tr>
<td>d. Adjusted income (a-b-c)</td>
</tr>
<tr>
<td>e. Shelter expense</td>
</tr>
<tr>
<td>f. Excess shelter deduction (e-[1/2 of d])</td>
</tr>
<tr>
<td>g. Net monthly income (d-f)</td>
</tr>
<tr>
<td>h. Maximum allotment for 4</td>
</tr>
</tbody>
</table>
### NC2 Income Calculation Example

<table>
<thead>
<tr>
<th>i. 30% of g</th>
<th>$430</th>
<th>i. 30% of g</th>
<th>$66</th>
</tr>
</thead>
<tbody>
<tr>
<td>j. Allotment amount (h-i)</td>
<td>$219</td>
<td>j. Allotment amount (h-i)</td>
<td>$291</td>
</tr>
</tbody>
</table>

The final allotment amount would be $219, the lesser of Step 1 and Step 2.

(D) NC1 and NC2 Combined households income treatment and calculation

When calculating the income for groups that consist of both NC1s and of NC2s there is also a two-step calculation process. When one NC2 member in the household has income, treat all NC2 members the same in Steps One and Two.

(1) The NC1/NC2 two-step income calculation will follow these steps:

(a) Combined NC1/NC2: STEP 1

(i) Include the NC2 in the benefit group as if the person were eligible, i.e., code the person with an AD or HH, whichever is appropriate.

(ii) Code the NC1 with an IA or IH, whichever is appropriate.

(iii) Prorate the income of the NC1 according to the number of ineligible (both NC1 and NC2) members in the household.

(iv) Add the prorated NC1's income to the NC2's income and code the income according to its type. (FSMIS cannot prorate income accurately so this must be done to ensure correct benefit amounts).

(v) Allow the deductions for the following:
   - Deductions paid by the eligible household members;
   - Deductions paid by the NC2;
   - The prorated share of the NC1's deductions, except their share of the utility allowance. The utility allowances are never prorated so the full amount is allowed.

(vi) Let the system do the calculation but do not update. Narrate the amount.

(2) Combined NC1/NC2: STEP 2

(a) Code the NC1 and the NC2 with an IA or IH, whichever is appropriate.

(b) Remove the income of the NC2.
(c) Code the total countable income for the NC1 (do not prorate).

(d) Count any income given directly to the household by the NC2.

(e) Prorate the deductions (except the utility allowance) for the NC1 according to the number of ineligible members in the household.

(f) Do not allow deductions for the expenses paid by the NC2.

(g) Let the system do the calculation. Compare the amount with Step 1. If it is less, use this action to issue benefits to the group. If it is more, go back to Step 1 and issue benefits.

(E) NC1 and NC2 Households with TANF

Prorate the TANF grant for all ineligible NC1s and NC2s regardless of whether or not they are in the TANF benefit group. The TANF grant is considered the entire family’s income. If there is a TANF overpayment, all adults are liable.

FSMIS does not perform the necessary proration when the income is coded as "GNT" so the amount must be hand prorated. In addition, a "MNL" code must be placed in the Household Type so that the automatic grant update run at the end of the month does not restore the GNT to the full amount.

**Example 1:** In a four-person filing group, the parents are ineligible noncitizens for SNAP. However, the parents are included in the benefit group for TANF. They receive $617 (TANF grant) each month. The worker will divide the total amount by 4 for each person in the financial group. The amount is then multiplied by the number of eligible people in the group. The countable income to be coded GNT on FSMIS = $309 ($617 ÷ 4 x 2). In addition the worker must add the MNL household type code to the case.

**Example 2:** In a four-person filing group, the parents are ineligible noncitizens for both SNAP and TANF. They receive $320 (TANF), on behalf of their two eligible children in a household of four. The worker will divide the total amount by 4 for each person in the SNAP filing group. The amount is then multiplied by the number of people in the need group. The countable income to be coded GNT on FSMIS = $160 ($320 ÷ 4 x 2). In addition the worker must add the MNL household type code to the case.
E. 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 Services; Time Limits: 461-115-0690

2. Residency

(A) 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.

(B) Categorically eligible (SNAP-F.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.41), the mailing address may be General Delivery or the address of a shelter or a friend.

Note: Do not send recertification packets out of state even if the client indicates that they plan to return to Oregon. In this situation, residency is questionable.

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 of higher education

SNAP clients who are considered students of higher education must meet special criteria to be eligible. A student of higher education residing in a dormitory or other living situation with meal plans is ineligible for SNAP program benefits.

(A) Higher education includes the following:
Public and private universities and colleges and community colleges that offer degree programs regardless of whether a high school diploma is required for the program. However, GED, ABE, ESL and high school equivalency programs at those institutions are not considered higher education.

Vocational, technical, business, and trade schools that normally require a high school diploma or equivalency certificate for enrollment in the curriculum or in a particular program at the institution. However, programs at those institutions that do not require the diploma or certificate are not considered higher education.

An individual is considered a student of higher education if they are attending higher education (see A above) at least half time or more as determined by the school, AND the individual is 18 years of age or older but under age 50. Student status does not apply to:

1. New students who are registered for higher education but will start classes after the month in which eligibility determination occurs.
2. Students enrolled for the purposes of taking high school equivalency programs such as GED, ABE or ESL.

An individual's status as a student of higher education continues through school vacations and summer break if the student intends to return to school for the next term.

An individual's status as a student of higher education ends when the student does any of the following:

1. Graduates;
2. Drops out;
3. Withdraws from the individual’s classes;
4. Reduces credit hours to less than half time;
5. Is suspended or expelled;
6. Does not intend to register for the next school term (excluding summer term).

To be eligible for SNAP benefits, a student of higher education must meet one of the following criteria:

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.

Note: Employee work hours and self-employed work hours cannot be combined to meet the 20-hour requirement.

(4) Be awarded state or federally funded work-study AND be assigned to a work-study position with a start date in the current term or semester, and will perform work in a work-study job in the current term or semester. The period of eligibility for a student eligible because of this subsection:

(a) Begins with the month in which school begins or with the month that work study is approved, whichever is later;

(b) Continues for the duration of the term or semester, unless the student refuses a work-study job;

(i) Continues through breaks of less than a month. For breaks of a month or longer, eligibility continues only if the student performs work in a work-study job during the break.

(5) Be responsible for the care of a child in the filing group and:

(a) In a one-parent home, care of a child who is:

(i) Under age 6; or
(ii) **Age 6-11 and** one of the following:

- The parent attends school full time; or
- The parent attends less than full time 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. Narrate the reason adequate child care is not available to care for the child.

(b) In a two-parent home, first determine with the client who has primary responsibility for care of the child or children. The student who has primary responsibility for the child would be eligible if the child is:

(i) Under age 6; or

(ii) Age 6-11 and the local office determines that adequate child care is not available for the student to both attend school and satisfy the 20-hour-a-week requirement. Narrate the reason adequate child care is not available to care for the child.

**Note:** If both parents are students, in order for both to be eligible, they must explain why each has primary responsibility for a different child in the family group (e.g., work or school schedules). Narrate this determination and reasons.

**Note:** “Adequate child care” is whether or not childcare is available for the student to attend school and work 20 hours a week. This does not include the ability to pay for care. Examples of lack of adequate child care:

- Parent must drive an excessive amount of time out of area to obtain childcare.

- No provider available for a child with special needs.

- Parent’s school schedule would only allow for late-night employment and no care providers available for those hours.

(6) Be in a REF or TANF benefit group.

(7) Be in a Workforce Investment Act (WIA) training program.

(8) Be enrolled as a result of employer-sponsored on-the-job training.

(9) Be receiving Unemployment Compensation (UC).
(10) Be participating in at least one of the following Employment Department training programs:

(a) The Trade Readjustment Allowance (TRA) program serving displaced workers under the Trade Act.

(b) The Training Unemployment Insurance (TUI) program.

(c) The Self-Employment Insurance (SEA) program.

(d) The Apprenticeship Program (APT).

Note: These programs can be identified with a code of 066, 067, 068, 070, 079 or 088 on the ECLM screen. Students remain eligible as long as they are in one of the above programs through the Employment Department, even if they are not receiving UC.

(F) 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.82 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 DHS 7351 to help determine if a child care deduction is allowable and the amount allowed.

(G) 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.

(H) Changes in student status

(1) When a student reduces their credit hours to less than half time (by dropping or withdrawing from classes) in a term, they are no longer considered a student and do not need to meet additional student criteria to
be eligible for SNAP. Verification of the reduction in hours is needed if questionable.

(2) When an ineligible student reports they have dropped out of school or have finished the current term and do not intend to register for classes in the next term, treat this as a request for benefits (i.e., pend for required eligibility information). Unless the student has officially dropped out or withdrawn from classes 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.

(3) If an ineligible student reports countable income on the Interim Change Report for Supplemental Nutrition 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.

(4) If a SNAP recipient reports starting higher education, but does not report income, do not review student status until redetermination.

(5) 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

(A) 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).
A U.S. citizen includes the following people:

1. A person born in the U.S.;
2. A naturalized citizen;
3. A person born outside of the U.S. but whose parents (GP-A.60) (both mother and father) are U.S. citizens;
4. 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:
   5. 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;
   6. 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.
7. 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;
8. A child lawfully adopted by U.S. citizens;
9. A citizen of Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands (Saipan, Tinian, Rota and Pagan), American Samoa and the Swains Islands.

Citizenship and Alien Status Requirements: 461-120-0110
Alien Status: 461-120-0125

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 who are not applying for benefits are not required to provide their SSN.
Applicants and recipients are 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.

(A) Verification of SSN – Workers are to verify the SSN using the W204 screen.

(1) If the client is not currently receiving other program benefits, a TPQY should be processed to receive a match from the SSA.

(2) 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 the failed without good cause. The disqualification continues until the person complies with an application for their SSN or provides the number.

(B) Expedited Service and 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.

(C) Adding a person to a case – 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. If no SSN or proof of application for SSN is received, they will be added to the case as a disqualified person coded ad a DH or DP.

(D) Newborns – 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. If no SSN or proof of application for SSN is received, the child will be added to the case as a disqualified person coded on the case as a DP and their income remains countable to the eligible benefit group members.

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 Social Security Number (SSN): 461-120-0210

7. SNAP work program requirements; who must comply

By signing the application, the head of household registers all those people who must comply with the SNAP work program requirements:

1. SNAP clients aged 18 through 59, and ages 16 and 17 if the primary person, must cooperate with the work requirements to be eligible.
2. 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**:

(A) Heads of households who are age 16 or 17 and are either:

   (1) Attending school; or:

   (2) Enrolled in an employment training program at least half time.

(B) Clients who are working a minimum of 30 hours a week or earning money equal to at least the federal minimum wage multiplied by 30 hours a week x 4.3 weeks ($7.25 x 30 x 4.3 = $935.25 as of 7/24/09).

   (1) 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);

   (2) Migrant (GP-A.52) and seasonal (GP-A.71) farm workers (SNAP-J.1) meet this when they have a contract or agreement to work this amount and will begin work within 30 days.

(C) 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.

(D) 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.

(E) Clients who are required to care for a person in the household with a disability (SNAP-C.4). 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.

(F) Clients enrolled at least half-time (as defined by the school) in:

   (1) High school or an equivalent program, or

   (2) A training program; or
Higher education. Establish that clients who are in higher education are eligible students (SNAP-E.3) before determining work program status.

**Note:** Clients remain exempt during normal periods of vacation and recess, including summer vacation.

(G) TANF recipients.

(H) Clients who have applied for or are receiving unemployment compensation (UC) or are participating in at least one of the following Employment Department training programs (clients may or may not be getting UC benefits if in one of these programs):

1. The Trade Readjustment Allowance (TRA) program serving displaced workers under the Trade Act.
2. The Training Unemployment Insurance (TUI) program.
3. The Self-Employment Insurance (SEA) program.
4. The Apprenticeship Program (APT).

(I) Clients attending alcohol or drug treatment, meetings or in rehabilitation programs.

(J) Pregnant females.

(K) Clients who have other barriers to employment, such as lack of child care, transportation, being homeless (GP-A.41), 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:

(A) Register for work. By signing the application, the head of household registers all adults in the filing group.
(B) Cooperate in determining their mandatory or exempt status.

(C) TANF clients must cooperate with their JOBS requirements.

(D) Comply with OED work search requirements for UC.

(E) 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.

(F) 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.

(G) Complete the OFSET work activities agreed to in their case plan, which includes making progress reports to the local contractor.

Requirements for Mandatory Employment Program Clients; Pre-TANF, REF, SNAP, TANF: 461-130-0315
Job Quit by Applicants; SNAP: 461-135-0521

10. **Changes in work requirement status**

Each adult’s mandatory or exempt status is reviewed at the following times:

- Certification;
- Recertification;
- When processing the *Interim Change Report For Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)*;
- When a change is reported between certification, recertification, or when processing the *DHS 852*.

When status changes, update FSMIS coding and narrate the change.

**A** Status changes from exempt to mandatory:

1. On an ongoing case, including at interim report, notify the client of their new work program requirements within 10 calendar days:

2. 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*
the client is not exempt for another reason, evaluate for job quit. If the client has good cause is not disqualified, refer the client to the OFSET Program. If the client does not have good cause, the client will be disqualified.

**Note:** If a client becomes mandatory during the cert period, send an OFSET Program-Client Agreement (DHS 7832R) or Notice Writer FS7832R.

(B) **Status changes from mandatory to exempt:**

(1) Notify the client within 30 calendar days from receiving information on the change.

The two examples below will give you guidance of how to act and when to verify income:

**Example 1:** When you need to verify income: Joe is a mandatory client on his own case. He is participating in job search and reports he has gone to work 30 hours a week at $11.00 an hour. The job and hours now make him exempt from OFSET. In addition, this places him over the Countable Income Limit which he is required to report. Verify the income and add it to the case using the appropriate 10-day notice. Narrate the report of the new job, the income and the 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.

**Example 2:** When you do not need to verify income: Isobel is a mandatory client on her own case. She is participating in job search and reports she has gone to work 22 hours a week at $10.50 an hour. The job and hours now make her exempt from OFSET as it is above the required amount. However, the income is not over the Countable Income Limit and she is not required to report the income. There is no need to verify the income as she has not gone over the reporting requirements. 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,
the local office duties listed below and the two branch-managed activities listed in section 12.

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.

Requirements for Mandatory Employment Program Clients; Pre-TANF, REF, SNAP, TANF: 461-130-0315
Limits to OFSET Components and Activities: 461-190-0310

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 TANF 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 \textit{bona fide} offer of employment. A \textit{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.

(A) Conciliation can be requested by the client, the department or the contractor. It includes:

(1) Informing clients of their OFSET rights and responsibilities and of potential disqualifications;

(2) Exploring whether good cause exists for noncooperation;

(3) Changing the OFSET case plan, if needed.

(B) 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 worksite 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; Employment Programs: 461-130-0327

16. **OFSET noncooperation; disqualification penalties**

Disqualification penalties are intended to motivate clients to comply with the SNAP work requirements. Do not disqualify applicants who withdraw their application before benefits are approved or denied.

(A) Penalties are imposed only after consideration of each client’s situation, which includes determining whether the client:

(1) Meets an exemption;

(2) Had good cause for not cooperating;

(3) Was able to do the activities assigned in their plan.

(B) 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. APD/AAA workers may also use the _Notification of Planned Action_ (SDS 540). The notice must state:

(1) The action that resulted in disqualification;

(2) The length of the minimum disqualification period;

(3) The reduced benefit amount; and

(4) How they can end the disqualification after the minimum period.

(C) The disqualification periods are in full calendar months.

(D) The disqualifications are progressive as follows:

(1) The first disqualification is at least one calendar month. (Coded as LV1 on FSMIS.);

(2) The second disqualification is at least three calendar months. (Coded as LV2 on FSMIS.);

(3) Every time thereafter, the disqualification is at least six calendar months. (Coded as LV3 on FSMIS.)

(E) Disqualification periods have minimum durations, but no maximum. They last at the imposed level 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 LV1 penalty last forever rather than just one month.

(F) If there are other individuals in the filing group, the disqualified client remains in the SNAP filing group. Their income and resources count when determining eligibility for the group.

Note: When the only person on the case is disqualified, the SNAP case is closed. Do not use a DIS transaction. Use a CLO or DEN transaction.

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-E.11) without good cause during their certification period or in the 30 days before applying for SNAP.

(A) 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.

(B) For ongoing clients, follow the same steps as for any other OFSET disqualification.

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**

(A) Showing cooperation

(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. Local offices and districts may:

(a) Manage disqualification cooperation in-branch. Districts and branches may establish tasks for the client to complete that demonstrate cooperation. The local office must track completion of the task. For example: Local branch requires demonstration of two weeks of job search activity. Client is required to turn in a job search log showing a minimum of six job contacts over two weeks.

(b) Develop a partnership with the local contractor to manage disqualification cooperation. Clients who are disqualified are not in the OFSET program as they are not receiving SNAP benefits. In this situation, clients should not be referred to the contractor as an OFSET participant, but as part of disqualification resolution for a non-SNAP client.

(3) Cooperation tasks 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.

(c) For job quits, cooperation is considered met if the client does any of the following:

(i) The client gets another job of similar wage or hours to the one they quit;

(ii) Gets work hours restored to more than 30 hours per week if they reduced their work hours;

(iii) Complies with the task determined by the local branch.
(4) Disqualified clients cannot be given good cause for failure to demonstrate cooperation.

(B) Ending disqualifications

(1) For ongoing open 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-I.8) policy when adding the client to an open SNAP case.

(2) 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. The client will need to reapply for benefits. Open the case on the filing date or the date the client shows cooperation with OFSET, whichever is later.

(3) Remove any disqualification applied in error, and do not count it as a time that the client failed to meet their work requirement.

(4) The disqualification follows the person. If the person leaves the filing group, remove the disqualification from the case.

(5) 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;

(6) On a closed case, the client must reapply and can be SNAP eligible from the date they apply.

Disqualifications; Pre-TANF, REF, SNAP, TANF: 461-130-0330
Removing Disqualifications and Effect on Benefits: 461-130-0335
Use of Income and Income Deductions When There Are Ineligible or Disqualified Group Members; SNAP: 461-160-0410
Effective Dates; Ending Disqualifications: 461-180-0065


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 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-G.13 ON HOW TO TREAT THE INCOME AND DEDUCTIONS OF AN INELIGIBLE GROUP MEMBER.

Need Group: 461-110-0630
Fleeing Felon and Violators of Parole, Probation, and Post-Prison Supervision; GA, GAM, SNAP, and TANF: 461-135-0560

20. SNAP E – Nonfinancial eligibility examples

Section 3. Student examples

Examples of student status:

Example 3: 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 4: 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 5: 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 6: 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 7: James (age 23) was awarded work-study. The school has work-study jobs available, but he has not been hired into one. James is an ineligible student unless he can meet one of the other student criteria.
Example 8: 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 unless she can meet one of the other student criteria.

Example 9: 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 10: 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 based on work study and is an ineligible student unless he meets one of the other student criteria.

Example 11: 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 12: 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 13: 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 14: 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 15: 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)
OFFSET status: Mandatory.
Situation: 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.  

**Situation:** 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)
OFFSET status: Exempt.
Situation: He was working 26 hours a week at $8.95 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 OFFSET 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.
Situation: 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)
- **OFSET status:** Exempt.

**Situation:** 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 OFSET exempt due to participating in JOBS, so she also must meet the OFSET 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 OFSET, so OFSET 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 disqualification 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)
OFFSET status: Zane is exempt due to working 35 hours a week; Marilyn is exempt to care for a child under age 6.
Situation: 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 cat el 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)
OFFSET status: Mandatory.
Situation: Gen 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, but her case is closed. She needs to reapply for SNAP benefits.

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)
OFFSET status:  Harry is Mandatory. Ginny is exempt as she is pregnant.
Situation:  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

**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 (MSC 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 9:**

**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 (MSC 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 10:**

**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 (MSC 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 11:

**Facts:**

**Filing date:** 1/21

**Household composition:** Lawrence (age 30)

**OFFSET 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.
F. 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-F.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-G.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, or they have liquid resources that exceed $25,000.
- The head of household is currently serving an OFSET disqualification (SNAP-E.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.12) 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.43) is below 185 percent of the federal poverty level, they have less than $25,000 in liquid resources and they are given the TANF information and referral services pamphlet, Resource Guide for Low-Income Households (DHS 3400). Liquid resources include bank accounts and cash on hand;

- 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>1,800</td>
</tr>
<tr>
<td>2</td>
<td>2,426</td>
</tr>
<tr>
<td>3</td>
<td>3,051</td>
</tr>
<tr>
<td>4</td>
<td>3,677</td>
</tr>
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<td>5</td>
<td>4,303</td>
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<tr>
<td>6</td>
<td>4,929</td>
</tr>
<tr>
<td>7</td>
<td>5,555</td>
</tr>
<tr>
<td>8</td>
<td>6,181</td>
</tr>
<tr>
<td>Each additional person</td>
<td>+620</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-F.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-E.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 Examples (SNAP-F.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-E.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-F.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-E.6), resources (SNAP-G.3) and the sponsored alien (SNAP-D.17) 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-G.2) or adjusted (SNAP-G.27) 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 BEXEDX 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)),
Categorical Eligibility for SNAP

student status (SNAP-E.3) (is a student eligible) and citizen/alien status (SNAP-E.5) (if a noncitizen meets the eligibility criteria for SNAP). Those individuals who are mandatory for OFSET (SNAP-E.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-G.18), shelter (SNAP-G.21), utility (SNAP-G.22), medical (SNAP-G.19) and child support payment (SNAP-G.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-G.24), they may receive no benefits in the initial month due to a proration (SNAP-G.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-G.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.

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-F.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 MP WG #10 FOR INFORMATION ON OTAP AND LINK UP AMERICA.

SEE MP WG #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.</td>
<td>1-year program. <em>May receive one or several payments during that year. Categorically eligible for the entire year.</em></td>
<td>All persons in the household are considered to receive the Housing Stabilization benefits.</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>Countable Income under 185% of FPL and received information and referral pamphlet</td>
<td>None</td>
<td>Length of SNAP certification period unless income exceeds 185% FPL.</td>
<td>All persons in the financial group.</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 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</td>
<td>Transition is for 12 months after TANF closes. Retention and wage enhancement services do not</td>
<td>All persons in the TANF-related financial group are considered to receive Transition Services for at least 12 months.</td>
</tr>
</tbody>
</table>
Categorical Eligibility 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></td>
<td>should be narration on TRACS.</td>
<td>require previous receipt of TANF.</td>
<td>All persons in the TANF-related financial group are considered to receive retention and wage enhancement services in the month of receipt only.</td>
</tr>
</tbody>
</table>

**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-F.8 -- EXAMPLES](#)).

8. **SNAP F – 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.”
G. 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 assets, such as cash in bank accounts, stocks, bonds, IRA and KEOGH accounts, 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.64) and in-kind income (CA-B.41) 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.29). 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-G.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 INCOME STANDARDS CHART IN MP-WG #7 AND RESOURCE LIMITS IN SNAP-G.3.

SEE SNAP-G.14 FOR HOW TO COUNT AN OVERPAYMENT COLLECTED FROM TANF BENEFITS.

Requirement to Pursue Assets: 461-120-0330
Assets; Income and Resources: 461-140-0010
Availability of Resources: 461-140-0020
Determining Availability of Income: 461-140-0040
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-F.1) or they include a member meeting the SNAP elderly (GP-A.27) or client with disabilities (GP-A.22) 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>$1,265</td>
</tr>
<tr>
<td>2</td>
<td>$1,705</td>
</tr>
<tr>
<td>3</td>
<td>$2,144</td>
</tr>
<tr>
<td>4</td>
<td>$2,584</td>
</tr>
<tr>
<td>5</td>
<td>$3,024</td>
</tr>
<tr>
<td>6</td>
<td>$3,464</td>
</tr>
<tr>
<td>7</td>
<td>$3,904</td>
</tr>
<tr>
<td>8</td>
<td>$4,344</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$440</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.42) 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-I.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 SNAP-D.20 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-G.15 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.

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. Only noncategorically eligible need groups have to meet the resource limit. The SNAP resource limit is as follows:

- $3,250 when at least one member is age 60 or over, or meets the SNAP definition of clients with disabilities (GP-A.21); and
- $2,250 for all others.

Add up the resources of noncategorically eligible financial group members and enter this total on FSMIS. FSMIS does the resource test when the Cate El field is coded N.

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.

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

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.

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.29);
• 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.

Determining The Uncompensated Value of a Transferred Asset: 461-140-0250

SEE EXAMPLES OF TRANSFER OF RESOURCES OF NONCATEGORICALLY ELIGIBLE HOUSEHOLDS (SNAP-G – EXAMPLES 4)
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-19) 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</td>
</tr>
<tr>
<td>Adoption Assistance</td>
<td>Unearned</td>
<td>461-145-0110</td>
</tr>
<tr>
<td>Agent Orange Disability Benefits</td>
<td>See policy</td>
<td>CA-B.2</td>
</tr>
<tr>
<td>Alaska Permanent Fund Dividend</td>
<td>Lump sum</td>
<td>461-145-0005</td>
</tr>
<tr>
<td>AmeriCorps</td>
<td>See policy</td>
<td>CA-B.20</td>
</tr>
<tr>
<td>AmeriCorps - VISTA</td>
<td>See policy</td>
<td>461-145-0110</td>
</tr>
<tr>
<td>Animals:</td>
<td>Exclude</td>
<td>CA-B.4</td>
</tr>
<tr>
<td>• If pets or raised for food</td>
<td>See policy</td>
<td>461-145-0010</td>
</tr>
<tr>
<td>• Income-producing (see income-producing property)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuities</td>
<td>Unearned</td>
<td>CA-B.5</td>
</tr>
<tr>
<td>Approved EPD Accounts</td>
<td>Excluded</td>
<td>CA-B.7</td>
</tr>
<tr>
<td>Bank Account</td>
<td>Resource</td>
<td>CA-B.8</td>
</tr>
<tr>
<td>Bonds</td>
<td>Resource</td>
<td>461-145-0025</td>
</tr>
<tr>
<td>Burial Arrangements</td>
<td>See policy</td>
<td>CA-B.9</td>
</tr>
<tr>
<td>Burial Space and Merchandise (One space per client)</td>
<td>Exclude</td>
<td>CA-B.10</td>
</tr>
<tr>
<td>Capital Assets (see Work-Related Capital Assets, Equipment and Inventory CA-B.8 for more information)</td>
<td>See policy</td>
<td>CA-B.11</td>
</tr>
<tr>
<td>Cash and Foreign Currency that can be Converted to U.S. Currency</td>
<td>Resource</td>
<td>CA-B.12</td>
</tr>
<tr>
<td>Chafee Housing Program</td>
<td>Unearned</td>
<td>CA-B.36</td>
</tr>
<tr>
<td>Child Support and Cash Medical Support:</td>
<td>Exclude</td>
<td>CA-B.13</td>
</tr>
<tr>
<td>• Assigned to the department</td>
<td>See policy</td>
<td>CA-B.41 (in-kind)</td>
</tr>
<tr>
<td>• To a third party</td>
<td>Unearned</td>
<td>461-145-0080</td>
</tr>
<tr>
<td>• All others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>See policy</td>
<td>CA-B.14</td>
</tr>
<tr>
<td>Corporations</td>
<td>See policy</td>
<td>CA-B.15</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-G.14 461-145-0105</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
</tr>
<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.52 461-145-0370</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.22 461-145-0130</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>
<td></td>
<td></td>
</tr>
<tr>
<td>• WIC, School Lunch</td>
<td>Exclude</td>
<td>CA-B.28 461-145-0190</td>
</tr>
<tr>
<td>• Nutrition Assistance Program</td>
<td>Unearned</td>
<td>SNAP-J.2 461-165-0030</td>
</tr>
<tr>
<td>• Tribal Food Distribution Program</td>
<td>Ineligible for SNAP</td>
<td></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>Unearned</td>
<td>CA-B.29</td>
</tr>
<tr>
<td>• Foster care recipient gets SNAP</td>
<td>Exclude</td>
<td>461-145-0200</td>
</tr>
<tr>
<td>• Foster care recipient excluded from file group</td>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>• Foster care recipient lives in different HH group</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Foster Grandparents</td>
<td>Exclude</td>
<td>CA-B.29</td>
</tr>
<tr>
<td>Garage Sale Proceeds</td>
<td>Exclude</td>
<td>461-145-0910</td>
</tr>
<tr>
<td>• Sell personal items</td>
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<td>• Ongoing sale (more than 1 or 2 a year)</td>
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<td>Home and Contiguous Property</td>
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<td>• TANF Plus</td>
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<td>Jury Duty</td>
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<td>• Cash on hand from loan</td>
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<td>• Interest from loan being repaid to client</td>
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<td>Lodger Income</td>
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<td>Lump-sum Income</td>
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<td>Manufactured and Mobile Homes</td>
<td>See policy</td>
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<td>• Basic Allowance for Subsistence (BAS)</td>
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<td>National Older Americans Volunteer Programs Act:</td>
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<td>• Title III (Nutrition program)</td>
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<td>Nutritional Assistance Program Benefits (Puerto Rico, American Samoa, and</td>
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<td>the Commonwealth of the Northern Mariana Islands)</td>
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<td>• Title V (Green Thumb, etc.)</td>
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<td>Overpayment, Repayment of</td>
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<td>• Retired - other payments</td>
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<tr>
<td>• Not retired, IRA, or KEOGH (after withdrawal penalty)</td>
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<td>Real Property (not home):</td>
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<td>Reception and Placement Grant to Refugees</td>
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<td>Sale of a Resource (not home)</td>
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<td>Strikers’ Benefits</td>
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<td>Type of Asset</td>
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<td>• To child in care</td>
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<td>• Spina bifida payments to children</td>
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<td>• Other monthly payments</td>
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<td>• One-time payments</td>
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<td>Veterans’ Educational Benefits:</td>
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<td>• Chapter 30 (Montgomery GI Bill – active duty)</td>
<td>See Policy</td>
<td>CA-B.24 (Educ) 461-145-0580</td>
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<td>• Chapter 32 (Veterans’ Education Assistance Program (VEAP))</td>
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<td>• Chapter 35 (Dependent Educational Assistance Program)</td>
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<td>• Chapter 1606 (Montgomery GI Bill – selected reserve)</td>
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<td>• Chapter 1607 (Reserve Educational Assistance Program (REAP))</td>
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<td>Exclude</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.29) 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.7). 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.

7. **Annualizing income**

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.

Income should only be annualized in two very specific circumstances:

**Self-employment**

Self-employed persons should have their income annualized when the self-employed person has been in business for a year or more and the income is representative.

This income should NOT be changed at ICR and we would not make the client provide verification of their income again.

If the self-employed person has not been in business for more than a year, but their past income is representative, use what they have.

*Example:* Joe owns “Joe to Go Coffee Kart.” He started his business eight months ago and income, while low, has been consistent. We would use the last eight months to anticipate ongoing income. We would want to re-look at the income at ICR.

If the self-employed person has been in business for a year or more the income is not representative, use what the current situation is. This may be the last 30 days, or the last six months. You will need to have a conversation with the person about what is representative.

*Example:* Leonard owns the "Science Is Fun" store. His sales have really gone down in the last year. His income currently is not what it used to be. When you talk to him you find that the last three months are pretty representative of the future. Use the last three months to anticipate ongoing. We would want to re-look at this income at ICR.

**Contracted income**

Contracted income can only be annualized if it meets all of the following criteria:

- The income is not paid on an hourly or piecework basis; AND

  - The exception to this would be if the contract is specifically for a set number of hours to be paid over a certain time period.
The income is received in less than a 12 month period; AND

The income earned is meant to cover the entire year.

Prospective Eligibility and Budgeting: 461-150-0020
Prospective or Retrospective Eligibility and Budgeting: ERDC, REF, REFMR, SNAP, TANF: 461-150-0060

SEE CA-A.2 ON AVAILABILITY OF INCOME.

FOR INFORMATION ON FILING GROUPS (SNAP-C.2) CONTAINING MIGRANT (GP-A.52) OR SEASONAL (GP-A.77) FARMWORKERS, SEE SNAP-J.1.

SEE EXAMPLES OF PROSPECTIVE ELIGIBILITY AND BUDGETING IN MP-WG#22.

For ongoing months (GP-A.59): Workers are encouraged to use SRS whenever possible.

8. Budgeting in reporting systems

Budgeting in the initial and ongoing months will be different depending on the reporting system the client is assigned to.

Simplified Reporting System (SRS) (SNAP-G.10) 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 Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) form (DHS 852).

Prospective Budgeting of Variable Income: 461-150-0080

Change Report System (CRS) (SNAP-G.9). 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.74) and will not change unless the client reports a change.

Prospective or Retrospective Eligibility and Budgeting: ERDC, REF, REFMR, SNAP, TANF: 461-150-0060
Prospective Budgeting of Stable Income: 461-150-0070
Prospective Budgeting of Variable Income: 461-150-0080

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-G.11) 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. When the client reports a change, 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 benefits, end TBA and recertify the case for the first of the next month. If the change in situation will result in fewer benefits, leave the case in TBA unless the decrease would be the result of a household member applying for SNAP in another household or becoming ineligible for SNAP due to residency, being institutionalized, etc.

9. **Change Report System**

- SEE SNAP-WG #7.1 TO SEE CRS AT-A-GLANCE.
- SEE SNAP-I.2 FOR THE CRS REPORTING REQUIREMENTS.
- SEE SNAP-I.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP-I.8 ON THE EFFECTIVE DATE FOR ACTING ON CHANGES.

The Change Report System (CRS) (SNAP-G.9) for SNAP is based on prospective eligibility and budgeting. Cases in this system are coded N in the Mand-Rprt field on FSMIS.

**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 (MSC 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.43) 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-I.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).

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.

Simplified Reporting System

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-I.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.

10. Simplified Reporting System

See SNAP-WG#7.2 to see SRS AT-A-GLANCE.
(A) Intent and overview

The Simplified Reporting System (SRS) (SNAP-G.10) for SNAP is designed to stabilize benefits, increase accuracy, and be less work-intensive than CRS. SRS is based on prospective eligibility (GP-A.29) and budgeting (GP-A.7). Cases in SRS are usually assigned a 12-month certification period. A NED household with no earned income in which all adult members are elderly (GP-A.27) or clients with disabilities (GP-A.22) can be certified for 24 months. Most households must submit a report in the sixth month of the certification to continue getting benefits: NED households do not.

(B) 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 or 24 months.

Put cases in SRS whenever possible. When a case qualifies to be NED – all adults in the filing group are elderly or disabled and there is no earned income – the SRS case must be coded NED.

Note: Cases can be moved into SRS in months 1-4 and 6-8 of the cert period.

Give cases in SRS the longest possible certification period: 12 months, unless you need to use a shorter certification period to align with other programs, or the case is eligible for a 24-month cert period.

(C) 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 G – EXAMPLE 6).

(D) 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-G.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 Nutrition 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 Nutrition 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.

(E) NED households

NED households are not required to complete the DHS 852. They are filing groups with:

(1) No earned income (EML, HCW, SEC, SEN or TNG income types); and

(2) Every adult member is either 60 or older; or

(3) Meets the SNAP definition of clients with disabilities.

Identify these cases on FSMIS using HH Type NED. NED households that are certified in an APD or AAA office can be certified for 24 months. For these NED households, the client must be contacted by their eligibility worker during month 12 of their certification period to report changes in: income, shelter and utility costs and medical deductions. As long as this contact is made, the client will receive the second 12 months of their certification period. All changes based on information provided during the phone conversation will be effective following the rules on effective dates outlined in OAR 461-180-0006.

(F) 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.
Example 1: 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.

Example 2: A client reports in January that they will be moving at the end of the month and their rent for February will go up. The change would be made to the rent amount on the case for the month following the month the change actually occurs. In this case the change would be made for March.

*SEE SNAP-1.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP-1.8 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 Nutrition 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.

(G) Verified upon receipt

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:

1. Income;
2. Medical costs for a deduction;
3. 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 Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (*DHS 853*) with a note to remind the client when to report.

(H) Change in address

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 Nutrition 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.

(I) Interim Change Report For Supplemental Nutrition 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, when an application (*DHS 415F* or *SDS 539A*) is received instead of the *DHS 852*, the application can be used to process the interim report. However, the client is still required to sign the *DHS 852*.

**Note:** There are some exceptional circumstances in which this signature can be waived, for example – a person has submitted the *DHS 852* without a signature and is now in the hospital and unable to sign. In this type of extreme circumstance, if the benefits will not be reduced or closed, we can accept and process the *DHS 852* without a signature. If the benefits will be reduced or closed, the form still needs to be signed. Contact SNAP Policy if you have a question about a particular situation.

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* as soon as possible after receipt. As part of the process, discrepancy lists and mainframe verification screens (BEIN/W204, DPPM, ECLM, HÎÎQ, SMUX, WAGE and The Work Number).
need to be checked to ensure all available information is used. There is no requirement to address how a household pays reported shelter costs at interim report. How a household meets their shelter obligation is addressed at certification and recertification.

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; and
- The required proof is provided; and
- The form is signed by the primary person (GP-A.63) or authorized representative (SNAP-B.14).

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-I.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-I.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.

(J) Notices

FSMIS sends the following notices automatically for SRS actions:

1. 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;

2. Notification of being moved to SRS, when the reporting system changes during the certification period;

3. An *Interim Change Report For Supplemental Nutrition 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;

4. Reminder notice to submit the **DHS 852** if it has not been processed by the 10th day of month six;

5. 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;

6. Benefit notice for months seven-12 when the **DHS 852** is processed;

7. Suspend notice for month seven when processing the **DHS 852** causes noncategorically eligible cases to go over the income limits;

8. Suspend notice that worker was unable to contact NED client during month 12 of 24-month certification period.
(9) Notification of being removed from SRS during the certification period.

11. Transitional Benefit Alternative

☞ SEE SNAP-WG#7.3 TO SEE TBA AT-A-GLANCE.

☞ SEE SNAP-I.6 FOR MORE INFORMATION ON ACTING ON CHANGES AND SNAP-I.8 ON THE EFFECTIVE DATE FOR ACTING ON CHANGES.

Transitional Benefit Alternative (TBA) (SNAP-G.11) is for families on open SNAP cases whose TANF cash benefits end. TBA is available for five months only. Cases in this system are coded T in the Mand-Rprt field on FSMIS with 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;
- TANF program P2 for refugee families; and
- SFPSS grants.

Note: Pre-TANF cases are not eligible for TBA.

Note: TANF clients in Money Management are receiving cash benefits and do not qualify for TBA. 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 considered lifted and the SNAP case is eligible for TBA.

- Any member of the SNAP filing group is receiving TANF cash;
• TANF benefits ended because of a change that results in ineligibility and the client failed to report it in a timely manner. This includes not providing requested information or proof needed to continue TANF eligibility, failing to submit a complete redetermination and not making a required change report for TANF within 10 days.

• A filing group member (SNAP-C.2) is ineligible for SNAP due to an OFSET disqualification (SNAP-E.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;

• The household has not been in cooperation with TANF and they are closing their case to avoid a penalty.

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 reapplys for TANF, their TBA must end when TANF is approved. For example, if TANF is approved in June, the TBA must end in June. NOTM FSCTB02 may be used to end TBA early.

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.

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-I.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.**
When moving a case into TBA, extend the certification period, if needed, to match the TBA end date. Use Trans codes TBS and ADJ. Do not shorten the cert period to match the TBA end date: FSMIS will automatically send notice and close the case.

Periodic Redeterminations; SNAP: 461-115-0450

When a case is moved to TBA, change the TANF grant amount to zero. Make no other changes to the case. In other words, use the exact income and case situation for the last month of SNAP before TBA minus the TANF grant. Most households will receive the maximum SNAP allotment while in TBA.

SEE EXAMPLES OF TRANSITIONAL BENEFIT ALTERNATIVE BUDGETING INCOME FOR TBA (SNAP-G – EXAMPLES 9)

Clients with cases in TBA are not required to report any changes and only one change can be made to the case while it remains in TBA. When a person receiving TBA moves out and is approved for SNAP in another household, send a 10-day notice to the TBA HH to reduce benefits by removing that person

NOTICE WRITER NOTICE FSRTB01 CAN BE USED IN THIS SITUATION.

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 benefits, end TBA and recertify the case for the first of the next month. If the result is a lower SNAP benefit, continue TBA to the end of the five-month period. If the worker determines it is best to continue TBA, send the client NOTM FSG1F01.

Changes That Must be Reported: 461-170-0011

THE NOTICE WRITER NOTICE FSCTB02 MAY BE USED TO END TBA EARLY.

End TBA early if the household moves out of state, the client requests closure or someone in the filing group begins receiving TANF. Do not end TBA simply because mail has been returned as undeliverable: TBA clients are not required to report a move or address change.

NOTM FSCTB02 MAY BE USED TO END TBA EARLY.

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. Set up a tickler to track the TBA period
and manually send NOTM FSC00WF about 45 days before the end of the TBA period.

12. Changing budgeting methods

It is possible to change reporting methods between CRS, SRS and TBA. Whenever a change in budgeting (GP-A.7) method is made, the household must be notified with a continuing benefit decision notice (SNAP-I.9) prior to the effective date (SNAP-I.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 Nutrition 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 and Action Taken (MSC 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.
13. 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 MP-WG #22 FOR DETAILS AND EXAMPLES.

14. Disqualified income (DQI) and client overpayment for cash recipients

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-G – 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.

15. Income and income deductions for ineligible/disqualified group members

Count the income, resources and deductions of ineligible household members as follows:

- See SNAP-E.3 for treatment of income and deductions for ineligible students;
- See SNAP-D-20 for treatment of income and deductions for ineligible noncitizens;
- Ineligible due to failure to comply with OFSET requirements (SNAP-E.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-F.1) for SNAP. Count all of the income received by the ineligible individual. The entire household’s earned income deduction (SNAP-G.19), standard deduction (SNAP-G.19), medical deduction (SNAP-G.21), dependent care deduction (SNAP-G.20), court-ordered child support payment deduction (SNAP-G.22) 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-E.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-G.23) (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.

### 16. 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-E.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.29).

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

17. 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.
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.57) 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-G.21) on FSMIS.

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.60). 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 APD 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>Item</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>licenses, fees, advertising, and office supplies</td>
<td>-5,371</td>
</tr>
<tr>
<td>utilities (rentals only, not home)</td>
<td>-7,276</td>
</tr>
<tr>
<td>sanitary services</td>
<td>-2,500</td>
</tr>
<tr>
<td>mortgage</td>
<td>-6,000</td>
</tr>
<tr>
<td>property taxes and insurance</td>
<td>-2,570</td>
</tr>
<tr>
<td>management fees (not paid to HH member)</td>
<td>-7,200</td>
</tr>
<tr>
<td>balance</td>
<td>$1,024</td>
</tr>
</tbody>
</table>

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:

(K) 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.

Concurrent and Duplicate Program Benefits: 461-165-0030

See SNAP-H.7 regarding duplication of program benefits.
(L) 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;
- Do not allow deductions paid by the California recipient because they are not in the SNAP filing group;
- 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.72 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 for tax year 2011.) 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 5:** 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 6:** 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 6:** Crop insurance payments are a nonrecurring lump-sum income and counted as a resource.

- **Line 8:** Federal and state gasoline tax credit or refund is excluded.

**Special Farm Credit**

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 34 (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.

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. Discussions may include:

- These costs were true last year, are they still true this year? What, if anything has changed, and why?

- 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.

- 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?

**Example:** $99,171 annual farm income. The computations based on tax forms are:

<table>
<thead>
<tr>
<th>Countable Farm Income</th>
<th>$  99,171</th>
</tr>
</thead>
<tbody>
<tr>
<td>less fertilizers and lime</td>
<td>- 6,769</td>
</tr>
<tr>
<td>lease on machinery</td>
<td>- 2,000</td>
</tr>
<tr>
<td>repairs/maintenance</td>
<td>- 3,646</td>
</tr>
<tr>
<td>gas, fuel, and oil</td>
<td>- 2,327</td>
</tr>
<tr>
<td>insurance (farm only and not home)</td>
<td>- 5,488</td>
</tr>
<tr>
<td>mortgage (farm only and not home)</td>
<td>- 22,461</td>
</tr>
<tr>
<td>supplies</td>
<td>- 274</td>
</tr>
<tr>
<td>utilities (farm only and not on home)</td>
<td>- 1,500</td>
</tr>
<tr>
<td>sanitary services (farm only, not on home)</td>
<td>- 1,497</td>
</tr>
<tr>
<td>telephone (farm only, not on home)</td>
<td>- 2,823</td>
</tr>
<tr>
<td>office costs (not wages paid to HH member)</td>
<td>- 375</td>
</tr>
<tr>
<td>registration and permits (farm only)</td>
<td>- 784</td>
</tr>
<tr>
<td>legal/professional fees</td>
<td>- 547</td>
</tr>
<tr>
<td>other costs</td>
<td>- 661</td>
</tr>
<tr>
<td>labor (excluding wages paid to the SNAP group)</td>
<td>- 41,911</td>
</tr>
<tr>
<td>balance</td>
<td>$  6,108</td>
</tr>
</tbody>
</table>

In this example, the balance, after allowable costs, is greater than zero. Use the income code SEC of $8,265.25 (gross farm income of $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.
18. When to allow deductions

SNAP clients receive certain deductions from their countable income, before comparing the income to the adjusted income limit (SNAP-G.27). 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-G.22), dependent care (SNAP-G.20), medical costs (SNAP-G.21) and shelter costs (SNAP-G.23).

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.16) 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. Similarly, if a client has subsidized rent through HUD or other community housing agency, the portion paid by HUD is not allowed. Only the portion of rent paid by the client is allowed as a shelter deduction.

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.60) 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. For example, if a client owes back rent and is paying a portion of the overdue amount over several months, the past due rent is not allowed as a deduction. Only the current on-going rent expense is allowed.

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.

SEE EXAMPLES ON WHEN TO ALLOW DEDUCTIONS (SNAP-G – EXAMPLES 17).

Overview of Costs: 461-160-0030

SEE CA-C.2 FOR IDENTIFYING TYPES OF ALLOWABLE COSTS AND CA-C.3 FOR INFORMATION ABOUT SELF-EMPLOYMENT INCOME EXCLUSIONS DUE TO HAVING ALLOWABLE COSTS FOR DOING BUSINESS.

SEE SNAP-G.15 FOR HOW TO TREAT DEDUCTIONS FOR INELIGIBLE OR DISQUALIFIED NEED GROUP MEMBERS (SNAP-C.6).
19. **Standard deduction and earned income deduction**

Every SNAP case gets a standard deduction.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 persons</td>
<td>$155</td>
</tr>
<tr>
<td>3 persons</td>
<td>$155</td>
</tr>
<tr>
<td>4 persons</td>
<td>$165</td>
</tr>
<tr>
<td>5 persons</td>
<td>$193</td>
</tr>
<tr>
<td>6+ persons</td>
<td>$221</td>
</tr>
</tbody>
</table>

The standard deduction for a benefit group (SNAP-C.7) of one through three persons is $152. The standard deduction for a benefit group of four persons is $163. The standard deduction for a benefit group of five persons is $191. The standard deduction for a benefit group of six or more persons is $219.

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-G.17). 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.*

Self-Employment; Costs That Are Excluded To Determine Countable Income: 461-145-0920
Income Deductions; SNAP: 461-160-0430

20. **Dependent care deduction**

Allow this deduction when the SNAP group has a cost for caring for a dependent that 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 OFSET (SNAP-E.7) activities per their 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-G.21.

Dependent Care Costs; Deduction and Coverage: 461-160-0040

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 in 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 (for example, due to illness) 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 SNAP-D.20 FOR HOW TO TREAT DEDUCTIONS FOR FILING GROUPS (SNAP-C.2) CONTAINING AN INELIGIBLE NONCITIZEN (SNAP-E.5).

Dependent Care Costs; Deduction and Coverage: 461-160-0040
Income Deductions; SNAP: 461-160-0430
21. **Medical deduction for elderly/clients with disabilities**

   (A) Only clients who meet the SNAP definition of elderly (GP-A.27) or clients with disabilities (GP-A.22) are eligible for a medical deduction.

   For these clients, a medical deduction is allowed for the costs (GP-A.16) of services provided by, prescribed by, or used under the direction of a licensed medical practitioner.

   (1) Examples of medical costs which are not allowable include, but are not limited to:

   (a) Costs for items which can be purchased with SNAP benefits are not allowable medical deductions (for example: special diets, nutritional drinks or organic food). This is true even if the medical practitioner is prescribing the special food items for the individual.

   (b) Costs related to medical marijuana or growing medical marijuana are not allowed.

   (c) Costs for gym memberships for general health purposes.

   (2) Examples of allowable medical costs include, but are not limited to:

   (a) 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;

   (b) Medical and dental care, including psychotherapy, rehabilitation services, hospitalization and outpatient treatment;

   (c) 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.);

   (d) Over-the-counter medications approved by a licensed practitioner or other qualified health professional. No formal written prescription is required.

   **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. For example, a person unable to consume food with lactose may purchase alternate foods with their SNAP benefits, such as goat’s milk, oat milk or soy milk. Some dietary drinks high in nutrients may be purchased on the medical card.
(e) 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;

(f) Maintaining an attendant, a home health aide, 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;

(g) Client offset payment when residing in a group living facility;

**Note:** Allow the service cost, which is the amount over room and board.

(h) 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.

<table>
<thead>
<tr>
<th>Questions the worker may want to consider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What disability created the need for the service animal?</td>
</tr>
<tr>
<td>• What is the service the animal is providing?</td>
</tr>
<tr>
<td>• What is the training the animal received?</td>
</tr>
</tbody>
</table>

(i) 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, which can be found in the [NEMT Brokerage Manual](#) on page 59.

(B) Verifying medical deductions for elderly/clients with disabilities

Verification of medical deductions can come in many forms. This could be a call to a provider’s office to validate such things as payment plans and payment status, bill amounts or frequency of visits to help determine anticipated copays. Other types of verification can be things like receipts for over-the-counter medications and supplies showing the purchase and the purchase amount, print outs from pharmacies showing monthly medications, amounts and the number of months the prescription was supplied for.

(1) All medical costs must be verified.
(a) Costs that are past due, defaulted or carried over from a previous billing period are not allowed.

(2) Verification should include:

(a) The specific cost; and

(b) Frequency of use; and

(c) Proof the services are under direction of a licensed medical practitioner. Verification could include a prescription, note or collateral contact.

(C) At application and recertification

To determine medical amounts at application and recertification, use a reasonable estimate of the client’s costs for the certification period. After you have determined current and anticipated medical costs, average the total over the certification period. Arrive at this estimate by combining current and expected medical costs as follows:

(1) Verify all current medical costs. Costs can include installment payments on a bill; as long as the bill:

(a) Has not been allowed previously;

(b) The installment plan arrangements were made with the creditor before the bill became past due; and

(c) The client has not defaulted on the plan.

(2) Verify any current medical insurance cost and coverage, to determine the portion of each medical cost that the client is responsible to pay.

(3) Anticipate future medical expenses reasonably anticipated to occur during the certification period based on the client’s medical history.

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 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (DHS 221MED) 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. FSMIS subtracts the first $35.

(D) Medical costs reported during the certification period

If a 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:

(1) Allow the cost the month after it is reported; or

(2) Average the cost as follows:
   
   (a) 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;
   
   (b) 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

(3) 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.67), 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-G.17 ON CONSIDERING PROGRAM BENEFITS FOR SPECIAL NEEDS.
SEE EXAMPLES OF MEDICAL DEDUCTIONS FOR ELDERLY AND CLIENTS WITH DISABILITIES (SNAP-G – 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

22. 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
23. **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.16) for most situations. The next section deals with utility costs for most situations.

- SEE SNAP-E.3 FOR HOW TO TREAT SHELTER COSTS WITH AN INELIGIBLE STUDENT.
- SEE SNAP-D.20 FOR HOW TO TREAT DEDUCTIONS FOR FILING GROUPS CONTAINING AN INELIGIBLE NONCITIZEN.
- SEE SNAP-G.25 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 or is a reverse mortgage; the client is still incurring the cost. Allow a shelter deduction for a reverse mortgage if the client has a balance owing on the reverse mortgage or original 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. See Examples - #21 for a reverse mortgage.*

  ✪ SEE CA-B.45.

- Property taxes (even when they are deferred), state and local assessments, mortgage insurance premiums (MIP) and insurance on the structure of the home, but not costs to insure furniture or personal belongings. Renters insurance is not an allowable deduction even if it is required by the landlord in order to live in the dwelling. 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.41) 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. Similarly, if a SNAP group receives Section 8, HUD or other community agency housing assistance which pays part or all of their monthly rent costs, the SNAP group is not allowed a deduction for the portion paid by housing assistance.

Shelter Cost; SNAP: 461-160-0420
Reverse mortgages/home equity conversion mortgages

If a client has a reverse mortgage (also sometimes known as a home equity conversion mortgage) on their primary residence, allow the following shelter deductions in addition to any property tax and homeowner’s insurance:

1. Periodic monthly accrued interest charge
2. Recurring finance charges
3. Mortgage Insurance Premiums/payments (MIP)
4. Recurring fees
5. Required scheduled payments (rare for reverse mortgages)
6. Continuing charges for other mortgages on the primary residence

_Do not allow payments or proceeds from a reverse mortgage as a shelter deduction. These payments are considered loan income, which is excluded._

Mortgage Assistance Programs (MAP)

Mortgage Assistance Programs are usually referred to as ‘MAP’ but may also go by many other names (Oregon Homeowner’s Stabilization, Hope for Homeowners, Making Home Affordable, etc.). Most of these programs pay a person’s mortgage for a set amount of time, typically about a year. After that year, a person may or may not have to repay the year’s worth of mortgage payments. If there are conditions for repayment on the mortgage payments, a shelter deduction should be allowed. If there are no conditions for repayment, a shelter deduction is not allowed. See examples of MAP (SNAP-G– EXAMPLE 22).

24. Shelter deduction; utilities

Utility costs (GP-A.16) 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 cooking stoves or electric blankets as a heat source. Space heaters and stoves (wood, pellet, coal, etc., used for heating purposes only) are utility costs but do not qualify the household for FUA if it is a supplement to the main source of heat. If it is the only source of heat, the household does qualify for FUA.

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.*

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 a telephone or use a prepaid cell phone. The telephone may be a land line, 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.

**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.

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- SEE SNAP-E.3 FOR HOW TO TREAT SHELTER COSTS WITH AN INELIGIBLE STUDENT.
- SEE SNAP-D.20 FOR HOW TO TREAT DEDUCTIONS FOR FilING GROUPS CONTAINING AN INELIGIBLE NONCITIZEN.
- SEE SNAP-G.25 FOR HOW TO TREAT UTILITY COSTS FOR SPECIAL SITUATIONS SUCH AS AN UNOCCUPIED HOME.
25. **Nonstandard living arrangements (GP-A.55)**

**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-G.23). 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 - $189 = $334.70 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.73) 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**

26. **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:

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<thead>
<tr>
<th># in Benefit Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$357</td>
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<td>4</td>
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<td>6</td>
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<tr>
<td>7</td>
<td>$1,022</td>
</tr>
<tr>
<td>8</td>
<td>$1,169</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$146</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

27. **Benefit calculation**

For clients who have passed the countable income limit (130 percent) (SNAP-G.2) and resource limit (SNAP-G.3), we perform the SNAP benefit calculation. Elderly (GP-A.27) and persons with disabilities (GP-A.22) need only to meet the adjusted income limit (SNAP-G.27).

*Note:* The 185 percent categorical eligibility income test (SNAP-F.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.

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.

The system will round all amounts automatically. 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

Helpful tool

The SNAP Benefits Computation (DHS 221) worksheet is a great tool for workers to use and understand. It takes you through the calculation step by step.

Here is a high-level explanation of the calculation. Some of these steps are done automatically by the system.

Following is a description of the SNAP calculation, along with some examples to illustrate the process.

Income

Step 1 Figure the Income

- Add all types of income (the system will round the income for you);
- If income includes self-employment with allowable costs (CA-C.2) of doing business, the system will allow 50 percent exclusion for the costs as long as it is coded as SEC. For self-employment with no costs, it should be coded as SEN. The system will not allow the 50 percent exclusion for the costs;
- The subtotal is the client’s SNAP countable income (GP-A.42);
- This amount is compared to the SNAP countable income limit – 130 percent FPL (SNAP-G.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.
Deductions

Step 2 Subtract 20 percent of the earned income (SNAP-G.19).

Step 3 Subtract the standard deduction (SNAP-G.19) amount for the household size.

Step 4 Subtract the dependent care deductions (SNAP-G.20) (the system will round this amount for you)

Step 5 Total all the allowable medical costs. (The system will subtract $35 from the allowed medical costs) (SNAP-G.21).

Step 6 Subtract the court-ordered child support deduction (SNAP-G.22) (the system will round this amount for you).

Shelter

Step 7 Subtract the excess shelter costs (SNAP-G.23 and SNAP-G.24) (the system will calculate the excess shelter costs).

- 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 the allowable maximum shelter deduction. 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 – 100% FPL (GP-A.43). It must be compared to the SNAP adjusted income limit below:

<table>
<thead>
<tr>
<th>100% FPL</th>
<th>Number in Benefit Group</th>
<th>SNAP Adjusted Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 973</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$1,311</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$1,650</td>
<td></td>
</tr>
</tbody>
</table>
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 (the system will round this amount). 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-G.28).

To manually compute benefits use the SNAP Benefits Computation form (DHS 221).

**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).

### 28. 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.44), no benefits are issued if the prorated amount is less than $10;
- For an ongoing month (GP-A.59) 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

29. Prorating benefits

Initial month (GP-A.44). 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-J.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.67) 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.52) or seasonal (GP-A.71) 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.

Effective Dates; Initial Month SNAP Benefits: 461-180-0080
30. SNAP G - Financial eligibility examples

Section 4. Transfer of resources of noncategorically eligible households examples

Example 1: A client’s resource limit is $2,250 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.

\[
\text{\$4,000 (transferred) + \$1,500 (other resources) = \$5,500 - \$2,250 (allowable resources) = \$3,500 uncompensated value.}
\]

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. Pend the client for TANF benefits only for their first pay stub. This will be due April 10, 10 days after the first pay stub was received. When the pay stub was received, it was determined that the family is prospectively ineligible for TANF. As there is time for 10-day notice, 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: 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.

Example 3: Current TBA case: Client reports that someone joined their SNAP group. Client is informed they may re-apply for SNAP using the new situation. If client re-applies and benefits will increase, recertify the SNAP case under SRS or CRS. Make no changes to TBA if the new benefit amount is equal to or lesser than the amount under TBA.

Example 4: Children are removed from the household by child welfare and placed in foster care. SNAP is placed into TBA. 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 5: Sarah was receiving TANF for herself and her 6-year-old son Adam. In March she started working and reported this information to the agency. Her TANF case ended April 30 based on income verification provided Her SNAP case was converted to TBA effective May 1. On July 10, Sarah reappplies for TANF. She is placed in the Pre-TANF Program. Sarah continues to be TBA-eligible until her TANF cash case is opened.

Example 6: Current SNAP certification ends March 31 and TANF is closing at the end of March based on client’s verified earnings from a new
job. SNAP case can be placed in TBA April 1 by extending the certification end date. A recertification action does not have to be done in this situation.

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.60) 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 reapply, 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.

Example 4: A SNAP client is participating in the EDP (Employed Persons with Disabilities) Program. She must pay a $100 participant fee in order to receive medical coverage. To qualify for this program, the client must receive SSDI or meet the Social Security definition of disabled. Because of this, the participation fee is allowed as a medical deduction for SNAP.

Section 21. Shelter deductions; reverse mortgage

Example 1: Alexander owns his home. He has a reverse mortgage on this home. Alexander provides his most recent reverse mortgage monthly statement. Alexander is charged $200 per month in interest, $50 in mortgage insurance, and $20 in recurring service fees. Alexander receives $500 per month from the reverse mortgage.
The allowable shelter deduction is $270 (this includes the interest, mortgage insurance and service fee).

The $500 Alexander receives from the reverse mortgage is treated as loan income, which is excluded.

Example 2: Simone owns her home, but is still paying on her original mortgage. She also has a reverse mortgage on this home. Simone pays $400 on her original mortgage. She provides a recent reverse mortgage statement. Simone is charged $350 in interest, $75 in mortgage insurance and $50 in recurring fees. Simone draws off the reverse mortgage payments when she needs to. On the reverse mortgage statement she provided, she withdrew $5,000. She states she used this to go on a cross-country trip.

The allowable shelter deduction is $875. This includes her original mortgage, the reverse mortgage accrued interest, mortgage insurance and recurring fees.

The $5000 Simone withdrew from the reverse mortgage is treated as loan income, which is excluded.

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)

Example 6:  A family receives a year’s worth of mortgage payments thru a MAP. If they sell their home within 5 years, they must repay that year of payments. If they stay in their home and do not default for 5 years, they do not have to repay the year of payments. As there are conditions on the year of payments, a shelter deduction is allowed.

Example 7:  A family receives a year’s worth of mortgage payments thru a MAP. They never, under any circumstances, have to repay that year of MAP payments. As there are no conditions for repayment, no shelter deduction is allowed. The family may report when they resume making their own mortgage payments.
H. 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 filing group 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.

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.

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.

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 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.

Note: 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. Access to benefits via EBT

SEE IB-A.11 REGARDING HOW SNAP BENEFITS ARE ACCESSED VIA EBT.

4. 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 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.56).

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 domestic violence (DV) situation. This is where the client leaves the filing group and moves into a DV shelter (GP-A.24) or a safe home (GP-A.70) 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 (Saipan, Tinian, Rota, Pagan) and Puerto Rico are not the same as SNAP and do not affect SNAP eligibility in Oregon.

SEE [SNAP-G.15](#) 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 $10**

In the initial month, a 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-G.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-G.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-G.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.67) 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.45) 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.


13. **JOBS Plus for TANF/SNAP companion cases**

Some TANF clients are placed into JOBS Plus worksite assignments for a maximum of six months as their JOBS activity. While the client is working in this assignment, the value of their TANF and SNAP benefits is diverted to the employer as a wage supplement.

It is important for the client to understand that SNAP benefits are diverted for the entire filing group. Although the case remains open, no issuance is made. If, for example, a minor parent living with her own parents and siblings is placed into a JOBS Plus worksite, no one in the filing group will receive SNAP benefits as long as the job continues.

Take the following actions to suspend payment of SNAP for TANF JOBS Plus participants:

- Send the *Notice of Entering JOBS Plus Program* (DHS 7874) explaining that TANF and SNAP benefits will stop effective the end of the month in which the client receives their first JOBS Plus paycheck;

- Using an ADJ transaction code, add the PL hold code, PLS HH Type and TANF GNT amount (before JOBS Plus started) to FSMIS effective the first of the month after the client receives their first JOBS Plus paycheck;

- Extend the recert date (Expr Cert), if needed, to the month after the month in which the assignment is scheduled to end.
To ensure that TANF or SNAP clients do not incur a net loss of income because of participating in JOBS Plus, DHS makes a wage supplement or emergency payment if the client's income falls below their benefit equivalency. See ESS B.16 and B.17 for details.

TANF and SNAP benefits resume the first of the month after the JOBS Plus worksite assignment ends. To restore benefit issuance, remove the PLS HH Type and PL Hold codes. Use prospective eligibility and budgeting for ongoing months. There is no need for the client to reapply, unless the certification period is ending.

Other considerations for JOBS Plus clients:

- JOBS Plus wages are excluded income;
- The SNAP case can remain in SRS;
- If the client is hired as a direct employee and goes over income for TANF, transfer their SNAP case into TBA.

FOR DETAILED INFORMATION, REFER TO EMPLOYMENT & SELF-SUFFICIENCY SERVICES, SECTION B, ITEMS 15, 16 AND 17.

14. 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

15. 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.
16. **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 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, send a copy of the DHS 362 to the Overpayment Recovery Unit for the retroactive payment to be credited to the overpayment.

☞ *SEE GP-C.9 ON HOW TO CREDIT THE OVERPAYMENT.*

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

17. **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
18. **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-E.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.
19. **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.

20. **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 APD MANUAL, SUPPORT STAFF ASSISTANCE MANUAL A.10 (SSAM.A.10) FOR A PROCESS ON ISSUING THE PIN OR EBT CARD IN THESE CIRCUMSTANCES.

21. **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.
I. 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-I.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.

QC Hot Tip

Narrate the reported change and the action taken. If no action taken, narrate the reason why.

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-I.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-G.10).
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. See SNAP-G.10 for instructions on processing the reported change. 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.29), 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 ($GP-A.42) exceeds the countable income limit for SNAP (130 percent FPL) ($SNAP-G.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 ($GP-A.29$) criteria due to legislative or regulatory actions;

- Adjustments to the SNAP countable ($SNAP-G.2$) and adjusted ($SNAP-G.25$) income limits, Thrifty Food Plan ($SNAP-G.26$), dependent care deduction ($SNAP-G.20$), utility standard ($SNAP-G.24$), excess shelter deduction and/or standard deduction ($SNAP-G.19$). 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

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 website, 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 with multiple people receiving SNAP benefits.

- When such a case has been identified, the Corrections Team will send an Outlook email 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 the only adult on the case is 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-I – 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-I – EXAMPLES 5).*

6. Action on changes during the certification period

*SEE SNAP-B.11 FOR MORE ABOUT VERIFICATION OF CERTAIN CHANGES.*

*SEE SNAP-I.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.29) 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 decease, 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-1.8 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-1.8) 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.42) 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-E.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-I – EXAMPLES 6).

SRS

Clients only need to report when their countable income exceeds 130 percent of the federal poverty level (FPL) 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.16) (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-G.10). 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 #4 FOR NEW INCOME; EXAMPLE #5 FOR NEW HOUSEHOLD MEMBER; AND EXAMPLE #6 FOR JOB QUIT OR NEW JOB OF THE ACTION ON CHANGES DURING THE CERTIFICATION PERIOD (SNAP-I – 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.26)

SEE CHANGES EXAMPLES #3, #4 AND #5 FOR NEW INCOME, JOB QUIT, AND NEW MEMBER (SNAP-I – 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.22.
Approval. See SNAP-B.17 for effective dates upon approval of an application or reapplication for SNAP.

Effective Dates; Initial Month SNAP Benefits: 461-180-0080

Denial. See SNAP-B.17 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.17) 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 Nutrition 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

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-I – EXAMPLES 8).

SRS

Clients in SRS are only required to report when their income exceeds the countable income limit (130 percent FPL) (SNAP-G.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-G.10). 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-I – 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 re-applies for SNAP benefits after the TBA period ends. If the household reports a change that will increase benefits, they may re-apply. End TBA and recertify if the group is eligible for more SNAP benefits using the current situation.

 SEE SNAP-G.11 FOR MORE INFORMATION ABOUT REAPPLYING WHILE GETTING TBA.

 SEE EXAMPLES OF ACTING ON CHANGES IN TBA, #10 AND #11 OF EFFECTIVE DATES (SNAP-I – 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-E.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-E.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.2). 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.26) of that action, the reason for the action, the date of the notice and a contact person’s name and telephone.

☞ SEE GP-1.1 FOR GENERAL INFORMATION ON DECISION NOTICES.

☞ SEE GP-1.3 FOR INFORMATION ON THE NOTICE PERIOD.
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 *Interim Change Report For Supplemental Nutrition 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-G.6).

SEE MP-WG #18 FOR A CALENDAR OF 10-DAY NOTICE DEADLINES.

SEE GP-1.2 FOR ADDITIONAL INFORMATION ON THE TYPES OF NOTICES.

Definitions for Chapter 461: 461-001-0000
Notice Period: 461-175-0050
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 (REF, REFM, 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;

- In CRS and SRS cases, when 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.15) 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.

SEE EXAMPLES FOR SITUATIONS WHERE NOTICE IS REQUIRED FOR CONCURRENT BENEFITS (SNAP-I – EXAMPLES 10).

11. Notice situations

SEE GP-I.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.26) 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 (SNAP-E.18) issue. For those issues, impose the disqualification instead of writing an overpayment.

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 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 Take Action on Case (MSC 457D)*. When the adult making the request is not the head of household, send a basic decision to the head of household;

- 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.*

Continuation of Benefits: 461-025-0311
Notice Situation; Benefits for Less Than 30 Days: 461-175-0205
Notice Situation; Client Moved or Whereabouts Unknown: 461-175-0210
Notice Situation; Disqualification: 461-175-0220
Notice Situation; Nonstandard Living Situations: 461-175-0230
Notice Situation; SRS or TBA: 461-175-0270
Notice Situation; Overpayment Repayment: 461-175-0290
Notice Situation; Restoring SNAP Benefits: 461-175-0320
Notice Situation; Voluntary Action: 461-175-0340

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-I.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:

- An *Interim Change Report For Supplemental Nutrition 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-G.10 AND SNAP-G.15 ON USING THE DHS 487 FOR SRS AND MRS CASES.**
15. SNAP I - 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 Take Action on Case (MSC 457D) form) 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 reapply 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.
J. Special Situations

1. Migrant and seasonal farmworkers

Definitions

*Migrant farmworker* (GP-A.52) – 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.71) – 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-E.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-G.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.7). 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.

Prospective Eligibility and Budgeting: 461-150-0020
Initial Month Prospective Budgeting for Destitute Filing Groups; SNAP: 461-150-0100

Effective date (GP-A.26 and SNAP-I.8) for initial benefits (GP-A.44). 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-J – 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.

Concurrent and Duplicate Program Benefits: 461-165-0030

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.19)).

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.24) or homeless shelters (SNAP-C.4);
- Public or private nonprofit shelters for homeless people (GP-A.41);
- 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. However, inmates on work release that are required to return to the correctional institutions at night are not eligible for SNAP;
- 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.22);
- The resident meets all other SNAP eligibility (GP-A.29) 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-G.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.


See SNAP-B.14 AND SNAP-WG#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.77), 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
- Heeran Center (Secure), 2222 Coburg Rd, Eugene, OR 97401, 541-465-3323
- Horizon House (Cottage #28), 2435 Greenway Dr NE, Salem, OR 97301, 503-362-5918
- 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 SNAP-WG #2.4 FOR INFORMATION ON DV SHELTERS.

Homeless meal providers. Homeless clients (GP-A.41) 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, RFM, 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 (DHS 375) *(paper only)* 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.29)* 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.16) 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.

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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) (paper only), 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
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 (MSC 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 OARs 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 OARs 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 J – 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 (MSC 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 MSC 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 MSC 943.
Individuals living in certain types of facilities may be eligible for SNAP even though meals are being provided for them. When you have identified that an applicant/current client is in a facility, follow these steps:

1. Identify the type of facility. Here are some common types:
   a. Alcohol and Drug Treatment Center;
   b. Mental Health facility Group Living Arrangement (RCF, group home);
   c. Homeless shelter;
   d. Domestic violence shelter.

2. Determine if the client is eligible to receive SNAP as a resident of the facility:
   a. See below for each individual type of facility.

3. For eligible clients:
   a. There is no need to determine 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;
   b. Narrate the name of the facility that the individual is living in and how you determined that they were eligible to receive benefits.

4. For clients who are not in an eligible facility:
   a. Determine if the meals are being prepared communally, or does each individual have access to the kitchen and a place to store their food? If yes, they are eligible. If no, they are denied/closed.
   b. For denied/closed cases, reference OAR 461-135-0510.
   c. Timely notice (10-day) is required prior to closing a case when a current client moves into a facility.

1. **Alcohol and Drug Treatment Center (A&D)**

   To be an eligible facility it must meet one of these criteria:

   1. State Certified through the DHS Addictions and Mental Health Division. To determine if the facility is state certified, start by asking the facility. If it is
questionable refer to the Oregon Alcohol and Other Drug Prevention Services Directory or (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 under part B of title XIX of the Public Health Service Act. To verify this ask to see a copy of the letter the facility received. If there is a question about the letter or the facility does not have a copy—contact the SNAP policy unit.

Eligible facilities must:

1. Have a signed Facility as Authorized Representative (DHS 222) form on file with the branch office. This form is completed by the authorized representative from the facility who will complete the applications for the client and will have EBT cards issued to them.
   a. Anytime the authorized rep leaves the facility a new DHS 222 needs to be completed for the facility
   b. By signing the DHS 222, and each individual application the facility is taking liability for any overpayments on the case. They are also responsible for reporting any changes that occur in the individual’s situation.

2. The facility must complete an application for each resident when they enter the facility and complete an interview.

3. On FSMIS, add the facility name on the authorized rep line.

4. An EBT card is issued to the authorized rep for the facility. The client is not allowed to have access to a card while in the facility.
   a. The card should be issued to the facility as soon as the application/interview is completed.
   b. Do not require the authorized rep to give you an SSN to be added as the alternate payee.
   c. The facility is allowed to take 50 percent of the EBT benefits on the first, and the remaining benefits on the 15th.
   d. For instructions on how to designate the card for SNAP/Cash only please contact the SNAP policy unit to get the card updated.

5. Report all residents in their facility who are receiving SNAP each month using the Monthly List of Residents Receiving Food Stamp Benefits (DHS 222A) form.

6. The facility is required to notify the branch office within two business days when a client has left the facility.
When the facility reports someone has left:

1. Cancel the card immediately.

2. Take action to close the case. Allow for timely closure of the case (10-day notice) unless the facility completes a Voluntary Agreement to Take Action on Case (MSC 457D) form. When an MSC 457D is completed the closure can happen without 10-day notice.

3. Notify the facility that they are no longer responsible for the case by sending a FSC1DAL notice to the facility using Notice Writer.

4. Send notice to the client’s last address, even if it is at the facility, notifying them that their case will close.

When the client notifies DHS they no longer live in the facility:

1. Cancel the facilities card immediately.

2. Issue a new card to the client, or reactivate their old card.

3. To continue receiving benefits, the client 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 facility to themselves. The client must be interviewed.

What happens if an A&D facility does not meet one of the above criteria?

- 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 the 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;

- Narrate whether the situation meets the criteria to receive SNAP benefits, and how you made the determination along with the name of the facility.

Simple narrative example

**Type of interview/Contact:** PC to Jill Hawthorn at Clean & Sober

**Authorized Rep/Alt Payee:** Jill Hawthorn at Clean & Sober, state-certified A&D facility. Signed [DHS 222](#) on file with the branch and reviewed the responsibilities of the facility with Jill.
Group Living Arrangement

Clients in a Group Home or Assisted Living Facility which meets the following criteria are eligible to receive SNAP benefits:

- Licensed nonprofit with no more than 16 residents;
- Client must meet the definition of disabled (GP-A.21) for SNAP.

For a group living arrangement that meets this criteria:

1. The facility decides if they want to apply for the resident, or if the resident will apply on their own.

2. When the client applies on their own. The card and the benefits are issued to the client and not the facility.

3. For a facility that decides to be the authorized rep:
   - Have a signed DHS 222 on file with the branch office. This form is completed by the authorized representative from the facility who will complete the applications for the client and will have EBT cards issued to them;
   - Anytime the authorized rep leaves the facility a new DHS 222 needs to be completed for the facility;
   - By signing the DHS 222, and each individual application the facility is taking liability for any overpayments on the case. They are also responsible for reporting any changes that occur in the individual’s situation;
   - The facility must complete an application for each resident when they enter the facility and complete an interview;
   - On FSMIS, add the facility name on the authorized rep line;
   - An EBT card is issued to the authorized rep for the facility. The client is not allowed to have access to a card while in the facility;
   - The card should be issued to the facility as soon as the application/interview is completed;
   - Do not require the authorized rep to give you an SSN to be added as the alternate payee;
   - The facility is allowed to take 50 percent of the EBT benefits on the first, and the remaining benefits on the 15th;
   - For instructions on how to designate the card for SNAP/Cash only contact the SNAP policy unit;
- Report all residents in their facility who are receiving SNAP each month using the DHS 222A;

- The facility is required to notify the branch office within two business days when a client has left the facility.

See SNAP-C.4 for more about people in group living arrangements.

See SNAP-G.23 for more information about group living arrangements.

2. Homeless shelter

A person who meets the definition of homeless (GP-A.41) 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.”

See SNAP-C.3 for more information about filing groups.

See SNAP-J.3 for more about living situations where meals are provided.

See SNAP-J.4 for more about using SNAP to purchase prepared meals.

3. Domestic Violence (DV) shelter (GP-A.24) or safe home (GP-A.70)

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.

- SEE SNAP-C.3 FOR MORE INFORMATION ABOUT FILING GROUPS.

- SEE SNAP-C.4 FOR MORE INFORMATION ABOUT CLIENTS LIVING IN FACILITIES.

- SEE SNAP-J.3 FOR MORE ABOUT LIVING SITUATIONS WHERE MEALS ARE PROVIDED.

4. **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.

- SEE SNAP-C.3 FOR MORE INFORMATION ABOUT FILING GROUPS.

- SEE SNAP-J.3 FOR MORE ABOUT LIVING SITUATIONS WHERE MEALS ARE PROVIDED.

5. **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.

- SEE SNAP-C.3 FOR MORE INFORMATION ABOUT FILING GROUPS.

- SEE SNAP-C.4 FOR MORE INFORMATION ABOUT PEOPLE IN FOSTER CARE.

- SEE SNAP-J.3 FOR MORE ABOUT LIVING SITUATIONS WHERE MEALS ARE PROVIDED.
Worker Guide
Determining the Value of Motor Vehicles for SNAP

If the entire group is categorically eligible (SNAP-F.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 -APD 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.4 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.

\[ \text{Aerostar} = 4375 - 1000 = 3375 \text{ Equity Value} \]
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 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-G.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.67), 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-I.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.21). 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 \( 2 \times 45 = 90 \times 20\% \) (Myrtle’s share) = $18 per month for office visits.

\[
$18 \text{ office visits} + $35 \text{ prescriptions} = \textbf{$53.00}\text{ medical deduction for the certification period.}
\]

**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.16) 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:

\[
$22.50 \left( \frac{45}{2} \right) \text{ office visit} + $12 \text{ prescriptions} = \textbf{$34.50}\text{ medical deduction.}
\]

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-I.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 $\textbf{225.50}$ ($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 insurance + 90.00 other costs + $225.50 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 (four months). The remaining $50 can be allowed for a new certification period in January if the $50 is still due and not in arrears.

$$50 + 445.30 = 492.80$$
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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:

<table>
<thead>
<tr>
<th>Report System</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Report System (CRS)</td>
<td>SNAP-G.7</td>
</tr>
<tr>
<td>Simplified Reporting System (SRS)</td>
<td>SNAP-G.8</td>
</tr>
<tr>
<td>Transitional Benefit Alternative (TBA)</td>
<td>SNAP-G.9</td>
</tr>
</tbody>
</table>

1. Change Report System (CRS)

<table>
<thead>
<tr>
<th>Purpose &amp; Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who must be in CRS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any SNAP case that cannot be in one of the other report systems must be in CRS.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who cannot be in CRS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The clients who cannot be in CRS are:</td>
<td></td>
</tr>
<tr>
<td>- Clients receiving SNAP under Transitional Benefit Alternative (TBA).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Periods</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP cases in CRS are limited to a six-month certification period, except:</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budgeting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report all required changes as outlined in SNAP-I.2.</td>
<td></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.”

### 2. Simplified Reporting System (SRS)

#### Purpose & Benefits

SRS is a report system with limited reporting requirements. While in SRS, SNAP benefits will generally remain unchanged for a six-month period.

#### Who can be in SRS

Any SNAP case not excluded from SRS.

#### 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. A 24-month certification is allowed for NED households (No Earned income), and all adults are elderly ([GP-A.27](#)) or disabled ([GP-A.22](#)) that are processed in an APD/AAA office.
| **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 Nutrition 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.27) or are clients with disabilities (GP-A.22).  
NED cases that are certified for 24 months are required to have phone contact to update specific information on their case during month 12 of the certification period. |
| **Acting on Reported Changes** | In addition to acting on the *Interim Change Report For Supplemental Nutrition 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.) |
<table>
<thead>
<tr>
<th>When does SRS end?</th>
<th>End SRS anytime the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Becomes eligible for TBA;</td>
</tr>
<tr>
<td>-</td>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FSMIS Coding</th>
<th>Cases can only be put into SRS in the following months:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cert Month</strong></td>
<td><strong>Can case be put in SRS?</strong></td>
</tr>
<tr>
<td>Month 1</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 3</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 4</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 5</td>
<td>No: SRS report period cannot change in the 5th month</td>
</tr>
<tr>
<td>Month 6</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 7</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 8</td>
<td>Yes</td>
</tr>
<tr>
<td>Month 9</td>
<td>No: SRS date must be 6 months from start cert</td>
</tr>
<tr>
<td>Month 10</td>
<td>No: SRS date must be 6 months from start cert</td>
</tr>
<tr>
<td>Month 11</td>
<td>No: SRS report period cannot change in 11th month</td>
</tr>
<tr>
<td>Month 12</td>
<td>No: SRS report period cannot change in the 12th month</td>
</tr>
</tbody>
</table>

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.
Use **REC, SRS** to extend the certification to the second 12 months of the 24-month certification period once the phone contact has been made.

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>
</tbody>
</table>
| Who cannot be in TBA | - Benefit groups that lose cash benefits due to moving out of state.  
- Failure to comply with reporting requirements or RI or did not report a required change within 10 days.  
- 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.  
- SNAP filing groups with an ineligible member (IPV, QC, OFSET disqualification, fleeing felon, etc.)  
  
  **Note**: This does not include members ineligible for SNAP due to noncitizen status. |
| Certification Periods | 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. |
| Budgeting | 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. |
| Reporting | No required changes to be reported during TBA. |
### Acting on Reported Changes

**Increase benefits** = 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.

**Decrease benefits** = 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.

### When does TBA end?

End TBA early when the benefit group:
- Is no longer eligible for SNAP (e.g., moves out of state or requests case closure);
- Head of household goes into a facility.
- Applies for SNAP benefits and will get more SNAP benefits if not in TBA; or
- Re-opens a TANF cash case.

### 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.
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 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;

- 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. Follow reporting requirements in OAR 461-170-0011.

2. Certification periods with CRS and SRS;

   **Income is anticipated** 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-G.10). When past income is not representative, the client and the worker jointly estimate future income using the best information available. Additional verification may be needed if the information is questionable. 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. The 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 Nutrition 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 Nutrition 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 Nutrition 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.

Prospective or Retrospective Eligibility and Budgeting; ERDC, REF, REFM, SNAP, TANF: 461-150-0060
Changes That Must be Reported: 461-170-0011

3. Processing the Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application (DHS 7476) and the Interim Change Report for Supplemental Nutrition 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 Supplemental Nutrition Assistance Program (SNAP) 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 (ERDC) Program (DHS 7470), and the Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) 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 at least 10 and 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 Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852) (IOR)**

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.
Note: The APR date on UCMS should always match the certification end date on the SNAP case when aligning ERDC to SNAP. This is important because the **DHS 852** is automatically sent to the client by the coding on the SNAP case. The **DHS 7476** is automatically sent to the client by the coding on UCMS. If the coding on the ERDC case is not correct, the client will be sent both the **DHS 852** and **DHS 7476** at the same time.

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 JPI, 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.

**Example:** The client’s ICR is due on 7/10/YY; if it is not received by 7/31/YY (the end of the sixth month), the ERDC case will close. The client has until the end of the seventh month to turn in the ICR 8/31/YY. If the ICR has not been received by 8/31, the client must apply for ERDC benefits using either the **DHS 7470** or the **DHS 415F**.

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.

Note: When there is a companion Supplemental Nutrition Assistance Program (SNAP) case, the ERDC certification period should end at the same time.

Prospective or Retrospective Eligibility and Budgeting: ERDC, REF, REFIM, SNAP, TANF: 461-150-0060
When a Reapplication Form is Considered Complete or Not Received; ERDC: 461-170-0160
Notice Situation; Failure to Submit Report for SRS or ERDC Reapplication: 461-175-0280
Effective Dates; Initial Month Benefits: 461-180-0070

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 Nutrition 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.
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 Family Services Manual (FSM) section on Counting Client Assets. This section also has the information about how to treat self-employment income. There are no resource limits for the ERDC program.

Prospective or Retrospective Eligibility and Budgeting: ERDC, REF, REFM, SNAP, TANF: 461-150-0060
Prospective Budgeting of Stable Income: 461-150-0070
Prospective Budgeting: Annualizing and Prorating Contracted or Self-employment Income: 461-150-0090
Use of Income to Determine Eligibility and Benefits for ERDC: 461-160-0300

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. (If the only employment is self-employment, there is no eligibility (OAR 461-135-0400). See Counting Client Assets, section C (CC-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 (CC-WG#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 (CC-C).

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 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. The APR date on UCMS should match the SNAP certification end date:

- 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
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. It is important to start the listing process immediately for child safety and timely provider payments (see CC-WG#3 for more detailed information). If the new provider is already listed for another client, this can be done electronically without a listing form;

 SEE CC-WG#3.1 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. The client will need a new listing form for the provider if the provider is not already listed. It is important to start the listing process immediately for child safety and timely provider payments (see CC-WG#3 for more detailed information). If the new provider is already listed for another client, this can be done electronically without a listing form;

 SEE CC-WG#3.1 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).

- Monthly income exceeding the SNAP countable income limit (130 percent FPL) (SNAP-G.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 Nutrition 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-G.10 – “SIMPLIFIED REPORTING SYSTEM” FOR MORE SNAP PROGRAM INFORMATION.

**Effective date of reported changes**

Changes reported during the certification period that cause an increase in benefits are effective the month after they are reported.

If the change will cause a decrease in benefits, the effective date is the month following 10-day notice (OAR 461-180-0005).

**Remember:** If the adjustment will result in decreased benefits (an increased copay), notice requirements apply. For example, if a client reports a raise on April 22, the adjustment would be made effective June 1. This allows 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.

For information on how to process the changes, see Worker Guide CC#2 (CC-WG#2): CHANGES IN PROGRAMS, PROVIDERS AND ERDC FILING GROUPS.
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 (<a href="#">461-145-0001</a>)</td>
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</tr>
<tr>
<td>Annuities, Dividends, Interest and Royalties (<a href="#">461-145-0020</a>) (<a href="#">461-145-0018</a>)</td>
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<td>X</td>
</tr>
<tr>
<td>Child Support and Cash Medical Support (<a href="#">461-145-0080</a>)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Contributions (<a href="#">461-145-0086</a>)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Disability Benefit received monthly or more frequently (<a href="#">461-145-0090</a>)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Disaster Relief (<a href="#">461-145-0100</a>)</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Domestic Volunteer Services Act (VISTA, RSVP, SCORE, ACE) (<a href="#">461-145-0110</a>)</td>
<td>X</td>
<td>X</td>
<td>(applicant)</td>
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<tr>
<td>Earned Income; Treatment (<a href="#">461-145-0130</a>)</td>
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<td>X</td>
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<tr>
<td>- Earned income of children</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Earned income of adults in filing group</td>
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<td></td>
</tr>
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<td>Earned Income Tax Credit (EITC) (<a href="#">461-145-0140</a>)</td>
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<td></td>
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<td>Educational Income (<a href="#">461-145-0150</a>)</td>
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<td>X</td>
<td>X (actual payment)</td>
</tr>
<tr>
<td>- Title IV and BIA</td>
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<td></td>
</tr>
<tr>
<td>- Non-title IV or BIA (remainder after deducting costs)</td>
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<tr>
<td>Energy Assistance Payments (<a href="#">461-145-0170</a>)</td>
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</tr>
<tr>
<td>Food Programs Other than the SNAP Program (<a href="#">461-145-0190</a>)</td>
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<tr>
<td>Foster Care Payments and Guardianship Assistance Benefits (<a href="#">461-145-0200</a>)</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>- In filing group</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Not in filing group</td>
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<td></td>
<td></td>
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<tr>
<td>Gifts and Winnings (cash) (<a href="#">461-145-0210</a>)</td>
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<td>HUD (<a href="#">461-145-0230</a>)</td>
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<tr>
<td>- Paid to member of financial group</td>
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<td></td>
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<tr>
<td>- Youth build</td>
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<tr>
<td>Income-Producing Sales Contract (<a href="#">461-145-0240</a>)</td>
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<tr>
<td>- Income (minus costs)</td>
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<tr>
<td>Independent Living subsidies (<a href="#">461-145-0255</a>)</td>
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<td>Indian/Native American Benefits (<a href="#">461-145-0260</a>)</td>
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<tr>
<td>Individual Education Account (<a href="#">461-145-0145</a>) (while it accumulates, is kept, and withdrawn for education)</td>
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<td></td>
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</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>Inheritance (cash) <em>(461-145-0270)</em></td>
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<tr>
<td>In-Kind Income <em>(461-145-0280)</em></td>
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<td>• Earned</td>
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<tr>
<td>• Unearned</td>
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<td>CC-Job Corps <em>(461-145-0290)</em></td>
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<td>JTPA <em>(461-145-0300)</em></td>
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<tr>
<td>• Needs-based stipend</td>
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<td>• OJT and work experience</td>
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<tr>
<td>Life Insurance payments to beneficiary <em>(461-145-0320)</em></td>
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<tr>
<td>Loans - Interest from loan being repaid to client <em>(461-145-0330)</em></td>
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<tr>
<td>Lodger income <em>(461-145-0340)</em></td>
<td>X (self-empl)</td>
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<td></td>
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<td>National and Community Services Trust Act <em>(461-145-0365)</em></td>
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<tr>
<td>• Child care allowance when client pays provider</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Child care allowance when client does not pay provider</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• NCSTA payment if not paid to caretaker of children</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• NCSTA payment if paid to caretaker of children</td>
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<tr>
<td>Older Americans Act <em>(461-145-0370)</em></td>
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<td>Pension and Retirement Plans paid monthly <em>(461-145-0380)</em></td>
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<td>Personal Injury Settlement <em>(461-145-0400)</em></td>
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<tr>
<td>Program Benefits <em>(461-145-0410)</em></td>
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</tr>
<tr>
<td>• Paid directly to client</td>
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<tr>
<td>Radiation Exposure Compensation Act <em>(461-145-0415)</em></td>
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<td>Refunds <em>(461-145-0435)</em></td>
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<td>Reimbursements <em>(461-145-0440)</em></td>
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<tr>
<td>• Noncash or used for specific item</td>
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<tr>
<td>• Non-DHS ICCP reimbursement for child care</td>
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<td>Annuities; Not OSIPM <em>(461-145-0020)</em></td>
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<tr>
<td>• Royalties Doing activity to accrue royalties</td>
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<tr>
<td>• Not doing the activity</td>
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<td>Self-Employment <em>(461-150-0090)</em></td>
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<td>Social Security Benefits <em>(461-145-0490)</em></td>
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<td>Spousal Support <em>(461-145-0505)</em></td>
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<td>X</td>
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<td>Supplemental Security Income (SSI) <em>(461-145-0510)</em></td>
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<tr>
<td>Strikers’ Benefits <em>(461-145-0525)</em></td>
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<td>Unemployment Compensation <em>(461-145-0550)</em></td>
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<td>USDA Meal Reimbursement <em>(461-145-0570)</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Paid to provider</td>
<td>X (self)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For a financial group’s children</td>
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<tr>
<td>Veterans’ Benefits <em>(461-145-0580)</em></td>
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<tr>
<td>• Aid and Attendance</td>
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<tr>
<td>• Spina Bifida Payments to Children</td>
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<td>• Other monthly payments</td>
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<td>Victim’s Assistance <em>(461-145-0582)</em></td>
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<td>Vocational Rehabilitation Payment <em>(461-145-0585)</em></td>
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<tr>
<td>• Payments for food/shelter/clothing (for other see Reimbursement)</td>
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</tr>
<tr>
<td>Worker’s Compensation <em>(461-145-0590)</em></td>
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</table>
F. Child Care Need, Copay and Provider Rates

1. Intent

Child care need is defined as the gap between what resources the family has vs. what resources the family needs to maintain safe, dependable child care that supports children’s development and family self-sufficiency.

This policy is intended to define under what circumstances a family needs help with child care expenses to close this gap. The family’s financial and nonfinancial resources should be considered available to meet this need. For example, if there is another responsible adult in the household, the availability and suitability of the other adult to provide care needs to be explored. If the child is school-age, child care would ordinarily not be needed during school hours. Families should be encouraged to explore potential income, such as child support or tax credits, to help pay the child care expense.

Child care need also means that the care is necessary to maintain employment or participate in self-sufficiency activities. For child care related to employment, this means the nature of the parent’s work makes it necessary that someone else care for the child during working hours. Ordinarily, there is no child care need if the caretaker works at home and can care for their own child without significantly affecting their work.

For example, a resident apartment manager whose main duties consist of answering the phone and collecting rent would not generally require child care. Likewise, self-employed child care providers do not generally require child care for their own children. A reason many people become providers in the first place, is that it allows them to care for their own children and earn an income at the same time. They do not typically pay child care for their own children in order to care for other children.

Dependent Care Costs; Deduction and Coverage: 461-160-0040

2. Child care need; requirement to be employed or in Self-Sufficiency activities

The Department of Human Services (DHS) can help pay child care expenses only for persons who are employed or participating in DHS-approved self-sufficiency activities. The ERDC program is used only for clients not receiving TANF, unless the adult is not included in the TANF benefit group.

SEE CONCURRENT TANF/ERDC BENEFIT GROUP MEMBERSHIP IN SECTION C OF THE CHILD CARE CHAPTER (CC-C.4).

Employment normally means work that results in earned income. This includes paid work experience and paid practicum assignments. For ERDC, this includes work study. Employment for the purpose of ERDC does not include self-employment.
Self-sufficiency activities include Pre-TANF Program, JOBS Program and retention and activities approved by DHS. The activities should be specified in a written case plan mutually agreed on by the client and DHS or partner staff.

Child care for retention activities can be covered by the ERDC program as long as the client is primarily an employee rather than a student. As a general rule, clients enrolled in enough credit hours to qualify for financial aid are considered students and their class hours cannot be covered by the ERDC program.

Allowable need includes circumstances where an ERDC client loses a job and needs child care to look for another job. Job search may be allowed through the end of the month following the job loss. The income, copay and authorized child care hours remain the same. It is important to talk to the client about how they will continue to pay their copay. The client should understand that failure to pay the copay would mean that they would be ineligible for ERDC benefits.

For clients who decide that they can continue to pay the copay, or work out a payment plan with their provider, using ERDC for job search may be a good option to help them regain employment quickly. It can also mean that the child care situation will remain stable for the child, the parent and the provider. The client may choose to close their ERDC at the end of the month. This could be a better option for clients who have a high copay, have no other source of income or who would not be able to work out a payment arrangement with their provider.

Job search in ERDC is allowed through the end of the month following the job loss if the job loss was reported timely. It is not allowed when:

1. The adult has more than one source of employment and is still working for another employer;
2. The loss of employment included self-employment;
3. The adult was discharged or fired without good cause (see OAR 461-135-0070(3) for misconduct, felony or theft; or
4. The adult voluntarily quit in anticipation of discharge or without good cause.

Example: Single parent receiving unemployment:

Jessie has an open ERDC case with 154 authorized hours and his copay is $57. He was laid off on February 4. His ERDC case is in SRS and he reported the job loss timely on February 17. He will be receiving $200 a week in unemployment benefits. He states that he can afford his copay and does want to start looking for another job. His case will remain open through March 31 with 154 authorized hours and a $57 copay.
Example: **Caretaker lost one of two jobs:**

Rosie has ERDC for her granddaughter. She has two jobs. She works part-time for a local hardware store and part-time for the elementary school. Her last day of work at the elementary school is June 6. Since Rosie is still employed with the hardware store, she will not be able to use June child care hours for job search. Her hours and copay will be reduced for July benefits.

Example: **Two parent household, finds a new job during job search:**

Jessica and Joe are receiving ERDC through March while both are working full time. Jessica lost her job on December 12, reported timely and she had good cause for the job loss. The family states that their child care provider is willing to work out a trade for the January copay. ERDC will remain open through the end of January to allow Jessica time for job search.

Jessica reports a new job on January 24. She will start working part-time on February 1. Since Jessica reported before her case closed, the APR date can be extended back to March 31 without a new application. Jessica and Joe’s work schedules overlap by three hours a day, five days a week. The February child care hours will be $3 \times 5 \times 4.3 = 65$ authorized hours.

**Note:** A 10-day notice is not required when lowering authorized child care hours or when a copay decreases. Make sure to contact DPU if the case is processed after the end of month cutoff to reconnect the child care provider and issue the February billing form.

Example: **Family cannot afford the copay:**

Dee started receiving ERDC when she was hired at a local outlet mall last fall. Her copay is $215 per month. She was laid off on January 1. She reported the job loss timely on January 11. She does not have enough work history to qualify for unemployment and she does not think she will be able to pay her copay. Dee does not want to talk to her child care provider about an alternate payment plan for the copay. Since Dee does not want to use ERDC for job search, she does not have an allowable child care need for February. Her ERDC case will close 01/31.

Example: **No good cause:**

Samantha was working for a local café. She did not like the hours and she quit on November 12 in order to find another job. She thinks she can get a job at a department store that is hiring for the holiday season. You determine that Samantha did not have good
cause for her voluntary job quit. Her case was in SRS and she reported the job loss timely, on November 13. Samantha is not eligible to use ERDC for job search because she voluntarily quit her job without good cause. Her ERDC case will close 11/30.

**Note:** Samantha’s case can be reopened if she reports new employment before 11/30. Since her case was in SRS, she does not need to provide proof of pay unless her income is anticipated to be over the SRS reporting requirements. She will also need to provide proof of income if she needs more child care hours or if she wants her copay to be recalculated.

**Example:** **No good cause, finds a new job before ERDC closure:**

Brady last worked on August 18. His case was in CRS and he reported timely on August 27 that he will not get UC because he was discharged. He is not eligible to use ERDC for job search. His ERDC case will close 09/30 with a 10-day notice. Though a billing form was issued, he will not be able to use the September billing form unless he starts working again.

On September 9, Brady calls to report that he is starting a new job on September 15. Brady provides new income verification. His worker will extend the end of the certification period (the total certification period cannot be more than six months if the case remains in CRS) and send a timely reduction notice if his copay is going to increase for October. Brady’s provider can use the outstanding September billing form to bill for child care provided 09/15 – 09/30.

**Example:** **Loss of self-employment income:**

Hilary works 20 to 40 hours a week for a real estate company. Her ERDC case is coded with full time child care hours. She is also self-employed as a house keeper four hours a week for her neighbor. Her neighbor no longer needs her services and Hilary wants to use her “left over” child care hours to look for another part-time job.

Hilary cannot use ERDC for job search because she is still employed with the real estate company and loss of self-employment is not considered an allowable need. Though she has full-time hours authorized on her billing form, she can only use child care hours to cover the time she is working for the real estate company. If Hilary uses child care hours for her self-employment or for job search it would be an overpayment.
Example:  **Late reporting:**

Tara lost her job on October 31. January 5, she is in the office for a reapplication interview. She still is not working and did not report her job loss. After reviewing DPCS you see that Tara continued to use ERDC benefits for November and December. Tara tells you that she was looking for a new job. Since Tara did not report timely, she was not allowed to use ERDC for job search. The November and December child care payments are referred for an overpayment.

Example:  **No child care need:**

Renata reports timely on 01/29 that she has gone on medical leave from her employment. She anticipates being back to work on 03/15 and wants to keep her ERDC open while she is recuperating and attending medical appointments. Though Renata has good cause, she is not planning on looking for work. Renata has no eligible child care need and cannot use ERDC benefits while she is attending medical appointments. Her ERDC will close 02/28. Let Renata know that she will need to reapply for ERDC if she returns to work after 02/28.

Specific Requirements; ERDC: 461-135-0400
Dependent Care Costs; Deduction and Coverage: 461-160-0040
Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF: 461-190-0211

3.  **Child care need; number of allowable child care hours**

The number of allowable child care hours is limited by the monthly maximum rate described in *Provider Rate Limits* unless extra hours are authorized by the worker.

SEE CHILD CARE NEED; AUTHORIZING A HIGHER LIMIT FOR EXTRA HOURS IN THIS SECTION, (CC-F.4).

DHS will help pay for the number of child care hours, up to the monthly maximum rate, necessary for caretakers to perform the duties of his or her job or participate in approved activities. The computer system adds 25 percent to the hours coded by the worker on UCMS or JAS, to account for travel and meal time.

DHS will not help pay for child care hours when free care is available, such as during school hours for school age children who are able to attend school. DHS will not pay for child care hours during the time the client or the second parent is self-employed. Clients who are only self-employed are not eligible to receive child care benefits.

In a two-parent household, the second parent is ordinarily considered available to provide child care, unless both parents are at work or participating in DHS-approved activities.
during the **same hours**, or the second parent is physically or mentally unable to provide adequate care. The inability of the second parent to provide adequate care must be documented.

**Coding work hours** - Code the monthly work hours on UCMS. Do not average the CC Work Hours. Instead, code the highest number of work hours anticipated for any one month during the certification period. For example, if the client anticipates working 25 to 35 hours per week, you would code $35 \times 4.3 = 151 \text{ CC Wrk Hrs}$ on UCMS.

**Calculating work hours when less than minimum wage is earned** - When a client earns less than state minimum wage, divide the countable income by the current Oregon minimum wage to determine the number of child care work hours allowed. The resulting figure is the maximum number of hours that can be coded on the computer not to exceed 172 hours. For persons in the start-up phase of employment that does not pay an hourly wage or salary such as working on commission, the number of allowable child care hours can be up to full time for the initial three months. Workers will need to determine, with the client, how many child care hours are needed.

**Example:**  

**Earning less than minimum wage:**

Carissa is applying for ERDC. She has been employed selling kitchen knives for over a year. She is paid on commission only. She provides a statement from her employer that she is working between 20 to 30 hours a week. Her paystubs show that she earned:

- **Week 1**: $200.00
- **Week 2**: $15.00
- **Week 3**: $55.00
- **Week 4**: $122.00

$200.00 + $15.00 + $55.00 + $122.00 = $392.00  
$392.00 / 4 weeks = $98.00 average weekly pay  
$98.00 / $8.95 (OR min wage) = 10.94 (or 11 hours per week)  
11 \times 4.3 = 47.3 \text{ (round up to 48 hours)}

Carissa is not earning over minimum wage. Her child care hours would be calculated using her pay divided by the current Oregon minimum wage and she would qualify for 48 authorized child care hours.

Medical Documentation; Disability and Other Determinations: 461-125-0830  
Specific Requirements; ERDC: 461-135-0400  
Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150  
Dependent Care Costs; Deduction and Coverage: 461-160-0040
4. **Child care need; authorizing a higher limit for extra hours**

DHS can help pay for hours when the child care need is greater than work hours plus 25 percent.

**Sleep hours:** When authorizing extra hours for sleep time for clients who work an overnight shift, sleep hours are not to exceed five (5) hours per work night. **Sleep hours cannot be authorized for two parent households.**

For **part-time employment**, additional hours can be authorized up to the monthly maximum by increasing the number of hours coded on UCMS.

For **full-time employment** that requires more than 215 hours of care per month, the worker can authorize an additional amount above the monthly maximum limit. This is capped at 50 percent above the monthly maximum and is limited to the following situations:

- The commute time to and from work exceeds two hours per day;
- The caretaker works an overnight shift and care is necessary for both work hours and sleep hours. This would ordinarily not apply during the school year for school age children;
- The caretaker works a split shift and it is not feasible to care for the child between shifts;
- The caretaker consistently works more than 40 hours a week.

Take the following actions to authorize additional hours on the system:

- Enter an EXH case descriptor and EXH need/resource entry on UCMS coded to the payee;
- Match the end date of the EXH need/resource entry to the ERDC certification end date. The need for the additional hours should be reviewed with each re-application;
- Enter the **actual number of child care hours the client needs, up to a maximum of 323 hours**, in the CC WRK HRS field. The EXH code will not add in 25 percent for travel time. The number of hours entered in this field will appear on the billing form and determine the maximum dollar limit on the provider pay system.

The computer will send an error message when EXH is coded with 215 hours or less. Do not code 216 to bypass the error. Check the hour calculation to make sure you have included all work time and extra hours.
Example: The parent works 45 hours a week. The authorized hours would be coded:

\[
45 \times 4.3 = 193.5 \text{ work hours} \\
193.5 \times 1.25 = 242 \text{ work and travel time}
\]

Example: The parent works 40 hours a week from 11 PM to 9 AM Saturday through Tuesday. They are requesting sleep time. You can authorize up to five hours of sleep time per work day. The authorized hours would be coded:

\[
40 \times 4.3 = 172 \text{ work hours} \\
172 \times 1.25 = 215 \text{ work plus travel time} \\
5 \times 4 \text{ days a week} \times 4.3 = 86 \text{ sleep hours} \\
215 + 86 = 301 \text{ work, sleep and travel time}
\]

Example: The parent is working 40 hours a week and commuting from Salem to Eugene for employment five days a week. They report that their commute time is one hour and 15 minutes to get to work and one hour and 45 min to return (due to traffic). Since the commute time is three hours a day instead of the two hours that is allotted the family qualifies for EXH. The authorized hours would be coded:

\[
40 \times 4.3 = 172 \text{ work hours} \\
3 \times 5 \times 4.3 = 64.5 \\
172 + 64.5 = 237 \text{ work and travel time}
\]

The computer will calculate the additional authorized amount by dividing the number of hours on UCMS by 215, and multiplying that result by the regular monthly maximum.

Example: The parent rides the bus to work five days a week and has to transfer several times. It takes her three hours a day to travel from the provider’s house to work and back again. She works eight hours a day and is required to take a one-hour lunch break, so she needs 12 hours of care per day. The worker calculates:

\[
12 \times 5 \times 4.3 = 258 \text{ work and travel time}
\]

The computer divides 258 by 215 = 1.2 and increases the maximum limit by 20 percent.

Example: A parent works an overnight 12-hour shift and needs care for his pre-school children for both work hours and sleep hours, a total of 17 hours per day, five days a week. The worker calculates:

\[
17 \times 5 \times 4.3 = 366 \text{ work and sleep} \\
366 \times 1.25 = 458 \text{ work, sleep and travel time}
\]
Since UCMS will accept no more than 323 hours, the worker enters 323 in the CC wrk hrs field. The computer divides 323 by 215 = 1.50 and increases the maximum limit by 50 percent.

5. **Child care need; billing for absent days**

DHS can pay for up to five days when a child is absent from care under the following circumstances:

- The provider bills for the time the child was scheduled to be in care on the absent day;
- It is the provider’s policy to bill **all** families for absent days.

DHS will not pay for **more than** five consecutive absent days of scheduled care even if it extends from one month to the next.

**Example:** A child was scheduled to be in care the last three days of October and the first three days of November. The parent stopped bringing the child and did not give the provider notice. The provider would be able to bill for the last three days of October and the first two days of November. They would not be able to bill for more than five consecutive absent days. The third of November would be the sixth consecutive absent day.

6. **Child care need; older children and children with special needs**

**Special needs age** – Older children (for ERDC, ages 12 through 17, and for all other programs, ages 13 through 17) can be eligible for payment of child care costs if DHS determines that the child should not be left unsupervised during the hours the parent is working or participating in self-sufficiency activities. This determination must be verified 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;
- Under court supervision;
- Receiving foster care payments;
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 (in these circumstances, narration would be sufficient documentation).

To authorize payment for an older child (up to the maximum school-age rate), an SNA need/resource entry is required on UCMS. This entry must be re-entered with the re-application date at every review to keep the older child on the billing form as long as there is still a need for child care.

**Special needs rate** – A child, age newborn through 17 years old with special needs, is a child who requires a higher level of care over and above the norm for their age due to a physical, behavioral, or mental disability. The disability should be verified by one of the following:

- A physician, osteopath, nurse practitioner, physician assistant, psychiatrist, licensed or certified psychologist, optometrist, ophthalmologist or clinical social worker;
- Eligibility for Early Intervention and Early Childhood Special Education Programs or school-age Special Education Programs;
- Eligibility for SSI.

The need for a higher level of care is determined by the provider and should be verified by the provider’s statement on the Special Need Child Care Rate Request (DHS 7486) form. A new DHS 7486 should be completed when the provider changes, or at least once every 12 months.

To authorize a higher payment (at the Special Need Rate), an SNR need/resource entry is required on UCMS. This continuous SNR rate must be removed when the child no longer needs a Special Need Rate.

**Note:** An older child with special needs, coded with an SNR need/resource code, does not also need an SNA need/resource code.

7. **Child care need; supplementing for very high needs**

In some rare cases, the special needs rate does not adequately cover the cost of caring for children who have very high needs and require a much higher level of care than other children of the same age. This includes, but is not limited to, children diagnosed as having extreme developmental delays, very high medical needs, severe physical limitations, autism or profound mental health issues.
For these children, DHS can pay an additional amount above the special needs rate. The amount of this payment is determined by how much additional care the child requires in the child care setting. The upper limit for the additional payment is $5.00 an hour, up to $840.00 per month. To qualify, the child must be eligible for the special needs rate as described in “Child care need; older children and children with special needs” (CC-F.6) in this section. In addition, the child must be enrolled or in the process of being enrolled with Early Intervention, Early Childhood Special Education or school-age Special Education programs, unless it is determined by a professional working with the child that enrollment is not appropriate.

The determination that it may cost an additional amount to care for a child with very high needs is made by one or more High Needs Specialists in each district. Staff who become aware of children with high needs in their caseloads should discuss the case with the specialist in their area. The district office will know who this is. If appropriate, the specialist will refer the case to the Inclusive Child Care Program to meet with the parent and the child care provider to assess the need for a higher payment level. This assessment must be supported by medical documentation.

**Note:** The computer support for calculating the higher payment is not in place at this time. The Inclusive Child Care Program has received instructions for calculating the supplemental payment. This calculation is sent to the High Needs Specialist in the district to pay through the special pay process.

**Child Care Eligibility Standard, Payment Rates, and Copayments:**

**High Special Needs; Child Care:** 461-155-0151

8. **Child care need; copay less than DHS payment rate**

The fact that a family’s income may be less than the ERDC income standard does not always mean they are financially eligible for ERDC. Eligibility also depends on the maximum amount DHS will pay. Especially for families whose income is just under the maximum limit, the copay may be more than what DHS will pay. If so, the family is not eligible.

- Determine the copay amount by entering the client’s monthly income amount and number of persons in the ERDC filing group using the internet copay calculator. (See “Determining the copay” (CC-F.12), in this section.);

- Determine how much DHS will pay based on area, the age of the child(ren), estimated hours of care, and type of care the family is using. (See “Provider rate limits: child care rate charts” (CC-F.20), in this section.);

- If the family’s copay is higher than the rate DHS will pay, the family is not eligible.

**Child Care Eligibility Standard, Payment Rates, and Copayments:** 461-155-0150
9. Copay requirement; intent

The copay represents the financial investment the parent (or caretaker) makes in the care provided to their children. This investment increases as the family’s income increases, but should remain affordable to support continued employment. The copay structure should encourage families to seek higher wages and better jobs. Increased income should not be canceled out by a higher copay and the loss of other benefits, such as SNAP.

The copay is also a means of allocating available program funds to families who need help the most.

10. Requirement to pay copay or make satisfactory arrangements

For ERDC, the caretaker is responsible for paying the copay to the provider or making satisfactory arrangements with the provider to pay it. Satisfactory arrangements can include bartering or income in-kind. For example, a parent may provide child care for a provider’s children instead of paying the copay. The parent and provider should be encouraged to put this agreement in writing and the parent should receive a receipt when the provider is paid, whether the payment is cash or in kind.

If the client has more than one provider, the copay should be paid to the one who provides the most care. This provider is called the primary provider – the other(s) are called the secondary provider(s).

If the copay exceeds the billed amount, the copay amount due by the client to the provider is the maximum allowed by DHS on the provider claim. DPU may change the primary provider designation or split the copay on future billing forms among all the providers who bill for care.

For families transitioning from TANF to ERDC, there is no copay the first month of ERDC eligibility if a billing form was already sent to the provider showing a zero copay.

If a provider indicates on the CCB that a client did not pay the required copay or make satisfactory arrangements to pay it, DPU will end benefits and send a closing notice as soon as timely notice requirements allow. DPU also codes a copay not met (CNM) case descriptor on UCMS and an “N” is coded in the copay met field on DPCS. If the client later requests ERDC, there is no eligibility until past copays are paid or satisfactory arrangements are made with the provider.

The period of ineligibility ends in either of the following circumstances:

- On the first day of the month in which the client makes the copayment or makes satisfactory arrangements with the provider; or
- On the first day of the month after three years have lapsed from the date the client failed to make payment.
The provider has up to 60 days after the CCB is processed to notify DHS that the copay or satisfactory arrangements have not been made. If not reported within 60 days, DHS will consider the copay requirement met.

Requirement to Make Copay or Satisfactory Arrangements; ERDC: 461-135-0415

11. Determining when payment arrangements are satisfactory

If an ERDC case has been closed because of an unmet copay, it can be reopened under any of the following circumstances:

- The provider agrees that the copay has been met or that satisfactory arrangements have been made;
- The client submits evidence that payment has been made, such as a receipt or canceled check;
- The client verifies the debt was discharged by a bankruptcy filing;
- The client has attempted to pay the provider but the provider refuses payment. This can occur when the copay is part of a larger bill that includes charges above the maximum rates. The case can be reopened if the client presents evidence of an attempt to pay the entire copay;
- The client attempts to pay the provider, but the provider cannot be located.

The effective date for reopening the case is the first of the month in which the copay requirement was met.

Example 1:  Julie reapplies on August 15. On September 5, the worker receives verification that the copay was met on August 25. If all other eligibility factors are met for August, the case would be reopened effective August 1.

Example 2:  Dan’s case closed September 30 because he did not pay the August copay. Dan paid the August copay December 10. If all other eligibility factors are met, the case would be reopened effective December 1. There is no eligibility for October or November because the copay was not paid in those months.

Requirement to Make Copay or Satisfactory Arrangements; ERDC: 461-135-0415

Refer to the Processing Unmet Copays Worker Guide, (CC-WG#5), at the end of this chapter for detailed information on how to process unmet copays.
12. **Determining the copay**

The copay is calculated by a mathematical formula that gradually increases the copay as family income increases. The maximum income limit is 185 percent of the Federal Poverty Level. This calculation is available on the Children, Adults, and Families - Self-Sufficiency Programs Web page and can be accessed by going to http://apps.state.or.us/cf1/ERDC/.

To determine the correct copay amount, enter the number of persons in the ERDC benefit group in the *Choose Family Size:* field. Make sure to include all adult members of the filing group as well as older children who do not need child care.

Enter the monthly income amount (as described in Section E) in the *Enter Monthly Income* field. Click on *Calculate.* The copay amount will appear in the *Estimated Copay Amount* field. If the client is over the income standard, the screen will say *Income Exceeds Eligibility For Child Care Services.*

**Hint:** Once you have brought up the copay calculation program pages, you can add it to your Internet Explorer Favorites list: click on “Favorites” in the upper toolbar, then click on “Add to Favorites,” then click on which folder to put it in, then click on “OK.” Also, once it is up, you can minimize it, rather than close, when you are finished with it. To use it again that same day, click on the lower toolbar and it will come up immediately.

Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150
Poverty Related Income Standards; Not OSIP, OSIPM, QMB: 461-155-0180
Use of Income to Determine Eligibility and Benefits for ERDC: 461-160-0300

13. **Provider rate limits; intent**

The limits established in the rate tables are intended to reflect the rates charged by most providers in the community. DHS uses a market price survey based on what providers report to child care resource and referral agencies (CCR&Rs) throughout the state to determine this level. Parents receiving DHS child care assistance should have access to the same types and quality of care that is available to the majority of other parents in the community who use child care. The rate structure is intended to facilitate this access.

DHS provider rates are also structured to improve the quality of care available to DHS clients by offering an incentive to providers to obtain additional training. Providers who meet established training requirements can be paid at a higher rate and have access to billing options that more accurately reflect the market practices of the professional provider community.
14. **Provider rate limits; standard, enhanced and licensed**

There are three levels of rate limits: standard rate, enhanced rate and licensed rate. Providers who are not registered or certified by the Office of Child Care (OCC) or do not meet the qualifications for the enhanced rate qualify for the standard rate. Providers can qualify for the enhanced rate by meeting established training requirements. Providers can qualify for the licensed rate by becoming registered or certified by the OCC. The differences between the three rate limits are:

- The enhanced and licensed rate definition of full-time care is 136 hours or more in the month. There is also an additional billing option of a part-time monthly rate;

- The standard rate definition of full-time care is 158 hours or more in the month. The part-time monthly billing option is not available for providers who qualify for the standard rate.

- For more detailed information, see provider rate limits; hourly, part-time monthly, and full-time monthly rates (CC-F.16) below.

15. **Provider rate limits; qualifying for the enhanced rate**

OCC-certified centers, registered and certified families automatically qualify for the licensed rate because registration and certification training requirements meet or exceed the DHS enhanced rate requirements.

Family and in-home providers and staff of centers exempt from certification rules will qualify for the enhanced rate by working with the *Oregon Registry*. This program is part of the *Oregon Center for Career Development in Childhood Care and Education* located at Portland State University. To qualify, the provider or staff person must:

- Have completed at least two hours of training on child abuse and neglect issues;

- Be currently certified in first aid;

- Be currently certified in infant and child CPR;

- Have a current food handlers permit; and

- Agree to complete a minimum of eight hours of additional training related to child care every two years.

For family providers to be paid up to the enhanced rate, the *Oregon Child Care Resource and Referral Network* notifies the Oregon Registry office when the trainings have been completed. The Oregon Registry office notifies DHS when the provider qualifies, and future billing forms are coded to allow the enhanced rate.
Family providers who apply for OCC registration, do not need to make a separate application to the Oregon Registry office. Once registration is approved, OCC notifies the Oregon Registry office and DHS.

Exempt centers must have at least one staff member who meets these standards for every 20 children in care to receive the enhanced rate.

Child Care Eligibility Standard, Payment Rates, and Copayments: **461-155-0150**

16. **Provider rate limits; hourly, part-time monthly and full-time monthly rates**

Providers eligible only for the *standard* rate will be paid at either the hourly or full-time monthly rate:

- The hourly rate limit applies when children are in care less than 158 hours per month or when a provider is not designated as the primary provider for the case;

- The full-time monthly rate limit applies when children are in care 158 hours or more per month and the provider is designated as the primary provider for the case.

Providers eligible for the *enhanced* or *licensed* rate will be paid at the hourly, part-time monthly or full-time monthly rates.

- The hourly rate applies when children are in care less than 136 hours per month, *unless* the provider has an established part-time monthly rate, charges all families part-time rate for part-time care and is designated as the primary provider for the case;

- The part-time monthly rate applies if the provider has an established part-time monthly rate, children are in care between 63 and 135 hours per month and the provider is designated as the primary provider for the case. For these providers, the hourly rate applies when children are in care less than 63 hours a month;

- The full-time monthly rate applies when children are in care 136 or more hours per month and when the provider is designated as the primary provider for the case.

Child Care Eligibility Standard, Payment Rates, and Copayments: **461-155-0150**

17. **Provider rate limits; JOBS exceptions to the hourly billing requirement**

If a child is usually in care less than 158 hours for the standard rate, or 136 hours for the enhanced or licensed rate, the provider cannot be paid at the full-time monthly rate. An exception can be made for clients participating in assigned JOBS activities in the following circumstances if the case manager determines there is no reasonable alternative:
• Appropriate care is not accessible to the participant at the hourly rate. For example, if a JOBS participant needs only 120 hours of care each month, but lives in a rural area where the only child care available charges by the full month only, the full-time monthly rate can be authorized;

• The participant is a teen parent using on-site care while attending educational activities and the provider is holding a slot open for the teen parent’s child.

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF: 461-190-0211

18. Provider rate limits; age and special needs categories

The maximum allowable rate is determined in part by age or special needs of the children in care. The age categories on the provider rates charts are as follows:

• Infant: A child age:
  – Newborn to 1 year (12 months) for nonlicensed care; or
  – Newborn to 2 years (24 months) for licensed care, registered or certified.

• Toddler: A child age:
  – 1 year (12 months) to 3 years for nonlicensed care; or
  – 2 years to 3 years for licensed care, registered or certified.

• Preschool: A child age 3 years to 6 years;

• School-age: A child age 6 years and older;

• Special Needs: A child who requires a higher level of care than what is usually required for their age due to a physical, behavioral or mental disability.

See Child Care Need; Older Children and Children with Special Needs (CC-F.6) in this section.

Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150

19. Provider rate limits; types of child care providers

Allowable rates vary depending on the type of child care provided. The following describes the types of care listed in the child care rates charts.
- The *Standard Family Rate* applies to child care provided in the provider’s own home or in the home of the child when the provider does not qualify for the enhanced or licensed rate described in this chapter;

  SEE PROVIDER RATE LIMITS; QUALIFYING FOR THE ENHANCED RATE (CC-F.15) FOR MORE INFORMATION.

- The *Standard Center Rate* applies to child care provided in a facility that is not located in a residential dwelling, is exempt from OCC certification rules and whose staff do not meet the requirements for the enhanced rate;

- The *Enhanced Family Rate* applies to child care provided in the provider’s own home or in the home of the child, and the provider qualifies for the enhanced rate;

- The *Enhanced Center Rate* applies to child care provided in an exempt center whose staff meets the enhanced rate training requirements at a ratio of one staff person per 20 children in care;

- The *Licensed Registered Family Rate* applies to child care provided in a residential dwelling that is registered by the OCC as a Registered Family provider. The facility must be inspected, and both provider and facility are required to meet certain standards;

- The *Licensed Certified Family Rate* applies to child care provided in a residential dwelling that is certified by the OCC as a Certified Family Home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider;

- The *Licensed Certified Center Rate* applies to child care provided in a facility that is certified by the OCC as a Certified Child Care Center. To earn this designation, the facility must be inspected, and both staff and facility are required to meet certain standards not required of other provider types.

Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150

20. **Provider rate limits; child care rate charts**

The following are the child care rate charts. Because the market price survey found that rates providers charged were higher in some areas of the state than in others, the state was divided into three areas, with a separate chart for each area. The zip code of the provider determines which chart to use. (Out-of-state providers use Group Area C.)
### DHS Child Care Maximum Rates

**Group Area A**

#### STANDARD RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Rate (FAM)</th>
<th>Rate (NQC)</th>
</tr>
</thead>
<tbody>
<tr>
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#### ENHANCED RATE MAXIMUMS (Not Licensed)

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Zip Codes for Group Area A:
Portland, Bend, Eugene, Corvallis, Springfield, Monmouth, and Ashland areas.

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Group Area B

STANDARD RATE MAXIMUMS (Not Licensed)

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ENHANCED RATE MAXIMUMS (Not Licensed)

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#### Zip Codes for Group Area B:
Salem, Medford, Roseburg, Brookings, and areas outside the metropolitan areas in Eugene and Portland.

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### Group Area C

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### ENHANCED RATE MAXIMUMS (Not Licensed)

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### Zip Codes for Group Area C: Balance of State, Other State Zips

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97818 97819 97820 97821 97822 97823 97824 97825 97826 97827 97828 97830
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Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150
# Worker Guide
## ERDC SRS Guide

| Who must be in SRS | Any ERDC case that has a companion SNAP case in SRS.  
| Note: ERDC and SNAP companion cases should be in SRS whenever possible. |
| Who cannot be in SRS | The following types of households cannot be in SRS:  
| | - An ERDC case with a short-term child care need;  
| | - An ERDC case with no SNAP companion case;  
| | - An ERDC case with a SNAP companion case in TBA;  
| | - An ERDC case with a companion SNAP case certified for less than six months. |
| Certification Periods with SRS | When aligning end dates with the SNAP program, the certification period may be anywhere from one to 12 months.  
| | When closing the SNAP companion case, remove the ERDC case from SRS and 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).  
| | The only time an ERDC case may continue to follow the SRS reduced reporting requirements without a companion SNAP case is when:  
| | - The ERDC case was certified in the fifth or sixth month of the SNAP certification period; and  
| | - The SNAP case closed automatically because the *Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)* was not received. |
| Reporting Requirements for ERDC SRS | The following changes must be reported by the 10th day of the month following the month of occurrence:  
| | - A change in child care provider;  
| | - Loss of employment;  
| | - Monthly income exceeding the SNAP countable limit (130% FPL);  
| | - A parent of a child or unborn or the spouse of the caretaker moves in.  
| | An *Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)* is due in the sixth month of the certification period and must be processed for benefits in months seven through 12.  
| | **Exception:** ERDC cases opened in month five or six of the SNAP cert period may remain open in SRS if the (DHS 852) is not returned. |
| Acting on Reported Changes in SRS | In addition to acting on the *Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC) (DHS 852)*, act on all reported changes that the client is required to report. |
**Increase benefits** - Act on changes that will increase benefits. Send a *Notice of Information or Verification Needed* (DHS 210A) if more information is needed. If the change requires verification, 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.

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 Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC)* (DHS 852) or the next recertification, whichever is earlier.

Information is “verified upon receipt” when it is not questionable and the provider of the information is the primary source. (Examples: employer, worker’s compensation, etc.) Income changes cannot be verified by the client statement alone.

Follow SRS policy and guidelines when acting on changes (SNAP-G.10).

<table>
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<th>SRS Coding</th>
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<td>• SRS case descriptor (C/D) and need resource (N/R) needs to be coded on PCMS/CMUP (only on the payee).</td>
</tr>
<tr>
<td>• When establishing a new certification period in months one through four of a 12-month SNAP certification period, the SRS N/R date should match the <em>Interim Change Report for Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC)</em> (DHS 852) (Rpt Exp:) date on FSUP.</td>
</tr>
<tr>
<td>• When establishing a new certification period in months five through 12 of the SNAP certification period, the SRS N/R date should match the certification and SNAP end date.</td>
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**Processing the DHS 852 before compute deadline:**

| • Use COMPUTE Incoming code and effective date first of the following month (this would generally be the first of the seventh month of the SNAP certification period). |
| • Update CC work hours on UCMS (DO NOT INCLUDE SELF-EMPLOYMENT WORK HOURS). |
| • Update the SRS N/R date to match the certification and SNAP end date, update EML, SUP, etc. |
| • Send a *Notice of Income and Benefit Calculation* (DHS 7294). Narrate. |

**Processing the DHS 852 after compute deadline:**

<p>| • Use RESTORE Incoming code if the case is M5 only and is closed, otherwise use COMPUTE to convert from P2 to M5 and effective date first of the current month. |
| • Update CC work hours on UCMS. |
| • Update the SRS N/R date to match the certification end date, update EML, SUP, etc. |
| • Send DHS 7294. |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>▪ Send an electronic provider connection request to DPU to ensure a CCB is issued for the seventh month. Narrate.</td>
</tr>
<tr>
<td></td>
<td><strong>Removing from SRS:</strong></td>
</tr>
<tr>
<td></td>
<td>▪ Use COMPUTE Incoming code.</td>
</tr>
<tr>
<td></td>
<td>▪ Remove the SRS C/D and N/R date from PCMS/CMUP.</td>
</tr>
<tr>
<td></td>
<td>▪ Review the certification end date (certification period cannot be longer than six months when not in SRS).</td>
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C. Requirement to Cooperate, Noncooperation Penalties and Good Cause

1. Requirement to cooperate with the Department of Human Services (DHS) and the Division of Child Support (DCS) in obtaining support payments, health care coverage through an absent parent and cash medical support

   Child support for TANF applicants. To be eligible for TANF, caretaker relatives must cooperate (unless good cause exists – see items 3 through 6, below) with DHS and with DCS in establishing paternity and obtaining support payments for all children in the benefit group. (This does not apply to applicants who may be eligible for cash benefits as a two-parent family.)

   Child support for TANF recipients. TANF recipients must also cooperate (unless good cause exists, see items 3 through 6 below) with DHS and DCS in establishing paternity and obtaining support payments for all children in the benefit group. (This does not apply to TANF recipients in the JOBS Plus, SFPSS or Post-TANF programs or those who are a two-parent household.) When a TANF recipient who is required to cooperate does not cooperate (and does not have good cause for the noncooperation), the recipient will be subject to the penalties in item 8 below.

   Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340(1)

   Cash medical support. To be eligible for all programs except ERDC, SNAP, OHP-CHP and REF, Medicaid recipients must cooperate (unless good cause exists, see items 3 through 6 below) with DHS and DCS in establishing paternity and obtaining cash medical support for all children in the benefit group.

   - Medicaid applicants at initial application need only sign the application and Medicaid recipients at redetermination need only have a signed application in their case file. Do not require completion of a paternity affidavit as a condition of Medicaid eligibility at initial application or at redetermination.

   Health care coverage through an absent parent. To be eligible for all programs except ERDC, SNAP, OHP-CHP and REF, the client must cooperate, unless good cause exists (see items 3 through 6, below), in establishing paternity and obtaining health care coverage through an absent parent.

   - For TANF, Medicaid and REF, the caretaker relative must cooperate for the dependent children in the benefit group;

   - 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;
• For EA and EA medical, clients are required to cooperate only if health care coverage through a noncustodial parent can be made available in time to meet the emergent medical need.

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; GAM, OSIPM: 461-120-0345

2. **Evidence of cooperation**

Cooperation with child support, health care coverage through an absent parent and cash medical support exists when the client provides information that DHS and DCS need or request to establish paternity, or to establish, modify or enforce a child support order, for the child(ren) in the TANF or Medicaid benefit group.

*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.*

The client demonstrates cooperation by doing all of the following:

• Supplying 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 the client knows (or can reasonably be expected to find out) 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 incarcerated;
  - Date of birth, or age;
  - Race;
  - Date and place of each child’s conception (if paternity is not established);
  - Any known group or organizational affiliations of the noncustodial parent;
  - Names and addresses of close friends or relatives.
Any other information DHS or DCS may request that would help locate or identify a noncustodial parent of a child in the benefit group;

Supplying documentation or explanation of efforts to get information requested by DHS or DCS (if unable to provide any necessary information listed above);

Keeping appointments with DHS and DCS related to establishing paternity;

Returning telephone calls or responding to correspondence when requested by DHS or DCS;

Otherwise demonstrating a good faith effort to obtain necessary information and to locate and identify each alleged parent or noncustodial 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.

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

3. **Good cause for failure to cooperate; child support, health care coverage through an absent parent and cash medical support**

A client may claim good cause for not cooperating with DHS and/or DCS to establish paternity or to collect child support, health care coverage through an absent parent and cash medical support.

*Note:* Caretaker relatives of OHP-CHP or REFM children are not required to cooperate with DCS for cash child support, health care coverage through an absent parent or cash medical support.

*Good cause* for failure to cooperate with support, health care coverage through an absent parent and cash medical support requirements exists when any of the following are true:

- Cooperation is reasonably anticipated to result in emotional or physical harm to the child(ren) in the family;

- Cooperation is reasonably anticipated to result in emotional or physical harm to the client or to other caretaker relatives of the child(ren) involved;

- One of the following circumstances exists and DHS believes that continuing efforts to obtain support would be detrimental to the child(ren):
  
  a) The child was conceived as a result of incest or rape;

  b) Legal proceedings for adoption are under way before a court;
(c) 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 good cause is found, DCS will take no action to establish paternity or a child support order or to enforce child support on a new or ongoing child support case;

- When DCS determines that a client is not cooperating and there is an open TANF or Medicaid case, DCS will tell the DHS branch office. The DHS branch office is responsible for determining if the client had good cause or if noncooperation penalties shall be applied.

On a closed TANF or former ADC case where past-due support remains assigned to Oregon or to another state and the former client is not cooperating, DCS may determine if the former client has good cause for not cooperating. DCS will make this determination pursuant to all DCS rules and policy regarding good cause. If DCS determines that the former client has good cause for not cooperating, DCS will not pursue collection of assigned arrears if doing so could lead to harm to the former client or to the children. If the former client does not have good cause for not cooperating, DCS will continue to pursue assigned arrears (but there will be no reduction of TANF benefits, since the former client is no longer receiving TANF);

- If good cause is found on an open TANF or Medicaid case, DHS should:
  1) Code the case with good cause by adding a Y to the absent parent field on PCMS or CMUP.
  2) Notify the appropriate DCS worker that the case has been coded good cause by phone or email.

- The need for continued good cause coding should be reviewed at each redetermination. If good cause still exists and A, B, C or M is coded in the absent parent field on PCMS or CMUP, update that coding to a Y;

- When DCS is told by an obligee who is applying for or getting TANF or medical assistance that the pursuit of paternity and/or support may cause a safety concern for the obligee or the obligee’s child(ren) and the TANF or medical case has not already been coded with good cause for noncooperation with support, the following steps shall be followed:
  1. The DCS worker who learns that the obligee has a concern will either:
     - Send an email to the local DHS worker (if DCS is able to identify the worker) and to the appropriate DHS SSP Child Support Point Person; or
     - Send an email to the appropriate DHS worker, if DHS and DCS local management have agreed to a local process different from that described in the paragraph above.
2. The email sent by DCS will include the name of the obligor, the name of obligee, the name(s) of the children and any information the DCS worker has about the safety concern.

3. The same day that DHS receives the email from DCS, the TANF or medical-only case will be coded by DHS with good cause for noncooperation with support, and the local DHS worker will narrate that good cause was added at the request of DCS.

4. The local DHS worker will proceed with determining whether there is good cause for noncooperation with support, or whether claim of risk may be an option to enable pursuit of paternity and support safely.

5. If the local DHS worker determines that the case should be coded with good cause for noncooperation with support, the worker will leave the case coded good cause. If the DHS worker determines that the case should not be coded with good cause, the worker will remove the good cause coding. The worker will narrate on TRACS whether the determination was to leave or remove the good cause coding. The worker will also email the DCS worker to let the DCS worker know whether good cause coding has been removed.

Clients Excused for Good Cause from Compliance with Requirements to Pursue Child Support, Heath Care Coverage, and Medical Support: 461-120-0350

4. **Good cause; branch office responsibilities**

The DHS branch office is responsible for informing clients of their right to claim good cause, both when the client applies for assistance and at each redetermination of eligibility. When the client applies for TANF, Medicaid, or OSIPM, and one or both parents of any child in the benefit group are absent from the benefit group, the branch office will:

- Explain to the client that unless the client has good cause for not cooperating or is eligible for TANF as a two-parent family:
  - Cooperation in efforts to obtain child support payments is a condition of eligibility for TANF. (This is true even when the TANF applicant is pregnant); and
  - Cooperation in efforts to obtain health care coverage through an absent parent and cash medical support is a condition of eligibility for Medicaid, except for medical benefits for a pregnant female.

- Ask the client to read and sign a *Cooperating with Child Support Enforcement* form (DHS 428A), except for a two-parent family applying for TANF or medical benefits for a pregnant female who chooses not to cooperate with DCS;
Note: For OHP, this requirement is met by having the client sign the “Oregon Health Plan Rights and Responsibilities” Application for Oregon Health Plan and Healthy Kids (OHP 7210).

- Explain to the client the purpose of the referral to DCS and encourage the client to cooperate with DHS and DCS for the benefit of the children.

Confidentiality of client’s address. Explain to clients that under state law, certain information that is confidential under DHS rules could be released during legal proceedings. For example, the client’s home address could be revealed to the noncustodial parent if the address appears in the noncustodial parent’s copy of a support order.

Contact address. If the client does not want their address revealed, determine if there is good cause for not pursuing support per OAR 461-120-0350. If the client does not want to claim good cause but does not want their address known to the noncustodial parent, the client may ask DCS to use a contact address. The contact address must be in Oregon and will be used for child support purposes only. The contact address will only be used once DCS adds the address to the DCS computer system. If the contact address was not requested at the time the child support case was created, the home address may have already been included on child support paperwork sent to the other party on the case or to court.

If DHS knows the client would like to use a contact address, DHS should notify DCS of this by calling or emailing the appropriate DCS worker.

Cautions:

- Due to the nature of the linkage between the DHS (CM) computer system and DCS’ Child Support Enforcement Automated System (CSEAS), the client’s address on CSEAS will show the same address as on CMS. The only place the contact address will appear on the CSEAS system is on a separate screen in CSEAS, accessible only to DCS staff;

- If a contact address has been in place for six months, DCS will attempt to contact the client to ask if the contact address is still valid prior to initiating a new legal action. The contact address will stay in effect until retracted by the client;

- It is very important that clients be alert to picking up mail at their contact address. If clients do not pick up their DCS mail, they may lose an opportunity to establish paternity or to help determine a proper monthly support or arrearage amount. If the client does not respond to a mailed notice, DHS could also determine that they have failed to cooperate with the support requirement;

- Even if the client claims good cause per OAR 461-120-0350, the client may want to designate a contact address (for mailing support information only). This is because support enforcement agencies are required by law to provide services (including establishment of paternity) not only to custodial parents but also to noncustodial parents – including self-alleged fathers – who apply for services. If
the only address on the case is the DHS address, this is the address that will be on
the legal documents during any subsequent proceedings. If the client claiming
good cause wants to use another address, proceed as above;

- **DCS cannot** guarantee that the client’s actual home address will not be revealed
during enforcement or court proceedings. Designating a contact address simply
decreases the likelihood of this occurring, and enables DCS to proceed on what
could otherwise be a good cause case.

**Nondisclosure of information based on a Claim of Risk.** Also tell the client that DCS has
further protections available for clients who would cooperate if their personal identifying
information will not be revealed. This is known as “claim of risk.”

Advise the client that, before initiating any court proceedings, DCS will notify the client
in writing that:

- DCS must include the client’s personal identifying information in any motions,
pleadings, petitions, orders, or other legal documents filed with the court; **and**

- To avoid having their personal identifying information revealed in court
documents, the client may file a “nondisclosure of information based on a claim of
risk” request with DCS. To file a “nondisclosure of information based on a claim
of risk” request, the client must provide a contact address.

If the client files a “claim of risk” request in response to receiving notification from DCS
of a forthcoming legal action, DCS will reveal the client’s personal identifying
information to the court only in the form of sealed documents submitted to the court.
These documents do not become “Public Record.”

- The client can contact DCS to request claim of risk. However, if DHS knows the
client would like to request claim of risk, DHS should:

  1) Code the DHS case with good cause until DCS has coded the child
support case as “claim of risk.” (This is necessary to prevent
automated notices or other child support-related information from
being sent to either party on the child support case before DCS has
coded the DCS case with claim of risk.)

  2) Notify the appropriate DCS worker of the “claim of risk” by phone
or email.

  3) Have the client fill out the *Claim of Risk* ([DHS 8660](#)) and fax to
the appropriate DCS office.

  4) The following day, review child support mainframe screen SJ7F to
see of DCS has coded claim of risk on the DCS case. When the
DCS case has been coded claim of risk, a grid with “COR” will
appear on DCS screen SJ7F. (If the COR grid is not on SJ7F the
following day, it is important for the DHS worker to review the
DCS case in following days until the COR grid has been added.)
Once the COR grid is on SJ7F, the DHS worker must remove the good cause coding from the appropriate absent parent.

**Case Management Opportunity**

If the client claims “good cause” due to a domestic violence situation, discuss with the client any crisis intervention or domestic violence counseling services that may be locally available.

Confidentiality -- Finding of Risk and Order for Nondisclosure of Information: [137-055-1160](#)

Clients Excused for Good Cause from Compliance with Requirements to Pursue Child Support, Health Care Coverage, and Medical Support: [461-120-0350](#)

### 5. Evidence of good cause; child support, health care coverage through an absent parent and cash medical support

Evidence of good cause for noncooperation with support includes, but is not limited to:

- A client’s statement, for clients who believe that pursuing support will put their safety or the safety of their child(ren) at risk;
- Birth, medical or law enforcement records as evidence of incest or rape;
- Court records, other legal records or written statements from a public or licensed private social agency or an attorney regarding possible or pending adoption of the child(ren) in question;
- Sworn statements from individuals, other than the client, with knowledge of the circumstances that provide the basis of the client’s claim of good cause.

### 6. Encouraging cooperation

To encourage clients to cooperate, emphasize these points:

- Support from the noncustodial parent could help lessen the child’s feelings of abandonment or desertion;
- Establishing paternity can entitle the child to receive SSB or veteran’s benefits on the alleged father’s account should the alleged father die or become entitled to disability benefits;
- Support payments can help families pay for living expenses and become self-sufficient, especially after the family is no longer eligible for TANF or Medicaid;
- If the client is interested in good cause, also inform the client that there may still be options for safely collecting support, such as by establishing a contact address
and/or filing a “nondisclosure of information” request – see item 4, above. Give the client a copy of the Client Safety Packet on Good Cause Version A (DHS 8660) to aid in the discussion of options for safely collecting support.

7. Determining noncooperation with support

DHS or DCS may determine if a client is not cooperating with support. DCS must advise DHS whenever they determine noncooperation. DHS shall then:

- If the client claims good cause under OAR 461-120-0350 for not cooperating, ask the client for further information and work with the client to determine if the client qualifies for a good cause exception;

- If the client does not claim good cause under OAR 461-120-0350 for not cooperating, or if the client claims good cause and DHS determines that the client does not have good cause, apply penalties per items 9 or 10, below.

8. Penalties for noncooperation; child support

The penalties for failure to cooperate with support requirements are:

- For benefit groups not currently receiving TANF, where the failure to cooperate occurs during the process of applying or reapplying for TANF, total ineligibility for the filing group;

- For benefit groups receiving TANF when failure to cooperate is determined, the net monthly TANF 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 month following the month in which failure to cooperate is determined;
  - 50 percent for the second month following the month in which failure to cooperate is determined;
  - 75 percent for the third month following the month in which failure to cooperate is determined;
  - 100 percent (total ineligibility for the benefit group) for the fourth month following the month in which failure to cooperate is determined, and all subsequent months in which failure to cooperate continues.

Note: Before applying the 100 percent level of penalty, use the existing grant termination staffing process to assess the family’s situation. When appropriate, involve community partners in the family assessment.
**Note:** There is no requirement to cooperate with child support (and no penalties for noncooperation) for clients in the JOBS Plus, SFPSS or Post-TANF programs or who are a two-parent family.

- Once a penalty has ended (see Section C.10 (CS-C.10) of this chapter), any subsequent penalties for noncooperation with support will start at the first level (25 percent, per above) for clients who were previously disqualified or penalized for noncooperation but later had full benefits restored;

- For TANF-related medical, no eligibility for the person who fails to cooperate;

- For SNAP, when a TANF payment is reduced or ends due to DCS noncooperation, count the amount the TANF benefit payment would have been if not reduced for noncooperation, for the duration of the penalty. (See SNAP chapter G.12 (SNAP-G.12) in the Family Services Manual.

Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340(4)

9. **Penalties for noncooperation; health care coverage through an absent parent and cash medical support**

   The penalty for failure to cooperate with health care coverage through an absent parent or cash medical support is:

   - For all programs except OHP, removing the needs of the person who refuses to cooperate;

   - For OHP, removing the person who refuses to cooperate from the benefit group;

   - Additionally, when calculating SNAP benefits, if a cash payment is reduced or ends due to this penalty, count the amount the cash payment would be if the penalty had not been imposed for the duration of the penalty. (See SNAP chapter G.12 (SNAP-G.12) in the Family Services Manual.

Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340(4)

Clients Required to Obtain Health Care Coverage and Cash Medical Support; GAM, OSIPM: 461-120-0345(3)

10. **Imposing a support disqualification**

    When it has been determined that it is appropriate to impose a disqualification for noncooperation with support, the worker codes the person line on CMUP as follows:

    (A) Type the case descriptor and matching N/R code on the disqualified person’s line. The N/R END must be the current or next month/year. The N/R END cannot be continuous (C). The child support disqualification codes are CS1, CS2, CS3 and CS4.
(B) Type in the E MEDL code and date.

(C) The system will reduce the net benefit by the appropriate percentage.

**Note:** The system will impose only one penalty per case. If a case has more than one child support disqualification, the system will impose the higher penalty only.

The disqualification will continue until the N/R TYPE is removed. The system will automatically move the disqualifications up through the progressive steps, including CS4.

**Note:** The system uses the N/R date to help it determine whether to move the disqualification to the next month. When the system does the EOM processing, if the date is the current month, the system will move the N/R to the next CS code and advance the date. If the N/R date is already for the next month, this tells the system the disqualification is just starting and the system does not change the CS code or date.

Medical-only clients: For clients who are medical only, use the CSM case descriptor and the E MEDL ELIG code.

Pregnant clients: Clients who are pregnant can still get medical coverage:

- If the disqualification was on a medical-only client, remove the CSM;
- If the disqualification is on a TANF case, leave the CS1-4 codes on and add the DUE date.

The disqualification remains active as long as the N/R code is on the person’s record. (To end a support disqualification, see #11 below.)

**11. Ending support penalties when client cooperates**

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 as listed above.

To inactivate (end) a disqualification on the system, the worker removes the N/R TYPE but leaves the case descriptor. (The case descriptor remains on the case for tracking child support disqualifications at a glance.)

Supplement the TANF grant back to the date the client cooperated.

Client Required To Help Department Obtain Support From Noncustodial Parent; TANF: 461-120-0340(5)
Clients Required to Obtain Health Care Coverage and Cash Medical Support; GAM, OSIPM: 461-120-0345(4)
12. **Pregnant women – special considerations**

- For EXT, GA, MAA, MAF, OHP, OSIP and REF, there is no penalty for pregnant clients who fail to cooperate;

- A pregnant woman may be eligible for Medicaid even if she does not pursue support.

**Note:** A pregnant woman applying for or receiving TANF (and who is not applying for or getting benefits as a two-parent family and not in SFP, JOBS Plus or Post TANF) must still cooperate with pursuit of support unless she has good cause for noncooperation with support.

Clients Required to Obtain Health Care Coverage and Cash Medical Support; GAM, OSIPM: 461-120-0345(3)

13. **Special considerations; support**

- Explain to clients that under state law, certain information that is confidential under DHS rules, such as the client’s address, may be released during legal proceedings. Refer to Section D (CS-D) for more information on DCS referrals;

- If any clients who are not required to pursue child support want help getting the support, refer them to their local county district attorney (or to the DCS branch office for those counties where DCS provides such services in lieu of the district attorney).

14. **Coordination on cases excused from the requirement to pursue child support, health care coverage through an absent parent or cash medical support**

**General**

Self-Sufficiency and Child Welfare agree to work together, and with other impacted agencies, such as the Division of Child Support (DCS) and the Oregon Youth Authority (OYA), on cases that have been granted good cause or a permanent exemption and that transition from one program to another.

- TANF and Medicaid assistance – Clients receiving TANF or Medicaid assistance are excused from the requirement to pursue child support (OAR 461-120-0340(1)) and the requirement to pursue medical coverage (OAR 461-120-0345(1)(a)) if:
  - Helping the Child Support Program could result in emotional or physical harm to the child or to the caretaker relative;
  - The child was conceived as a result of incest or rape and efforts to obtain support would be detrimental to the child; or
The parent is working with a public or private social agency to help decide whether to release the child for adoption.

- Child Welfare – Clients receiving services from Child Welfare are excused from the requirement to pursue child support if:
  - The biological mother conceived the child as a result of incest or rape and efforts to obtain support would be detrimental to the child;
  - The biological parents have signed a relinquishment of parental rights or have been terminated of parental rights by a court action;
  - A child who has been adopted through the State of Oregon comes back into state care because of emotional or physical treatment needs; or
  - The Assistant Director of Children, Adults and Families, or their designee, determines that pursuit of child support is not in the best interest of the child.

Coordination on cases

In order to support the transition and coordination of cases that have been excused from the requirement to pursue child support or medical support because of good cause or a permanent exemption, Child Welfare and Self-Sufficiency agree that:

- Whichever program makes a determination of good cause or permanent exemption “owns” the determination until or unless that program is no longer providing services. This means only the program that made the determination of good cause or permanent exemption may change the determination until or unless that program is no longer providing services;

- A determination of good cause or permanent exemption applies to all open cases that involve the same obligee and obligor without regard to which program made the determination of good cause or permanent exemption and whether the children are receiving multiple services. This means, for example, that if a Self-Sufficiency client were excused from pursuing child support for good cause, that client would also be granted a permanent exemption for not pursuing child support if the client subsequently opens a case with Child Welfare;

- Once a case closes, or services are no longer provided by a program, that program may not change a determination of good cause or permanent exemption that it made prior to the case closing;

- When there has been a determination of good cause or permanent exemption and services are closed with one program, such as Self-Sufficiency, and opened with another program, such as Child Welfare, the new program providing services will follow steps (1) through (3) set out below.

  1. The new program providing services will determine whether good cause or permanent exemption is still appropriate by contacting the
person who originally claimed good cause or permanent exemption.

2.(a) If it is determined after contact with the person who originally claimed good cause or permanent exemption that there are still safety or other issues that continue to make good cause or permanent exemption appropriate, the new program providing services will code the newly-opened case with good cause or permanent exemption.

2.(b) If it is determined after contact with the person who originally claimed good cause or permanent exemption that there are no longer safety or other issues, the new program providing services will not code the newly-opened case with good cause or permanent exemption and will notify DCS that good cause or permanent exemption coding should be removed from the Child Support case and pursuit of child or medical support resumed.

3. If, pursuant to (2)(b) above, it is determined after contact with the person who originally claimed good cause or permanent exemption that there are no longer safety or other issues, the new program providing services will give notice to the person who originally claimed good cause or permanent exemption. Notice to the person who originally claimed good cause or permanent exemption must be documented by the program providing notification.

Coordination with partner agencies

When the OYA has excused a case from the requirement to pursue child support or medical support, Child Welfare and Self-Sufficiency shall coordinate with OYA in the same manner as if Child Welfare or Self-Sufficiency had excused the client from pursuit of child support because of good cause or a permanent exemption.

When a case has been excused from the requirement to pursue child support or medical support, regardless of which program has made the determination of good cause or permanent exemption, Child Welfare and Self-Sufficiency will work with DCS to support transition and coordination of the case.
A. General Information about Assets

1. Overview of Counting Client Assets

   (A) When determining eligibility, find out what assets the client has. Assets are earned/unearned income and resources.

   (B) Determine the category they fall into: available, unavailable or excluded.

   (C) Count only available assets for the budget month. Do not count unavailable and excluded assets.

   (D) 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 of resources

   (A) Resources: This section explains when resources are considered *available* to clients.

      (1) For jointly owned resources:

         (a) 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*;

         (b) In all other programs, only the portion of jointly owned resources that can be legally attributed to a financial group is *available*.

      (2) A resource is *not available* if:

         (a) 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;

         (b) 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;

         (c) 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;

         (d) The resource is an irrevocable or restricted trust and cannot be used to meet the basic monthly needs of the financial group;
(e) 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;

(f) 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.

(3) 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

### 3. Availability of Income

This section describes the date income is considered available, what amount of income is considered available and situations in which income is considered unavailable.

- **(A)** The amount of income considered available is the gross before deductions, such as garnishments, taxes and other payroll deductions including flexible spending accounts.

- **(B)** 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:

  1. 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;

  2. 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;

  3. An advance or draw of earned income is considered available on the date it is received;

  4. Income that is averaged, annualized, converted and prorated is considered available throughout the period for which the calculation applies;
Example 1 of availability for SNAP Households only: A husband and wife, the husband is not in the SNAP household because he works as a long haul truck driver and eats the majority of his meals on the road. He has his pay check deposited in their joint checking account. They both have a legal right to that joint account and the income he deposits into the account – minus what he uses for his own needs – is considered unearned income to her.

Example 2 of availability for SNAP Households only: When Social Security or another type of income is assigned to a representative payee, determine whether or not it is being made available to the person it is intended for.

If the representative payee is giving the money to the person for whom it is intended or using the money on behalf of that person for their needs (i.e., clothing, person hygiene items, entertainment and monthly bills), that income is considered available to the person and coded on that person on their case. If the representative payee does not give the money to, or use the money for the intended person’s needs, the income is not considered available to them and is not counted on the case.

Example 3 of availability for SNAP Households only: A husband and wife share a joint bank account. The husband is in the military and deployed. He has his military pay of $1200.00 deposited into their joint account each month. He takes out $200.00 per month for his needs. Because the income is available to her, count all of the income, minus what he is using for his needs while he is not in the household, as unearned income to her.

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;

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.

In prospective budgeting, income is available in the month the income is expected to be received (see OAR 461-150-0020).

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 G (SNAP-G), Child Care E (CC-E).

See CA-B.13.
(7) For 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.

(C) The following income is considered available, even if not received:

(1) Deemed income;

(2) In the ERDC, GA, GAM, 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.

(3) In the SNAP program, the portion of a payment from the TANF program counted as disqualifying income under OAR 461-145-0105.

(D) The following income is not considered available:

(1) Wages are withheld by an employer in violation of the law;

(2) Income received by another person who does not pay the client his or her share;

(3) Income received by a member of the financial group after he or she has left the household;

(4) Moneys withheld from or returned to the source of income to repay an overpayment from that source:

   (a) In the SNAP program, the exception is TANF grants reduced to recoup a client-caused overpayment. These are considered available in full under OAR 461-145-0105; or

   (b) In the ERDC, GA, GAM, OSIP, OSIPM, REF, REFM and TANF programs, monies reduced to recover a same-source overpayment are considered available in full.

**Note:** SSD and SSI are paid from different sources. SSD reduced to recoup an SSI overpayment is considered available.

FOR SNAP, SEE SNAP-G.14 FOR HOW TO TREAT THE REPAYMENT OF A TANF CLIENT-CAUSED OR IPV OVERPAYMENT FROM A TANF GRANT.

(5) 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;
(6) Income received by the financial group, but is intended and used for the care of someone not in the financial group as follows:

(a) 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

(b) 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.

For example: For an SSI or SSB rep payee who receives money for someone outside the financial group and sends money to or spends money on the person for whom the money is intended, the income is not considered available to the rep payee.

(7) In the SNAP program, 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.

(8) In the 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.

(9) In the REFM program, any income used for medical or medical-related purposes.

(E) 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

4. **Value of a resource**

   (A) For *cash*, its value.

   (B) For *noncash resources*, the value is one of the following:

   (1) The equity of noncash resources (fair market value minus encumbrances), commonly referred to as cash value;

       Definitions for Chapter 461: 461-001-0000

   (2) Fair market value, which is the amount the item is worth on the open market;

       Definitions for Chapter 461: 461-001-0000

   (3) 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

   (C) The value of a life estate depends on the value of the property and the age of the client.

       SEE THE APD 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.

   (D) How to determine *fair market value*:

   (1) For *automobiles, trucks and vans*:

       (a) 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;

       (b) In lieu of using the NADA paper publication, use the Kelley blue book website 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 website 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;

(c) 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;

(d) 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

(2) 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

5. Treatment of excluded assets

(A) 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.

(B) If cash and money in bank accounts are not kept separate, exclude it for six months from the date it is combined.

(C) 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

6. Lump-sum income

(A) Income is considered lump sum (GP-A.42) when it is either received too infrequently or irregularly to be anticipated, or it is received as a one-time payment.

(B) 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.
(C) Lump-sum payments include, but are not limited to:

1. Retroactive monthly benefits accumulated over more than one month and received in a single payment;

2. Inheritances, gifts, winnings and personal injury settlements;

3. 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).

(D) 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.

(E) Treat lump-sum income as follows:

1. For EA, REF, REFM, SNAP and TANF, count lump-sum income as a resource.

2. For ERDC and EXT, exclude lump-sum income.

Definitions for Chapter 461: 461-001-0000
Availability and Treatment of Lump-Sum Income: 461-140-0120

7. 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 SNAP and TANF clients in a filing group that includes at least one member who is working under a TANF JOBS Plus agreement, periodic income is excluded.

(B) For SNAP and TANF clients not covered under section (1), periodic income is averaged over the applicable period.

(C) For ERDC clients, periodic income is counted in one of two ways. The client is given a choice either to average the income over the applicable period or to have the income counted in the month it is expected to be received.

(D) For OSIP-EPD and OSIPM-EPD clients, periodic income received during a certification period is averaged among the months in the certification period.

(E) For OSIP-EPD and OSIPM-EPD clients, periodic income received during a certification period is averaged among the months in the certification period.
(F) In all other programs, periodic income is counted in the month received.

Definitions for Chapter 461: 461-001-0000
Treatment of Periodic Income: 461-140-0110
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 filing group. This means that the AA income is excluded when determining eligibility for TANF and when calculating the TANF benefit level.

       SEE TANF-C.2, FILING GROUP.

   (2) For ERDC, exclude adoption assistance.

   (3) For SNAP, adoption assistance is counted as unearned income.

Filing Group; 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.6).

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.6).

   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.4).

   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.53).

      (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.

(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.

SEE APD WORKER GUIDE #E.1, TREATMENT OF ANNUITIES.
(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 APD-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.

Annuities; Not OSIPM: 461-145-0020

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.53).

(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 OARs 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 (OAR 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.

(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.

(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 \textit{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. \textbf{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. \textbf{Bank account}

A bank account includes a money market account and an account in a financial institution.

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.

*BE SURE TO REVIEW OAR 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, REF, REFM, 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.44 or OAR 461-145-0320 for policy on life and term insurance.

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, REF, 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, REF, 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.
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.87).

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.

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.

(A) Payments made to a third party which should legally be made directly to a member of the financial group (see OAR 461-110-0530) are counted as unearned income.

(B) Payments made to a third party which are not legally obligated to be made directly to a member of the financial group and the financial group does not have the option of taking, and payments made to a third party which are court ordered are excluded.

(5) Except as otherwise provided in section (9) of this rule, in the REFM and TANF programs:

(a) In determining initial eligibility, except for disregard pursuant to section (2) above, child support received by the DCS 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 DCS 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 turned over to the department or to the DCS are considered countable unearned income except for any amount of pass-through and disregard pursuant to section (2).

(B) Paid directly to the financial group that are not turned over to the department or to the DCS are considered countable unearned income.

(C) Paid to a third party for the benefit of the financial group are considered countable unearned income. This includes but is not limited to payments made by a noncustodial parent to a third party for rent, mortgage, utilities or child care.

(e) Cash medical support is excluded in determining countable income.

(6) 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.

(7) 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 considered countable unearned income. This includes but is not limited to payments made by noncustodial parent to a third party for rent, mortgage, utilities or child care.

(8) For ongoing eligibility and benefit determination for TANF clients in a two-parent household:

(a) Except for disregard pursuant to section (2) of this rule, 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 considered *countable* unearned income. This includes but is not limited to payments made by a noncustodial parent to a third party for rent, mortgage, utilities or child care.

(d) For a *filing group* (see OAR 461-110-0330) with at least one member 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.

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.

♫ FOR NONCASH CONTRIBUTIONS, REFER TO CA-B.41 OR OAR 461-145-0280 (IN-KIND INCOME).

♫ SEE CA-B.66 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 website at [http://sos.oregon.gov/business/Pages/business-information-center.aspx](http://sos.oregon.gov/business/Pages/business-information-center.aspx), Business Information. 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.7).

   (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 and owner, the income is treated as self-employment income.

(ii) If a client is a manager and owner of the LLC but not a member, the income is treated as earned income.

(iii) If a client is a manager but not an owner of the LLC, 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.

Corporations and Business Entities; Income and Resources: 461-145-0088

(4) Corporation expenditures benefiting a principal

In the 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.

\[ \text{SEE CA-B.64.} \]

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.58).

(c) Social security based on disability or SSI (covered in OAR 461-145-0490 and OAR 461-145-0510 or in CA-B.69 and CA-B.72).

(d) Veterans’ benefits (covered in OAR 461-145-0580 or CA-B.82).

(e) Workers’ compensation (covered in OAR 461-145-0590 or CA-B.86).

(2) For each disability payment covered under this policy:

(a) If received monthly or more frequently:

\[ \text{(A) In the ERDC, REF, REF, SNAP and TANF programs, income from} \]

\[ \text{employer-sponsored disability insurance is counted as earned income} \]

\[ \text{(see OAR 461-145-0130 or CA-B.21) if paid to a client who is still} \]

\[ \text{employed while recuperating from a temporary illness or injury.} \]

\[ \text{(B) Except as provided in paragraph (A) of this subsection, the payment is} \]

\[ \text{counted as unearned income.} \]

(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.7).

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 (Public Law (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.

Disaster Relief: [461-145-0100](#)

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-G.14 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 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.78(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 P.L. 93-113 Domestic Volunteers Service Act of 1973) including VISTA, University Year for Action and Urban Crime Prevention Program as follows:

(a) For ERDC, REF, REFM 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 (P.L. 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.

(b) Active Corps of Executives (ACE) Title III, Section 302.

Domestic Volunteer Services Act (VISTA, RSVP, SCORE, ACE): 461-145-0110

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, per-diem, commissions, tips, representative payee fees, sick leave, vacation pay, draws or the sale of one’s blood or plasma. This also includes Health Engagement Model (HEM) payments or other similar payments.

FOR A MILITARY BASIC PAY EXCLUSION, SEE CA-B.48.

For SNAP, use the Gross Wage field amount for In-Home Service Home Care Workers. This amount can be found on the In-Home Service Wage Detail screens. Do not count any mileage reimbursement, as this is not part of the HCWs income.

(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.41 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:* *A cafeteria-style benefit is an amount above base earnings that can be spent on a limited menu of options, usually related to health insurance. Unspent dollars are added to gross wages when the employee’s selected option costs less than the full cafeteria benefit amount.*

*Note:* *Health insurance purchased with flexible benefits must be assigned to the department, per OAR 461-120-0315.*

(6) Income from work-study. For how to treat income from work-study, see CA-B.24 on Educational income.

(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 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.21 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.16** 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.14** for more on TANF JOBS Plus and **ES-B.15** 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 REF, REFM and TANF, exclude the first $260 earned per month. Count the remainder as earned income.
(b) For SNAP count all Welfare-to-Work income as earned income.

(3) For ERDC, 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.

(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.41 FOR IN-KIND INCOME.

(d) Any amount deducted from base pay for future educational costs under P.L. 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 REF, REFM 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.41 and CA-B.68).

(6) For REF, REFM and TANF, exclude all in-kind income except unearned third-party payments.

(7) In the SNAP Program, earned in-kind income (CA-B.41) 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.64).

(8) In all programs except 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) and Making Work Pay (MWP) Tax Credit: 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 true:

(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-E.3 and SNAP-G.20 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, count other educational income (grants, Montgomery GI Bill [VA Chapters 30, 32, 35, 1606 or 1607, Veterans Retraining Assistance Program (VRAP)], Post 9-11 (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.

SEE CA-B.82 OR OAR 461-145-0580 FOR MORE ON VETERANS’ BENEFITS INCLUDING HOUSING STIPENDS.

(7) Count the VA Chapter 31 subsistence allowance according to CA-B.82. 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.79 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 (P.L. 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 P.L. 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.60** 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 WIC Farm Direct Nutrition Program (OAR 333-052-0030).

   WIC Farm Direct Nutrition Program; Program Overview: 333-052-0030

(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
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](#) and OAR 461-110-0630, parents in foster care for whom foster care payments are being made cannot have their needs counted for 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:
   1. 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.

Assets; Income and Resources: 461-140-0010

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.60) 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.60 OR OAR 461-145-0420.
(c) For REF, REFM 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.

Home: 461-145-0220

33. Housing and Urban Development (HUD)

(1) Treat payments from HUD made to a third party as follows:

(a) For EA, ERDC, GA, GAM, OSIP, OSIPM, QMB and SNAP, exclude these payments.

(b) For REF and TANF use the payment in determining Shelter-in-kind income (CA-B.68).

(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, 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-G.24).

(d) For REF, 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, 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). If the participant is age 19 or older, treat other Youthbuild payments per Workforce Investment Act policy (CA-B.85).

(c) For TANF, 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.

(c) For the SNAP Program, if an individual is receiving rent for the property they live in, do not count this as income unless it exceeds the expense for the property. Refer to SNAP-G.22 for examples.
(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). For SNAP financial groups with more than one income-producing property, review each property and the expenses separately to determine the countable income.

(3) Treat the equity value of income-producing property as follows:

(a) For REF, REFM and TANF, count it as a resource.

(b) For EA and ERDC, exclude it.

(c) 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.87 or OAR 461-145-0600.

(d) 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 hopes to rent the other 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 $1,300 a month including taxes and insurance. Deduct $750 (the $500 rent income and ongoing maintenance costs) from his full shelter amount of $1,300. Code the balance of $550 as his Shel deduction. Because his costs are more than the rental he collects, he has no property income.

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.67.

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 OARs 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 MP-WG #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.6). Treat recurring payments received less often than monthly as periodic income. (CA-A.7).

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 Chapter of the Family Services Manual (CA-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 Chapter (CA-B.57) (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 P.L. 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 P.L. 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 Passamaquody 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 P.L. 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.6).

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.6).

(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.6).

(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.6).

(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 Muccosukee Tribe of Indians of Florida and the independent Seminole Indians of Florida.

(17) For all programs except GA, GAM and SNAP, 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 P.L. 103-66. In addition, payments received from these lands are excluded.

(18) In the SNAP program, payments received from trust or restricted lands under 25 USC 1408 (P.L. 93-134, P.L. 97-458, and P.L. 103-66) are not considered a resource. The first $2,000 of each per-capita payment per year for each member of the financial group (see OAR 461-110-0530) who receives the payment is excluded income. The amount over $2,000 paid to each member of the financial group who receives the per-capita payment is counted as periodic income (see OAR 461-140-0110).

(19) 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.

(20) For all programs except GA and GAM, treat payments made under P.L. 92-203, section 29, Alaska Native Claims Settlement Act (ANCSA) 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.

(21) The Alaska Native Claim Settlement Act (ANCSA) established Alaska Native claims to the land by transferring titles to 13 Alaska Native regional corporations and 200 local village corporations. The 13 regional corporations are:

- Ahtena, Incorporated (TAC);
- The Aleut Corporation (TAC);
• Arctic Slope Regional Corporation (ASRC);
• Bering Straits Native Corporation (BSNC);
• Bristol Bay Native Corporation (BBNC);
• Calista Corporation;
• Chugach Alaska Corporation (CAC);
• Cook Inlet Region, Inc. (CIRI);
• Doyon, Limited;
• Koniag, Incorporated;
• NANA Regional Corporation (NANA);
• Sealaska Corporation;
• The 13th Regional Corporation.

For all programs except GA and GAM, treat payments made under P.L. 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.6).

(22) In all programs, payments from the Tribal Trust Accounting and Management Lawsuits under P.L. 111-291 (section 101) are treated as follows:

(a) Exclude as income, all payment in the month of receipt.

(b) Exclude as a resource, for the 12 calendar months following the receipt of the payment as long as they are not commingled with other funds.

Indian (Native American) Benefits: 461-145-0260

38. **Individual Development Account (IDA)**

An Individual Development Account (IDA) is a trust-like savings account established under P.L. 105-285 designed to help low-income individuals save for specified purposes.
The individual makes deposits from his or her earnings, and these are matched by a combination of government and private-sector funds.

For all programs except SNAP, deposits from the account holder’s earnings are excluded from gross income. For SNAP the deposits remain countable earned income.

For all programs, matching deposits and interest earned by the IDA accounts are excluded from income.

For all programs, IDA accounts are excluded from resources.

Individual Development Account (IDA): 461-145-0261

39. 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

40. 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.6 and OAR 461-140-0120).

(b) In the ERDC program, an inheritance is excluded.

Inheritance: 461-145-0270

41. 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.)
SEE CA-B.68 FOR HOW TO TREAT SHELTER-IN-KIND INCOME.

(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 (5) 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 REF, REFM and TANF, except for child support (see OAR 461-145-0080), these third-party payments are excluded.

(C) For all other programs, exclude these third-party payments.

SEE CA-B.13 OR OAR 461-145-0080.

(2) For all programs except REF, REFM 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 REF, REFM 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 REF, REFM and TANF, exclude all in-kind income (except unearned third party payments).

In-Kind Income: 461-145-0280
(5) For 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 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

42. 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.6).

(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.64 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
43. **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 THE DMAP WORKER GUIDE 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 *APD Worker Guide E.3* located at [http://www.dhs.state.or.us/spd/tools/additional/workergd/e.3.htm](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.
44. **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

45. **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, 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, 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, REF, REFM, 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 APD 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, REF or TANF if the agreement was written prior to the receipt of the funds.

Loans and Interest on Loans: 461-145-0330

46. 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 REF, REFM and TANF programs, lodger income not excluded under OAR 461-155-0350 is treated as self-employment income.

2. In all programs except REF, REFM and TANF, lodger income is treated as self-employment income.

Lodger Income: 461-145-0340

47. 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.60 FOR REAL PROPERTY.

2. Manufactured and mobile homes are subject to OAR 461-145-0220 and OAR 461-145-0250 if applicable.

SEE CA-B.32 FOR HOME OR CA-B.34 FOR INCOME PRODUCING PROPERTY.

Manufactured and Mobile Homes: 461-145-0343

48. 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 P. L. 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 (P.L. 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:

1. The Adriatic Sea
2. Afghanistan
3. Albania
4. Arabian Sea Portion that lies north of 10° North Latitude and West of 68° East Longitude
5. Bahrain
6. Bosnia
7. Croatia
8. Djibouti
9. Egypt
10. The Federal Republic of Yugoslavia (Serbia and Montenegro)
11. Gulf of Aden
12. Gulf of Oman
13. Herzegovina
14. The Ionian Sea north of the 30th Parallel
15. Iraq
16. Israel
17. Jordan
18. Kuwait
19. Kyrgyzstan
20. Macedonia
21. Oman
22. Pakistan
23. Persian Gulf
24. Philippines
25. Qatar
26. Red Star
27. Saudi Arabia
28. Somalia
29. Tajikistan
30. Turkey
31. United Arab Emirates
32. Uzbekistan
33. Yemen

Military Income: 461-145-0345

49. Motor vehicle; SNAP

Ý SEE CA-B.50

Motor Vehicle: 461-145-0360

50. Motor vehicle

Ý SEE CA-A.4 FOR HOW TO DETERMINE THE FAIR MARKET VALUE OF VEHICLES.

(1) For REF, REFM, 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.

Ý SEE TANF-G.3 FOR MORE INFORMATION ON HOW TO DETERMINE THE RESOURCE VALUE OF MOTOR VEHICLES FOR TANF.
(2) For EA and ERDC, 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.62 OR OAR 461-145-0433 FOR INFORMATION ON HOW TO TREAT RECREATIONAL VEHICLES.

Motor Vehicle: 461-145-0360

51. 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, REF 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

52. 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, Seniors Make Sense, 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

53. 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 (CA-A.6) 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.7) 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 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.

(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 OAR 461-145-0022(10)(c). Otherwise, the equity value is counted as a resource.
54. **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

55. **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.7) or lump-sum income (CA-A.6).

   (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.86.

Personal Injury Settlement: 461-145-0400

56. **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. APD 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, income and resources 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.

Plan for Self-support: 461-145-0405

57. 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 GAM, OSIPM, QMB and REFM.

(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.6).

\[ \text{SEE CA-A.6 FOR LUMP-SUM INCOME.} \]

(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 all programs except the EA, ERDC 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.

(e) 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.

FOR 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).

(f) Exclude incentive food benefits from the Job Participation Incentive (JPI) for all programs. (See OAR 461-135-1260.)

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.

Note: OSIP-IC is the Independent Choices Program.
58. **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

59. **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 SNAP and TANF, exclude these payments.
(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

**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.

Assets; Income and Resources: 461-140-0010

60. 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.

SEE CA-B.34 OR OAR 461-145-0250 FOR TREATMENT OF INCOME-PRODUCING PROPERTY.

SEE CA-B.32 OR OAR 461-145-0220 FOR TREATMENT OF PROPERTY USED AS THE GROUP’S HOME.

(1) 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.

(2) Treat real property that is not income-producing (CA-B.34) or the financial group’s home (CA-B.32) as follows:

(a) For REF, REFM 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.61).

(b) For EA and ERDC, 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.

Real Property: 461-145-0420

61. **Real property excluded under an Interim Assistance Agreement; REF, REFm, TANF**

For 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.

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 asset (CA-B.87) or work-related equipment.

(1) For all programs except ERDC, 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, exclude recreational vehicles.

See **CA-B.50** OR **OAR 461-145-0360** FOR INFORMATION ON HOW TO TREAT MOTOR VEHICLES THAT DO NOT MEET THE DEFINITION OF RECREATIONAL VEHICLES.

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.76 OR OAR 461-145-0530 FOR INFORMATION ON TAX REFUNDS.

Refunds: 461-145-0435

64. 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.81.

(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) 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.41 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 SNAP Program, 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.

(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

65. 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 (information about the allowable fee amount can be found at: http://www.socialsecurity.gov/OACT/COLA/RepPayee.html). 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.

66. 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.41 or OAR 461-145-0280.

(3) For GA, 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

67. Sale of a resource

(1) For all programs except ERDC, REF, REFM 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.7) or lump-sum income (CA-A.6).

(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.87), the proceeds of the sale are treated as self-employment income.

(2) For REF, REMF 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, 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.

Income-Producing Sales Contract: 461-145-0240
Sale of a Resource: 461-145-0460
68. **Shelter-in-kind income**

Shelter-in-kind is when an agency or person outside the household financial group 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 REF, REFm 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.41) when the payments are made by the noncustodial parent. Exclude all other shelter-in-kind housing and utility payments.

   ☛ 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.41, IN-KIND INCOME FOR INFORMATION ON HOW TO TREAT SHELTER-IN-KIND PAYMENTS RECEIVED AS CHILD SUPPORT.

(e) 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.

69. 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.
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.

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.56 FOR HOW TO TREAT INCOME FROM PLAN FOR SELF SUPPORT OR CA-B.77 FOR TICKET TO WORK.

Social Security Benefits: 461-145-0490

70. 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

71. 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, OSIP, OSIPM and QMB 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.

Spousal Support: 461-145-0505

72. SSI

(1) For ERDC, GA, GAM 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. To check for the
current fee amount to exclude go to:

**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 and GAM:

(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 APD MANUAL; SEE CA-A.6 FOR SNAP.

(3) For 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.

☞ SEE CA-B.56 FOR HOW TO TREAT INCOME FROM PLAN FOR SELF SUPPORT OR CA-B.77 FOR TICKET TO WORK.

SSI: 461-145-0510
73. **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.42);

- Programs under the National Community Services Trust Act (including AmeriCorps) (CA-B.51);

- Programs funded by the Older Americans Act (CA-B.52);

- RARE (CA-B.59);

- Veterans’ Administration (CA-B.82);

- Vocational Rehabilitation (CA-B.84);

- WIA (CA-B.85).

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;
74. **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

75. **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-G.16 FOR MORE INFORMATION ON DETERMINING SNAP ELIGIBILITY OF A STRIKER AND INCOME CALCULATION.

Strikers’ Benefits: 461-145-0525

76. **Tax refund**

For all programs, count the following types of tax refunds as a resource:

   1. State tax refunds.
(2) Federal tax refunds (except for any portion that is Earned Income Tax Credit).

(3) Property tax refunds, including Elderly Rental Assistance (ERA).

Tax Refund: 461-145-0530

☞ SEE CA-B.23 ON TREATMENT OF EARNED INCOME TAX CREDIT.

77. 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 REF, REFM 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

78. 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 REF, REFM, 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 circumstance 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 OAR 461-160-0630.

(F) Patient liability not to exceed the cost of waivered 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
79. **Unemployment Compensation benefit**

Count most UC benefits received weekly or bi-weekly as unearned income and retroactive payments as lump-sum income (CA-A.6) or (OAR 461-140-0120).

Do not anticipate UC benefits when the client is in their waiting week or there has been a break of a week or more in payment. There is no guarantee they will receive UC benefits. Only anticipate UC income when there are current payments showing on ECLM.

To calculate countable UC income, use the WBA on ECLM-Claim Summary Display (F5 from WAGE) as long as the client does not have any earnings or overpayments withholding.

If the client has earnings or an overpayment withholding, use the E-PAY-Payment List screen (F13 from ECLM) to determine the amount of countable UC income.

Determining Availability of Income: 461-140-0040

- Add the check amount, amount of overpayment withheld, amount of child support withheld and amount of federal and state taxes withheld.

<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>ERDC</td>
</tr>
<tr>
<td>SNAP</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.

80. **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
81. **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.

**USDA Meal Reimbursement Worksheet**

<p>| | |</p>
<table>
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|   |   | Total number of children who receive meals or snacks (not in filing group).
|   |   | Total number of children, in the filing group, receiving meals or snacks.
|   |   | Total children in (a) and (b) above.
|   |   | Amount of monthly meal reimbursement.
|   |   | (d) divided by   (c) =   (amount of reimbursement per child)
|   |   | X   (a) =   (count as SEC). |
82. 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.7) or lump-sum income (CA-A.6 or OAR 461-140-0120).

(2) Treat veterans’ Aid and Attendance payments as follows:

(a) For SNAP, the payment is treated as a reimbursement if the payment is used to pay an attendant. Count only the amount that is not being used as a reimbursement as unearned income.

(b) For 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 P.L.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. Housing stipends awarded as part of educational benefits are counted as unearned income for SNAP.

**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

83. **Victims’ assistance**

(1) Payments made under P. L. 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.64 or OAR 461-145-0440.

(b) Treat payments for pain and suffering as personal injury settlements according to CA-B.55 or OAR 461-145-0400.

84. **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

85. **Workforce Investment Act (WIA)**

Treat Workforce Investment Act (WIA) of 1998 (P.L.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 REF, REFM and TANF clients under the age of 19 (or under
the age of 20 if the client is a caretaker relative); \textbf{and}

(b) Exclude for all SNAP clients.

(2) Count OJT and work experience payments as earned income, except as follows:

(a) Exclude for REF, REFM and TANF clients under the age of 18 (or under
the age of 20 if the client is a caretaker relative); \textbf{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; \textbf{or}

(B) Receiving OJT payments under the Summer Youth Employment and
Training Program.

\textbf{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.64.

\textbf{Workforce Investment Act:} 461-145-0300

86. \textbf{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, REF, REFM, 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.7 and CA-A.6).

Workers Compensation: 461-145-0590

87. 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 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 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 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.56 or OARs 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 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.

(3) Treat inventory as follows:

(a) For EA, ERDC 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 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 REF, 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.

Work-Related Capital Assets, Equipment, and Inventory: 461-145-0600
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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.

(1) 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 and does not have federal income tax or FICA payments withheld from a pay check.

(e) Is not covered under an employer’s liability insurance or workers’ compensation.

(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 and does not have federal income tax or FICA payments withheld from a pay check.

(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, 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 – $0.45.

(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.

SEE OAR 461-145-600 (COUNTING CLIENT ASSETS, B.87) FOR INFORMATION ON HOW TO TREAT INVENTORY.

(8) 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 ERDC, GA, GAM, OSIP, OSIPM and QMB, the portion of the expense that is for business use only is excluded; and

(2) 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 REF program, 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, 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.

Self-Employment; Determination of Countable Income: 461-145-0930
Income Standard; 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 G.17 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 Webtools 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 property 20 hours or more per week, it is considered self-employment. If a financial group member does not actively manage 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.
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.

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>yes</td>
</tr>
<tr>
<td>Resp. success/failure</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
<td></td>
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<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>Self-employed?</td>
<td>Yes *</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reasons for these decisions:

**Tile company.** The couple owns the company and has 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. **Verifying self-employment status and income**

Independent contractor status should be verified only if questionable. 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;
- Check stubs or copies of contracts specifying payment schedule;
- Self-employment bookkeeping records;
- 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 with no records can be certified once without income verification. At the certification interview, explain to the client – in writing – that they must begin keeping income records and provide the verification at interim change or recertification, whichever is earlier. Use a Notice of Proof Needed for Self-Employment Income [DHS 858 or NOTM FS00858]. If they reapply without income verification, they will be closed or 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.

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. If not representative, tax forms can still be used as a base to anticipate income for SNAP.

Always request the entire federal tax filing and start with page 1 of the 1040 (\textit{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](http://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 (\textit{US Income Tax Return for S Corporations}) 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 1, line 3</td>
<td>Use this figure for gross self-employment income.</td>
</tr>
</tbody>
</table>
### Tax Form Line/Section Information Provided

<table>
<thead>
<tr>
<th>Sched C-EZ</th>
<th>Part I, line A</th>
<th>Type of business.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Part II, line 1d</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 4</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 9</td>
<td>Gross farm income.</td>
</tr>
<tr>
<td></td>
<td>Line 6</td>
<td>Crop insurance payments; exclude from the gross.</td>
</tr>
<tr>
<td></td>
<td>Line 8</td>
<td>Gasoline tax credit or refund; exclude from the gross.</td>
</tr>
<tr>
<td>1065</td>
<td>Line 1c</td>
<td>Gross income for a partnership.</td>
</tr>
<tr>
<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>
<td></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 1e</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>Sched K-1</td>
<td>Part II, line F states the client’s share of stock ownership in the company.</td>
<td></td>
</tr>
<tr>
<td>Sched K-1</td>
<td>Part III, line 1 is the client’s share of the profits. Include in the earned income.</td>
<td></td>
</tr>
<tr>
<td>Fed’l Supp</td>
<td>Federal Supporting Statements detail business costs and can identify business payments that directly benefit the client (e.g., rent).</td>
<td></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;

- 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.

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 is 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.

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.

*Note:*  *Amy’s tips are considered and coded as part of her self-employment income.*
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A. **Issuing Benefits**

Issuing benefits is a separate function from eligibility determination. Consider the security of the benefits and the household’s circumstances in determining the appropriate method of issuing benefits.

1. **General information**

Issue cash benefits by one of the following methods:

- Issue TANF and health-insurance premium reimbursements (HIP) when combined with TANF by Electronic Benefits Transfer (EBT), unless benefits are delivered by direct deposit;
- For all other programs, issue benefits by check (printed check or direct deposit) to the primary person or the authorized representative, or by vendor payment;
- For all benefit groups with members working under a JOBS Plus agreement, the employer pays benefits in the form of wages, which are reimbursed by DHS.

Issue SNAP benefits by one of the following methods:

- Except for SNAP cash-out (FSCO) clients and SNAP JOBS Plus clients, SNAP benefits are issued via EBT;
- SNAP cash-out clients may choose to receive benefits by either EBT or Direct Deposit;
- SNAP cash-out clients without a bank account and who are unable to adapt to EBT are issued SNAP benefits by check;
- For all benefit groups with members working under a SNAP JOBS Plus agreement, the employer pays SNAP benefits.

2. **Electronic Benefit Transfer (EBT)**

The Oregon Trail Card (EBT) system makes SNAP and CMS-issued TANF benefits and HIP reimbursements (TANF and HIP equal cash) available to clients by using a plastic debit card at point-of-sale (POS) devices and automated teller machines (ATMs). EBT operates through a partnership between a contractor (eFunds) and DHS. The DHS EBT computer system is EB (electronic benefits). The system functions through an interface among EB, CI-FIND, CMS and FSMIS on one side, and eFunds’s system on the other.

One advantage of the Oregon Trail card is benefit availability. Weekends and holidays do not affect when a client receives their benefits. The client will know when their benefits are available.
There are three types of accounts available in the system: a cash account, a SNAP account and a child care account. Cash benefits issued by CMS will be deposited in the cash account. For SNAP cash-out, SNAP benefits will be deposited to the cash account unless they opt for direct deposit of their SNAP cash benefits. All other SNAP benefits will be deposited in the SNAP account. For the child care account, hours will be placed in the child care account.

SNAP cash-out clients must be issued their SNAP benefits through the EBT or DD system. On a case-by-case basis, SNAP cash-out clients who are unable to adjust to the EBT system may receive their benefits by check only if direct deposit is not an option. 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, the client may be issued their SNAP benefits by check.

Note: Cash direct deposit is not affected by EBT. Clients whose cash benefits are directly deposited into a bank account will remain in direct deposit unless changed by the worker. Companion SNAP benefits will be issued by EBT, unless they are for SNAP cash-out clients who have an alternative method (direct deposit or check).

New clients may be issued an Oregon Trail card and select a personal identification number (PIN) before their eligibility is determined; generally after the initial screening interview. This provides better client service by eliminating the need for multiple visits to the branch office. When benefits are issued, they will be deposited to the EBT account.

The Oregon Trail card and PIN together control access to client accounts. The PIN is a four-digit number known only to the client. The selection device encrypts the PIN as the numbers are selected: there is no way to view the PIN on the system. If a client forgets their PIN, they must come into the local office and select one.

3. How does EBT work?

The responsibilities of those involved in EBT are as follows:

- The client contacts the branch and has an interview. Branch staff set up a CMS or SNAP case. The case can be in pending status;
- The EB system creates an EBT case or connects the CMS/SNAP case to an existing EBT case. The EBT case and client information is sent to eFunds;
- When branch staff determine that the client may be eligible for benefits, branch card-issuance staff give the client EBT information and an EBT card;
- DHS’s EB system sends the card information to eFunds;
- The client selects a PIN for their card;
• Branch staff determine eligibility and issue benefits using CMS and FSMIS;

• Benefit issuances are sent to the eFunds system. For regular issuance, an overnight process will send the data to eFunds. For immediate issuance, the data is transmitted to eFunds online when the worker authorizes it;

• Some clients receiving child care benefits will begin using their EBT card to check children in and out of child care before the end of this year.

4. Setting up the EBT case/changing payees

EBT case creation. EBT cases are created automatically by the EB system when you add a CMS or SNAP case. To ensure that a single EBT case is created for clients with companion cases, the cash payee and SNAP head of household need to be the same person. EBT cases are also created when the EBT payee changes (e.g., whenever the SNAP head of household or cash payee changes).

Note: If an old SNAP case exists in the computer files, but no EBT case was created, an ADJ transaction will establish the EBT case.

Changing payees. When the EBT payee is changed, the EB system recognizes that benefits need to be issued to the EBT case with the current payee connection. The connection between the EBT case and the previous payee is automatically changed. The EBT Case Detail screen displays the case numbers of the eligibility cases connected to the EBT case. It also displays the payee’s status for each eligibility case as “C” (current payee) or “P” (previous payee).

Benefits cannot be transferred from one EBT account to another. If there are any benefits remaining in the previous payee’s account, they must be withdrawn by the previous payee or their alternate payee. Balances cannot be transferred between EBT cases.

Note: When a SNAP payee changes, it is actually a delete of the old SNAP case and an add of a new case (a case number change).

5. About EBT alternate payees

During the eligibility interview, discuss the potential need for an alternate payee. Make sure the client understands that the alternate payee will have access to benefits without the client giving any further authorization.

Any adult member of the benefit group may request their own card and PIN. If the alternate payee is not an adult in the benefit group, the head of household (payee) must give written authorization on the Designation of Authorized Representative or Alternate Payee (MSC 231). Do not use the form for filing group members. The head of household may give verbal approval to make a minor on the case an alternate payee, if needed (e.g.,
a parent with mobility issues may want a 16-year-old to run errands such as grocery shopping.)

Access to each type of account (cash, SNAP and child care) can be controlled separately. The primary payee chooses which account(s) an alternate payee will have access to. Benefits spent by an alternate payee will not be replaced.

If the head of household (payee) decides they no longer want a minor or alternate payee outside the filing group to have access to their account(s), the client should call their case worker. Requests for changes to alternate payees are processed on the EBCAS screen. If the client wants to block access by the alternate payee temporarily, they can call eFunds Customer Service and have the alternate payee’s card status changed to INACTIVE. This is the only status reason that can be changed back to ACTIVE. The client can also call eFunds Customer Service and request that an alternate payee’s card be deactivated/canceled if they need to end an alternate’s access immediately.

**Note:** When notified that a person 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 case, DHS must restore benefits.

**Note:** Designated branch staff may inactivate or cancel the EBT card online.

Alternate Payees; EBT: 461-165-0035

6. **EBT help/EBT problems**

eFunds provides telephone assistance through separate numbers for clients, DHS staff and retailers. eFunds Customer Service number is an Automated Response Unit (ARU) that is available 24 hours a day, seven days a week. You can also reach a person at eFunds Customer Service 24 hours a day, seven days a week. To speak to a person at eFunds Customer Service, clients must stay on the line. This includes clients who have rotary phones or who need language services other than Spanish or English.

Help for clients. Using the ARU, clients can check their benefit balance and review their last 10 transactions; or transfer to a Customer Service representative to report a card lost, stolen or damaged or request other assistance.

The client should call eFunds for all card losses. For protection of their benefits, clients should call eFunds Customer Service to report a lost/stolen card or a compromised PIN as soon as they discover the loss or suspect that someone knows their PIN.

The client Customer Service number is printed on the training pamphlet and on the back of each Oregon Trail card. The number is 888-997-4447. This is a toll-free call. eFunds has a variety of bilingual staff. If they do not have someone on staff who speaks the client’s language, they have access to other resources, such as the Telephone Language Interpreter Services. Call LanguageLink at 877-764-7888.
Help for staff. eFunds Customer Service number is 800-831-5235. While this is listed as a different number than eFunds Customer Service number for retailers, it reaches the same customer service staff as the number for retailers (merchants). Staff should use this number primarily for assistance with card issuance equipment problems.

For issues other than equipment problems, staff should call the DHS Service Desk at 503-945-5623 or 888-457-3375.

Help for retailers. To make SNAP transactions with the EBT card, retailers must be approved by FNS. If retailers need information about becoming certified to accept Oregon Trail cards, refer them to FNS at 503-326-5971. Retailers that have questions about using the EBT card or need other assistance, such as equipment problems, can call eFunds at 800-831-5235.

7. **Client training; EBT**

Each branch or district will designate staff to provide Oregon Trail card training to new clients and their alternate payees. Depending on local resources and needs, the training could be given in a group setting, as part of an orientation or on a one-on-one basis. The training may consist of two parts.

Each branch or district has a video that can be played continuously or at selected training times.

The second part of the training is the *How to Use Your Oregon Trail Card* ([DHS 208](http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-ar-10-009-8606-attach.pdf)) client pamphlet. The DHS 208 is available through Distribution Services. Go over the pamphlet with the client to ensure they are familiar with the process. Some clients may need more individualized training.

8. **Card issuance and PIN selection; EBT**

Card issuance involves:

- Providing Oregon Trail card training to new clients and their alternate payees;
- Issuing original and replacement Oregon Trail cards to clients and their alternate payees;
- Helping the client and alternate payee with the PIN selection process;

- Helping the client and alternate payee use the POS device, the PIN pad and the printed receipt.

The branch worker who determines cash, SNAP or child care eligibility does not issue the Oregon Trail card to the client. This separation of responsibility is an important security measure. The branch or district decides who will issue EBT cards from the office.

The branch person authorized to issue EBT cards must:

- Positively identify the client;

- Log out an EBT card and record it on the client’s EBCRD screen;

- Have the client select a PIN on a POS device;

- After the client has successfully selected the PIN, perform a balance inquiry with the client to verify that the card and PIN are working properly. When the balance inquiry is completed, the system prints a statement for the client.

During PIN selection, emphasize the need for the client to keep their PIN secret. Also, inform the client of the need to call eFunds Customer Service as soon as they discover that their card is missing or that they have compromised their PIN. A PIN is compromised any time the payee feels that someone else may know the number. Emphasize to the client to call eFunds Customer Service number and not the local branch office. When a client has reported a card lost or stolen, eFunds Customer Service staff will deactivate the card. This will prevent anyone from using the card to obtain benefits.

Branch card-issuance staff may deactivate an EBT card to prevent the loss of benefits. Once a card has been deactivated (e.g., coded as lost or stolen), a new card must be issued. eFunds Customer Service staff will direct the client to contact their local office for a replacement card.

**By mail**

Some clients cannot come into the office to obtain an Oregon Trail Card for a reason such as medical issues. In addition, with the increased number of applicants and recipients applying for benefits online, and the ability to conduct an eligibility interview over the telephone, a client may need to have the Oregon Trail Card mailed to their home.

The card issuer must:

- Follow the steps outlined above, except:

  a) Write “mailed” in place of the client signature on the *Oregon Trail Card Issuance Log* (DHS 248).
b) **Do not** assign a Personal Identification Number (PIN).

c) Place the EBT card and *How to Use Your Oregon Trail Card* brochure (DHS 208) in an envelope and send to the mailing address of the client.

d) Inform the client, when they receive the Oregon Trail Card they must call the eFunds/FIS Help Desk or go online at [www.ebtEDGE.com](http://www.ebtEDGE.com) to select a PIN.

*Note:* The toll-free customer service telephone number and website are printed on the back of the Oregon Trail Card.

9. **Replacing lost, stolen, or damaged EBT cards**

Clients must call eFunds Customer Service to report a lost, stolen or damaged card. They need to report these problems as soon as they are aware of them; their benefits are at risk if someone else uses the card. The branch office can also cancel a lost, stolen or damaged card.

Before issuing a replacement, the card issuer must verify the client’s identity and ensure that the old card is no longer active. When the client gets a new card, they can use their old PIN or select a new one.

If someone finds a lost card, it should be returned to address on the back of the card. The card will then be destroyed. Cards returned to branch offices should be destroyed. Cards left in Automated Teller Machines (ATMs) will not be returned to clients and must be replaced by the branch.

♂️ **SEE SNAP-H.21 FOR MORE INFORMATION ON REPLACING SNAP EBT CARDS.**

10. **Forgotten or compromised PINs; EBT**

The eFunds system keeps track of the number of times an incorrect PIN is used during the day. Anytime someone attempts to use the EBT card and enters an incorrect PIN, the transaction is rejected and the number of “PIN fails” increases. If a person fails to enter the correct PIN four times in one calendar day, the card/PIN is locked up, to be released after midnight. If the client does not know their PIN or cannot wait until the next day, they must come into the local office to select a new PIN. It is not necessary to cancel the EBT card to assign a new PIN.

*Note:* If the client successfully uses their PIN after fewer than four failures, the PIN fail number resets to 0. It also resets every day at midnight.

If a client forgets their PIN or believes that someone else knows what it is, they should call eFunds Customer Service to report it. eFunds Customer Service staff will invalidate
the PIN. eFunds staff will also advise the client to go into their local office to select a new PIN.

11. Access to benefits via EBT

Cash benefits

Clients and their alternate payees may access cash benefits (including SNAP cash-out benefits) in two ways, through POS devices at some retailers displaying the “Oregon Trail Card Accepted Here” sign and at participating ATMs. As retailers sign up to participate in the Oregon Trail card project, they decide what amount of cash they will allow a client to withdraw per visit using the POS device. Each store will have their own policy, so the client should ask how much cash they can get back, and if they can do cash-only withdrawals. Clients will not be charged for a cash purchase or a purchase with cash back. They have two free POS cash-only withdrawals each month. After the two free withdrawals, there will be an 85-cent charge for each subsequent withdrawal in a calendar month. Retailers can sell clients money orders at a minimal fee, for all or part of their cash benefits. This would count as a purchase, not one of the two free withdrawals. This option provides a good solution to both the client and retailers as the client does not leave the store with large amounts of cash and the retailer reduces security issues by not being required to keep large amounts of cash on hand.

ATMs

Some clients choose to use ATMs to access their cash benefits. There is an 85-cent deduction from the client’s TANF account for each ATM transaction, plus any bank surcharges. Many ATMs have a surcharge and the amounts differ. Most ATMs will accept the Oregon Trail card.

The following is a partial list of ATMs that are participating:

- US Bank;
- Bank of America;
- First Security Bank;
- Chetco Federal Credit Union;
- Card Capture Services.

There are other participating ATMs that have an Oregon Trail card sign on them. For others, the only way to know if the ATM accepts the card is by trying.

ATM misdispense

If clients contact the branch to report they received the wrong amount from an ATM (a misdispense), refer them to eFunds Customer Service Desk 888-997-4447. Federal
banking laws require a resolution within 30 days but it sometimes takes as long as 45 days. If the bank finds the ATM out of balance, eFunds will credit the client’s EBT account. Narrate when client calls to report a misdispense.

Access Fee for EBT-Issued Benefits: 461-165-0096

SNAP benefits

Clients access their SNAP benefits through POS devices at retailers displaying the Oregon Trail sign. The client can make as many food purchase transactions as they need each month with no transaction fees. The retailer is responsible for ensuring that only allowable food items are purchased from the SNAP account. By doing two separate transactions, a client with SNAP and cash benefits can pay for food and nonfood items with their Oregon Trail card. The client receives no change or cash back on a SNAP transaction. A return of a SNAP purchase results in a credit to the client’s SNAP benefit account.

Clients can also access their Oregon Trail card SNAP benefits when no POS device is available by using an off-line voucher system with retailers that have been approved to accept SNAP benefits. This includes nontraditional retailers such as route delivery providers. These retailers, and traditional retailers when their terminals are down, will use an off-line voucher system. However, not all retailers will process voucher transactions when their terminals are down. If they will not, the client will either have to return when their terminals are back up, or go to a different store. The voucher works similar to a credit card transaction. The retailer fills out the voucher, which is then signed by the client. The retailer compares the signatures on the voucher and the Oregon Trail card, and then calls for telephone confirmation of benefit availability by eFunds. The retailer calls the eFunds Help Desk number. The off-line voucher system applies to purchases from SNAP benefits only.

Note: Because elderly and SSI clients in the cash-out demonstration area receive SNAP benefits in their cash account, they will not be able to use the voucher system.

12. Retailer issues; EBT

Overcharges

When clients report that a retail store has deducted money from their account in error, (i.e., the store said the card did not work and they paid cash or left the groceries but the amount was deducted) print a copy of the transaction from EBT Financial History, give it to the client and suggest they take this back to the store for resolution. If the issue cannot be resolved at this level, have the client call eFunds and file a claim with their research department. eFunds will research the issue and credit the client’s account, if appropriate.
Undercharges

Retailers cannot identify clients unless the retailer has a voucher with the client’s name. Sometimes clerks fill out the voucher and get approval but fail to record the entire card number. It is appropriate to provide the retailer with this information if the voucher information is available on EBT Financial History.

For POS transactions, the only client information retailers have is the Oregon Trail card number, or only the last four digits. They may contact branch offices to request help when the client’s account is not deducted because the store made an error. If the client can be identified, contact the client and encourage them to take their Oregon Trail card to the retail store where the error occurred. If the retailer has only the last four digits of the card, the branch will be unable to assist them.

Retailers contacting the branch regarding equipment problems should be referred to the eFunds Customer Service Desk for Retailers at 800-831-5235.

Other retailer information

- Retail stores cannot require identification in addition to the Oregon Trail card. The card and the PIN are the identification;
- For voucher transactions, the signature on the card reverse, and the voucher signature are the client identification.

13. Availability of benefits via EBT

Benefit authorizations are transmitted to eFunds in one of three ways:

- For a client’s regular monthly benefit, there is the monthly transmission to eFunds. Benefits sent this way are available by 8:00 a.m. For SNAP, the benefits are available on the calendar day equal to the last number of the SNAP case number. For CMS and SNAP cash-out, benefits are available on the first of the month. Benefits will be available on these dates regardless of which day of the week it falls. Weekends and holidays do not affect availability of benefits;
- The second method is the daily transmission. For CMS, benefits sent this way are available to the client by 8:00 a.m. the calendar day following the benefit authorization, but no earlier than the first of the payment month. For SNAP, once the monthly report has been processed, the benefits are available on the next day or the calendar day equal to the last number of the SNAP case number;
- The third method is immediate issuance. Benefits sent this way are available to the client immediately. SNAP benefits will be available the same day as issued when
an immediate issuance release code such as IA, IX, or IJ, is used on FSMIS. TANF benefits are available immediately when issuing from the EBT Immediate Cash Issuance screen (EBISS).

14. EBT benefit aging

Aging process. If an issuance does not have any withdrawals for 12 benefit aging periods, it becomes inactive and the remaining balance is “aged off” and expunged from the state. Benefits that have aged off cannot be restored to the client.

Note: Benefits issued through direct deposit (cash and SNAP cash-out) are not affected by the aging process.

- eFunds tracks which issuances have not been accessed by an EBT payee for each aging period. Aging periods for TANF and SNAP are from the 16th of each month through the 15th of the following month. Partial months are not counted. For example, an issuance available June 3 would not be counted in the aging period beginning May 16 and ending June 15. Instead, because eFunds does not include partial months, it would first be included in the aging period beginning June 16 and ending July 15;

- eFunds tracks each benefit issuance, not the total account balance. The system works on a “first-in, first-out” basis. Purchases are deducted from the balance of the oldest issuance first. For clients who wish to accumulate benefits in their account, making a small purchase each month will only preserve the oldest remaining issuance, not more recent ones;

- For child care, unused hours will not be available to the client after the last day of the issuance month.

Client notification. Notice WCN005R-A: EB12 – Unused Benefits May be Lost – will be sent monthly to all clients with a balance of $2.00 or more that has not been accessed for 12 months. Information on this notice will be displayed on the Client Notice Log – LOGI. The notice is mailed mid-month.

Tracking aged benefits. Information about aged benefits is available in the EB system and as the EBT Vendor File Aging Listing report (WEB0355R-A) on ViewDirect.

- For 90 days after the issuance has been aged off, the aging transaction will display on the client’s EBT Financial History screen (EBFHL) with the Msg-Type “S1014”: and the Trans-Type “DEL.” The aged off issuance will also display on the client’s EBT Benefit Issuance History screen (EBISH) with the benefit status code “D;”

- SNAP issuances that have been aged off will display on page 3 of FSUP. When none of the original SNAP issuance was accessed by the client, and the original issuance amount is aged off and expunged, the aged issuance displays as canceled.
When the aged off issuance is a portion of the original issuance amount, it is displayed as an adjustment;

- Cash issuances that have been aged off will display on WISH. When none of the original cash issuance was accessed by the client, and the original issuance amount is aged off, the aged issuance displays as canceled. When the aged issuance is a portion of the original issuance amount, it is displayed as an adjustment.

Restoring aged benefits. Benefits will remain in client’s EBT accounts for 12 months. Once the benefits age off, they are expunged from the account and sent back to FNS and the benefits cannot be restored to the client.

15. Using EBT benefits to make voluntary repayments

By completing and signing the Voluntary Agreement to Reduce or Close Benefits or Withdraw Application and Notice of Action Taken (DHS 457D), clients may choose to make voluntary repayments of part or all of their SNAP or cash account balance. Branch staff with appropriate RACF authority may reduce, in whole dollar amounts, the available SNAP or cash benefit using the EBT Adjustments/Conversion screen. Cash adjustments will display on the WISH screen.

To avoid an overpayment. The client’s SNAP or cash account balance is reduced on the EBT Adjustments/Conversion screen by entering the amount of available balance to be reduced to avoid an overpayment. An “N” should be entered in the repayment of overpayment field.

To repay an overpayment. The client’s SNAP or cash account balance is reduced on the EBT Adjustments/Conversion screen by entering the amount of available balance to be reduced to repay an overpayment. A client may also choose to reduce a cash balance in order to repay a SNAP overpayment. A “Y” should be entered in the repayment of overpayment field. An Overpayment/Overissuance Change Report (MSC 284A) must be completed and sent to Overpayment Recovery so that the client’s overpayment may be reduced.

16. Canceling EBT issuances

Clients may request EBT issuances canceled by completing and signing the Authorization to Cancel Benefits Deposited to an Electronic Benefits Transfer (EBT) Account (AFS 215). EBT issuances may be canceled on the EBT Benefit Issuance History (EBISH) screen by branch staff with the appropriate RACF authority. Only issuances that have not been accessed may be canceled. SNAP issuance cancellations will display on page 3 of FSUP. Cash issuance cancellations will display on WISH.
17. **When the FSMIS and CMS cases close; EBT**

The Oregon Trail card account does not close when a case is closed: the client is entitled to use whatever TANF or SNAP amounts remain in their account. In addition, the client may still need EBT services from the local office (e.g., they may need to add an alternate payee, get a replacement card, select a new PIN, etc.)

When a case is closed, advise the client to hold on to their card. If they reapply, they may use the same card if they meet all the following:

- The primary payee for the case has not changed;
- They still have the card;
- The card has not had the status changed to anything other than INACTIVE;
- The card is still in good working order. The client can perform a balance inquiry to make sure the card still works.

If they do not meet any of these conditions, issue a new card to the client.

When benefits end because a person has died, and there are no other persons in the SNAP benefit group, branch staff with RACF authority remove the balance from the SNAP account using the EBADJ (EBT Adjustments/Conversion) screen. For all other benefits except child care, the balance belongs to the client’s survivors. Determine if DHS should designate an alternate payee.

18. **When a client moves out of state; EBT**

The Oregon Trail card can be used to access SNAP and cash benefits in almost all locations in the U.S. When a client leaves the state with benefits remaining they will need to locate a retailer or ATM that accepts the Oregon Trail card.

**Cash clients.** If the client does not have an active card or valid PIN and has only cash or SNAP cash-out benefits remaining, use the EBADJ (EBT Adjustment/Conversion) screen to convert the benefits. Issue a special pay check using special pay reason code 5.

**SNAP clients.** If the client does not have an active card or valid PIN and has SNAP benefits remaining, issue a new card and have the client select a PIN by phone. The card is to be mailed to the client. The PIN is not to be mailed to the client. The client must remember the PIN they selected. The identity of the client must be verified to the satisfaction of the card issuer.
19. **Nonstandard living situations; EBT**

Some clients receive their SNAP benefits in nonstandard living situations. Some considerations that may not apply to clients living independently include:

- The client may designate an employee of the facility as their alternate payee, or may choose to use their benefits for themselves;

- Facilities may use SNAP benefits through a POS device in the facility, through vouchers or by shopping at the store with cards. How this is done will be decided on a facility-by-facility basis depending on SNAP volume. Cash benefits can also be accessed through the POS in some facilities. The facility with a POS device can swipe the Oregon Trail card and transfer SNAP benefits to the facility’s account. Clients in semi-independent living may shop for themselves and swipe the card at the store. In some instances, facilities with a smaller SNAP volume will use vouchers to transfer SNAP benefits. To have a POS device or use vouchers, the facility must be authorized by FNS as a retailer;

- When the facility accesses SNAP benefits, they should determine a prorated daily amount based on that individual’s SNAP benefit, with the facility swiping the card weekly or biweekly based on the cost of meals for the week. Facilities that are not authorized as a retailer and must shop with individual cards will need to use SNAP benefits carefully to ensure that one half of the benefits are left in the client’s account should they leave the facility before the 15th;

- The facility should ensure that the client has their card and that the amount in their EBT account reflects the full balance that the client is entitled to. If the client is entitled to any part of the EBT funds already deducted, the facility can process a SNAP purchase refund. This will debit the center’s daily transactions and credit the client’s SNAP benefit account.

When the client leaves a facility, they need to call the local office to update their address, have the facility removed as their authorized representative and/or alternate payee and select a new representative or payee, as needed.

20. **Direct Deposit (DD)**

Direct Deposit (DD), also called Electronic Fund Transfer (EFT), is an issuance method for cash benefits (including SNAP cash-out). Direct deposit is not affected by EBT. Clients with a bank checking or savings account may prefer to use DD instead of EBT. There is a fee to withdraw EBT benefits from an ATM but there is no fee to withdraw money from a personal bank account. Additionally, benefits issued by DD are not subject to the aging process, such as those issued to EBT accounts.

Clients whose cash benefits are directly deposited into a bank account will remain in direct deposit unless changed by the worker. Companion SNAP benefits will be issued by EBT, except for SNAP cash-out. Benefits direct deposited into bank accounts will not be
displayed on EBT screens. Using DD, clients can have their benefits deposited directly into their checking or savings account. DD is available for CMS-issued benefits, including cases in the MRS and reimbursement of cost-effective, employer-sponsored health insurance premiums (HIP). Special cash payments cannot be made via DD. DD is also available for FSMIS-issued benefits for SNAP cash-out clients only.

Benefits are replaced only if some problem with coding the case prevents direct deposit. Once DHS transmits the electronic transfer to the client’s bank, credit union or savings and loan account, the benefits are considered the same as a check the client has cashed.

The Client Maintenance Unit (CMU) does the DD data entry for all clients. CMU is also responsible for resolving problems with deposits. Report all problems to CMU at 503-378-4369. Branches should send all authorizations they receive to CMU using the state shuttle (if available), or mail them.

21. **How to sign up for DD**

The sign-up procedure for DD is as follows:

- The branch will give a *Request for Direct Deposit – A Safer Easier Way to Put Your Benefits in Your Bank Account* (AFS 7262) and a pre-addressed, postage-paid envelope to any new or ongoing clients who want to sign up for DD;

- Clients who want to use DD complete the AFS 7262, or take it to their financial institution;

- The bank, credit union or savings and loan enters the account number and routing number shown on the AFS 7262 and returns the form to the client;

- The client then returns the DD authorization to the address on the form, using the pre-addressed, postage-paid envelope;

- DHS sends a pre-note to the client’s bank to ensure that the account is open and all information is accurate;

- When the client’s first DD is successfully completed, a computer notice is sent to inform the client. The notice is recorded in the client notice file (LOGI).

22. **DD check redirects**

Clients receiving their CMS cash benefits via DD may get their benefits redirected, just like other clients.

For CMS-issued benefits, the benefit redirect is processed using HLD1/HLD2. These checks are redirected to the branch. The hold may be generated by the worker or the
system. All holds are listed on HLD2 (accessed via HLD1) and the List of Branch Held Checks report (WCM0120R-A) on ViewDirect.

23. **Removing clients from DD**

The DD authorization becomes invalid when either of the following occurs:

- The DD is rejected (e.g., the client’s account is closed, the payee changed or the CMS/SNAP case is closed); or
- A client indicates that they no longer want to receive their benefits through DD.

When the client indicates that they no longer want to receive benefits via DD, contact CMU to make the change. When CMU closes the DD record, the system sends a notice to confirm the change in issuance method.

24. **Check registers and assistance summaries**

For CMS

Check registers and assistance summaries show the codes for cash payments. The indications of direct deposit issuances are:

- A DD beside the check amount under the heading DD;
- A DD series of check numbers.

The assistance summary will show the electronic deposit as a regular CP with no DD notation.

For SNAP

Page 3 of FSUP and the Electronic Deposit Transaction Register report (WEB387X-B) on ViewDirect show the codes for SNAP cash-out benefits issued by DD. The indications of direct deposit issuances are:

- A two-digit release code (REL ATP) starting with a “D” (e.g. DG indicates direct deposit for a monthly batch issuance).

25. **Rejected DD**

When a client has DD and reports that they did not receive a deposit because their bank account closes or their account number changes, the worker needs to take action to issue the monthly benefits. Below is a summary of what to do:
• Call CMU (503-378-4369). CMU needs to know the client closed their bank account or their account number changed. CMU receives a notice when a DD did not go through. It can take six to 10 days for the notice to get to CMU. A call from the worker allows CMU to change the DD status so DHS does not try to make any further DDS to the closed account;

• When you are sure DHS did not make a DD, issue the client a check. Use either the Special Cash Pay process online, or, if you judge that the client needs the money right away, issue the check through the revolving fund. In either case, use code 03 for CMS and code 81 for SNAP cash-out benefits.

Note: It is unnecessary to do a check replacement or go through the check replacement procedure. Because DHS could not make an electronic deposit, the client needs a check instead of the DD.

This transaction will show on the MCR1 screen for CMS replacements and FSUP page 3 for SNAP cash-out replacements. If the client wants to continue using DD, they must complete a new Request for Direct Deposit - A Safer Easier Way to Put Your Benefits in Your Bank Account (AFS 7262) and send it to CMU.

26. Replacement checks for DD benefits

To determine if a client in DD is entitled to a replacement check, for CMS-issued benefits, look at the WCMI or UCMS screen to determine if the case is coded Y in the DD field. The Y will be deleted if the DD cannot be made.

• If DD is not coded Y, check MCR1 to determine if cash payment was issued. If no special cash payment was issued, issue a replacement check. If a special cash payment check was issued but not received, issue a replacement using the check replacement procedure. Otherwise, do not issue replacement benefits;

• If DD is coded Y, but the client claims no deposit was made, contact CMU.

For SNAP-issued benefits, look at FSUP to see if Y displays in the DD field and FSUP page 3 to determine whether and how the issuance was made.

• If a direct deposit issuance is indicated and BR also displays, check EBISH to see if the issuance was deposited into the EBT account;

• If a direct deposit issuance displays, there is no BR status indicated for that issuance and client claims no deposit was made, contact CMU (503-378-4369).

27. SNAP Cash-Out Project for SSI/seniors

See SNAP-H.2 for information about SNAP cash-out.
28. **Legal status of benefit payments**

- Under Oregon law, cash benefits are not subject to assignment, transfer, garnishment, levy or execution, as long as they can be identified as program payments and are separate from other money in the client’s possession;

- A cash payment accrues to and becomes vested in the client when issued;

- Except for EBT, consider a benefit issued if the check has been handed to the client in the branch office, or mailed to the client. Consider a benefit issued, and received by the client, when a direct check deposit is made to the client’s bank account;

- For EBT, consider benefits issued and received when an EBT card and personal identification number (PIN) have been issued in person to the client, or the EBT card and PIN have been received by the client in the mail, and the benefits have been deposited to the client’s EBT account;

- SNAP benefits in the EBT account remain available for client access as long as the account is active. The EBT system removes them after three calendar months without account activity;

  [See item 14 (IB-A.14), EBT benefit aging, of this section.]

- Cash benefits, including SNAP cash-out, are unrestricted and do not require accountability for individual expenditures or amounts. SNAP benefits are required by Federal Law to only be used for allowable food items.

  **Note:** Stores accepting SNAP benefits are required by federal law to restrict the usage to allowable food items.

Legal Status of Benefit Payments: 461-165-0010

29. **Concurrent and duplicate program benefits**

Clients cannot receive benefits of the same type (cash, medical, SNAP) for the same time period from Oregon. For example, a client cannot receive SNAP benefits in Portland and also receive SNAP benefits as a member of another household in Klamath Falls for the same time period. For medical, a client who receives a subsidy through the Office of Private Health Partnerships (OPHP) may not receive benefits from the EXT, MAA, MAF, OHP, OSIPM, REFM, or SAC programs at the same time. Another example is that no person may receive both foster care/adoption assistance and TANF for the same dates. A third example: a client who receives a subsidy through the Office of Private Health Partnerships (OPHP) may not receive benefits from the EXT, MAA, MAF, OHP, OSIPM, REFM, or SAC programs at the same time. The exceptions to this rule follow:
A client receiving TANF for themselves and their children may also receive ERDC for children who are in the household group but cannot be included in the TANF filing group;

A client may receive TA-DVS and cash payments from other programs for the same time period;

A child who is an ERDC benefit group member may also be a member of the following benefit groups:
- A TANF benefit group when living with a non-needy caretaker relative, if the caretaker relative is not the parent;
- An OSIP-AB benefit group.

SNAP clients who leave a filing group that includes a person who abused them and enter a domestic violence shelter/safe home may receive SNAP benefits twice that month;

A QMB-BAS client may also receive medical benefits from EXT, MAA, MAF or OSIPM.

Clients cannot receive benefits of the same type (cash, medical, SNAP) for the same time period from Oregon and another state, except as follows:

Medical benefits may be authorized for an eligible client if an Oregon provider refuses to bill another state and the client would not otherwise receive medical care. Accept the client’s statement as verification that a provider will not bill another state for needed medical services;

Basic needs payments, support services and medical benefits may be authorized during the Pre-TANF Program, if it has been verified that benefits from another state will end by the last day of the month in which the client applied for TANF. These may be issued even if the client has received TANF from that state for the same month;

FOR HOW TO PROCESS SNAP WHEN AN SSI RECIPIENT MOVES TO OREGON FROM CALIFORNIA, SEE SNAP-G.15.

Applicants for SNAP from another state are not eligible in Oregon if they have already received their SNAP through EBT, even when they are unable to access the benefits. The state they left is responsible for issuing their SNAP benefits by a method they can use here.

If eligible, prorate benefits based on the application filing date unless the applicant is a migrant or seasonal farm worker.

FOR MORE INFORMATION ON MIGRANT AND SEASONAL FARMWORKERS, SEE SNAP-J.1.
Use the following procedure to determine if the client received benefits from another state while receiving benefits in Oregon:

- Contact the other state to see if benefits were issued to the client;

  \[\text{For telephone or fax numbers used to verify benefits in other states, see MPWG#4.}\]

- If benefits were issued, but then returned and canceled, that is proof that the client did not receive benefits from the other state;

- For all programs except SNAP, if benefits were issued but not returned and canceled, have the client sign a statement that they did not receive benefits from the other state. If the other state says the benefit check was cashed, ask them to send a copy of the check to Oregon. Use the replacement check procedures to determine if the signature on the other state’s check is the client’s. If it is, the client is responsible for the overpayment. For SNAP, client statement in any form is not acceptable verification.

Concurrent and Duplicate Program Benefits: 461-165-0030

30. **Assigning a payee; not EBT**

When benefits are not issued by EBT, a person may be payee for a case regardless of whether they receive benefits on that case. They may be the payee for more than one program or case. The payee is the primary person or authorized representative.

Assigning Payee; Not EBT: 461-165-0040

31. **Emergency payee; SNAP and TANF**

An emergency payee may be appointed for an open SNAP case when all the adults in the filing group are deceased, incarcerated or have left the household with whereabouts unknown. Appoint the adult acting as guardian an alternate payee. Give them an EBT card and PIN to access any remaining benefits. Send a 10-day notice to close the SNAP case. The guardian may apply for the children.

An emergency payee for ongoing TANF may be used when the dependent children are abandoned by the caretaker relative for reasons such as the caretaker relative’s death or whereabouts unknown and there are no other relatives immediately available to be the children’s caretaker.

- An emergency payee may be used for up to two payment months;

- An emergency payee does not have to be related to the dependent child;
An emergency payee may not be used for initial payments.

The emergency payee may be included in the benefit group if all the following are true:

- They meet all eligibility requirements except relationship and cooperation with JOBS;
- Their income and resources are counted;
- There is no other caretaker relative in the benefit group.

When an emergency payee or alternate payee is named, and benefits are issued via EBT, issue that person an EBT card and they must also select a PIN.

Change the payee and case name during the 60-day emergency period. Use an authorized representative or alternate payee (if benefits issued via EBT) designated by the client or the branch when the caretaker relative has not relinquished care, control and supervision of the children.

Emergency Payee; TANF: 461-165-0045

32. **Dual payee: when to use**

For OSIP and REF, use a dual-payee check for protective payments if the benefit group has shown they are not able to properly manage benefits meant to meet their needs. Issue the dual-payee check in both the name of the client and the name of the service provider.

Issue TA-DVS checks for shelter, moving costs, property taxes and home repairs as dual-payee or vendor checks. The supervisor or manager must authorize an exception to this policy in advance and only when necessary to prevent putting the client at risk of harm.

To make sure a JOBS payment is used to meet a specific need, the branch office may write a special cash pay or dual-payee revolving fund check in the name of both the client and the vendor.

Benefits; TA-DVS: 461-135-1230
Dual Payee; When to Use: 461-165-0050

33. **Prohibition against benefits in amounts less than $10**

In the SNAP program, a benefit group is not eligible for benefits in the initial month if the allotment is less than $10. For ongoing months, SNAP benefits are issued as follows:

- An eligible, including categorically eligible, benefit group of one or two persons receives a minimum monthly allotment of $16;
• An eligible benefit group of three or more persons receives the calculated allotment. A categorically eligible benefit group of three or more persons does not receive an allotment, but the case remains open with zero net allotment.

SEE SNAP-H.8 FOR INFORMATION ABOUT SNAP BENEFITS OF LESS THAN $10.

For TANF and REF, do not issue benefits if the computed monthly benefit is less than $10. People who do not receive a cash payment because the monthly benefit is less than $10 are eligible for medical benefits. The $10 limitation does not apply to:

• Special payments, such as one-time special needs, emergency assistance, supplements or a benefit amount under $10 due to recovery of an overpayment;

• Dual-payee payments made in money management cases if the monthly benefit amount is $10 or more. Issue to the client any remaining funds after the dual-payee payments are made;

• Wage supplements issued to JOBS Plus participants.

Minimum Benefit Amount; REF, SNAP, TANF: 461-165-0060

34. **Immediate and advance issuance**

Provide the client with an immediate issuance of benefits for new, reopened and restored cases if the client is eligible for a benefit and has emergent needs that must be met before a benefit can be issued through the automated computer system; or for SNAP, meets the criteria for expedited service.

Provide immediate issuance of benefits as follows:

• For cash benefits, issue by EBT using the EBT Immediate Cash Issue Screen (EBISH), revolving fund check or the special cash pay system;

• For medical benefits, issue a temporary medical I.D. card;

• For SNAP, except for SNAP cash-out clients who receive a check or DD, issue by FSUP into the EBT account;

• For SNAP cash-out clients who receive benefits by check or DD, issue a revolving fund check (code 80).

Immediate Issuance of Benefits: 461-165-0070
35. Method for delivery of benefits

Benefits are delivered several ways, depending on the program and client situation. Send all mailed benefits to the client’s address. A rural route box number is acceptable as a client address.

Make either of the following exceptions on a case-by-case basis if directions to the home are included in the case record.

A post office box number can be used if any of the following is true:

- There is no mail service to the client’s home;
- The client lives in a nonstandard living arrangement;
- There have been verified cases of benefits being stolen from home mailboxes in the client’s neighborhood.

Use General Delivery only if it is the client’s sole means of mail receipt.

Method for Delivery of Benefits: 461-165-0080

36. Alternate methods for delivery of non-EBT benefits

Redirect non-EBT cash benefits to the branch office if any of the following is true. The benefit group:

- Is unstable (i.e., moving constantly, and the branch needs to re-establish contact when there has been an unreported change of address);
- Is transferred to a new branch;
- Has not cooperated in completing a QC review;
- Must be contacted personally to obtain essential information that may affect eligibility or the correct computation of the benefit amount.

Additionally, if a SNAP cash-out client receives a check for the value of their SNAP benefit because they are unable to adapt to EBT, DD is not an option, and has a history of theft from their mail or lives in an area that has been identified by branch staff, or postal inspectors as high-risk for mail loss, they may receive their benefits redirected to the branch.

37. Issuance date of benefit

For all cash payments and for medical assistance:
• Date an authorized cash payment check on the first day of the payment period, or as soon as possible thereafter;

• Mail checks so they can be delivered to the client on the first day of each month. Exceptions are:
  
  – Initial month benefits for new/reopened/restored cases;
  
  – Cases with no special needs or service coding receive the $1.70 OSIP payment in advance for the benefit period, from the date of eligibility to the end of the calendar year;
  
  – If the first day of the month falls on Sunday or a holiday, mail the check in time for the client to receive it on Saturday or the mail day preceding the holiday;
  
  – Checks redirected to the branch office may be released any time on the workday preceding a weekend or holiday.

Benefits issued by EBT should be available on the first day of each month, except for the following:

• Initial month benefits for new/reopened/restored cases;

• Held cash benefits;

• SNAP benefits sent through staggered issuance.

SNAP benefits issued by EBT (except SNAP cash-out) are staggered based on the last digit of the case number over the first nine calendar days of the month. For SNAP changes that could not be made in time to adjust the monthly allotment, issue a supplement within 10 days of the date the change was reported.

Issuance Date of Benefit: 461-165-0100

38. Exception to staggered issuance; SNAP

The second month’s allotment of SNAP benefits is not subject to staggered issuance if the filing group applies after the 15th of the month and the application is not for a redetermination of eligibility. Once eligibility for SNAP benefits is established for these groups, benefits are issued as follows:

• If the SNAP case is opened by the last day of the initial month of eligibility, the computer will prorate benefits for the initial month and will automatically issue benefits for the second month on the first of that month; or

• If the case is opened after the initial month of eligibility, the computer will prorate benefits for the initial month and will automatically issue benefits for the second
month on the same day if the SNAP benefits are issued using a prior month issuance code.

Federal regulations require that clients who qualify for SNAP and apply after the 15th of the month have their second month’s benefits excluded from staggered issuance. The computer automatically issues the second month’s benefits, even if the client is placed in the MRS. If the second month’s benefits are incorrectly calculated due to a change that the branch could not act on, a supplemental payment may be made.

**Note:** SNAP cash-out clients are not subject to staggered issuance of their benefits.

### 39. Issuing expedited SNAP

To ensure that SNAP expedited benefits are received by the seventh calendar day following the date of application, authorize immediate issuance benefits on the system by the seventh calendar day after the filing date.

**Note:** Applicants for expedited SNAP who apply on the first through the 15th of the month and do not supply complete verification are not eligible for the second month’s benefits. Remember to code FSMIS so that the second month’s benefits are not automatically issued.

When these benefit groups provide the postponed verification, issue the second month’s benefits:

- Within seven working days of receipt of the verification; or
- On the first of the month, whichever is later. Do not delay benefits for cases in the MRS. Issue benefits even if the report has not been received. Use the last month’s report to determine the benefit amount.

Applicants for expedited SNAP who apply after the 15th of the month and do not supply complete verification are not eligible for the third month’s benefits. When these benefit groups provide the postponed verification, issue benefits according to regular staggered issuance procedures.

### 40. Alternatives to direct money payment

For OSIP, REF, and TANF, the alternative to direct money payment is protective payments when the goal is to ensure that the benefits are used to meet basic needs. For REF and TANF, protective payments may be made whenever clients demonstrate such an inability to manage funds that DHS determines their benefits are not being used in their best interest. Protective payments should be used particularly if mismanagement of funds,
caused by repeated interruptions of TANF benefits, poses a threat to the health and safety of children in the household.

Protective payment methods include the following:

- Payments to authorized representatives;
- Dual-payee payments;
- Vendor payments.

If the branch is paying a client’s benefits by vendor payment, all money left over after the client’s bills are paid are to go to the client. The branch may not retain leftover TANF grant money.

Legal Status of Benefit Payments: 461-165-0010

41. Protective payment; general information

For OSIP, REF and TANF, protective payment is part of case management. Additionally for REF and TANF, protective payment should be discussed as part of case planning decisions around potential disqualifications to reduce the risk of harm to the children and cannot continue for longer than 24 months.

Review all protective payment plans monthly for REF and TANF, and every six months for OSIP cases. This review can be part of the redetermination of eligibility.

☞ FOR INFORMATION ON PAYMENT PROCEDURE FOR CLIENT IN HOSPITAL SEE OAR 461-165-0120.

42. Payment of benefit out of state

For all programs except SNAP, send benefits out of state if clients are absent from Oregon and they establish their intent to return within 60 days.

If clients are detained out of state beyond 60 days for medical reasons, determine continued eligibility and require the client to provide documentation of the need to remain in the other state.

For medical benefits, out-of-state medical expenditures must have prior authorization.

Refer out-of-state medical providers to DMAP for approval and copies of Oregon’s fee schedule so they can accurately bill for medical services provided to the client.
Advise people receiving medical assistance, who are temporarily leaving Oregon, that they will receive only emergency medical coverage while they are out of state. If the client needs specific information, contact the “out-of-state” coordinator at DMAP.

Clients who are enrolled with an FCHP or PCO should contact their respective plan offices for information and/or authorization for out-of-state medical coverage.

Send SNAP benefits out of state when: restoring lost benefits; DHS determines there is a need to send benefits out of state; or the client has an EBT account with residual benefits that they cannot access. SNAP cash-out benefits issued by DD into the bank account cannot be sent, restored, or replaced, if they were received by the bank.

Payment of Benefit Out of State: 461-165-0130

43. **Endorsement of benefits**

The client or the client’s payee must endorse checks issued in payment of a benefit. The endorsement on the check must be the same as the name appearing as payee.

The client can endorse a check with a mark or thumbprint if duly witnessed by two people giving their full names and addresses.

The person with power of attorney may:

- Act as authorized representative or alternate payee;
- Endorse and cash the benefit check as in the following example:

  John Doe (Recipient)
  by Richard Jones (Power of Attorney)

For all programs except SNAP, any cash benefit issued to clients before their death is available to their survivors. Checks may be endorsed in the name of the deceased beneficiary by the surviving spouse or next-of-kin, or by the administrator of their estate. Use the following procedure:

- Before the next of kin endorses a check, the check must be presented to the branch office;
- Rubber-stamp the endorsement on the check only if it has been determined that the client died on or after the first day of the period for which the payment was provided;
- The endorsement must show both the name of the deceased beneficiary and the name of the surviving spouse or next of kin, as well as the relationship of the endorser to the beneficiary;
- The person who endorses the check receives the proceeds of the benefit.
For cash benefits in an EBT account (except for SNAP cash-out), designate an adult survivor as the alternate payee. Issue the payee an EBT card and PIN to access the balance in the EBT account.

For SNAP, there is no survivor’s right to benefits unless the survivor is included in the benefit group. When the survivor is not in the group:

- Ask them to return non-negotiated SNAP cash-out checks to the branch;
- For SNAP benefits that were issued via EBT, delete the remaining benefits from the EBT account.

Endorsement and Survivorship of Benefits: 461-165-0140

When the only survivor(s) is a child, refer to policy on emergency payees.
B. Client Losses and Restoration of Benefits

1. Non-negotiated check replacement procedures

Original CMS or Special Cash Pay (SPL) check not negotiated. First, the branch uses MCR1, RCIQ or the branch office’s check register to verify that an original check was issued. Verify the payee name, check number, amount and date of the check.

Next, the branch has the payee complete an Affidavit Concerning Lost Check (DHS 138A). The payee must fill out every section, except payment alert number. When the payee signs the form, it must be notarized.

The branch calls Forgery Services (in the DHS General Accounting Unit) and gives them the information needed to complete a Request for a Payment Alert and Follow-Up (DHS 435A) (paper only).

Payroll assigns a Payment Alert number to be written in the designated area of the DHS 138A.

The branch writes the Payment Alert number on the DHS 138A and forwards the original to Forgery Services.

The branch can issue a replacement check by computer or by revolving fund (for emergent needs). The procedures are described below:

- By computer:
  - If the client did not receive the check, wait five mailing days from the date the check was issued before issuing a replacement;
  - If the check was lost, stolen or destroyed but not endorsed, issue a replacement check without a waiting period;
  - If the payee endorsed the check before it was lost, stolen or destroyed, issue a replacement only if the remnants of the check are provided as evidence, or the check was noted by the payee for deposit only;
  - To issue the replacement check, complete an Authorization of Cash Payment (MSC 437) using pay reason code 03. Refer to the reverse side of the MSC 437 for more information. The computer will generate a check and it will be mailed to the payee.

- By revolving fund (for emergent needs):
  - Write the replacement check number on the MSC 437 and the DHS 138A.
Original provider check from PP/SA not negotiated. Only DPU may replace provider checks issued by PP/SA. Branch offices are not authorized to replace provider checks issued by PP/SA.

**Note:** There are two reasons why the branch should never replace a provider check issued by PP/SA:

- *When a provider has multiple claims paid all on one check, each claim must be manually adjusted to reconcile the payment record; and*
- *If the branch and DPU both replace provider checks, it is very likely there could be duplicate payments on the same claim.*

**If the provider contacts the branch** with a request for a replacement check, the branch must tell the provider to call DPU. The provider must wait at least five mailing days from the date the check was issued before requesting a replacement check.

After receiving a request for a replacement check, DPU will contact Forgery Services and give them the information needed to complete a DHS 435A (*paper only*).

DPU will notify the local branch office that the provider will come in to complete the **DHS 138A**. The local branch office will obtain the payment alert number from Forgery Services, assist the provider in completing the **DHS 138A**, notarize the form, and send to General Accounting, Forgery Services. Forgery Services will make a replacement decision and notify DPU who will replace the check and mail it to the provider.

If the provider wants a replacement check right away, DPU will make a determination of emergent need and contact the branch for issuance of payment.

**Criteria DPU will use to determine emergent need:**

- The payment is at least $100; **AND**
- The provider is in a crisis (in jeopardy of losing housing, utilities or vehicle use). Proof of crisis is required. Documents can be supplied through the branch or faxed to DPU; **OR**
- DHS has made an error causing a financial hardship for the provider by an undue delay in payment through no fault of the provider.

**SNAP cash-out checks not negotiated.** Should any SNAP cash-out clients be unable to adapt to EBT and are instead issued a check, these are the two methods for replacing SNAP cash-out checks.

When the client needs a replacement **right away**, use the following procedure:

- The branch completes the top portion of the **DHS 138A** using information from FSMIS;
- The branch gives the **DHS 138A** to the payee. When the payee signs the form, it must be notarized;
- The branch calls Forgery Services and gives them the information needed to complete a DHS 435A (*paper only*);
- Forgery Services assigns a Payment Alert number to be written in the designated area of the **DHS 138A**;
- The branch writes the Payment Alert number on the **DHS 138A** and forwards the original to Forgery Services;
- The branch types a revolving fund check and codes it “SNAP 81”;
- The payment information is entered on SPL5 as a SNAP load sheet.

If the client does not need a replacement right away, use the computer, using “RB” release ATP code.

**Administrative checks not negotiated.** Have the payee complete a **DHS 138A**. After the payee signs the form, it must be notarized.

- Forward the **DHS 138A** to Forgery Services;
- Forgery Services will complete the necessary paperwork and issue a replacement check to the payee.

### 2. Restoring benefits

Authorize restoration or supplemental payment of benefits, even if the benefit group is currently ineligible, if a benefit group received fewer benefits than it was entitled to because of any of the following:

- A change that would cause an increase in benefits was reported before the first of the payment month, but too late for the branch to adjust the next payment;
- The branch caused an administrative underpayment. *Administrative underpayments* include, but are not limited to, the following:
  - Failing to take action on information reported. For example, not canceling the EBT card of alternate payees who leave the household;
  - Using an incorrect effective date;
  - Denying, closing or reducing benefits in error;
  - Making calculation errors;
  - The branch was directed to restore benefits in a hearings decision;
- The repayment of an overpayment was too much;
- A court decision finds benefits to be wrongfully withheld and its action entitles a client to restoration of benefits;
- An IPV disqualification is reversed. Participation in an IPV hearing automatically constitutes a request for restoration of benefits. Do not restore benefits to a disqualified person based solely on the fact that a criminal conviction could not be obtained.

- The amount restored is issued in addition to the benefits that a currently eligible group is entitled to receive. For SNAP, the branch office must honor reasonable requests by benefit groups to restore benefits in monthly installments;
- A benefit group that moves from the state can still receive any restoration of benefits due it.

Restoring Benefits: 461-165-0200

3. **Calculating restored or lost benefits**

Calculate the amount of benefits to restore using the following process:

1) Determine the effective date the benefit group is eligible for lost benefits. The benefit group is not eligible for restored benefits any month that eligibility for those benefits cannot be established. Give the benefit group an opportunity to prove eligibility for questionable months.

2) Calculate the correct benefit amount for the months the benefit group was underpaid, closed or denied in error.

3) Subtract the amount the benefit group actually received from the amount they should have received.

4) Prior to issuing lost retroactive benefits, review overpayment records for any outstanding overpayment balance in the program in which the overpayment occurred. When an overpayment balance exits, reduce the amount of retroactive benefits otherwise payable to the client, by subtracting the amount of the outstanding overpayment balance.

When an overpayment exists, complete the *Notice of Restoration of Benefits* (DHS 362) and send a copy to the Overpayment Recovery Unit for the retroactive payment to be credited to the overpayment. This form serves as the client’s notice of restoration of benefits.

![See GP-C.9 on how to credit the overpayment.](GP-C.9)
Restore benefits to the group containing the largest number of people who were benefit group members at the time the loss occurred. If the location of this group is unknown, restore benefits to the benefit group containing the primary person at the time the loss occurred. Restorations are limited to the most recent 12-month period for all programs except JPI. JPI may be restored only for the four preceding months.

FOR CALCULATING RESTORED SNAP BENEFITS, ALSO SEE SNAP-H.15 AND SNAP-H.16. USE THE DHS 221 OR FSCALC.

Calculating Restored and Supplemental Benefits: 461-165-0210
Methods of Recovering Overpayments: 461-195-0551
Effective Dates; Restored Benefits: 461-180-0130

4. Replacing benefits

Lost, stolen or undelivered checks

Payment alert procedures begin when a payee reports a check was lost, stolen, destroyed or not received and completes an Affidavit Concerning Lost Check (DHS 138A).

Issue a replacement check if the original check is still outstanding and the payee claims any of the following:

- The original check was not received. Allow five postal service working days from the date the original check was issued before issuing a replacement;

- The original check was received, but not endorsed. Issue a replacement check without a waiting period if the unendorsed check was received and has been lost, stolen or destroyed;

- The original check was received and endorsed, but not cashed before it was lost, stolen or destroyed. Issue a replacement check if the check was destroyed and remnants of the check are provided as evidence or if the check was noted by the payee “for deposit only.”

Issue a replacement for an original check (which the payee has reported as lost, stolen destroyed or not received) that is processed by the State Treasurer for payment only after:

- The Administrative Payments Unit has begun forgery procedures; and

- The client has completed a forgery packet.

The written report by the Oregon State Police on the handwriting analysis of the check signature is binding on DHS. The payee has the right to prove the analysis incorrect.

Do not issue a replacement check in either of the following situations:
- The client fraudulently cashes a dual-payee check without the second party’s signature. The second party can take civil action against the client to recover the money, but the branch office does not replace the check to the second party;

- A check has been direct deposited to the account specified by the client;

- A check was issued in the TA-DVS program, as requested by the client, to a vendor or as a dual payee check and the client decided not to use that vendor and no safety concern was identified related to use of the vendor.

Replacing EBT benefits (cash and SNAP)

Do not replace benefits issued via EBT:

- When benefits are considered to be issued and received because the card and PIN have been issued in person to the client and the benefits have been deposited to the client’s account;

- When EBT benefits were issued by a state other than Oregon. EBT states either convert client’s remaining SNAP benefits to coupons or issue a check. Cash benefits are converted to a check.

Benefits issued via EBT are replaced under the following circumstances:

- EBT benefits that were accessed by the wrong person because the Department of Human Services (DHS) inadvertently switched cards and issued a card and PIN to someone unrelated to that case or failed to cancel an EBT card when removing an alternate payee from a case. When reported by the client, deactivate the card issued to the wrong client, issue a card and PIN to the correct client and replace the amount of lost benefits;

**Example:** In the process of issuing cards to several clients, the card issuer enters a card number on Mary Munro’s case but assigns the card to Bad Pitt and helps Bad select his PIN. Bad Pitt’s case was in pending status and with no benefits but Mary Munro has available both TANF and SNAP benefits. Bad Pitt takes his new card (on Mary Munro’s case) and leaves the office. To Bad’s delight, he finds both cash and food benefits available and promptly depletes both accounts. The branch realizes the error after Bad emptied both accounts. The branch deactivates Bad’s card, issues a card and PIN to Mary, and replaces the amount of lost benefits.

**Example:** Tobey reports on May 15 that his brother, William, has left the household. The branch removes William from the case effective June 1 but fails to note that he is an alternate payee. In June, William continues using Tobey’s benefits. Because DHS failed to cancel William’s access to Tobey’s benefits, we must restore the loss to Tobey.
• For SNAP, replace the value of food destroyed due to either a verified household misfortune, (e.g., a fire or loss of electricity) or a state or federally declared disaster (e.g., a flood or earthquake). The branch must replace the value of food destroyed within 10 calendar days if the benefit group:

  - Reports the disaster loss within one month of the disaster and the last issuance of SNAP benefits;

  - Has not been issued two replacements for disaster losses within the past six months and the amount replaced does not exceed one month’s allotment.

**Note:** *If the U.S. Department of Agriculture has issued a disaster declaration and the household is otherwise eligible for emergency SNAP benefits, the household cannot receive both disaster benefits and benefits to replace the value of lost food.*

Replacing Lost, Stolen, Destroyed or Undelivered Checks: 461-165-0220

5. **Negotiated check replacement procedure**

To replace a check that is reported lost, stolen, destroyed or not received, but has been processed by the State Treasurer for payment, **Forgery Services** will send a forgery packet to the branch when the original check is returned from the State Treasury as paid. The packet includes:

• *Affidavit, Claimant’s Endorsement Forged* (DHS 163) *(available from Internal Control/Forgery Services only)*;

• *Handwriting Exemplar* (AFS 597) *(available from Internal Control/Forgery Services only)*;

• *Payee Statement Concerning Endorsement* (AFS 980) *(available from Internal Control/Forgery Services only)*;

• Photocopy of the original paid check, front and back;

• Postal Lost Check Report *(for checks not received)*;

• Signature page.

**Note:** *DD benefits, received by the bank into the account specified by the client, are not replaced.*

If the original check was issued by CMS, Special Cash Pay (SPL) or PP/SA, or was a SNAP cash-out check, **branches** will do the following *(except as noted for provider checks issued by PP/SA)*:

• Make a preliminary determination whether the payee cashed the original check, before authorizing a replacement. *(DPU will do this for checks issued by PP/SA)*
• Briefly review the copy of the paid original check with the payee to determine whether the signature on the check is the payee’s.

If the payee acknowledges the endorsement and a replacement check was issued:

• Complete an Overpayment/Overissuance Report (MSC 284). (DPU will do this for checks issued by PP/SA.)
• Complete the AFS 980. Have the payee sign the form;
• Forward the AFS 980, the rest of the forgery packet, and all copies of the MSC 284 (except pink copy) to Forgery Services;
• File the pink copy of the MSC 284. (DPU will do this for checks issued by PP/SA.)

If the payee does not acknowledge the endorsement and a replacement check was issued, have the payee complete the entire forgery packet. If the payee requests a replacement check, explain the policy on overpayments and intentional program violations. Have the payee complete the entire forgery packet, then issue a replacement check.

• If the payee does not come to the branch to complete the forgery packet, consider putting a hold on the next check. (This does not apply to checks issued by PP/SA. DPU will take the necessary action on PP/SA checks.)
• If the payee is no longer available to complete the forgery packet, branches will do the following, except for checks issued by PP/SA. DPU will do the following for PP/SA checks:
  - Note this information on the AFS 980;
  - Note if the case was closed and the date of closure;
  - Return the forgery packet to Forgery Services.

**Note:** Always complete and return the forgery packet by the due date printed on the forgery packet.

If Forgery Services determines that there is good reason to believe that the client or provider may have endorsed both the original check and the replacement check:

• Forgery Services will forward the packet to the Overpayment Recovery Unit (ORU);
• ORU will log the information and then forward the packet to the Oregon State Police;
• The Oregon State Police will review the packet to determine whether the client was the likely endorser of the original check, and will advise ORU or DPU;
• ORU will then advise Forgery Services of the State Police determination;

• If Forgery Services determines that DHS should establish an overpayment against the client for the amount of the replacement check, they will ask ORU to write the overpayment and pursue collection.

Forgery Services will return the original check to the State Treasurer if they do not receive the forgery packet within 30 days from the date the original check was cashed. This action could result in legal proceedings against the state or the payee.

6. **Dual-payee checks**

Replace **dual-payee** checks only if:

- The client completes an affidavit that the unendorsed check has been lost, destroyed, or stolen; or

- The client has endorsed the check and the second party completes an *Affidavit Concerning Lost Check* (**DHS 138A**). The second party must sign a statement that they will reimburse the state and will not hold the client responsible if the original check is negotiated. Issue the replacement check to the second party only (no dual-payee is required).

If a dual-payee check is reported lost, stolen, destroyed or not received, determine which payee is affected by the missing check (that is, determine which payee is claiming the loss).

- If only one payee is claiming the loss, only that payee must complete a **DHS 138A**;

- If both payees are claiming the loss, each payee must complete their own **DHS 138A**.

**Example:**  *A client receives a check payable to herself and her landlord. She signs the check and gives it to her landlord to sign and use for her rent payment. The landlord then loses the check. Since he is the only one affected by the loss (the client has paid her landlord), he is the only one who must complete a DHS 138A.*

If the dual-payee check has been processed by the State Treasurer for payment, a forgery packet must be done for each payee claiming the loss.

Replacing Lost, Stolen, Destroyed or Undelivered Checks: **461-165-0220**
7. **Subsequent action on payment alerts**

Forgery Services will follow up on all payment alerts and close the check file if the original check is not paid within 60 days.

If the original check is returned to the branch office or DPU, the branch (DPU, if the check was originally issued by them) will verify whether a replacement check has been issued:

- If a payment alert and replacement have been issued, send the original check to the Client Maintenance Unit (CMU) for cancellation;

- If no payment alert or replacement has been issued, attempt to deliver the check to the payee. Send the original check to CMU for cancellation if it cannot be delivered to the client or provider.

Notify Payroll immediately if:

- The original check is given to the payee after a payment alert has been called in;

- A replacement check is issued after the [DHS 138A](#) and the payment alert have been processed stating, “No replacement will be issued”;

- Any business calls or writes to the branch about checks returned to them from the State Treasurer’s office.
A. Definitions

1. *Adult and Family Services Division (AFS)* means the Department of Human Services (DHS).

2. *Address Confidentiality Program (ACP)* means a program of the Oregon Department of Justice which provides a substitute mailing address and mail forwarding service for ACP participants who are victims of domestic violence, sexual assault or stalking.

3. *Adoption assistance* means 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*. State *adoption assistance* is authorized by *ORS 414.330 to 418.335*.

4. *Assets* mean income and resources.

5. *Branch office* means any DHS or Area Agency on Aging (AAA) office serving a program covered by *Chapter 461* of the Oregon Administrative Rules.

6. 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.

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

7. *Budgeting* is the process of calculating the benefit level.

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

8. *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).

9. **Capital asset** means property that contributes toward earning self-employment income, including self-employment income from a microenterprise, either directly or indirectly. A capital asset generally has a useful life of over one year and a value, alone or in combination, of $100 or more.

10. **Caretaker** means an individual who is responsible for the care, control and supervision of a child. The status of caretaker ends once the individual no longer exercises care, control and supervision of the child for 30 days.

11. **Caretaker relative** means:

   a. In the Pre-TANF, REF, SFPSS and TANF programs, a dependent child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece who lives in a residence maintained by one or more of the relatives as the child's or the relative's own home.

   b. In all programs not covered under subsection (a) of this section, a caretaker who meets the requirements of one of the following paragraphs:

      (A) Is one of the following relatives of the dependent child:

         (1) Any blood relative, including those of half-blood, and including first cousins, nephews or nieces, and individuals of preceding generations denoted by the prefixes of grand, great- or great-great-;

         (2) Stepfather, stepmother, stepbrother and stepsister;

         (3) Any individual who legally adopts the child and any individual related to the individual adopting the child, either naturally or through adoption.

      (B) Is or was a spouse of an individual listed in paragraph (A) of this subsection.

      (C) Met the definition of caretaker relative under paragraph (A) or (B) of this subsection before the child was adopted (notwithstanding the child’s subsequent adoption).

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.

12. **Categorical eligibility for SNAP**

An individual is categorically eligible for SNAP benefits if the individual:

- Receives benefits or is authorized to receive GA or SSI benefits;
- Receives or is authorized to receive cash, in-kind benefits or services funded either under title IV-A of the Social Security Act or by the state as part of the TANF maintenance of effort;
- Is deemed to be receiving SSI under Section 1619(a) or 1619(b) of the Social Security Act (42 U.S.C. 1382h(a) or (b); or
- Is a member of a financial group with countable income less than 185 percent of the federal poverty level and has received a pamphlet about Information and Referral Services.

- The filing group’s countable income ([GP-A.43](#)) is below 185 percent of the federal poverty level, they have less than $25,000 in liquid resources and they are given the TANF information and referral services pamphlet, *Resource Guide for Low-Income Households* ([DHS 3400](#)). Liquid resources include bank accounts and cash on hand.

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.

A SNAP filing group is considered categorically eligible when all its members are considered categorically eligible for SNAP benefits:

FFE SEE [SNAP-F](#), FOR MORE INFORMATION ON CATEGORICAL ELIGIBILITY.

Categorical Eligibility for SNAP: [461-135-0505](#)

13. **Certification period** means the period for which a client is certified eligible for a program.

14. **Child** includes natural, step and adoptive children. The term “child” does not include an unborn. The following additional program-specific definitions apply:

a. For ERDC, a child need not have a biological or legal relationship to the caretaker, but must be in the care and custody of the caretaker, must meet the citizenship or alien status requirements of OAR 461-120-0110, and must be:
- Under age 18; or
- Under the age of 19 and in secondary school or vocational training at least half time.

Definitions for Chapter 461: 461-001-0000
Citizenship and Alien Status Requirements: 461-120-0110

☞ SEE SNAP-C.3.

b. In the GA, GAM and OSIP programs, a child is an individual under the age of 18.

c. In the OSIPM and QMB programs, child means an unmarried individual living with a parent who is:
- Under the age of 18; or
- Under the age of 22 and attending full-time secondary, post-secondary or vocational-technical training designed to prepare the individual for employment.

Definitions for Chapter 461: 461-001-0000

15. 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 the department.

d. Residential care facility – A facility that provides residential care in one or more buildings on contiguous property for six or more individuals who have a physical disability or are socially dependent.

e. Specialized living facility – Identifiable services designed to meet the needs of individuals 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 Program wherein the participant is given cash benefits to purchase self-directed personal assistance services or
16. Costs are bills incurred by the client that the client has a legal responsibility to pay.

Definitions: 411-030-0020
Definitions for Chapter 461: 461-001-0000

17. Countable means that an available asset (either income or a resource) is not excluded and may be considered by some programs to determine eligibility.


19. Custodial parents means parents who have physical custody of a child. Custodial parents may be receiving benefits as dependent children or as caretaker relatives for their own children.

Definitions for Chapter 461: 461-001-0000

20. Department means the Department of Human Services (DHS).

21. Dependent child in the REF, REFM and TANF programs means the following:

a. An individual who is not a caretaker relative of a child in the household, is unmarried or married but separated, and is under the age of 18, or 18 years of age and a full-time student in secondary school or the equivalent level of vocational or technical training; or

b. A minor parent whose parents have chosen to apply for benefits for the minor parent. This does not apply to a minor parent who is married and living with his or her spouse.

22. Disability means:

a. In the SNAP program, see OAR 461-001-0015. Definitions; SNAP: 461-001-0015

b. In the REF, SFPSS, TA-DVS and TANF programs, for purposes other than determining eligibility:

   • An individual with a physical or mental impairment that substantially limits the individual’s ability to meet the requirements of the program; or

   • 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).

23. Division means the Department of Human Services (DHS).

24. Domestic violence means the occurrence of one of more of the following acts described in subsections (a) to (d) of this section between family members, intimate partners or household members:

a. Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse;

b. Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury;

c. Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427;

d. Using coercive or controlling behavior.

e. As used in this section, family members and household members mean any of the following:

   • Spouse;
   • Former spouse;
   • Individuals related by blood, marriage, or adoption;
   • Individuals who are cohabitating or have cohabited with each other;
   • Individuals who have been involved in a sexually intimate or dating relationship; or
   • Unmarried parents of a child.

25. 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

26. The effective date is the day that action will be taken or a change made on a case.

27. For SNAP, elderly means a person age 60 or older.

Definitions; SNAP: 461-001-0015
28. *Electronic application* is an application electronically signed and submitted through the internet.

29. *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](#)

30. For the SNAP program, *employee* means an individual who works for another in return for financial or other compensation such as rent, but does not include an independent contractor.

31. For the SNAP program, *employer* means an individual or business that employs one or more individuals for wages, salary or other compensation such as rent.

32. *Equity value* means *fair market value* minus encumbrances.

33. For the SNAP program, *externship* means a required period of supervised practice completed off campus or away from an individual’s school of higher education (see OAR [461-135-0570](#)) in order to complete the requirements for the individual’s degree.

34. *Fair market value* means the amount an item is worth on the open market.

35. *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.

36. *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*.

37. *Financial institution* means a bank, credit union, savings and loan association, investment trust or other organization held out to the public as a place receiving funds for deposit, savings, checking or investment.

38. For the SNAP program, *graduate assistantship* means an appointment as a graduate student employee, offering a financial payment to the graduate student for part-time work in teaching, administration or research, while the graduate student completes the academic requirements for an advanced degree at a school of higher learning (see OAR [461-135-0570](#)). A *graduate assistantship* includes such positions as graduate assistant, graduate research assistant, graduate teaching assistant and graduate teaching associate.

39. For the SNAP program, *graduate fellowship* means a school of higher education-awarded program (see OAR [461-135-0570](#)), targeted to a specific student group or
field of study that may be awarded based on academic need, academic record or merit.

40. For the SNAP program, *group living* means a public or private nonprofit residential setting that serves no more than 16 residents and is certified by State of Oregon under regulations issued under section 1616(e) of the Social Security Act (42 U.SC. 1382e(e)). To be eligible for SNAP benefits, a resident of such a *group living* arrangement must be blind or have a disability.

41. For SNAP, *homeless* means the individual does not have a fixed or regular nighttime residence or has a primary residence that is one of the following:

   - A supervised shelter that provides temporary accommodations;
   - A halfway house or residence for individuals who may become institutionalized;
   - A temporary accommodation in another individual’s or family’s residence for 90 days or less;
   - A place not designed to be, or ordinarily used as a regular sleeping place for individuals to sleep, such as a hallway, bus station or similar place.

Definitions; SNAP: 461-001-0015

42. *Income:*

   a. *Adjusted income* means the amount determined by subtracting income deductions from *countable income* (see OAR 461-140-0010). Specific rules on the deductions are found in division 461-160.

   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*.

   Income Deductions: SNAP: 461-160-0430

   d. *Deemed assets* are the portion of the *income* and resources of an individual 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. *In-kind income* means *income* in a form other than money (such as food, clothing, cars, furniture, and payments made to a third party).

g. *Periodic income* means *income* received on a regular basis less often than monthly.

h. *Lump-sum income* means *income* received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. *Lump-sum income* includes:

- Retroactive benefits covering more than one month, whether received in a single payment or several payments;
- *Income* from inheritance, gifts, winnings and person injury claims.

Definitions for Chapter 461: [461-001-0000](#)

43. *Income-producing property* means 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.

44. 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 farm workers* (see OAR [461-001-0015](#));
- For migrant and seasonal farm workers, 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.

- For a new applicant to the GA, GAM, OSIP or OSIPM programs living in a nonstandard living arrangement, for the purposes of calculating the correct divisor in OAR 461-140-0296, the month in which the client would have been eligible had it not been for the disqualifying transfer of assets.

Definitions for Chapter 461: 461-001-0000

45. Internship means an official or formal program through a school of higher education (see OAR 461-135-0570) to provide practical experience for an individual beginning an occupation or profession.

Definitions; SNAP: 461-001-0015

46. Legally married means a marriage uniting two individuals according to:
   a. The statutes of the state where the marriage occurred;
   b. Except in the SNAP Program, the common law of the state in which the two individuals previously resided while meeting the requirements for common law marriage in that state; or
   c. The laws of a country in which the two individuals previously resided while meeting the requirements for legal or cultural marriage in that country.

Definitions for Chapter 461: 461-001-0000

47. Life estate means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. 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 individual while actual ownership of the property is held by another individual. A life estate is created when an individual owns property and then transfers ownership to another individual while retaining for the rest of his or her life certain rights that property. In addition, a life estate is established when a member of the financial group (see OAR 461-110-0530) purchases a life estate interest in the home of another individual.

Definitions for Chapter 461: 461-001-0000

48. Lodger means a member of the household group (see OAR 461-110-0210) who:
   a. Is not a member of the filing group; and
   b. Pays the filing group for room and board.

49. Long-term care means the system through which the department provides 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

50. *Marriage* means the union of two individuals who are *legally married*.

Definitions for Chapter 461: 461-001-0000

51. *Microenterprise* means a sole proprietorship, partnership or family business with fewer than five employees and capital needs no greater than $35,000.

52. 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

53. A *minor parent* for ERDC, REF, REFM and TANF is a *parent* under the age of 18.

Definitions for Chapter 461: 461-001-0000

54. *Needs and special needs*:

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.

c. In the GA and GAM programs, ongoing *special needs* are used to determine benefit amount as specified in OAR 461-160-0500.

d. In the OSIP and OSIPM programs:

- The *special need* described in OAR 461-155-0630(2) is used to determine *initial* and *ongoing* eligibility;

- Except for individuals whose eligibility is determined based on the *special need* described in OAR 461-155-0630(2), *special needs* are used when determining the benefit amount or the client liability.

Use of Payment Standards to Establish Need: 461-155-0010
55. 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 in which the client receives *long-term care* services paid with Medicaid funding, except this subsection does not apply to a Medicare client in a skilled-stay 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 care setting, except a State Plan Personal care (SPPC) setting is not considered a *nonstandard living arrangement*.

   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.

56. *Notices*:

   a. *Basic decision notice* means a *decision notice* mailed no later than the date of action given in the notice.

   b. *Continuing benefit decision notice* means a *decision notice* that informs the client of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.

   c. *Decision notice* means a written notice of a decision by the department regarding an individual's eligibility for benefits in a program.
d. *Timely continuing benefit decision notice* means a *decision notice* that informs the client of the right to continued benefits. It is mailed no later than the time requirements in OAR 461-175-0050.

57. *OCCS* is the Office of Client and Community Services, part of the Medical Assistance Programs under the Oregon Health Authority responsible for *OCCS* medical program eligibility policy, community outreach, *OCCS* Medical Program eligibility determinations and the OHA Customer Service Call Center.

58. *OCCS Medical Programs* refers to programs for which eligibility policy can be found in division 410-200 of Oregon Administrative Rule, and includes CEC, CEM, MAA, MAF, EXT, OHP, Substitute Care, BCCTP and MAGI Medicaid/CHIP programs, including:

a. *MAGI Child*;

b. *MAGI Parent* or Other Caretaker Relative;

c. *MAGI Pregnant Woman*; and

d. *MAGI CHIP*.

59. The *ongoing month* means one of the following:

- For all programs except the SNAP Program, any month following the *initial month* of eligibility, if there is no break in the program benefit of one or more calendar months.

- For the SNAP Program, any month in the *certification period* following the *initial month* of eligibility.

Definitions for Chapter 461: 461-001-0000

60. *Parent* (for all programs except the SNAP program) means the biological or legal mother or father of an individual or unborn child. For the SNAP program, a *parent* means the biological or legal mother or father of an individual.

a. If the mother lives with a male, and either she or the male claims that he is the father of an individual or unborn child 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 individual 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 has given up care, control and supervision of the child.

Definitions for Chapter 461: 461-001-0000

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.

61. For all programs except Emergency Assistance (EA) (cash and medical), the payment month is the calendar month for which benefits are issued.

Definitions for Chapter 461: 461-001-0000

62. 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.

63. 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 the TANF Program, the parent or caretaker relative;
- For ERDC, the caretaker;
- For GA, GAM, OSIP, OSIPM and QMB, the client or their spouse;
- For the REF and REFM programs, the applicant, caretaker, caretaker relative or parent;
- For SNAP, see OAR 461-001-0015.

Definitions for Chapter 461: 461-001-0000

64. 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.
65. *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

66. *Real property* means land, buildings and whatever is erected on or affixed to the land and taxed as real property.

67. *Redetermination* is the process used to review eligibility to approve or deny continuing benefits. This process involves a review of the application and supporting verification documents.

68. *Redetermination period* means the months between initial eligibility and when the certification expires, or the months between one redetermination and the next.

69. *Reimbursement* means money or in-kind compensation provided specifically for an identified expense.

70. *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

71. For SNAP, *seasonal farmworkers* are individuals 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, the household is budgeted 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

72. *Senior and Disabled Services Division (SDSD)* means the Department of Human Services (DHS).
Shelter costs mean in all programs except the SNAP Program, housing costs (rent or mortgage payments, property taxes) and utility costs, not including cable TV or nonbasic telephone charges. In the SNAP Program, see OAR 461-160-0420.

Shelter-in-kind means an agency or person outside the financial group that provides the shelter of the financial group, or makes a payment to a third party for some or all of the shelter costs of the financial group. Shelter-in-kind does not include temporary shelter provided by a domestic violence shelter, homeless shelter or residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park or bus station.

Sibling means the brother or sister of an individual. “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.

Spousal support means 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).

Spouse means an individual who is legally married to another individual.

Stable income means income that is the same amount each time it is received.

Standard living arrangement means a location that does not qualify as a nonstandard living arrangement.

Teen parent means for TANF and JOBS a parent under the age of 20 who has not completed a high school diploma or GED.

Trust funds mean money, securities or similar property held by a person or institution for the benefit of another person.

USDA meal reimbursements mean cash reimbursements made by the Oregon Department of Education for family day-care providers who serve snacks and meals to children in their care.

Variable income means earned or unearned income that is not always received in the same amount each month.
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 Field Business Procedures 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 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) In the OCCS Medical programs, the department may establish an overpayment for the budget month (see OAR 410-200-0015) when OCCS medical program household group (see OAR 410-200-0015) or authorized representative withheld or provided inaccurate information.

(D) 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 change 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.
(E) 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.

(F) 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, OCCS Medical Program household group, ineligible student or authorized representative of a change covered under OAR 461-170-0011 or OAR 410-200-0235 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, OCCS medical program household 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, OCCS medical program household 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, OCCS Medical Program household group, ineligible student, or authorized representative to declare or report information or a change in circumstances as required under OAR 461-170-0011 or OAR 410-200-0235, 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

Except as provided in section C, the department establishes an overpayment when the following thresholds are exceeded:

AE overpayments concerning:

- 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;
- Do not establish AE overpayments in the medical programs.

CE overpayments 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;
- 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 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.

(C) There are no overpayment thresholds in the following situations:

- In the SNAP program, if the overpayment was identified in a quality control review;
- In all programs; if the overpayment was caused by a client’s receipt of continuing benefits in a contested case;
- In all programs, if the overpayment was caused by possible fraud by a client or provider.

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 Children Adults and Families – Self-Sufficiency Overpayment Referral form (MSC 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:

   (a) Email to: OVERPAYMENT REFERRALS;

   (b) Fax to: 503-378-3872;

   (c) Mail to: OPAR OVP Referrals, PO Box 14150, Salem OR 97309;

   (d) 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:

      (i) Home Care Worker income (HINQ);

      (ii) Child Support (SMUX);

      (iii) Unemployment (ECLM);

      (iv) 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, OAR 410-200-0120) are included in the calculation of the overpayment when:

- The filing group, OCCS Medical Program household group, ineligible student or authorized representative failed to report a change within the reporting time frame under OAR 461-170-0011 or OAR 410-200-0235; and

- Sufficient time existed for the department to adjust the benefits to prevent the overpayment if the filing group, OCCS Medical Program household 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;

- In the ERDC, REF, SNAP and TANF programs, a client’s actual self-employment income is annualized retrospectively to calculate the overpayment.
In the OCCS Medical Program, if actual income is not available for the month in which overpayment occurred, a client’s actual self-employment income (see OAR 411-200-0015) received during the year when an overpayment occurred is annualized to calculate an overpayment.

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 when:

(a) The filing group, ineligible student or authorized representative failed to report a change;

(b) The filing group, ineligible student or authorized representative provided inaccurate information; or

(c) The filing group, ineligible student or authorized representative withheld information.

Note: When prospective income was reported correctly, but the department miscalculated the income or failed to use income reported, use the actual income only if it results in a lesser overpayment amount for the client.

When using anticipated income for the OCCS Medical programs and the actual income differs from the amount determined under OAR 410-200-0310, there may be a client error overpayment only when the OCCS Medical program household group or authorized representative withheld information, failed to report a change or provided inaccurate information. In such case, the department uses the actual income to determine the amount of an overpayment.

(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 461-160-0160, 461-160-0190, 461-160-0430, 461-160-0550, and 461-160-0552) as follows:

- In OSIP, OSIPM, QMB and REFM, allow the earned income deduction;
- In 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.

(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 support is retained:

- In the TANF program, the amount of support (other than cash medical support) the Department of Justice 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 of Justice 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 (MSC 284) or the Overpayment/Overissuance Change Report form (MSC 284A). 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 OAR 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>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
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</tr>
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<td>3</td>
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<td>838</td>
</tr>
<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

In the OCCS Medical Program, OSIPM, QMB and REFM programs, if the client was not eligible for one program, but during the period in question was eligible for another program:

- With the same benefit level, there is no overpayment;
- 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 GAM, OCCS Medical Program, OSIPM and REFM 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 or late 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 (MSC 284A). If the overpayment has not been completed, report the entire overpaid amount via the MSC 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, OAR 410-200-0145) and recovery information (see OAR 461-195-0551).

When notice is required in an alternate format it is noted on the MSC 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.

Liability for Overpayments: 461-195-0541
(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, for payments prior to November 21, 2000;

- A drug or alcohol treatment center or residential care facility that acted as the authorized representative of the client.

(C) Liability for the OCCS Medical and REFM programs overpayments

In the OCCS Medical and REFM programs, the following individuals are liable for repayment of an overpayment:

- Each individual in the OCCS Medical Program’s household group, 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 or OCCS Medical Program household 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 or OCCS Medical Program household 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 or OCCS Medical Program housed group when the overpayment was incurred;

- An authorized representative (see OARs 461-115-0090 and 410-200-0015) 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;

- Each adult in the filing group or required to be in the filing group is liable for an overpayment if the client was not eligible for the payment. This is referred to as a client-liable overpayment.
Each adult in the filing group or required to be in the filing group 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) Noncitizen overpayment liability

Except as provided otherwise in SNAP, 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.

In SNAP, the sponsor of a noncitizen is not liable for payments on or after November 21, 2000.

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 (MSC 284A) and processed by OWU.*

Submit an *Overpayment/Overissuance Change Report* form (MSC 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, ORU will process the reimbursement and add the benefits to the EBT card.*

- 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 MSC 284A.

Do not submit a MSC 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: Involuntary recovery may begin 90 days from the date of the initial notice if the client has not requested a hearing or agreed to an acceptable payment plan.

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 Take Action on Case form (MSC 457D) and an Overpayment/Overissuance Change Report form (MSC 284A). The branch EBT card issuer must adjust the EBT account accordingly. The client and worker must sign the MSC 457D or the MSC 284A for the dollar amount. Send completed forms to ORU.

- In the SNAP program, 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.
• 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.

• Voluntary agreement to reduce benefits above any mandatory benefit reduction:
  - The benefit group may voluntarily request to repay their existing overpayment with unused EBT benefits in the following programs:
    (a) SNAP benefits can be applied toward SNAP overpayments.
    (b) TANF benefits can be applied toward TANF or ERDC overpayments.

Note: The department may recover above any mandatory reduction only if the client signs a Voluntary Agreement to Take Action on Case form (MSC 457D). The MSC 457D must indicate the program and the amount of the benefit reduction to be applied towards the existing overpayment. Branch staff should refer clients directly to ORU for these voluntary requests. ORU will explain to clients the available benefits that can be applied toward the existing overpayment; ensure the MSC 457D is completed and signed; adjust the EBT account accordingly, apply the requested amount to the overpayment balance; and narrate the action taken.

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:
    (a) 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 (MSC 649C), Agreement to Waive Child Care Provider Hearing for Intentional Program Violation (MSC 649CP)).
(b) A plea-bargain agreement;

(c) 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 benefit group 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 a Notice of Restoration of Benefits form (DHS 362). Issue to the client only the portion of the retroactive payment that exceeds the overpayment balance. Send a copy of the completed DHS 362 to ORU for the retroactive payment to be credited to the overpayment.

FOR CALCULATING RESTORED BENEFITS, SEE SNAP-H.16 AND IB-B.3.

Calculating Restored and Supplemental Benefits: 461-165-0210  
Methods of Recovery Overpayments: 461-195-0551  
Effective Dates: Restored Benefits: 461-180-0130

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 or medical 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 including over-collected benefit reductions.

(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 Procedures 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 MSC 284;
- 232 for all ERDC and GA reimbursements with appropriate MSC 284 forms processed;
- 216 for Medical overpayment recoveries that have a MSC 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 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 after it is liquidated (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 or OCCS Medical Program household 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 (MSC 649C). If the claimant signs the MSC 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 MSC 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:

1\(^{st}\) DQ = 12 months  
2\(^{nd}\) DQ = 24 months  
3\(^{rd}\) DQ = permanently

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.

SNAP IPVs established in another state or established in the Food Distribution Program on Indian reservations continue in effect in Oregon.

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 (MSC 284) to compute and record all overpayments, except child care provider overpayments.

Note: MSC 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 (MSC 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 (MSC 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 used to compute the overpayment. Attach a copy of any client notice and the calculation sheets to the MSC 284 sent to OWU.
Use a *Notice of Overpayment and Planned Action for Provider Overpayments (MSC 284BP)* to notify child care providers of overpayments.

Use a *Daycare Overpayment Worksheet (MSC 284DC)* to compute all child care overpayments. Additionally for child care overpayments, indicate on the *MSC 284* which ERDC program the overpayment occurred in. Complete and attach a *MSC 284DC*. Send the completed forms to OWU within three days of completion.

Use a *Children Adults and Families – Self-Sufficiency Overpayment Referral (MSC 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 (MSC 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 *MSC 284*.

Use a *Provider Overpayment/Over-Issuance Report (MSC 284P)* to record a claim for a child care provider overpayment.

Use a *Notice of Restoration of Benefits (DHS 362)* when benefits are restored to a client who has been underpaid. Send a copy to ORU when restored benefits need to be applied to an overpayment.

Use an *Investigation Referral (MSC 371)* to refer a case for investigation to the Investigation Unit.

*Authorization of Cash Payment (MSC 437)*.

*Voluntary Agreement to Take Action on Case (MSC 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 (MSC 649C)* when the client agrees that they intentionally violated an eligibility requirement or withheld information.

*Verification of Earnings (MSC 851)*.
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F. **Quality Control System**

1. **Program intent**

   Quality Control (QC) provides information about eligibility and the correctness of benefits. This is a part of a federal and state Performance Reporting System.

   The results of the information gathered by QC serve as a management tool. Federal agencies or state management in CAF, DMAP or APD may use the information gathered by the Quality Control Unit (QCU). QC review information may influence agency policy decisions or legislative actions. The QC information also influences corrective action plans. A part of the QC data includes case and household characteristic information.

2. **Quality Control; overview**

   QC is a multipurpose system. QCU conducts QC reviews to determine:

   - If households are eligible for benefits and receiving the correct benefits;
   - If the decision to deny, terminate or suspend benefits was correct.

   QCU conducts QC reviews on federally matched programs. The programs reviewed include SNAP and Medical. Cases are chosen monthly for review. Other programs (i.e., TANF, OSIP, including related medical) may be affected in the course of the QC review. They are from a statistically reliable statewide sample.

   QCU uses specific review methodology to conduct the reviews. The QC reviews are also conducted using state policy, approved waivers after implementation, federal regulations and state and federal laws.

   An important function of QC is to determine the number and kinds of errors in the total caseload. QCU analyzes the case findings and shares the results for management decisions. With the knowledge gained, management can determine the cost/benefit of corrective actions.

3. **Client cooperation with QC**

   Cooperation with QC is an eligibility requirement for programs receiving a federal match. Therefore, SNAP and OHP clients must cooperate with the QC review process. Refusal to cooperate will result in the termination of their benefits. The QC reviewer will notify the branch office when a client fails to cooperate. When this happens, send a 10-day notice to end benefits for the entire filing group.
The household may reapply for benefits, but will not be eligible again until they cooperate with the QC review. The QC disqualification may last a lifetime for the Medical Programs.

Client Requirement to Cooperate in Quality Control Review; ERDC, REF, REFM, SNAP, and TANF: 461-105-0410

See SNAP-J.7 for SNAP disqualification information.

4. Branch action on cases selected for QC review

A branch office must do all the following when notified that a case has been selected for review:

- Gather all case material from the worker’s desk and filing area. Include any other material found 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. The one exception is if the client has failed to cooperate with the QC reviewer. QC will use the form Quality Control Request for Branch Assistance (DHS 375) (QC form) to request branch office assistance;

Note: This includes not contacting the client after receipt of the error decision notice, Quality Control Unit Medicaid Case Review Report (DHS 372) (QC form), to discuss statements made to QC. Only discuss restoration of benefits or a repayment plan.

- Notify QCU immediately if QC selects a case, and the branch transferred the case to a different branch. Inform QCU of the date the transfer occurred and the branch receiving the case;

- If a worker needs information from a case record being read by QC, contact the QC reviewer to obtain the information;

- Any changes made on the case after the branch is notified that the case is to be reviewed will impact future benefits but will not impact the benefits under review.

5. QC review process

The QC review process focuses on verification of all factors of eligibility and benefit amount. The QC reviewer obtains verification through case record review and field investigation. Case record review includes the paper case file and the agency computer
screens. Field investigation includes a personal interview with the client and any collateral contacts needed to obtain verification.

The QC reviewer looks at eligibility and the amount of benefits for a point in time. The reviewers make a determination about eligibility for the sampled month. If eligible, the reviewer determines if the correct benefit amount was authorized. If the review is of a denied, suspended or terminated case, the QC reviewer determines if the decision to deny, suspend, or terminate was correct.

6. QC relationship with branch offices

QCU uses information from the records in the branch office and may use certain branch office resources for gaining additional information. The review itself must be completely independent of the branch office, with one exception. The exception is to gather additional medical information needed to prove eligibility. The reviewer may ask the branch to request medical information or a report.

QC staff is responsible for evaluating the information and making an eligibility determination. QC does not share this responsibility with the branch.

7. Distribution of QC findings

QCU shares individual case review decisions with branch/agency staff when the review is completed. The branch has five working days to agree or disagree with the QC findings. If the branch does not respond by agreeing or disagreeing within the five-day time frame, the reviewer’s findings and conclusions are considered final.

To disagree with the review findings, the branch must present factual evidence and documentation about why the review finding is in error. QCU must receive the facts supporting the disagreement within the five working day period.

In addition, when they disagree with the QC decision, local offices can ask QC to expand the review and make further contacts or look at different policies. However, the final decision on the review is with QC alone.

QC and the agency must resolve the disagreement before the QC completion deadline. Program or other appropriate staff may help resolve the disagreement.

8. Data analysis

QCU analyzes QC data to give management a clear picture of QC findings. The analysis includes the following:

- Which error rates are increasing or decreasing;
- Estimated caseload dollar loss associated with the error rate and different types of errors;

- Identify errors that corrective action can specifically address;

- Identify the cause of the errors;

- Prepare clear and concise summaries and explanations of QC findings for distribution and use to plan or evaluate corrective actions.

QCU distributes information monthly to appropriate management staff. QCU also generates semiannual and annual reports for corrective action planning.
G. Standards

1. Prorated standards; adjusted number in household

Prorated standards are used only in the no-adult tables and the non-SSI/OSIP table. Prorated standards should not be applied to OSIPM waived cases. The no-adult tables are used when there are no adults in TANF benefit groups. Prorated standards are based on the number of people in the benefit group, compared to the adjusted number in the household. To determine the adjusted number in the household to apply to the tables, use the total number in the household minus the following:

- Unborns;
- Clients receiving long-term care or waivered home and community-based care through APD;
- 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 these services;
- Landlords and tenants. A landlord/tenant relationship exists if one person pays another at fair market value for housing. In addition, all the following apply:
  - The filing group must live independently from the landlord or tenant;
  - The filing group must have and use sleeping, bathroom and kitchen facilities separate from the landlord or tenant;
  - If 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.

Additionally for OSIP and OSIPM, do not count the biological and adoptive children of either spouse or recipients of GA, GAM, OSIP, OSIPM, QMB or TANF.

Prorated Standards; Adjusted Number in Household: 461-155-0020

2. Income and payment standards

(A) Income and payment standards; REF, TANF

The Countable Income Limit Standard is the amount set as the maximum countable income limit.

For need groups containing an adult, use the following table:
## Countable Income Limit for Eligible Members in the Need Group

<table>
<thead>
<tr>
<th>No. of Eligible Members</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>
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<tr>
<td>4</td>
<td>795</td>
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<tr>
<td>5</td>
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<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>

Calculate the No-Adult Countable Income Limit Standard as follows:

- **#1** Refer to the Countable Income Limit Standard for need groups with adults whose needs are included. Use the standard for the number of people in the household.

- **#2** Divide the standard in #1 by the number of people in the household. Round this figure down to the next lower whole number if the figure is not a whole number.

- **#3** Multiply the figure from #2 by the number of people in the benefit group. The result is the standard.

The *Adjusted Income Limit* is used as the adjusted income limit for benefit groups with an adult.

## Adjusted Income Limit

<table>
<thead>
<tr>
<th>No. in Need 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>
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<td>6</td>
<td>796</td>
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<tr>
<td>7</td>
<td>886</td>
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<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>
Calculate the No-Adult Adjusted Income Limit as follows:

- **#1** Refer to the Adjusted Income Standard for need groups containing adults whose needs are included. Use the standard for the number of people in the household.

- **#2** Divide the standard in #1 by the number of people in the household. Round this figure down to the next lower whole number if the figure is not a whole number.

- **#3** Multiply the figure from #2 by the number of people whose needs are included in the need group.

- **#4** Add $12 to the figure calculated in #3.

Income and Payment Standards; JOBS, REF, TANF: [461-155-0030](#)

(B) Payment standard for AFC and RCF; REF, TANF

For REF and TANF, the payment standard for one person in AFC or RCF is the same as the adjusted income standard for a benefit group with one adult per OAR [461-155-0030](#). The payment, minus a $30 personal allowance for clothing and personal incidentals, is for room and board.

Payment Standard for AFC and RCF; TANF: [461-155-0050](#)

(C) Income and payment standard; EA

(1) The income limit for EA is:

- The TANF Adjusted Income/Payment Standard for benefit groups receiving services from CAF SSP.

Example: For TANF clients, the TANF Adjusted Income/Payment Standard is the maximum amount of TANF benefits they can get in the payment month. For example, a client received $175 of TANF benefits in 1/99 based on his earned income in 12/98. The income limit for EA for this client is $175 if he applies for EA in 1/99, because that is the maximum amount of TANF benefits he can get in 1/99.

- One hundred percent of the federal poverty level for benefit groups receiving services from Community Action Agencies (CAAs).

(2) EA benefits are limited to the following:

- The minimum amount necessary to meet the emergent need.

- Except for clients listed in the sections below, the maximum EA benefit amount for the 30-day eligibility period is $100.
bullet The maximum EA benefit amount for the 30-day eligibility period is:
  - $7,200 for services provided by Community Action Agencies to stabilize homeless benefit groups.
  - Child Welfare provides emergency service payments for families that need child welfare intervention. These payments do not affect the client's eligibility for EA.
bullet The amount of help needed to return a family to their state of former residence. Allow a reasonable amount for mileage, meals and lodging; however, the actual costs cannot exceed the EA maximum benefit amount. Document the allowance in the case record.
bullet Payments for food cannot exceed the maximum SNAP allotment by household group size.

Income and Payment Standard; EA: 461-155-0070

(D) Child care payment rates and ERDC copay standard

These child care payment rates apply to ERDC, JOBS, JOBS Plus and TANF. The following definitions apply to the child care rates:

bullet Infant: A child age:
  - Newborn to 1 year (12 months) for nonlicensed care; or
  - Newborn to 18 months for licensed care, registered or certified.

bullet Toddler: A child age:
  - 1 year (12 months) to 3 years for nonlicensed care; or
  - 18 months to 3 years for licensed care, registered or certified.

bullet Preschool: A child age 3 years to 6 years;

bullet School: A child age 6 years or older;

bullet Special Needs: A child who meets the age requirement of the program (ERDC or TANF) and who requires a level of care over and above the norm for their age due to a physical, behavioral or mental disability.

The disability must be verified by one of the following:

bullet A physician, nurse practitioner, licensed/certified psychologist or clinical social worker;

bullet Eligibility for Early Intervention and Early Childhood Special Education Programs or school-age Special Education Programs, or SSI.
The need for a higher level of care must be determined by the provider, and verified by using the *Special Need Child Care Rate Request* (DHS 7486) form. The client must get the **DHS 7486** from their worker and attach verification.

Child care rate charts *definitions*:

**Standard rates:**

*Family:* Child care provided in the provider’s own home. This rate also applies when care is provided in the home where the child lives.

*Center:* Child care provided in a facility that is not located in a residential dwelling. The facility must be exempt per OAR 414-300-0000.

**Enhanced rates:**

*Family:* The provider has to meet established training requirements. Child care is provided in the provider’s own home or the home of the child.

*Center:* The child care is provided in a facility that is exempt from regulation with the Child Care Division and whose staff meet training requirements of the Oregon Registry entry level established by the Oregon Center for Career Development in Childhood Care and Education.

**Licensed rates:**

*Registered Family:* The provider has to meet training requirements established by the Child Care Division.

*Certified Family:* The facility must be certified by the Child Care Division. Child care is provided in a facility that is not located in a residential dwelling.

*Certified Center:* The facility must be certified by the Child Care Division. Child care is provided in a residential dwelling. To earn this designation, both the provider and the facility are required to meet certain standards not required of a family provider.

The *monthly limit* for child care payments is the lesser of the following:

1. The DHS monthly rate for the type of care and area per item (4) below; or

2. The allowed child care hours in the Child Care program chapter F.3 & 4 (**CC-F.3** and **CC-F.4**), multiplied by the DHS hourly rate for the type of care and area per item (4) below; or
(3) Additionally for ERDC and TANF:

- Work hours multiplied by 125 percent multiplied by the hourly rate for the type and area of care; or

- For clients in employment that does not pay an hourly wage or salary, and are past the start-up phase per the Child Care program chapter F.3 (CC-F.3), the limit is one hour of child care for each hourly equivalent of the state minimum wage anticipated to be earned, multiplied by 125 percent, multiplied by the hourly rate for the type and area of care.

Employment covered under the above paragraph includes working on commission, and job-related training that is a condition of employment (e.g., being hired by a company that makes employment contingent on completing required safety training).

The system automatically multiplies the figure in CC Work Hrs by 125 percent to allow for meal and commuting time.

(4) The allowed child care rate is the lesser of the following:

(a) The actual rate charged by the child care provider; OR

(b) The DHS rate for the type of care provided.

(c) In addition, providers must bill at an hourly rate for children usually in care less than 158 hours a month for the standard rate or 62 hours a month for the enhanced and licensed rate.

Child care rates: The rates are based on the type of provider, the location of the provider (shown by zip code), the age of the child and the type of billing used (i.e., hourly or monthly).

**DHS Child Care Maximum Rates**

<table>
<thead>
<tr>
<th>Group Area A</th>
<th>STANDARD RATE MAXIMUMS (Not Licensed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Family Rate (FAM)</td>
</tr>
<tr>
<td></td>
<td>1-157</td>
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<tr>
<td></td>
<td>Hourly</td>
</tr>
<tr>
<td>Infant</td>
<td>$2.64</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.64</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.64</td>
</tr>
<tr>
<td>School</td>
<td>$2.64</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.64</td>
</tr>
</tbody>
</table>
## ENHANCED RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th></th>
<th>Enhanced Family Rate (QFM)</th>
<th>Enhanced Center Rate (QEC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hourly Part-time Monthly</td>
<td>Hourly Part-time Monthly</td>
</tr>
<tr>
<td>Infant</td>
<td>$2.85 $399 $532</td>
<td>$3.83 $574 $765</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.85 $378 $504</td>
<td>$3.65 $570 $760</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.85 $356 $475</td>
<td>$3.27 $449 $599</td>
</tr>
<tr>
<td>School</td>
<td>$2.85 $353 $470</td>
<td>$3.66 $445 $593</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.85 $399 $532</td>
<td>$3.83 $574 $765</td>
</tr>
</tbody>
</table>

## LICENSED RATE MAXIMUMS

<table>
<thead>
<tr>
<th></th>
<th>Registered Family Rate (RFM)</th>
<th>Certified Family Rate (CFM)</th>
<th>Certified Center Rate (CNT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hourly Part-time Monthly</td>
<td>Hourly Part-time Monthly</td>
<td>Hourly Part-time Monthly</td>
</tr>
<tr>
<td>Infant</td>
<td>$3.00 $420 $560</td>
<td>$4.25 $645 $860</td>
<td>$4.50 $675 $900</td>
</tr>
<tr>
<td>Toddler</td>
<td>$3.00 $398 $530</td>
<td>$4.00 $559 $745</td>
<td>$3.90 $671 $894</td>
</tr>
<tr>
<td>Preschool</td>
<td>$3.00 $375 $500</td>
<td>$4.00 $516 $688</td>
<td>$3.85 $529 $705</td>
</tr>
<tr>
<td>School</td>
<td>$3.00 $371 $495</td>
<td>$4.00 $450 $600</td>
<td>$4.30 $524 $698</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$3.00 $420 $560</td>
<td>$4.25 $645 $860</td>
<td>$4.50 $675 $900</td>
</tr>
</tbody>
</table>

### Zip Codes for Group Area A:
Portland, Bend, Eugene, Corvallis, Springfield, Monmouth and Ashland areas.

| Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes | Zip Codes |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 97004     | 97005     | 97006     | 97007     | 97008     | 97009     | 97010     | 97013     | 97015     | 97019     | 97022     | 97023     | 97024     | 97027     | 97028     | 97030     | 97031     | 97034     | 97035     | 97036     | 97041     | 97045     | 97055     | 97060     |
Group Area B

STANDARD RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th></th>
<th>Standard Family Rate (FAM)</th>
<th>Standard Center Rate (NQC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-157</td>
<td>158-215</td>
</tr>
<tr>
<td></td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>$2.20</td>
<td>$400</td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.20</td>
<td>$396</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.20</td>
<td>$374</td>
</tr>
<tr>
<td>School</td>
<td>$2.20</td>
<td>$352</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.20</td>
<td>$400</td>
</tr>
</tbody>
</table>

ENHANCED RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th></th>
<th>Enhanced Family Rate (QFM)</th>
<th>Enhanced Center Rate (QEC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-62</td>
<td>63-135</td>
</tr>
<tr>
<td></td>
<td>136-215</td>
<td>1-62</td>
</tr>
<tr>
<td></td>
<td>Hourly</td>
<td>Part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>$2.38</td>
<td>$324</td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td>$432</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.38</td>
<td>$321</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.38</td>
<td>$303</td>
</tr>
<tr>
<td>School</td>
<td>$2.38</td>
<td>$285</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.38</td>
<td>$324</td>
</tr>
</tbody>
</table>

LICENSED RATE MAXIMUMS

<table>
<thead>
<tr>
<th></th>
<th>Registered Family Rate (RFM)</th>
<th>Certified Family Rate (CFM)</th>
<th>Certified Center Rate (CFM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-62</td>
<td>63-135</td>
<td></td>
</tr>
<tr>
<td></td>
<td>136-215</td>
<td>1-62</td>
<td></td>
</tr>
<tr>
<td></td>
<td>63-135</td>
<td>136-215</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hourly</td>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td>$2.50</td>
<td>$341</td>
<td>$3.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.50</td>
<td>$338</td>
<td>$3.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.50</td>
<td>$319</td>
<td>$3.00</td>
</tr>
<tr>
<td>School</td>
<td>$2.50</td>
<td>$300</td>
<td>$2.65</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.50</td>
<td>$341</td>
<td>$3.00</td>
</tr>
</tbody>
</table>
Zip Codes for Group Area B:
Salem, Medford, Roseburg, Brookings and areas outside the metropolitan areas in Eugene and Portland.

97002 97011 97014 97017 97038 97042 97044 97048 97049 97051 97053 97056
97058 97067 97071 97103 97107 97110 97111 97114 97115 97117 97118
97122 97127 97128 97131 97134 97137 97141 97143 97146 97148 97301 97302
97303 97304 97305 97306 97307 97309 97310 97317 97321 97322 97325 97326
97327 97336 97338 97341 97343 97344 97348 97352 97355 97357 97362 97365
97366 97367 97370 97372 97374 97377 97378 97380 97381 97383 97385 97386
97389 97391 97415 97420 97423 97424 97426 97431 97444 97446 97448 97452
97456 97465 97470 97487 97489 97501 97502 97503 97504 97524 97534 97535
97756 97759 97760 97801 97812

Group Area C

STANDARD RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th></th>
<th>Standard Family Rate (FAM)</th>
<th>Standard Center Rate (NQC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-157</td>
<td>158-215</td>
</tr>
<tr>
<td></td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Infant</td>
<td>$2.20</td>
<td>$374</td>
</tr>
<tr>
<td>Toddler</td>
<td>$1.98</td>
<td>$352</td>
</tr>
<tr>
<td>Preschool</td>
<td>$1.76</td>
<td>$348</td>
</tr>
<tr>
<td>School</td>
<td>$1.76</td>
<td>$348</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.20</td>
<td>$374</td>
</tr>
</tbody>
</table>

ENHANCED RATE MAXIMUMS (Not Licensed)

<table>
<thead>
<tr>
<th></th>
<th>Enhanced Family Rate (QFM)</th>
<th>Enhanced Center Rate (QEC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hourly</td>
<td>Part-time</td>
</tr>
<tr>
<td>Infant</td>
<td>$2.38</td>
<td>$303</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.14</td>
<td>$285</td>
</tr>
<tr>
<td>Preschool</td>
<td>$1.90</td>
<td>$281</td>
</tr>
<tr>
<td>School</td>
<td>$1.90</td>
<td>$281</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.38</td>
<td>$303</td>
</tr>
</tbody>
</table>
### LICENSED RATE MAXIMUMS

<table>
<thead>
<tr>
<th></th>
<th>Registered Family Rate (RFM)</th>
<th>Certified Family Rate (CFM)</th>
<th>Certified Center Rate (CNT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hourly</td>
<td>Part-time</td>
<td>Monthly</td>
</tr>
<tr>
<td>Infant</td>
<td>$2.50</td>
<td>$319</td>
<td>$425</td>
</tr>
<tr>
<td>Toddler</td>
<td>$2.25</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>Preschool</td>
<td>$2.00</td>
<td>$296</td>
<td>$395</td>
</tr>
<tr>
<td>School</td>
<td>$2.00</td>
<td>$296</td>
<td>$395</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$2.50</td>
<td>$319</td>
<td>$425</td>
</tr>
</tbody>
</table>

### Zip Codes for Group Area C: Balance of State, Other State Zips

- 97001 97016 97018 97020 97026 97029 97032 97033 97037 97039 97040
- 97050 97054 97057 97063 97065 97101 97102 97121 97130 97136 97137 97144
- 97145 97147 97324 97329 97335 97342 97345 97346 97347 97350 97358 97360
- 97364 97368 97369 97375 97384 97388 97390 97392 97394 97396 97406 97407
- 97409 97410 97411 97412 97413 97414 97416 97417 97419 97425 97427 97428
- 97429 97430 97432 97434 97435 97436 97437 97438 97439 97441 97442 97443
- 97447 97449 97450 97451 97453 97457 97458 97459 97461 97462 97463 97464
- 97466 97467 97469 97472 97473 97476 97479 97480 97481 97484 97486 97488
- 97490 97491 97492 97493 97494 97495 97496 97497 97498 97499 97522 97523
- 97526 97527 97530 97531 97532 97533 97536 97537 97538 97539 97540 97541
- 97543 97544 97601 97603 97604 97620 97621 97622 97623 97624 97625 97626
- 97627 97630 97632 97633 97634 97635 97636 97637 97638 97639 97640 97641
- 97710 97711 97712 97720 97722 97723 97730 97731 97732 97733 97734 97735
- 97736 97737 97738 97739 97741 97750 97751 97752 97753 97754 97758 97761
- 97810 97813 97814 97817 97818 97819 97820 97823 97824 97825 97826 97827
- 97828 97830 97833 97834 97835 97836 97837 97838 97839 97840 97841 97842
- 97843 97844 97845 97846 97848 97850 97856 97857 97859 97861 97862 97864
- 97865 97867 97868 9869 9870 9873 9874 9875 9876 9877 9880 9882
- 97883 97884 97885 97886 97901 97902 97903 97904 97905 97906 97907 97908
- 97909 97910 97911 97913 97914 97918 97920

### Determining the copay

The copay is calculated by a mathematical formula that gradually increases the copay as family income increases. The maximum income limit is 185 percent of the Federal Poverty Level. This calculation is available on the Children, Adults and Families - Self-Sufficiency Programs Web page and can be accessed by going to http://www.oregon.gov/DHS/children/childcare/parents.shtml and then clicking on “Co-pay estimate.”

To determine the copay amount, enter the number of persons in the ERDC need group in the Choose Family Size field. Make sure to include all adult members of the need group as well as older children who do not need child care.
Enter the monthly income amount (as described in Section E) in the Enter Monthly Income field. Click on Calculate. The copay amount will appear in the Estimated Copay Amount field. If the client is over the income standard, the screen will display Income Exceeds Eligibility for Child Care Services.

**Hint:** Once you have brought up the copay calculation program page, you can add it to your Internet Explorer Favorites list: click on “Favorites” in the upper toolbar, then click on “Add to Favorites,” then click on which folder to put it in and then click on “OK.”

### ERDC Gross Monthly Income Limit

<table>
<thead>
<tr>
<th># in ERDC Group</th>
<th>Gross Income Limit (185% of 2012 FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,426</td>
</tr>
<tr>
<td>3</td>
<td>$3,051</td>
</tr>
<tr>
<td>4</td>
<td>$3,677</td>
</tr>
<tr>
<td>5</td>
<td>$4,303</td>
</tr>
<tr>
<td>6</td>
<td>$4,929</td>
</tr>
<tr>
<td>7</td>
<td>$5,555</td>
</tr>
<tr>
<td>8 or more</td>
<td>$6,181</td>
</tr>
</tbody>
</table>

Child Care Eligibility Standard, Payment Rates, and Copayments: 461-155-0150(9)
Poverty Related Income Standards; Not OSIP, OSIPM, QMB: 461-155-0180
Use of Income to Determine Eligibility and Benefits for ERDC: 461-160-0300

**(E)** Income and payment standards; SNAP

SNAP Countable and Adjusted Income Limits:

<table>
<thead>
<tr>
<th>Eligible Members Group Size</th>
<th>Countable Income Limit</th>
<th>Adjusted Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,265</td>
<td>$973</td>
</tr>
<tr>
<td>2</td>
<td>1,705</td>
<td>1,311</td>
</tr>
<tr>
<td>3</td>
<td>2,144</td>
<td>1,650</td>
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<tr>
<td>4</td>
<td>2,584</td>
<td>1,988</td>
</tr>
<tr>
<td>5</td>
<td>3,024</td>
<td>2,326</td>
</tr>
<tr>
<td>6</td>
<td>3,464</td>
<td>2,665</td>
</tr>
<tr>
<td>7</td>
<td>3,904</td>
<td>3,003</td>
</tr>
<tr>
<td>8</td>
<td>4,344</td>
<td>3,341</td>
</tr>
<tr>
<td>Each additional person</td>
<td>446</td>
<td>339</td>
</tr>
</tbody>
</table>
SNAP payment standard (Thrifty Food Plans):

<table>
<thead>
<tr>
<th>No. in Eligible Members Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>357</td>
</tr>
<tr>
<td>3</td>
<td>511</td>
</tr>
<tr>
<td>4</td>
<td>649</td>
</tr>
<tr>
<td>5</td>
<td>771</td>
</tr>
<tr>
<td>6</td>
<td>925</td>
</tr>
<tr>
<td>7</td>
<td>1,022</td>
</tr>
<tr>
<td>8</td>
<td>1,169</td>
</tr>
<tr>
<td>Each additional person</td>
<td>146</td>
</tr>
</tbody>
</table>

Income and Payment Standards; SNAP: 461-155-0190

(F) Basic standard; GA, GAM

There is no countable income standard for GA or GAM.

The standard includes shelter, food and energy assistance. The Basic Standard is $309 for a one-person benefit group (including clients in room and board) and $618 for a two-person benefit group.

The basic standard for all GA and GAM clients in Adult Foster Care (AFC), Assisted Living Facilities (ALF), a Residential Care Facility (GCH/RCF), satellite apartments or MHDDSD Substitute Homes is $292 for room and board, plus $40 personal allowance for clothing and personal incidentals.

For GA and GAM clients in nursing facilities, $30 is allowed for clothing and personal incidentals.

Payment Standard; GA, GAM: 461-155-0210

(G) Income and payment standard; OSIP, OSIPM

For OSIP and OSIPM (except OSIP-EPD, OSIPM-EPD) in long-term care and in waived nonstandard living arrangements, the Countable Income Limit Standard is 300 percent of the SSI standard. Use the one-person SSI standard for an individual who has no income and is living alone in the community to compute the Countable Income Limit. Other OSIP and OSIPM cases do not have a countable income limit.

The non-SSI OSIP and OSIPM (except OSIP-EPD, OSIPM-EPD) adjusted income standard takes into consideration the need for housing, utilities, food, clothing, personal incidentals and household supplies.
The payment standard is used as the adjusted income limit and to calculate cash benefits for non-SSI OSIP cases. The OSIP-AB Adjusted Income/Payment Standard includes a transportation allowance.

The total standard is:

<table>
<thead>
<tr>
<th>Non-SSI/OSIP and OSIPM Adjusted Income Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted No. in Household</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>AD/OAA</td>
</tr>
<tr>
<td>AB</td>
</tr>
</tbody>
</table>

The payment standard for SSI/OSIP cases living in the community is the SIP amount. The SIP (Supplemental Income Payment) is a need amount added to any other special or service needs to determine the actual payment.

For clients whose unearned income minus any SSI or Veterans Nonservice-Connected Disability Benefits is less than $20:

<table>
<thead>
<tr>
<th>SSI/OSIP and OSIPM Payment Standard (Unearned Income Less Than $20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. in Need Group</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>SIP (need)</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
For clients whose unearned income minus any SSI or Veterans Nonservice-Connected Disability Benefits is $20 or more:

<table>
<thead>
<tr>
<th>SSI/OSIP and OSIPM Payment Standard (Unearned Income $20 or More)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. in Need Group</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>SIP (need)</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

The SSI/OSIP-AB standard includes a transportation allowance. The standard for two assumes one individual is blind and the other is not. If both are blind, $20 is added to the SIP amount.

For SSI couples in AFC, ALF, or RCF, an amount is added to each person’s SIP entry that equals the difference between the individual’s income (including SSI and other income) and the OSIP standard for a one-person need group.

*For SSI couples in AFC, ALF, or RCF, create a separate CMS record for each person.*

In the OSIP and OSIPM programs, individuals in long-term care, a nursing facility, or an ICF-MR are allowed the following amounts for clothing and personal incidentals:

- For clients who receive a VA pension based on unreimbursed medical expenses (UME), $90 is allowed;
- For all other clients, $30 is allowed.

For OSIP-EPD and OSIPM-EPD, the Adjusted Income Limit is 250 percent of the Federal Poverty Level for a family of one. For the current income standards for OSIP-EPD and OSIPM-EPD, see the APD Worker Guide on EPD: [http://www.dhs.state.or.us/spd/tools/program/osip/wg11.htm](http://www.dhs.state.or.us/spd/tools/program/osip/wg11.htm)

Income and Payment Standard; OSIPM: 461-155-0250

(H) Payment standard for NSLA; OSIP, OSIPM

For all OSIP and OSIPM cases in a waived *nonstandard living arrangement* (see OAR 461-001-0000), the OSIP/OSIPM Income Standard is allocated as follows:
1. Room and board allowance is $523.70 amounts listed in OAR 461-155-0270.

2. Personal needs allowance:

<table>
<thead>
<tr>
<th>Program</th>
<th>Non-SSI/SSB Combo Cases</th>
<th>SSI/SSB Combo Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD/OAA</td>
<td>$152.00</td>
<td>$172.00</td>
</tr>
<tr>
<td>AB</td>
<td>$177.00</td>
<td>$189.00</td>
</tr>
</tbody>
</table>

Room and Board Standard; OSIPM: 461-155-0270

(I) Income standard; QMB-BAS

The Adjusted Income Standard for QMB-BAS is as follows. It is 100 percent of the 2009 federal poverty level.

**QMB-BAS Adjusted Income Standard**

<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>
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<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>9</td>
<td>3,396</td>
</tr>
<tr>
<td>10</td>
<td>3,708</td>
</tr>
<tr>
<td>Each additional person</td>
<td>312</td>
</tr>
</tbody>
</table>

Income Standard; QMB-BAS: 461-155-0290

(J) Income standard; QMB-DW

The Adjusted Income Standard for QMB-DW is as follows. It is 200 percent of the 2009 federal poverty level.

**QMB-DW Adjusted Income Standard**

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 1,805</td>
</tr>
<tr>
<td>2</td>
<td>2,429</td>
</tr>
<tr>
<td>3</td>
<td>3,052</td>
</tr>
<tr>
<td>4</td>
<td>3,675</td>
</tr>
</tbody>
</table>
Each additional person 624

(K) Income standard; QMB-SMB

The Adjusted Income Standard for QMB-SMB is as follows. It is 120 percent of the 2009 federal poverty level.

### QMB-SMB Adjusted Income Standard

**Case Descriptor SMB**

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 1,083</td>
</tr>
<tr>
<td>2</td>
<td>1,457</td>
</tr>
<tr>
<td>3</td>
<td>1,831</td>
</tr>
<tr>
<td>4</td>
<td>2,205</td>
</tr>
<tr>
<td>5</td>
<td>2,579</td>
</tr>
<tr>
<td>6</td>
<td>2,953</td>
</tr>
<tr>
<td>7</td>
<td>3,327</td>
</tr>
<tr>
<td>8</td>
<td>3,701</td>
</tr>
<tr>
<td>9</td>
<td>4,075</td>
</tr>
<tr>
<td>10</td>
<td>4,449</td>
</tr>
</tbody>
</table>

Each additional person 374

### QMB-SMB Adjusted Income Standard

**Case Descriptor SMF**

<table>
<thead>
<tr>
<th>No. in Need Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 1,219</td>
</tr>
<tr>
<td>2</td>
<td>1,640</td>
</tr>
<tr>
<td>3</td>
<td>2,060</td>
</tr>
<tr>
<td>4</td>
<td>2,481</td>
</tr>
<tr>
<td>5</td>
<td>2,902</td>
</tr>
<tr>
<td>6</td>
<td>3,323</td>
</tr>
</tbody>
</table>
(L) Shelter-in-Kind Standard

For OSIP, OSIPM, and QMB, the Shelter-in-Kind Standard is:

For a single person:
- Living alone, $415 for total shelter or $250 for housing costs only;
- Living with others, $193 for total shelter or $115 for housing costs only;

For a couple:
- Living alone, $513 for total shelter or $308 for housing costs only;
- Living with others, $190 for total shelter or $114 for housing costs only.

Special Shelter Allowance: 461-155-0300

(M) Special Shelter Allowance; REF, TANF

The Special Shelter Allowance is included in the REF and TANF Payment. It is an advance of the ERA refund per ORS 412.155.

Special Shelter Allowance

<table>
<thead>
<tr>
<th>No. in Eligible Members Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22.35</td>
</tr>
<tr>
<td>2</td>
<td>22.35</td>
</tr>
<tr>
<td>3</td>
<td>21.14</td>
</tr>
<tr>
<td>4</td>
<td>20.34</td>
</tr>
<tr>
<td>5</td>
<td>19.53</td>
</tr>
<tr>
<td>6</td>
<td>18.73</td>
</tr>
<tr>
<td>7</td>
<td>17.92</td>
</tr>
<tr>
<td>8</td>
<td>17.12</td>
</tr>
<tr>
<td>9</td>
<td>16.32</td>
</tr>
<tr>
<td>10 or more</td>
<td>14.71</td>
</tr>
</tbody>
</table>

Special Shelter Allowance; REF, TANF: 461-155-0310
(N) Minimum Contribution Standard

The Minimum Contribution Standard is used to determine which portion of a lodger’s income is excluded for REF and TANF.

<table>
<thead>
<tr>
<th>Number in Benefit Group</th>
<th>One Nonrecipient</th>
<th>Each of two Nonrecipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$214</td>
<td>$152</td>
</tr>
<tr>
<td>2</td>
<td>164</td>
<td>146</td>
</tr>
<tr>
<td>3</td>
<td>146</td>
<td>130</td>
</tr>
<tr>
<td>4</td>
<td>130</td>
<td>124</td>
</tr>
<tr>
<td>5</td>
<td>124</td>
<td>121</td>
</tr>
<tr>
<td>6</td>
<td>121</td>
<td>118</td>
</tr>
<tr>
<td>7</td>
<td>118</td>
<td>109</td>
</tr>
<tr>
<td>8</td>
<td>109</td>
<td>105</td>
</tr>
<tr>
<td>9</td>
<td>105</td>
<td>102</td>
</tr>
<tr>
<td>10+</td>
<td>105</td>
<td>102</td>
</tr>
</tbody>
</table>

*Use $98 for each nonrecipient over two.

Minimum Contribution Standard: 461-155-0350

(O) Cost-effective health insurance premiums

For GAM, OSIPM and REFM, use the following to determine if an employer-sponsored health plan is cost-effective:

- Determine the premium amount for employer-sponsored health insurance paid by a member of the household;

- Based on the number in the benefit group, determine the maximum cost-effective premium amount for members of the benefit group from the following tables:

<table>
<thead>
<tr>
<th>GAM/REFM</th>
<th># in Benefit Group covered by insurance</th>
<th>Cost-effective premium amount (Employee cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>$82</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>$164</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>$246</td>
</tr>
<tr>
<td># in Benefit Group covered by insurance</td>
<td>Cost-effective premium amount (Employee cost)</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$145</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$289</td>
<td></td>
</tr>
</tbody>
</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>$167</td>
</tr>
<tr>
<td>2</td>
<td>$334</td>
</tr>
</tbody>
</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>$147</td>
</tr>
<tr>
<td>2</td>
<td>$294</td>
</tr>
</tbody>
</table>

- The insurance is cost effective if the employee’s share of the premium is equal to or less than the amount in second subparagraph of this rule;
If the health-insurance premium is cost effective, the department will reimburse the actual amount of the premium, not to exceed the cost-effective amount for the number of persons in the benefit group who are covered by the insurance.

Pursuit of Cost-Effective Employer Sponsored Health Insurance: 461-155-0360
Worker Guide
Contacts for Statewide Verification of Assistance

This worker guide is intended to help workers determine if an applicant for assistance in Oregon has already received benefits in another state. It is also used to contact other states for verification of months on TANF.

This is a list of central phone numbers or fax numbers that workers can use to find out if a person applying for assistance in Oregon has already received benefits in another state or American territory. If the client has a different phone number for a specific worker in another state or territory, use that number. Please notify the policy unit of any changes to the numbers on this list.

Note: For fax requests please provide the agency name, program, address, phone number, fax number and the name, social security number, and date of birth for everyone on the case, as well as the date they moved to Oregon.

Note: For TANF time limits, you can use the prepared time limit fax or email verification form in staff tools at: http://www.dhs.state.or.us/caf/ss/tanf/docs/time-limitFAXsheet-12.12.pdf.

NEW***** FOR SNAP VERIFICATION OF ASSISTANCE USE THE FOLLOWING LINK:

http://dpaweb.hss.state.ak.us/files/pdfs/NATIONALDIRECTORY.pdf

FOR ALL OTHER PROGRAMS VERIFICATION OF ASSISTANCE:
<table>
<thead>
<tr>
<th>State</th>
<th>Phone Numbers</th>
<th>Fax Numbers</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>SNAP: 334-242-1745</td>
<td></td>
<td>SNAP: Phone request only. MEDICAL: Phone request only. TANF: Phone request only.</td>
</tr>
<tr>
<td>American Samoa</td>
<td>General: 011-684-633-2609</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>General: 602-542-9935</td>
<td>602-353-5746</td>
<td>Verification requests should now be emailed to: <a href="mailto:AZStateInquiries@azdes.gov">AZStateInquiries@azdes.gov</a></td>
</tr>
<tr>
<td>Arkansas</td>
<td>General: 501-682-8993</td>
<td>General: 501-682-8978</td>
<td>The receptionist at the general number will forward the caseworker to the appropriate local department.</td>
</tr>
<tr>
<td>Colorado</td>
<td>SNAP: 303-866-3122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>General: 860-647-1441</td>
<td>General: 860-424-4960</td>
<td>Phone request only.</td>
</tr>
<tr>
<td>District of Columbia (DC)</td>
<td>General: 866-419-1720</td>
<td>General: 202-535-1514</td>
<td>Fax request only. (Call General numbers only to update info.)</td>
</tr>
<tr>
<td>Florida</td>
<td>General: 850-717-4091</td>
<td></td>
<td>Phone request.</td>
</tr>
<tr>
<td>Georgia</td>
<td>General: 800-869-1150</td>
<td>General: 404-463-0093</td>
<td>Email, Phone or Fax request. Email preferred: <a href="mailto:advocate@dhr.state.ga.us">advocate@dhr.state.ga.us</a></td>
</tr>
<tr>
<td>Guam</td>
<td>General: 671-735-7279</td>
<td>671-734-5910</td>
<td>Phone or Email request. Email: <a href="mailto:linda.susuico@dphss.guam.gov">linda.susuico@dphss.guam.gov</a> or <a href="mailto:elsa.perez@dphss.guam.gov">elsa.perez@dphss.guam.gov</a> if additional information is required.</td>
</tr>
<tr>
<td>Hawaii</td>
<td>TANF: 808-586-5725 or 808-586-5732</td>
<td></td>
<td>Phone request only.</td>
</tr>
<tr>
<td>Indiana</td>
<td>General: 317-233-0826</td>
<td>General: 317-233-0828</td>
<td>Phone or Fax request.</td>
</tr>
</tbody>
</table>

**Contacts for Statewide Verification of Assistance**

**October 1, 2014**

**FSML – 75**

**Page - 2**

**MP-WG #4**
<table>
<thead>
<tr>
<th>State</th>
<th>Phone Numbers</th>
<th>Fax Numbers</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td>General: 877-855-0021</td>
<td>515-281-4597</td>
<td>Phone or Email request.</td>
</tr>
<tr>
<td></td>
<td>General: 515-281-3959</td>
<td></td>
<td>Email: <a href="mailto:fbagley@dhs.state.ia.us">fbagley@dhs.state.ia.us</a></td>
</tr>
<tr>
<td>Kansas</td>
<td></td>
<td>785-296-6960</td>
<td><a href="mailto:ebtmail@srs.ks.gov">ebtmail@srs.ks.gov</a></td>
</tr>
<tr>
<td>Kentucky</td>
<td>General: 502-564-7514</td>
<td>502-564-4021</td>
<td>For Medicaid: <a href="mailto:DFS.Medicaid@ky.gov">DFS.Medicaid@ky.gov</a></td>
</tr>
<tr>
<td>Louisiana</td>
<td>General: 502-564-7514</td>
<td>General: 225-342-6996</td>
<td>Phone or Fax request.</td>
</tr>
<tr>
<td></td>
<td>207-287-1838 or 207-287-1839</td>
<td></td>
<td>A signed release is required to obtain verification.</td>
</tr>
<tr>
<td>Maine</td>
<td>General: 800-332-6347</td>
<td>617-889-7874</td>
<td>Mail or fax request on agency letterhead.</td>
</tr>
<tr>
<td></td>
<td>Option 1, 3 &amp; then option # of benefits department you need to verify</td>
<td></td>
<td>Phone request.</td>
</tr>
<tr>
<td>Maryland</td>
<td>General: 617-348-8500</td>
<td>617-335-6054</td>
<td>Requests must be made by email: <a href="http://www.mn.gov/snap-tanf-benefit-verification">www.mn.gov/snap-tanf-benefit-verification</a>.</td>
</tr>
<tr>
<td></td>
<td>General: 800-445-6604</td>
<td></td>
<td>Please supply agency information and enter “guest” in the code box. All responses will be via email.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 800-242-1340, Option 1, 5, 1 or 2 (depending on client’s age)</td>
<td>617-889-7874</td>
<td>Phone or Fax request.</td>
</tr>
<tr>
<td></td>
<td>General: 601-359-4550</td>
<td></td>
<td>Email: <a href="mailto:ea.CustomerService@mdhs.mn.gov">ea.CustomerService@mdhs.mn.gov</a></td>
</tr>
<tr>
<td>Mississippi</td>
<td>General: 800-948-3050</td>
<td>General: 601-359-4550</td>
<td>Fax or email request.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 601-961-4361</td>
<td></td>
<td>Email: <a href="mailto:cole.coxix@dss.mo.gov">cole.coxix@dss.mo.gov</a></td>
</tr>
<tr>
<td></td>
<td>(depending on client’s age)</td>
<td></td>
<td>Note: Missouri’s new policy prefers email communication for verifications at the above address. You will need to set up a log-in account with a password and security question to access their online system via email.</td>
</tr>
<tr>
<td>Missouri</td>
<td>General: 855-373-4636</td>
<td>General: 573-522-2886</td>
<td>Phone requests will take much longer.</td>
</tr>
<tr>
<td></td>
<td>Option 3</td>
<td></td>
<td>Phone on TANF: email: <a href="mailto:swilkins@mt.gov">swilkins@mt.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For verification benefits that have closed, email: <a href="mailto:mgauer@mt.gov">mgauer@mt.gov</a></td>
</tr>
<tr>
<td></td>
<td>TANF: 406-444-0640</td>
<td></td>
<td>Medical email: <a href="mailto:DHHS.MedicaidPolicyQuestions@nebraska.gov">DHHS.MedicaidPolicyQuestions@nebraska.gov</a></td>
</tr>
<tr>
<td>State</td>
<td>Phone Numbers</td>
<td>Fax Numbers</td>
<td>Additional Information</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Nevada</td>
<td>General: 775-684-0615</td>
<td>General: 775-684-0680</td>
<td>Fax request only.</td>
</tr>
<tr>
<td></td>
<td>Option 5</td>
<td></td>
<td>* plus written auth from client for fax</td>
</tr>
<tr>
<td>New Jersey</td>
<td>General: 609-588-2283</td>
<td>Questions to Robert Clayborne: 609-631-4552</td>
<td>Call counties directly (County Directory) for verification. Need to fax copy of pages 11-13 showing signature and locations of release authorization.</td>
</tr>
<tr>
<td>New Mexico</td>
<td>General: 505-841-7700</td>
<td>General: 505-841-7754</td>
<td>Phone or fax request.</td>
</tr>
<tr>
<td></td>
<td>General: 800-283-4465</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>General: 518-473-6110</td>
<td>General: 518-474-8090</td>
<td>Fax request only, on department letterhead, plus reason for info.</td>
</tr>
<tr>
<td>North Carolina</td>
<td>General: 866-719-0141</td>
<td>General: 252-789-5395</td>
<td>SNAP and TANF requests must be by email or fax.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 919-855-4000</td>
<td>Medical: 919-715-0801</td>
<td>Call Center email: <a href="mailto:ebt.csc.leads@dhhs.nc.gov">ebt.csc.leads@dhhs.nc.gov</a></td>
</tr>
<tr>
<td>North Dakota</td>
<td>General: 701-328-2332</td>
<td>General: 701-328-1060</td>
<td>Phone or Fax request.</td>
</tr>
<tr>
<td>Ohio</td>
<td>See “Additional Information” column</td>
<td>614-466-1767</td>
<td>To access direct contact information for each county agency: <a href="http://dfs.ohio.gov/County/County_Directory.pdf">http://dfs.ohio.gov/County/County_Directory.pdf</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Send from state/county agency email address or send with agency letterhead.</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>General: 405-521-2779</td>
<td></td>
<td>Email: <a href="mailto:snap@okdhs.org">snap@okdhs.org</a></td>
</tr>
<tr>
<td>Oregon</td>
<td>General: 503-945-5601</td>
<td>General: 503-373-7032</td>
<td>Fax request only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Email: <a href="mailto:ra-dpwoimnet@pa.gov">ra-dpwoimnet@pa.gov</a></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>General: 717-705-0040</td>
<td></td>
<td>Fax or email requests only. Fax request preferred.</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>General: 787-289-7600</td>
<td>General: 787-289-7614</td>
<td>Phone or Fax request.</td>
</tr>
<tr>
<td></td>
<td>x 2613 or x 2609</td>
<td>Medical: 787-250-0900</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 787-765-1230</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>x 5811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td>General: 401-462-1589</td>
<td></td>
<td>Phone request.</td>
</tr>
<tr>
<td>South Carolina</td>
<td>General: 803-898-0996</td>
<td>General: 803-898-7156</td>
<td>General: Phone or Fax request.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 888-549-0820</td>
<td>General: 803-898-7156</td>
<td>MEDICAL: Phone request only.</td>
</tr>
<tr>
<td>South Dakota</td>
<td>General: 605-773-3493</td>
<td>General: 605-773-7183</td>
<td>Phone or Fax request.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL: 605-773-4678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>General: 615-313-5652</td>
<td>General: 615-687-5535</td>
<td>Fax request only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Phone Numbers</td>
<td>Fax Numbers</td>
<td>Additional Information</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Texas**        | **Phone:** 877-541-7905, then select the following options from the Interactive Voice Response System:  
|                  | Option 1 for English; Option 2 for benefit information;  
|                  | Option 1 for Medicaid and TANF information, and Option 1 to hear benefit status information (stay on the line to talk to a representative). | General: 877-447-2839         | **Fax:** 877-447-2839 (Please submit one inquiry per page and fax each inquiry separately.) |
| **Utah**         | General: 866-435-7414  
|                  | Option 5, then Option 3                                                       | General: 801-526-9500         | Phone or Fax request.                                                                   |
| **Virgin Islands** | General: 340-773-2323  
|                  | General: 340-773-5060                                                        | General: 340-773-6121         | Phone or Fax request.                                                                   |
| **Virginia**     | General: 703-704-6413                                                       | General: 703-324-3896         | Phone request only.                                                                    |
|                  |                                                                               |                              | Request to speak to supervisor.                                                        |
| **Washington**   | General: 888-212-2319                                                       | General: 888-212-2319         | Fax requests only (include description of request, client’s full name, SSN and DOB on agency letterhead)  
|                  |                                                                               |                              | Web: [http://www.dshs.wa.gov/](http://www.dshs.wa.gov/)                                  |
| **West Virginia** | General: 877-716-1212                                                      | General: 304-558-1869         | Phone request only.                                                                    |
| **Wisconsin**    | General: 608-261-6378  
|                  | Option 3  
|                  | TANF: 608-264-1656                                                          | General: 304-558-1869         | Phone: Leave a message; or  
|                  |                                                                               |                              | Email: [http://dcf.wisconsin.gov/w2/callcenter/default.htm](http://dcf.wisconsin.gov/w2/callcenter/default.htm) |
| **Wyoming**      | General: 307-777-6079                                                       | General: 304-558-1869         | Phone request only.                                                                    |

If another state contacts you to verify Oregon time on assistance, refer them to Central Office at: 503-945-5600.
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Worker Guide

Combined Standards and Federal Poverty Level Figures

This worker guide lists the standards for ERDC, SNAP and TANF all in one place. It includes standards for need groups that contain adults and those that do not contain adults. This guide also includes the federal poverty level figures on which many income standards are based.

2014 Federal Poverty Level

<table>
<thead>
<tr>
<th>Number in Family</th>
<th>Gross Monthly Income</th>
<th>Gross Yearly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$  973</td>
<td>$ 11,670</td>
</tr>
<tr>
<td>2</td>
<td>1,311</td>
<td>15,730</td>
</tr>
<tr>
<td>3</td>
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<td>19,790</td>
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<td>4</td>
<td>1,988</td>
<td>23,850</td>
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<tr>
<td>5</td>
<td>2,326</td>
<td>27,910</td>
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<tr>
<td>6</td>
<td>2,665</td>
<td>31,970</td>
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<tr>
<td>7</td>
<td>3,003</td>
<td>36,030</td>
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<tr>
<td>8</td>
<td>3,341</td>
<td>40,090</td>
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<tr>
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<td>3,680</td>
<td>44,150</td>
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<td>4,018</td>
<td>48,210</td>
</tr>
<tr>
<td>+ 1</td>
<td>+339</td>
<td>+4060</td>
</tr>
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</table>
One or More Adult Standards - for REF/TANF subsidy level/Post-TANF

<table>
<thead>
<tr>
<th>Persons in Need Group</th>
<th>REF/TANF Payment Standard</th>
<th>Adjusted Income Limit</th>
<th>Countable Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$339</td>
<td>$326</td>
<td>$345</td>
</tr>
<tr>
<td>2</td>
<td>432</td>
<td>416</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>506</td>
<td>485</td>
<td>616</td>
</tr>
<tr>
<td>4</td>
<td>621</td>
<td>595</td>
<td>795</td>
</tr>
<tr>
<td>5</td>
<td>721</td>
<td>695</td>
<td>932</td>
</tr>
<tr>
<td>6</td>
<td>833</td>
<td>796</td>
<td>1,060</td>
</tr>
<tr>
<td>7</td>
<td>923</td>
<td>886</td>
<td>1,206</td>
</tr>
<tr>
<td>8</td>
<td>1,030</td>
<td>976</td>
<td>1,346</td>
</tr>
<tr>
<td>9</td>
<td>1,093</td>
<td>1,039</td>
<td>1,450</td>
</tr>
<tr>
<td>10</td>
<td>1,204</td>
<td>1,150</td>
<td>1,622</td>
</tr>
<tr>
<td>+1</td>
<td>+110</td>
<td>+110</td>
<td>+172</td>
</tr>
</tbody>
</table>

**TANF Payment Standard** - This is the REF/TANF payment standard.

**Adjusted Income Limit** - This is countable income minus deductions.

**Countable Income Limit** - This is the amount of countable income remaining after allowable exclusions.

---

### Supplemental Nutrition Assistance Program (SNAP) Standards

<table>
<thead>
<tr>
<th>Persons in Filing Group</th>
<th>Categorical Eligibility Limit (185%)</th>
<th>Persons in Need Group</th>
<th>Countable Income Limit</th>
<th>Adjusted Income Limit</th>
<th>SNAP Payment Standard (TFP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,800</td>
<td>1</td>
<td>$1,265</td>
<td>$973</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>2,426</td>
<td>2</td>
<td>1,705</td>
<td>1,311</td>
<td>357</td>
</tr>
<tr>
<td>3</td>
<td>3,051</td>
<td>3</td>
<td>2,144</td>
<td>1,650</td>
<td>511</td>
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<tr>
<td>4</td>
<td>3,677</td>
<td>4</td>
<td>2,584</td>
<td>1,988</td>
<td>649</td>
</tr>
<tr>
<td>5</td>
<td>4,303</td>
<td>5</td>
<td>3,024</td>
<td>2,326</td>
<td>771</td>
</tr>
<tr>
<td>6</td>
<td>4,929</td>
<td>6</td>
<td>3,464</td>
<td>2,665</td>
<td>925</td>
</tr>
<tr>
<td>7</td>
<td>5,555</td>
<td>7</td>
<td>3,904</td>
<td>3,003</td>
<td>1022</td>
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<tr>
<td>8</td>
<td>6,181</td>
<td>8</td>
<td>4,344</td>
<td>3,341</td>
<td>1169</td>
</tr>
<tr>
<td>+1</td>
<td>+626</td>
<td>+1</td>
<td>+440</td>
<td>+339</td>
<td>+146</td>
</tr>
</tbody>
</table>

**SNAP Utility Standards** – *Maximum shelter deduction $490*

- Full Utility Allowance (FUA) = $446
- Limited Utility Allowance (LUA) = $328
- Individual Utility Allowance (IUA) = $55
- Telephone Utility Allowance (TUA) = $57
### Non-needy Caretaker Relative Countable Income Limit Standard

<table>
<thead>
<tr>
<th>No. in Filing Group</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<th>+1</th>
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<tr>
<td>NNCR Countable Income Group</td>
<td>$2,426</td>
<td>3,051</td>
<td>3,677</td>
<td>4,303</td>
<td>4,929</td>
<td>5,555</td>
<td>6,181</td>
<td>6,807</td>
<td>7,433</td>
<td>626</td>
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</tbody>
</table>

### TANF No-Adult Standards

Use the no-adult standard for the TANF program if there is no adult in the need group.

<table>
<thead>
<tr>
<th>Adjusted* No. in Household</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>No. in Need Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Payment Standard</td>
<td>$228</td>
<td>180</td>
<td>167</td>
<td>156</td>
<td>150</td>
<td>143</td>
<td>140</td>
<td>133</td>
<td>132</td>
<td>1</td>
</tr>
<tr>
<td>TANF Adj. Income/Limit</td>
<td>220</td>
<td>173</td>
<td>160</td>
<td>151</td>
<td>144</td>
<td>138</td>
<td>134</td>
<td>127</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>TANF Countable Income Limit</td>
<td>249</td>
<td>205</td>
<td>198</td>
<td>186</td>
<td>176</td>
<td>172</td>
<td>168</td>
<td>161</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>TANF Payment Standard</td>
<td>348</td>
<td>322</td>
<td>300</td>
<td>288</td>
<td>274</td>
<td>268</td>
<td>254</td>
<td>252</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>TANF Adj. Income/Limit</td>
<td>334</td>
<td>308</td>
<td>290</td>
<td>276</td>
<td>264</td>
<td>256</td>
<td>242</td>
<td>242</td>
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<td>3</td>
</tr>
<tr>
<td>TANF Countable Income Limit</td>
<td>410</td>
<td>396</td>
<td>372</td>
<td>352</td>
<td>344</td>
<td>336</td>
<td>322</td>
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<td>387</td>
<td>378</td>
<td>375</td>
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<tr>
<td>TANF Adj. Income/Limit</td>
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<td>429</td>
<td>408</td>
<td>390</td>
<td>378</td>
<td>357</td>
<td>357</td>
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<tr>
<td>TANF Countable Income Limit</td>
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<td>528</td>
<td>516</td>
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<td>496</td>
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<tr>
<td>TANF Adj. Income/Limit</td>
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<td>540</td>
<td>516</td>
<td>500</td>
<td>472</td>
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<td>688</td>
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<td>648</td>
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<td>TANF Payment Standard</td>
<td>702</td>
<td>667</td>
<td>652</td>
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<td>612</td>
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<tr>
<td>TANF Adj. Income/Limit</td>
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<td>642</td>
<td>622</td>
<td>587</td>
<td>587</td>
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<tr>
<td>TANF Countable Income Limit</td>
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<td>805</td>
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<td>TANF Payment Standard</td>
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<tr>
<td>TANF Adj. Income Limit</td>
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<td>702</td>
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</tr>
<tr>
<td>TANF Payment Standard</td>
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<td>859</td>
<td>852</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>TANF Adj. Income Limit</td>
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<td>817</td>
<td>817</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TANF Countable Income Limit</td>
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<td>1,134</td>
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<td></td>
<td></td>
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<td>8</td>
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<tr>
<td>TANF Payment Standard</td>
<td>980</td>
<td>972</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Adj. Income Limit</td>
<td>932</td>
<td>932</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Countable Income Limit</td>
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<td>1,296</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TANF Payment Standard</td>
<td>1,092</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Adj. Income Limit</td>
<td>1,047</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TANF Countable Income Limit</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

*See Prorated Standards; Adjusted Number in Household OAR 461-155-0020
Refer to the One or More Adult Standards chart for minimum contribution amounts.

For information on the HIPP Standards, contact HIG.
### SFPSS Program – Grant Structure

#### Adults in filing group applying for SSI

<table>
<thead>
<tr>
<th>Adult payment</th>
<th>One adult payment</th>
<th>Family payment</th>
<th>Total payment</th>
<th>No. in need group</th>
<th>Two or more adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>$125</td>
<td>$214</td>
<td>$339</td>
<td>$553</td>
<td>1</td>
<td>$0 $0 $0</td>
</tr>
<tr>
<td>$125</td>
<td>$307</td>
<td>$432</td>
<td>$739</td>
<td>2</td>
<td>$148 $284 $432</td>
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<td>$125</td>
<td>$381</td>
<td>$506</td>
<td>$887</td>
<td>3</td>
<td>$230 $276 $506</td>
</tr>
<tr>
<td>$125</td>
<td>$496</td>
<td>$621</td>
<td>$1,117</td>
<td>4</td>
<td>$200 $421 $621</td>
</tr>
<tr>
<td>$125</td>
<td>$596</td>
<td>$721</td>
<td>$1,317</td>
<td>5</td>
<td>$224 $497 $721</td>
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<tr>
<td>$125</td>
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<td>$833</td>
<td>$1,541</td>
<td>6</td>
<td>$180 $653 $833</td>
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<td>$1,724</td>
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<td>$214 $709 $923</td>
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<td>$917</td>
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<td>$2,047</td>
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<td>$126 $904 $1,030</td>
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<tr>
<td>$112</td>
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<td>$2,074</td>
<td>9</td>
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<td>$1,092</td>
<td>$1,204</td>
<td>$2,296</td>
<td>10</td>
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<tr>
<td>$112</td>
<td>+$110</td>
<td>+$110</td>
<td>+$220</td>
<td>11</td>
<td>+$220 +$110 +$110</td>
</tr>
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</table>

Note: The adult payment amount will be recovered by DHS when SSI is approved.

### ERDC Income Limit

<table>
<thead>
<tr>
<th>Number in ERDC Group</th>
<th>Gross Income Limit (185% of 2012 FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,426</td>
</tr>
<tr>
<td>3</td>
<td>$3,051</td>
</tr>
<tr>
<td>4</td>
<td>$3,677</td>
</tr>
<tr>
<td>5</td>
<td>$4,303</td>
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<tr>
<td>6</td>
<td>$4,303</td>
</tr>
<tr>
<td>7</td>
<td>$5,555</td>
</tr>
<tr>
<td>8 or more</td>
<td>$6,181</td>
</tr>
</tbody>
</table>
### One or More Adult Standards - for REF/TANF subsidy level/Post-TANF

<table>
<thead>
<tr>
<th>Persons in Need Group</th>
<th>REF/TANF Payment Standard</th>
<th>Adjusted Income Limit</th>
<th>Countable Income Limit</th>
<th>TANF Minimum Contributions (amt. each nonrecipient pays)</th>
<th>Each of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$339</td>
<td>$326</td>
<td>$345</td>
<td>$214</td>
<td>$152</td>
</tr>
<tr>
<td>2</td>
<td>432</td>
<td>416</td>
<td>499</td>
<td>164</td>
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<tr>
<td>3</td>
<td>506</td>
<td>485</td>
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<tr>
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<td>621</td>
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<td>795</td>
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<tr>
<td>5</td>
<td>721</td>
<td>695</td>
<td>932</td>
<td>124</td>
<td>121</td>
</tr>
<tr>
<td>6</td>
<td>833</td>
<td>796</td>
<td>1,060</td>
<td>121</td>
<td>118</td>
</tr>
<tr>
<td>7</td>
<td>923</td>
<td>886</td>
<td>1,206</td>
<td>118</td>
<td>109</td>
</tr>
<tr>
<td>8</td>
<td>1,030</td>
<td>976</td>
<td>1,346</td>
<td>109</td>
<td>105</td>
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<tr>
<td>9</td>
<td>1,093</td>
<td>1,039</td>
<td>1,450</td>
<td>105</td>
<td>102</td>
</tr>
<tr>
<td>10</td>
<td>1,204</td>
<td>1,150</td>
<td>1,622</td>
<td>105</td>
<td>102</td>
</tr>
<tr>
<td>+1</td>
<td>+110</td>
<td>+110</td>
<td>+172</td>
<td>* Use $98 for each nonrecipient over 2</td>
<td></td>
</tr>
</tbody>
</table>

**TANF Payment Standard** - This is the REF/TANF payment standard.

**Adjusted Income Limit** - This is countable income minus deductions.

**Countable Income Limit** - This is the amount of countable income remaining after allowable exclusions.

**Minimum Contributions** - This column is used to determine the amount excluded from lodger self-employment income for TANF clients.

### Supplemental Nutrition Assistance Program (SNAP) Standards

<table>
<thead>
<tr>
<th>Persons in Filing Group</th>
<th>Categorical Eligibility Limit (185%)</th>
<th>Persons in Need Group</th>
<th>Countable Income Limit</th>
<th>Adjusted Income Limit</th>
<th>SNAP Payment Standard (TFP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,800</td>
<td>1</td>
<td>$1,265</td>
<td>$973</td>
<td>$194</td>
</tr>
<tr>
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<td>2,426</td>
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<td>+677</td>
<td>+1</td>
<td>+440</td>
<td>+339</td>
<td>+146</td>
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</table>

**SNAP Utility Standards**

- Maximum shelter deduction $490
  - Full Utility Allowance (FUA) = $446
  - Limited Utility Allowance (LUA) = $328
  - Individual Utility Allowance (IUA) = $55
  - Telephone Utility Allowance (TUA) = $57
TANF No-Adult Standards

Use the no-adult standard for the TANF program if there is no adult in the need group.

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<tr>
<th>Adjusted* No. in Household</th>
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<td>143</td>
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<tr>
<td>TANF Adj. Income/Limit</td>
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<td>173</td>
<td>160</td>
<td>151</td>
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<td>688</td>
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<tr>
<td>TANF Adj. Income/Limit</td>
<td>744</td>
<td>704</td>
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<tr>
<td>TANF Countable Income Limit</td>
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<td>810</td>
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</tbody>
</table>

*See Prorated Standards; Adjusted Number in House hold OAR 461-155-0020
Refer to the One or More Adult Standards chart for minimum contribution amounts.

For information on the HIPP Standards, contact HIG.
### SFPSS Program – Grant Structure
#### Adults in filing group applying for SSI

<table>
<thead>
<tr>
<th>Number in need group</th>
<th>One adult payment</th>
<th>Family payment</th>
<th>Total payment</th>
<th>Two or more adults</th>
<th>Adult payment</th>
<th>Family payment</th>
<th>Total payment</th>
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<td>+$110</td>
<td>$220</td>
<td>+$110</td>
<td>+$110</td>
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Note: The adult payment amount will be recovered by DHS when SSI is approved.

### ERDC Income Limit

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<th>Number in ERDC Group</th>
<th>Gross Income Limit (185% of 2012 FPL)</th>
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<td>$5,555</td>
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<td>8 or more</td>
<td>$6,181</td>
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## Worker Guide
### Domestic Violence Intervention

<table>
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<tr>
<th>Family Services Manual and Policy References</th>
<th>Discussion</th>
<th>Considerations</th>
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<tr>
<td><strong>Assessment of Domestic Violence</strong></td>
<td></td>
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<tr>
<td>Case Mgmt Worker Guide (CM-WG-1.9)</td>
<td>Assessment Questions for Domestic Violence/Principles &amp; Expectations</td>
<td>* The survivor is not responsible for the abuse or an abuser’s behavior</td>
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<tr>
<td>TA-DVS- Needs Assessment</td>
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<tr>
<td>TA-DVS- DV Assistance Agreement</td>
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<tr>
<td><strong>Temporary Assistance for Domestic Violence Survivors (TA-DVS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) 461-135-1230- (1) DV-I</td>
<td>1) For domestic violence survivors, issue up to $1200.00 via dual payee or vendor pay, to help family escape or remain free of domestic violence</td>
<td>* Offer options to meet the safety needs of the client and children</td>
</tr>
<tr>
<td>2) 461-135-1225- (2-a) DV-E</td>
<td>2) The TANF grant is not counted as income for TA-DVS</td>
<td>* Do not judge the client’s decision to leave or return to the batterer</td>
</tr>
<tr>
<td>3) 461-135-1225- (3-a) DV-E</td>
<td>3) Waive citizenship requirements if domestic violence safety issues</td>
<td>* Batterers frequently control survivors by allowing them no or limited access to funds</td>
</tr>
<tr>
<td>4) 461-115-0610- (3) DV-G</td>
<td>4) For all programs, no verification of DV is required</td>
<td>* TA-DVS program code is E2 for applicants</td>
</tr>
<tr>
<td>5) 461-135-1230- (5) DV-B/C</td>
<td>5) Complete a needs assessment and develop a “Domestic Violence Assistance Agreement” with survivors to address safety concerns – involve partners as appropriate</td>
<td>* Use DVS need/resource code</td>
</tr>
<tr>
<td>6) 461-135-1230- (2) DV-J</td>
<td>6) The DV survivor is eligible for 90 consecutive days</td>
<td>Code activities on TRACS</td>
</tr>
<tr>
<td>7) 461-135-1200- (1) DV-E</td>
<td>7) Waive TANF or TA-DVS requirements that may put a survivor at risk of further abuse</td>
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</tr>
<tr>
<td>8) 461-135-1220- DV-D</td>
<td>8) Assess safety within 8 working hours and determine eligibility within 16 working hours</td>
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<tr>
<td>9) 461-135-1230- (4) DV-J</td>
<td>9) Consult with central office if client has received TA-DVS within the last 12 months</td>
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</tr>
<tr>
<td>10) TANF F-K-9</td>
<td>10) Issue payments via special pay system (use 22 code; 2N for noncitizens; 2M for issuing medical related payments)</td>
<td></td>
</tr>
<tr>
<td>11) 461-135-1230- (3) DV-H</td>
<td>11) TA-DVS benefits address a specific crisis situation and cannot be used to meet ongoing needs</td>
<td></td>
</tr>
<tr>
<td><strong>Employment &amp; Self-Sufficiency Services (ES) - JOBS</strong></td>
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<td></td>
</tr>
<tr>
<td>1) 461-135-1200- (3) ES-B</td>
<td>1) Do not require participation in activities that would increase the risk of further or future domestic violence</td>
<td>* Consider the possibility of sabotage by the batterer when a client fails to successfully complete activities</td>
</tr>
<tr>
<td>2) ES-D.3</td>
<td>2) Use DV intervention activity code when client is in DV intervention-related activities</td>
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<tr>
<td>3) TANF-I</td>
<td>3) Use DV Flag if TANF/TA-DVS requirement is waived due to risk of DV</td>
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<tr>
<td>4) 461-135-0075- (2-j-A) TANF-B-L</td>
<td>4) If appropriate, waive time limits due to domestic violence (use TLD on UCMS)</td>
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</table>
## Family Services Manual and Policy References

### Temporary Assistance to Needy Families (TF)

<p>| | | |</p>
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<tr>
<td>2)</td>
<td>461-115-0610- (3) <strong>TF-L</strong></td>
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<tr>
<td>3)</td>
<td>461-135-1200- (1) <strong>TF-L</strong></td>
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<tr>
<td>4)</td>
<td>461-140-0040- (5-G) <strong>TF-G.7</strong></td>
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<td>5)</td>
<td>461-135-1200- (4-b) <strong>TF-C.3</strong></td>
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<td>6)</td>
<td>461-120-0125- (3-b) <strong>TF-D.4</strong></td>
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<td>7)</td>
<td>461-135-1200- (2)</td>
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### Pre-TANF Pgm (PRT)

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<tbody>
<tr>
<td>1)</td>
<td>461-115-0610- (3) <strong>PRT-B.1</strong></td>
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</tr>
<tr>
<td>2)</td>
<td>461-135-0475- (7) <strong>PRT-B.1/4/5/6</strong></td>
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<tr>
<td>3)</td>
<td>461-130-0327- (3-A) <strong>PRT-C.1/2</strong></td>
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## Discussion

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Identify occurrence (past or present) or threat of domestic violence</td>
</tr>
<tr>
<td>2)</td>
<td>No documentation of domestic violence is required</td>
</tr>
<tr>
<td>3)</td>
<td>TANF eligibility requirements that put the survivor at risk of further victimization can be waived</td>
</tr>
<tr>
<td>4)</td>
<td>Income is not available if controlled by the abuser</td>
</tr>
<tr>
<td>5)</td>
<td>You may modify the requirement for children being in the home if the child(ren) is expected to return within a reasonable period of time</td>
</tr>
<tr>
<td>6)</td>
<td>For TANF cash (including TA-DVS, but not SNAP or Medical), waive alien status requirements for noncitizens who are survivors of domestic violence where there are safety issues add case descriptor WDV</td>
</tr>
<tr>
<td>7)</td>
<td>Waive the requirement to be in the last month of pregnancy for TANF</td>
</tr>
</tbody>
</table>

## Considerations

* Believe the DV survivor
* The primary concern for survivors in or leaving abusive situations is safety
* With client's permission, involve partners in case planning
* Offer counseling as a possible option
* Abusers may use the children against the survivor
* Noncitizens who are survivors may have additional protection under the “Violence Against Women Act”
* If child is expected to be out of household for more than 90 days, staff with line manager

* The survivor may or may not be ready to look for work – is something that should be discussed as part of individualized case planning
* Other eligibility factors except the DV itself can be verified if questionable and timely to avoid increased risk
<table>
<thead>
<tr>
<th>Family Services Manual and Policy References</th>
<th>Discussion</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Intentional Program Violations and Overpayments | 1) In the TA-DVS program an overpayment is only written when an IPV is established  
2) In the TA-DVS program an IPV is established when there was no intimidation of coercion by an abuser  
3) In the TA-DVS program an IPV is established through a contested case hearing, a waiver or by state or federal court  
4) In TANF & TA-DVS, penalties, including overpayments, can be waived in domestic violence situations when the penalty puts the client at risk of domestic violence or prevents them from fleeing | * Abusers may use intimidation and coercion to intimidate the victim  
* Abusers may make false accusations of wrong doing in order to maintain power or control over the victim and to get the victim in trouble |

| Child Support (CS) | 1) DV maybe a “Good Cause” reason for not cooperating with child support enforcement  
2) If client wants to pursue child support, offer information on “Claim of Risk” (DHS 8660)  
3) A client’s statement is evidence of good cause if pursuing support will put their (or their children’s) safety at risk | * Child Support may be a resource for clients leaving a domestic violence situation – is important to look not only at good cause, but at how to safely collect child support |

| Supplemental Nutrition Assistance Program (SNAP) | 1) Can issue SNAP benefits as part of 2 different filing groups when they leave a household because of DV and enter a DV shelter or designated safe home  
2) For all programs, no verification of DV is required  
3) Clients living in domestic violence shelters are eligible for food stamps even though meals may be provided  
4) Domestic violence may be good cause reason for noncooperation with work requirements | * Battering may take many forms including withholding food or resources to purchase food  
* Refer survivors to local domestic violence service providers for assistance in locating shelter, counseling, support groups, etc. |

**Note:** SNAP program requirements cannot be waived due to domestic violence
<table>
<thead>
<tr>
<th>Family Services Manual and Policy References</th>
<th>Discussion</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Confidentiality                              | 1) In domestic violence, client safety is the first priority. Check with client about safety of sharing information (including sharing with partners)  
2) When narrating DV, consider safety issues first. If suspected batterer has access to file, consider filing information in different location or otherwise protecting the information | * Domestic Violence Service Providers are not mandatory reporters of child/elderly abuse (with exceptions)  
* Domestic violence does not require an automatic referral to Child Welfare. However, if the child is being abused or neglected, it is a mandatory report. If the child is not being abused or neglected, yet you believe there is a substantial risk of abuse, consult with Child Welfare. See DHS 9061 – pages 37-38 |
Noncitizens
Table of Contents

A. Overview
   1. Verifying alien status
   2. Eligibility pending secondary verification
   3. Receipt of benefits and public charge
   4. Who is a sponsored alien?
   5. Definition of an alien sponsor
   6. Responsibility of a sponsor
   7. Obtaining a sponsor’s information (use of USCIS Form G-845 Supplement)
   8. Overview of deeming
   9. Deeming income
   10. Deeming resources
   11. “Opting Out”

B. Noncitizens Eligibility for SNAP
   Moved to SNAP-D – October 1, 2014

C. Noncitizens Eligibility for BCCM, CEC, CEM, EXT, HKC, MAA, MAF, OHP, OSIPM, QMB and SAC
   1. Alien status requirement
   2. Determining financial eligibility for households with ineligible noncitizens
   3. Eligibility for CAWEM
   4. Sponsored noncitizens
   5. Deeming income
   6. Deeming resources

D. Noncitizens Eligibility for TANF
   1. Alien status requirement
   2. Eligibility for TANF for qualified noncitizens who have been “Battered or Subjected to Extreme Cruelty,” as outlined in 8 U.S.C. 1651(c)
   3. Determining and calculating benefits for eligibility groups with ineligible noncitizens
   4. Sponsored noncitizens
   5. Deeming income
   6. Deeming resources

E. Qualifying Quarters of Work
   1. Determining the qualifying work quarters for noncitizens
   2. Using QCHS
   3. Calculating quarters using SSA methodology
F. Noncitizens Eligibility for ERDC

1. Alien status requirement
2. Eligibility for ERDC for qualified noncitizens who have been “Battered or Subjected to Extreme Cruelty,” as outlined in 8 U.S.C. 1651(c)
3. Determining and calculating benefits for eligibility groups with ineligible noncitizens
4. Sponsored noncitizens

Noncitizen Worker Guide #1: Noncitizen Charts
Noncitizen Worker Guide #2: Citizen/Alien Status
A. Overview

Case Management Opportunity

For documented noncitizens, discuss plans for U.S. citizenship and offer referral to citizenship classes in their local community. For undocumented noncitizens, discuss plans for becoming legalized, and offer referral to immigration counseling and legal service, and other local support services offered in the client’s primary language.

The Department of Human Services (DHS) provides SNAP, TANF cash and medical benefits to all persons who meet the citizen/ alien status as specified in OAR 461-120-0125, if they meet all other eligibility requirements. With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), better known as the Welfare Reform Act, on August 22, 1996, noncitizens were divided into two categories: unqualified noncitizens and qualified noncitizens.

Unqualified noncitizens are individuals who may be admitted lawfully into the United States but do not have immigrant status, i.e., they may stay here for a specific period of time but cannot stay in the country for longer than their travel visa allows them. Foreign students, tourists, diplomats, performers, artists, entertainers, certain private company employers, etc., are included in this category.

Qualified noncitizens are individuals who are admitted to the United States with a lawful immigrant status. The person who is granted that status either enters the United States as a lawful permanent resident or will be eligible to become a lawful permanent resident in the future. A lawful permanent resident is eligible to be naturalized as a U.S. citizen usually after five years of lawful permanent residency in the U.S.

The following is the list of qualified noncitizens:

- A person who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- A person who is admitted to the United States as a refugee under section 207 of the INA;
- 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 person who is paroled into the United States under section 212(d)(5) of the INA;
- Battered immigrant spouse, battered immigrant child, immigrant parent of a battered child or an immigrant child of a battered parent, with a petition under 204(a)(1)(A) or (B) or 244(a)(3) of the INA;
A person who is a Cuban/Haitian entrant of the Refugee Education Assistance Act of 1980; or

- An Iraqi or Afghan alien granted special immigrant status (SIV) under section 101(a)(27) of the Immigration and Nationality Act.

All lawfully admitted noncitizens are given an immigration document by USCIS. Individuals who come to the United States without an USCIS document or stay without a valid visa are considered undocumented noncitizens. They do not have immigrant status and can be subject to deportation.

For ERDC and TANF, noncitizens at risk of victimization of domestic violence do not need to meet the alien status requirement. For all other programs, undocumented noncitizens are ineligible for benefits. The Noncitizen charts help DHS staff determine if the holder of the USCIS document meets the alien status requirement for the program. Noncitizen Chart A is used for all programs except medical. Noncitizen charts B and C are used for all medical programs except REFM. Chart C should only be used in combination with Chart B for nonimmigrant children under the age of 19.

1. Verifying alien status

The immigration document of each qualified noncitizen in the benefit group must be verified before eligibility is established. For all programs except medical, it is not necessary to verify the document of the noncitizen if the document has already been verified once. For medical programs, you must verify the document of the noncitizen at initial application, every redetermination and any time a change in status is reported. Verify the noncitizen’s USCIS document when the client produces a different document.

Applicants sometimes present expired immigration documents. If a noncitizen presents expired documents, the worker should:

- Accept them for one certification/redetermination period; and

- Complete a form Document Verification Request (SAVE Agencies) (G-845) to validate alien status. Immigration prefers that the form be filled out and submitted online via SAVE. If there is not enough information on the document to permit use of SAVE, this form can also be found through the DHS form server by searching for 0845. The server will link you to the USCIS website. Page down to find the form.

If USCIS validates the document, it can be used to verify alien status at the next recertification. If they do not, the noncitizen must present current documents at recertification to continue receiving benefits.
Encourage the applicant to contact USCIS to renew their status. There is a fee for renewal, but it may be waived due to destitution. Although DHS cannot help with the cost, some advocacy agencies may have funds available.

Note: For workload savings, workers do not need to verify immigration documents through SAVE when a refugee has been in the U.S. for less than eight months.

Verify immigration documents online via the System Alien Verification for Entitlements (SAVE).

To get access to SAVE, contact your local subadministrator (RACF security guardian). The subadministrator will set up rights using your RACF ID and give you the initial password.

The first time you use SAVE, you will be required to change your password. The new password must meet all the posted requirements of the website or you will be prompted to try again.

Access SAVE by clicking on the link below or through the Staff tools on the DHS home page:


For detailed information on using SAVE, refer to the transition guide, which also includes a link to the SAVE website:

http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-im-09-043-transition.pdf

Case workers may choose to simply narrate the information on the screen, including the verification number, or to print out a copy of the screen for the case file in addition to narrating.

The USCIS Help Desk is available during Federal business hours, weekdays from 7:00am to 9:00pm, Eastern Time. This Help Desk can assist with connectivity questions or problems, password resets and centralized problem management. This Help Desk’s number is 800-741-5023.

Use USCIS Form G-845 when an Alien Registration Number is not available.

Before submitting the G-845 to USCIS, remember to do the following:

- Complete all items. Attach a speedy note or a memo if you have specific questions or information for them;
- Use one G-845 for each individual you want USCIS to verify;
- Legibly copy both sides of the noncitizen’s document(s) on regular letter-size paper.
- Give your own telephone number to the verifier in case he or she needs further information from you or needs to give you additional information. It is impossible for the verifier to leave a message with the 800 number;

- Do not enclose a DHS self-addressed stamped envelope. USCIS has their own and they simply throw ours away.

Verification of “continuously present”: For some legal entrants, such as Canadian and Mexican border crossers, for whom the USCIS does not maintain an arrival and departure record, as well as for illegal entrants, proof of continuous presence can be shown through such items as a letter from an employer, a series of pay stubs and utility bills or rental agreements in the immigrant’s name spanning the period of time in question. For most legal entrants, the USCIS maintains a record of arrivals to and departures from the country. Verification of continuous presence for these entrants can be completed by filing the **G-845** and the **G-845S**.

### 2. Eligibility pending secondary verification

When instructed to institute secondary verification by SAVE, do not delay or deny benefits while waiting for a reply from USCIS if all of the following are true:

- The client would have met the alien status requirement if no secondary verification were required;

- Information provided by SAVE matches the information on the client’s USCIS document;

- The client meets all other eligibility requirements.

Wait 48 hours, then check SAVE. Document the findings in the case record. If the information from USCIS adversely affects the client’s eligibility, e.g., the submitted document is not valid, send a timely continuing benefit decision notice to the client and end cash, SNAP, and medical eligibility for the client. Do not write an overpayment in this situation. However, an administrative overpayment exists if the worker fails to send the notice and end benefits when USCIS has verified that the document is invalid.

### 3. Receipt of benefits and public charge

Many noncitizens are reluctant to apply for benefits for themselves or their dependents for fear that they will be deemed a public charge; i.e., dependent on government support. In very limited circumstances, receipt of long-term cash or medical benefits may cause a person to be deemed a public charge and affect a noncitizen’s ability to renew their status or pursue U.S. citizenship.
Following are the USCIS guidelines on receipt of food, cash and medical assistance.

(A) Persons applying to become Lawful Permanent Residents (LPRs)

(1) A noncitizen will **not** be considered a “public charge” for using:

- Health Care Benefits, including programs such as Medicaid, CHIP, prenatal care or other free or low-cost medical care at clinics, health centers or other settings (other than long-term care in a nursing home or similar institution);

- Food Programs, such as SNAP, WIC, school meals or other food assistance;

- Other Programs That Do Not Give Cash, such as public housing, child care, energy assistance, disaster relief, Head Start, job training or counseling.

(2) USCIS **may consider** a noncitizen’s use of the following in deciding whether to grant LPR status:

- Cash Welfare, such as GA, SSI and TANF;

- Institutionalization for long-term care, such as residing in a nursing home or mental health facility at government expense.

**Note:** USCIS will **not** consider cash welfare or noncash programs received by a noncitizen’s children or other family members for public charge purposes, unless the cash welfare is the family’s only means of support.

(B) LPRs cannot lose their status if they, their children or other family members use:

- Health care, food programs or other noncash programs;

- Cash welfare (*see notes below for exception);

- Long-term care (*see notes below for exception).

**Note:** *LPRs who leave the country for more than six months at a time can be questioned about whether they are “public charges” when they return, and the use of cash welfare or long-term care may be considered.

**Note:** *In very rare circumstances, LPRs who use cash welfare or long-term care within their first five years in the United States could be considered deportable as a public charge.*

(C) Refugees and people granted asylum can use any public benefits, including cash welfare, health care, food programs and other noncash programs without hurting their chances of getting LPR status.
(D) Sponsoring relatives – Using benefits, including cash welfare, health care, food programs and other noncash benefits, does not prevent citizens and LPRs from sponsoring relatives. However, sponsors must submit an Affidavit of Support showing that they have enough money (alone or with a co-sponsor) to support their relatives at 125 percent of the poverty level.

(E) Becoming a naturalized U.S. citizen – LPRs cannot be turned down for U.S. citizenship for lawfully receiving any public benefits for which they are eligible.

4. Who is a sponsored alien?

A sponsored alien is a noncitizen who is admitted into the United States as a lawful permanent resident with the help of a sponsor. Most of these noncitizens enter the U.S. with a foreign passport and/or I-94 that bears the endorsement “Processed for I-551 Temporary Evidence of Lawful Admission for Permanent Residence.” The noncitizens are usually given the Permanent Resident Card (I-551) within six months from the date of their entry into the U.S. Examples of some of the most common status codes for sponsored aliens include IR, F11, F31, FX1, LB1 and P26.

5. Definition of an alien sponsor

A sponsor is a person who has signed an affidavit of support (known as 213A affidavits, Form I-864 or I-864A) on behalf of the noncitizen as a condition of entry into the United States as a Lawful Permanent Resident. The affidavit is normally signed within six months prior to the sponsored alien’s entry.

Deemed Assets; Noncitizen's Sponsor: 461-145-0820

6. Responsibility of a sponsor

A sponsor and their spouse are financially responsible for the noncitizen for the period of time specified in the signed affidavit of support, or until the noncitizen becomes a naturalized citizen or the noncitizen has worked or been credited for 40 qualifying quarters of work.

Deemed Assets; Noncitizen's Sponsor: 461-145-0820

7. Obtaining a sponsor’s information (use of USCIS Form G-845 Supplement)

To obtain more detailed information on immigration status, citizenship and sponsorship, use the Form G-845 Supplement. Requests for verification on Form G-845S Document Verification Request (SAVE Agencies) (G-845S) may be mailed to:
8. Overview of deeming

Because the sponsor and their spouse are financially responsible for the sponsored noncitizen, their assets are deemed to the financial group containing the sponsored noncitizen. *Deeming* means that although the sponsor and their spouse are not applying for benefits, their assets will be used in determining the eligibility for the noncitizen. Therefore, noncitizens with sponsors must provide verification of their sponsor’s assets.

The deeming requirements apply only to noncitizens whose sponsor has signed a legally binding affidavit of support (known as 213A affidavits, Form I-864 or I-864A) on or after December 19, 1997. Workers may ask for a copy of the affidavit when they institute secondary verification via SAVE.

The following noncitizens are exempt from the deeming requirements:

1. Noncitizen whose sponsor has not signed the I-864 or I-864A.

2. The sponsor receives SNAP, TANF or SSI benefits.

3. The sponsor is deceased.

4. Noncitizen without a sponsor. Noncitizens who enter the U.S. under provisions of law other than the family-sponsored categories generally do not have sponsors that incur a liability when they apply for our program benefits. Some of these noncitizens include refugees, asylees, deportees and parolees.

5. Noncitizen who is a battered immigrant spouse, battered immigrant child, immigrant parent of a battered child or an immigrant child of a battered parent, so long as the battered noncitizen does not live in the same household as the person responsible for the battery. No deeming will be applied for a 12-month period and can be extended if the noncitizen demonstrates that the battery is recognized in a court or administrative order. It can also be extended if it is determined by the district that the battery has a substantial connection to the need for benefits.

6. The noncitizen is not an eligible person because of their alien status. The sponsor’s income is not deemed to other eligible members in the household.

7. Noncitizens who have worked or can be credited with 40 qualifying quarters of work.

8. The noncitizen becomes a United States citizen.
(9) Children under age 18.

(10) Indigent noncitizen. A noncitizen is considered indigent if the income of the noncitizen, plus any cash, food, housing or other assistance provided by the sponsor is not enough for the noncitizen to obtain food and shelter without program benefits. This means the noncitizen household’s total income including in-kind is under the Countable Income Standard for the program they are applying for. Each indigence determination is effective for 12 months and may be renewed for additional 12-month periods. Use the Declaration of Indigency (DHS 1058) for clients to declare indigence and send the original copy to the SNAP program analyst at:

500 Summer Street NE, E-48
Salem, OR 97301-1066

Deemed Assets: Overview: 461-145-0810
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

9. Deeming income

Treat all the countable income minus earned income deductions plus the unearned income of the sponsor and the sponsor’s spouse as if it were the sponsored noncitizen’s income. Use the Deeming Income From Sponsor (DHS 1058A) worksheet to calculate the deemed income for OHP, SNAP and TANF/MAA. See the sponsored noncitizens section for each program.

☞ FOR SNAP, SEE SNAP-D.17; FOR MEDICAL, SEE NC-C.5; FOR TANF, SEE SNAP-D.17.

10. Deeming resources

For deeming resources, see the sponsored noncitizens section for each program.

☞ FOR SNAP, SEE SNAP-D.17; FOR MEDICAL, SEE NC-C.6; FOR TANF, SEE SNAP-D.17.

11. “Opting Out”

Opting out means removing one’s self from applying for benefits. A sponsored noncitizen can opt out of applying for benefits if he or she either does not want his or her sponsor being reported to USCIS as in the case of an indigent client, or does not want to obtain the information from their sponsor for DHS to determine their deemed assets. Noncitizens who opt out of the reporting to USCIS or the deeming process are considered
not having their alien status requirement met. They remain as an NC2 for SNAP and an IA for OHP and TANF/MAA.
Deeming Sponsor’s Assets

Meets exception for deeming other than indigence FSM, Noncitizens A.8 (nc-A.8)

Yes

No deeming needed

No

Deeming Sponsor’s Assets

Determination for indigence: Covert in-kind income to cash, Add all countable income

For SNAP

Compare to 130% FPL
SNAP Countable Income Limit

Over

NOT INDIGENT
Deem sponsor’s income
Use DHS 1058A

Under

INDIGENT
Count actual income given by sponsor to noncitizen
Send DHS 1058

Compare to TANF/MAA/OHP countable income standards

Over

NOT INDIGENT
Deem sponsor’s income and resources
Use DHS 1058A

Under

Compare to 185% FPL

Over

Deny SNAP

Under

Do not deem resources
B. Case Management Resources

1. Attention Deficit/Hyperactivity Disorder (AD/HD)

Overview

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Attention Deficit/Hyperactivity Disorder (AD/HD) and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.

Attention Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological/neurobehavioral disorder that affects a child’s ability to regulate activity, inhibit behavior, or concentrate on tasks to a greater degree than for most children of the same age or developmental level.

This disorder affects some 4-12 percent of the school age population, and boys are four times more likely to have this disorder than girls. Symptoms usually appear before the age of 7 years old and can continue into adulthood. AD/HD can run in families with about 25 percent of biological parents having this medical condition. AD/HD is not a Learning Disability but often co-exists.

A child who is diagnosed with AD/HD and properly treated can have a productive and successful life. The key is early intervention and continued involvement throughout the life of the child or as long as necessary. The parent can help create a home and school environment that improves chances for the child’s success. We all accomplish our goals and successes in life through our strengths and abilities. We can help an AD/HD child by encouraging them and giving them opportunities to build their strengths.

Children who are diagnosed with AD/HD are at increased risk for failing academically and dropping out of school, failing socially and faring poorer in their later careers. However, with support and help children with AD/HD can succeed in school, have meaningful relationships and go on to successful careers.

How is AD/HD diagnosed?

A child with AD/HD often shows some of the following: trouble paying attention, trouble listening, impatience, low stress tolerance, black-and-white thinking, mood swings, trouble with transitions, perfectionism, easily distracted, loses personal objects, trouble following multiple tasks, impulsive, fidgets or squirms, easily distracted and interrupts or intrudes on others.

Although many of these symptoms occur from time to time in any child, a child with AD/HD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. The child must present symptoms severe enough to be clearly maladaptive and interfere with child’s functioning.
A child presenting AD/HD symptoms must have a comprehensive evaluation or assessment. A good place to get started is with the child’s pediatrician or family physician. A child with AD/HD may have other psychiatric disorders and early diagnosis is critical.

Without proper treatment, the child experiences more failure than success and is criticized by teachers, family and friends who do not recognize a health problem. Relatives, friends and teachers need to understand that AD/HD is a disorder and is not the result of poor parenting, a chaotic environment or too much sugar. While there is no "cure" for AD/HD, there are many strategies and tips that will help.

**Assessment:**

An assessment is part of the overall process of collecting information about the child. The assessment may be done by the child’s doctor and will include information from a variety of sources to include: health and development history, interviews with parents, the child, school staff, observations (classroom, playground, home settings) and formal testing. Results of the assessment will be used to determine the unique strengths and weaknesses of the child and help set realistic expectations, determine if the child qualifies for special education services and make specific recommendations that will enhance his or her learning both at school and at home. Schools must have the written permission of the child’s parent or legal guardian to conduct the assessment.

The Individual with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act of 1973 (Section 504) laws require public schools to assure that all children with disabilities receive a free appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA also mandates the development and procedures to be followed in the development of an Individual Education Plan (IEP). For further information, please contact your local school district.

**Accommodations:**

Accommodations may be made if the child has an Individual Education Plan (IEP) or qualifies for one. Most of the time, they will receive accommodations in their regular school classroom. Accommodations are not intended to take the place of real learning or instruction in basic skills.

Instead, accommodations provide ways for children with AD/HD to take in information and process it or help them express their knowledge. Accommodations "level” the playing field for children with AD/HD. Some examples of accommodations the school may implement are:

- Behavior modification. This may include specific time out and quiet time procedures;
- Allowing the child to choose from a variety of quiet activities to allow them to regroup;
- Identifying a safe person the child can go to if they are having a hard time;
• Allowing extra time for testing/assignments or open book tests;

• Allowing the student to complete work in a quiet place;

• The teacher provides written explanation of homework assignment;

• Developing daily or weekly home-school communication system;

• Allowing tape recording of lectures;

• Providing preferential seating in classroom.

AD/HD behaviors can be dramatically reduced through a combination of efforts including: education about the disorder; medication; parent training in behavior management; and support from family, friends and the child’s school and classroom teacher. Other approaches may include social skills training, modifications to the child’s education program and cognitive-behavioral therapy that can help a child build self-esteem, help control aggression and improve problem solving skills. The best success rates have been achieved by using a combination of these approaches. Another key is to remember that what works for one AD/HD child may be completely different than what works for another.

**Recommendations for staff:**

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients. Listed below are several examples of where to start.

• Start a discussion with the parent to identify possible concerns about the child’s performance at home and in school;

• Reassure the parent. Often there does not seem to be any specific cause for AD/HD. The parent may feel guilty or wonder how AD/HD could have been prevented. Encourage the parent to get involved. Parents are the best advocate for the child. Let them know there are vast amounts of resource materials available to assist them and they are not alone. AD/HD affects many more people than they may realize;

• Encourage the parent to discuss concerns with the child’s pediatrician. They may start by asking for a complete health examination of their child. Then, ask whether their child needs further evaluation by a specialist in child behavioral problems. Such specialists may include psychiatrists and behavioral therapists;

• Suggest that the parent contact their child’s caretaker or classroom teacher. Recommend the parent find out if there have been any changes in their child’s behavior that is worrisome. Encourage the parent to share this information with the child’s pediatrician;
- Encourage the parent to prepare for the Individual Education Plan (IEP) meeting and learn all that they can about AD/HD. Ask questions before and during the meeting to assure that they understand what is being discussed. It may be helpful to ask a friend, someone from the school staff, a DHS case manager or advocate, to attend with them to take notes and provide support. A good resource is the website of the Schwab Learning Foundation (http://www.schwabfoundation.org/). This site offers many tools to inform and assist parents with all aspects of AD/HD and Learning Disabilities;

- Refer the parent to an AD/HD parent support group. Parents give each other information as well as support. Parenting a child with a disability is no easy task and the constant high level of parenting required can take a toll on even the most skilled parent;

- Encourage the parent to affirm their love for the child. The child needs to know that they are loved and supported unconditionally through the smooth and rough times;

- Offer resources that the parent can access. A good place to start is at the public library; on a computer website such as http://www.ask.com/(formerly www.askjeeves.com); and/or consulting family and friends. Parents may be surprised to find out who has already been down this road.

Resources: general

- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) is a national nonprofit organization representing children and adults with AD/HD. Founded in 1987 by a group of concerned parents, CHADD works to improve the lives of people with AD/HD through education, advocacy, and support;

- CHADD works very closely with leaders in the field of AD/HD research, diagnosis and treatment. CHADD offers a wide variety of reports, fact sheets and publications. Please visit their website at www.chadd.org;

- The American Academy of Child and Adolescent Psychiatry (AACAP) has developed Facts for Families to provide concise and up-to-date information on issues that affect children, teenagers and their families. The AACAP provides this service in both English and Spanish. You can access this and other resources on their website at www.aacap.org;

- The Internet Mental Health (IMH) website has a wealth of information listed. The goal of IMH is to improve understanding, diagnosis and treatment of mental illness around the world. IMH lists in detail the 54 most common mental disorders and the description, diagnosis and research finding of each disorder. Please visit their website at www.mentalhealth.com;

- The National Institute of Mental Health (NIMH) is dedicated to harness powerful scientific tools to achieve a better understanding, treatment and eventually prevention of mental illness. They offer free publications and specific answers to
questions on many mental health disorders. They also have a special section for parents. Please visit their website at http://www.nimh.nih.gov/index.shtml;

- The Oregon Department of Education (ODE) has several brochures that explain the rights of the child and parent. These resources are available to assist parents through the process of identifying accommodations the school may need to make, and it may be helpful to have access to them in the branch. You may call the Oregon Department of Education at 503-378-3600 or visit their website at www.ode.state.or.us.

- The Schwab Learning Foundation is an organization that provides information and support for parents of children and youth who have AD/HD and/or Learning Disabilities and Learning Differences. Please visit their website at: http://www.schwabfoundation.org;

- Contact DHS Central Office at 503-945-5600 for further information.

**Early childhood ages 1-4 years**

The symptoms of hyperactivity may be present in very young children but it is usually detected when the child enters preschool or elementary school. One reason may be due to the structure and demands of school. The best resource for this age group is the child’s parent and pediatrician.

**Middle childhood ages 5-10 years**

Children who have AD/HD and are in the middle childhood years will be starting down a challenging road; this is when they will be developing their interpersonal skills and relationships. Researchers have identified that AD/HD children engage in high rates of aggressive and annoying behaviors towards their peers in play situations; this earns the AD/HD child an extreme rating of dislike and rejection.

On the other hand, there are many positive attitudes and skills an AD/HD child can teach another child. Some examples are: optimism, having a high energy level, the ability to do several tasks at once, the willingness to try new things and a sense of humor. With parental guidance, the AD/HD child will increase their self-esteem and improve their relationships with those who live, study and play with them. A great resource is a book called *Helping Your Hyperactive/ADD Child* by John F. Taylor, Ph.D.

**Adolescence ages 11-21 years**

One area of concern for the AD/HD adolescent is learning to drive. There are additional challenges parents encounter when their teen with AD/HD is working towards a driver’s license. One example is AD/HD and coexisting disorders that impact driving. The book *AD/HD and Driving, A Guide for Parents of Teen with AD/HD* by Dr. J. Marlene Snyder is available through CHADD at www.chadd.org.

Another challenge that all parents of adolescents face is talking about sexuality. An important place to start is probably something the parent is already doing. By maintaining
a strong close relationship, setting clear examples and communicating honestly and often about important matters to the parents, they are setting the stage for a positive relationship through puberty.

There are wonderful resources available. One of the best is the National Campaign to Prevent Teen and Unplanned Pregnancy. Please visit their website at www.teenpregnancy.org. Another resource is the Oregon Family Planning Project. They offer free birth control services, counseling and education, referrals to needed services and related medical exams. You can reach them at 800-723-3638.

2. **Breastfeeding policy**

**Intent:**

To encourage mothers to breastfeed their children and to help support breastfeeding mothers when they return to work or training programs.

**Right to breastfeed:**

Pursuant to state law, mothers have the right to breastfeed their child in a public place. *(See ORS 109.001)*

In addition, DHS/OHA policy 060-035, which applies to all department employees, volunteers and visitors, states that a woman may breastfeed her baby in any location of the department where the mother and the baby are otherwise authorized to be, including field offices and building lobbies. This policy also states that departments will provide a private space for breastfeeding or pumping breast milk.

**Importance of breastfeeding:**

Decisions to breastfeed or formula-feed are not merely lifestyle choices, but decisions that impact the health of mothers and babies for a lifetime. In fact, one public health goal is to establish breastfeeding as the norm for feeding infants. Breastfeeding protects both mother and child from a number of short- and long-term health problems, improves the immune system, encourages bonding between the mother and infant and reduces health care costs.

- Children who are not breastfed or fed human milk have an increased risk for a number of health conditions including ear and other infections, allergies, asthma, diabetes, sudden infant death syndrome (SIDS), childhood cancers and childhood obesity;
- Mothers who do not breastfeed have higher rates of breast cancer, ovarian cancer, diabetes and heart disease. Mothers who breastfeed often lose their pregnancy weight more quickly;
Employers benefit because women who breastfeed miss less work because both mothers and their children are healthier. Women who receive support to express milk at work are more productive and loyal to the company;

Breastfeeding reduces health care costs because breastfed children require fewer doctor visits, prescriptions and hospitalizations.

Expectations:

- Mothers who are breastfeeding a child under the age of 18 months may bring the child with them to appointments with their DHS worker. Accommodations must be made to allow the mother to breastfeed her infant during the appointment time if that is necessary;

- Whenever possible, ensure that breastfeeding mothers who are attending orientation, training or other appointments with their DHS or JOBS worker are provided with a private place to pump breast milk. The DHS branch office lactation room should be used for this purpose. If a DHS branch office lactation room is not available, another private space must be made available. This space shall not be a bathroom or toilet stall and shall be near a sink for washing breast pump parts. In areas where a private room cannot be provided, partitioning off part of an office, screening an area to create privacy, etc., may substitute for a private room. An electrical outlet is needed for breastpumps. Mothers are to be informed of this accommodation;

- Include breastfeeding in case plan discussions with pregnant women and breastfeeding women who have a child under the age of 18 months;

- Make breastfeeding pamphlets available for the mother, including information about continuing breastfeeding after returning to work;

- Refer all pregnant and breastfeeding women and women with children under the age of five to the Nutrition Program for Women, Infants and Children (WIC);

- Inform pregnant and breastfeeding mothers that breast pumps may be available through their insurer or through the WIC program for mothers who are returning to work, school or training;

- Encourage mothers to talk with their employer about their breastfeeding or pumping needs and to find out how the employer intends to provide the time and private space needed for expressing milk;

- Mothers often lack confidence in their ability to discuss breastfeeding with others or to stand up for themselves about their breastfeeding needs. Support mothers so they can request workplace accommodations for breastfeeding from their employer. Provide written materials to assist them in this effort.
Other information: Lactation accommodation in the workplace

Both Oregon and federal laws ensure workplace support for breastfeeding mothers. Since these laws differ somewhat, the federal or state law that provides the greater protection to employees is what applies.

- **Federal law:**

  *The Patient Protection and Affordable Care Act* amended Section 7 of the Fair Labor Standards Act (FLSA) to provide a break time and space requirement for breastfeeding mothers in March 2010. (See *Break Time for Nursing Mothers*).

- **Oregon law:**

  Rest Periods for Expression of Breast Milk was signed into law in May 2007; it is in the Wage and Hour Rules. (See OAR 839-020-0051, *Rest Periods for Expression of Milk*).

- **Important points for employer based on federal law and Oregon law:**

  1. The requirement to provide lactation accommodation applies to all employers. Only employers with fewer than 50 employees across the whole state can ask the Oregon Bureau of Labor and Industries (BOLI) to be exempt because of undue hardship.

  2. There is a $1000 fine per incident for noncompliance that can be imposed by BOLI.

  3. Age of child: up to 18 months.

  4. Time: Requires reasonable break time for an employee to express breast milk for her nursing child each time the employee has a need to express the milk. Employers must count pumping time for the purpose of determining eligibility for health insurance.

  5. Space: The location must be in close proximity to the employee’s work area and cannot be a toilet stall or restroom. The space needs to be shielded from view and free from intrusion from coworkers and the public. The space provided needs to be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother’s use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space or made available when needed by the nursing mother is sufficient.

**Resources: general**

- DHS breastfeeding poster and pamphlet to give clients information on WIC, breastfeeding and returning to work;
- For information on breastfeeding and returning to work:
  http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Breastfeeding/Pages/workplace.aspx;

- For free DHS/OHA breastfeeding promotion materials:
  http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Breastfeeding/Pages/promotion.aspx;

- For information on the WIC program, including who is eligible, how to apply, clinic locations and services provided:

- Phone options:
  - State WIC Nutrition Program Office at 971-673-0040;
  - Call 211 for your local WIC office telephone number.

- For breastfeeding support and education:
  - Local WIC Agency;
  - Mother’s or child’s medical provider;
  - La Leche League of Oregon – Call 877-452-5324 (national number to find a local help line);
  - Nursing Mothers Counsel of Oregon (Portland metro area only) for mother-to-mother advice: 503-282-3338.

- The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months and continued breastfeeding with solid foods for at least the first year of life. The AAP also recommends workplace support for breastfeeding mothers. For the 2012 AAP Breastfeeding Policy on Breastfeeding and Use of Human Milk go to http://pediatrics.aappublications.org/content/129/3/e827.full#content-block;

- For more information on the TANF/JOBS Breastfeeding Partnership, contact Oregon WIC Program, 971-673-0040, or email TANF Policy.

3. Immunizations

Overview

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Immunizations and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.
Children need immunizations to stay healthy. Immunizations protect a child now and in the future by preventing diseases that sometimes kill or permanently injure children and adults. Vaccines protect against diphtheria, tetanus, polio, measles, mumps and rubella.

The childhood immunization series begins soon after birth. Before a child starts school, about five visits to a health care provider for shots will be needed. Immunizations are required by law for children in attendance at public and private schools, preschools, child care facilities and Head Start programs. Nearly every place that provides care for a child outside the home requires immunizations or a religious or medical exemption to stay enrolled.

**Recommendations for staff:**

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients. Listed below are several examples on where to start.

- In case plans, include a trip to a health care facility to get a child immunized;

- Give client a *Did You Know* flyer in English or Spanish and review the information with the client. Point out the 211Info phone number (2-1-1) that they can call to get information about where to get shots at no cost;

- Review the *Recommended Childhood Immunization Schedule* with the client. Please refer to the following for specific details.
# Recommended Childhood Immunization Schedule

**United States, January — December 2001**

Vaccines are listed under routinely recommended ages. The range of recommended ages for immunization is indicated by [xxxx]. Any dose not given at the recommended age should be given as a “catch-up” immunization at any subsequent visit when indicated and feasible. xxxx is used to indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

<table>
<thead>
<tr>
<th>Age &lt; Vaccine?</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>24 mos</th>
<th>4-6 yrs</th>
<th>11-12 yrs</th>
<th>14-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B^2</td>
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<td>Hep B #1</td>
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<td></td>
<td>Hep B^2</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis^3</td>
<td>Hep B #2</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP^3</td>
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</tr>
<tr>
<td>H. influenzae type b^4</td>
<td>Hep B #3</td>
<td>DTaP</td>
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<tr>
<td>Inactivated Polio^5</td>
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<td>Hib</td>
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<tr>
<td>Pneumococcal Conjugate^6</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV^5</td>
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<tr>
<td>Measles, Mumps, Rubella^7</td>
<td>PCV</td>
<td>PCV</td>
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<td></td>
<td>MMR^7</td>
<td>MMR^7</td>
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<tr>
<td>Varicella^8</td>
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<td>Var</td>
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<td>Hepatitis A^9</td>
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<td></td>
<td></td>
<td>Hep A — in selected areas^9</td>
<td></td>
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</tr>
</tbody>
</table>

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

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^1 This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of November 1, 2000, for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers’ package inserts for detailed recommendations.
Infants born to HBsAg-negative mothers should receive the first dose of hepatitis B (Hep B) vaccine by age two months. The second dose should be at least one month after the first dose. The third dose should be administered at least four months after the first dose and at least two months after the second dose, but not before six months of age for infants.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at one-two months of age and the third dose at six months of age.

Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother’s HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later then one week of age).

All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B viral infection.

The fourth dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided six months have elapsed since the third dose, and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least five years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.

Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages.

An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6-18 months, and 4-6 years of age. Oral polio vaccine (OPV) should be used only in selected circumstances. (See MMWR May 19, 2000/49(RR-5); 1-22).

The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2-23 months of age. It also is recommended for certain children 24-59 months of age. (See MMWR Oct. 6, 2000/49(RR-9);1-35).

The second dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least four weeks have elapsed since receipt of the first dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e., those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive two doses, given at least four weeks apart.

Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. (See MMWR Oct. 1, 1999/48(RR-12);1-37).
For additional information about the vaccines listed above, please visit the National Immunization Program Home Page at http://www.cdc.gov/vaccines/ or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Resources: general

- 211Info: As the state’s maternal & child health hotline, 211Info is designed to link low income Oregon residents with health care services (including immunizations) in their communities. 211Info provides information and referrals for routine and urgent medical care, well-child care, pregnancy tests, prenatal care, WIC nutrition programs, low-cost birth control, services for children with special health care needs and many other services;

- Statewide immunization information: 211Info (2-1-1);

- Portland-Metro/Tri-county Immunization Information: 503-306-5858;

- Oregon Vaccines for Children Program (VFC): Provides FREE routine childhood vaccines to public and private providers to administer to eligible children. To find out more about the program, call 503-731-4020;

- Oregon Immunization ALERT: Is a statewide child immunization information system developed to track immunizations particularly in the age group most at risk, birth through two years. Immunization data from public and private health care providers is linked to create a complete and current record for children even if they are serviced from more than one health care provider in Oregon. For more information, call 800-980-9431.

4. Learning disabilities

Overview

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Learning Disabilities (LD) and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.

Learning Disabilities are neurological disorders that interfere with a person’s ability to store, process, or produce information, and create a “gap” between one’s ability and performance. Children with Learning Disabilities are generally of average or above average intelligence.

Learning Disabilities can affect a child’s ability to read, write, speak or compute math, and can impede social skills. Children with LD can have marked difficulties on certain types of tasks while excelling at others.

Early diagnosis and appropriate intervention and supports are critical for individuals with learning disabilities. Difficult as it may be to accept, Learning Disabilities are a lifelong
issue. Children with LD do succeed in learning and life, but they will always have
differences. There are no cures. Things just are not that simple.

Children who have learning disabilities are at increased risk for drug and alcohol abuse,
teen pregnancy, failing socially and academically and dropping out of school. However,
with the right support and help, children with learning disabilities can succeed in school
and go on to successful careers.

The Individual with Disabilities Education Act (IDEA) and section 504 of the
Rehabilitation Act of 1973 (Section 504) laws require public schools to assure that all
children with disabilities receive a free appropriate public education in the least
restrictive environment appropriate to their individual needs. IDEA also mandates the
development and procedures to be followed in the development of an Individual
Education Plan (IEP).

For further information, please contact your local school district.

Identifying learning disabilities:

An assessment is a process the local school may use to collect information about the
child. A thorough assessment will include information from a variety of sources to
include: health and development history; interviews with parents, the child, school staff;
observations (classroom, playground, home settings); and formal testing. Results of the
assessment will be used to determine the unique strengths and weaknesses of the child
and help set realistic expectations, determine if the child qualifies for special education
services and make specific recommendations that will enhance his or her learning both at
school and at home. Schools must have the written permission of the child’s parent or
legal guardian to conduct the assessment.

Federal law mandates that educational planning be documented. The Individual
Education Plan (IEP) process is required for all students receiving special education
services. The IEP is a written document that defines individual goals and how those goals
will be achieved for students with documented disabilities and includes any modification
or accommodations needed in order to assist the child. The IEP is a team effort that
includes parents, teachers, advocates and the student.

Accommodations:

If the child has an Individual Education Plan (IEP) and receives special education, they
probably will be getting accommodations in the regular school classroom.

Accommodations are not intended to take the place of real learning or instruction in basic
skills. Instead, they provide ways for kids with LD to take in information and process it
or help them express their knowledge. Accommodations –level” the playing field for kids
with LD.
Some examples of accommodations the school may implement are:

- Allowing extra time for testing/assignments or open book tests;
- Allowing the student to complete work in a quiet place;
- Basing grades on modified standards, e.g., IEP objectives or effort;
- The teacher provides written explanation of homework assignment;
- Using calculators in math class and on homework assignments;
- Developing daily or weekly home-school communication system;
- Allowing tape recording of lectures;
- Allowing a note taker;
- Providing preferential seating in classroom.

Accommodations should suit the individual needs of the student recognizing that the same accommodation may not work for two different students even though they may be diagnosed as having the same type of LD.

**Recommendations for staff:**

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients.

Listed below are several examples on where to start.

- Start a discussion with the parent to identify possible concerns about the child’s performance in school and at home;
- Be sure that the child has been tested for possible hearing loss or eyesight issues;
- Reassure the parent. Often there does not appear to be a specific cause for Learning Disabilities. Parents should not feel guilty or wonder how Learning Disabilities could have been prevented. Studies show that Learning Disabilities can run in families, however, evidence also shows that chemicals in the environment can be the cause;
- Encourage the parent to discuss concerns with the child’s teacher and to request that the child be tested for Learning Disabilities;
- Encourage the parent to prepare for the IEP meeting and learn all that they can about Learning Disabilities. Ask questions before and during the meeting to assure
that they understand what is being discussed. It may be helpful to ask a friend, someone from the school staff, DHS case manager, or advocate to attend with them to take notes and provide support. A good resource is the website of the Schwab Learning Foundation (http://www.schwabfoundation.org/). This site offers many tools to inform and assist parents with all aspects of LD;

- Encourage the parent to understand their rights as well as the rights of the child (parents are the best advocate for the child).

Resources: general

The Oregon Department of Education (ODE) has several brochures that explain the rights of the child and parent. These resources are available to assist parents through the process of identifying Learning Disabilities, and it may be helpful to have access to them in the branch. You may contact the Oregon Department of Education at 503-378-3600 or visit their website at www.ode.state.or.us.

- Basics for Parents: Your Child’s Evaluation is an informative article written for parents by the National Dissemination Center for Children with Disabilities and is available on their website at www.nichey.org;

- Contact DHS Central Office at 503-945-5600 for further information;

- Learning Disabilities Association of Oregon is the local chapter of a national organization that provides information and support for parents of children with Learning Disabilities and adults with Learning Disabilities. They may be contacted by telephone at 503-972-3336 or you may visit their website at: www.ldanatl.org.

- Schwab Learning Foundation is an organization that provides information and support for parents of children and youth who have Learning Disabilities and Learning Differences. You may visit their website at: http://www.schwabfoundation.org/.

Early childhood ages 1-4 years

Signs of possible LD in early childhood include: confusion of basic words (run, eat, want), trouble learning the connection between letters and sounds, difficulty learning the basic math concepts (counting in order), trouble telling time, poor coordination (frequent accidents), difficulty following what is being said or expressing thoughts, relying heavily on memory (slow to learn new skills).

Middle childhood ages 5-10 years

Signs of possible LD in children ages five-10 years often include: reversing letter sequences (left/felt); slow learning of prefixes, suffixes and root words; difficulty with handwriting; slow or poor recall of facts; avoids writing compositions; difficulty understanding oral discussions and expressing thoughts.
During the first three years of school (grades 1 through 3), children are learning to read. By the time children reach the fourth grade, they begin to "read to learn." If the child’s reading ability is delayed when entering the fourth grade, he/she will not have the skills necessary to gather information independently from books.

**Adolescence ages 11-21 years**

Signs of possible LD in adolescents and young adults include: often spelling the same word differently, reluctance to take on reading or writing assignments, trouble with open-ended questions on tests, weak memory skills, slow work pace, poor grasp of abstract concepts, inattention to details, frequent misreading of information.

Often older children and adults learn to hide their Learning Disabilities by compensating with other skills making detection difficult. It is not too late to learn what the signs mean. The sooner you do, the sooner the adolescent can get help.

During this period of school years is often the time when the most significant academic stress occurs. During the middle school years, students are expected to learn to organize their learning, and during the high school years even more pressure is present to learn to read, organize and learn on their own (not to mention the social pressures present during this time).

**Transition plan:**

Beginning at age 14, federal law mandates that the Individual Education Plan (IEP) must address and include transition planning. At this stage, the plan usually focuses on student courses of study and instruction. Also, the child at age 14 has the right to participate in the IEP meeting (and is encouraged to do so).

Beginning at age 16, the IEP must include needed transition services including linkages among other agencies. This would focus on goals, objectives, activities and services related to transition such as community experiences, development of employment (functional vocational evaluation), living objectives and acquisition of daily living skills.

At age 18, a student becomes responsible for making all decisions about medical and educational programs and services (parents no longer have authority unless guardianship or conservatorship has been established).

Special education services end when the child graduates with a regular diploma, withdraws from high school or reaches age 22.

**Social skills/interaction:**

Some youth with LD are less socially skilled than same-age peers. For example, when they are asked to solve a social problem, they tend to leap to a solution rather than use problem-solving strategies to construct the best solution. They may also tend to engage in antisocial behavior versus appropriate social behavior when they are pressured by peers.
This is trouble for the adolescent youth at a time when social acceptance is a crucial part of their lives.

Several research studies conducted involving elementary through high school students with LD indicate that they can master social skills and strategies. These results are achieved when a specialized method of instruction is used that includes: a description of the social behaviors, modeling of the behaviors, verbal practice in naming the behaviors, practice in the social behaviors and individual feedback.

Several other symptoms and manifestations to watch out for:

- Trouble remembering information presented either orally or in writing;
- Trouble following directions;
- Easily distracted (and then difficulty getting back on track);
- Time management difficulty;
- Problems explaining things logically.

**Pregnancy prevention:**

Some literature seems to indicate a direct relationship between teen parenthood and undetected Learning Disabilities. Reasoning that some youth with LD who have difficulty with social aspects tend to enter into sexual relationships without the ability to realize the effects (possible pregnancy and/or sexually transmitted disease).

The same literature relates that LD may have an effect on the teen pregnancy rate due either to young girls’ failure to regularly remember to take birth control pills and/or failure to use condoms. You may want to refer the parent and teen to the local health department or physician to discuss a more successful birth control option for the teen’s special needs.

5. **Literacy**

**Overview**

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Literacy and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.

Recent studies show that children reading at grade level by the end of third grade are at reduced risk for teen pregnancy, juvenile delinquency, school failure, drug and alcohol abuse and youth violence.
**Recommendations for staff:**

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients. Listed below are several examples on where to start.

- Start a discussion with the parent to identify possible literacy concerns about their child;
- Modify case plans to include a few hours each week dedicated to literacy activities such as the parent reading with their child, a trip to the library for the family or attending a reading hour at a local bookstore;
- Give parents of second-third-graders the *Celebrate Reading* pamphlet. It lists activities parents can do with their children and suggests books to read and how to get started with encouraging literacy skills;
- Set up a lending library in your DHS branch of children’s books available for check out by families;
- Encourage the parent to have ongoing discussions with their child’s teacher about literacy progress and concerns;
- Model reading out loud in your office or during a home visit to a child.

**Resources: general**

- *Celebrate Reading* brochure. Please contact Prevention Services in the Central Office at 503-945-5600 for copies;
- Local public library has books and audiotapes available for check out, story time reading hour, recommended book lists and no cost activities;
- The child’s school library or the local Head Start Office will have age appropriate books and materials available for loan and staff available to answer specific questions;
- The National Center for Family Literacy works to ensure that all families will have opportunities to expand their education and improve their economic and social well-being through quality literacy programs. Contact them at 502-584-1133 or visit their website at [www.famlit.org](http://www.famlit.org).
6. Prenatal substance use

Overview

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Prenatal Substance Use and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.

Prenatal substance use (involving tobacco, alcohol, and illicit drugs) is a leading cause of multiple adverse birth outcomes, developmental problems, impaired parental ability to nurture and provide for children and high rates of child abuse and neglect.

According to an Oregon Prenatal Substance Use Prevalence and Health Service Needs Study, many pregnant women in Oregon are not screened for substance use, will not disclose substance use and will not receive advice from primary providers regarding the risks of prenatal substance use.

<table>
<thead>
<tr>
<th>PREDICTORS OF PRENATAL TOBACCO USE</th>
<th>PREDICTORS OF PRENATAL ALCOHOL USE</th>
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<tbody>
<tr>
<td>Less than 12 years of education</td>
<td>Less than 12 years of education</td>
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<tr>
<td>Unmarried</td>
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<tr>
<td>Public assistance</td>
<td>30 years of age or older</td>
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<tr>
<td>Inadequate prenatal care</td>
<td>Previous substance dependence</td>
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<tr>
<td>History of family violence</td>
<td>Problematic relationships with family</td>
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<tr>
<td>Previous substance dependency</td>
<td>Substance-using partner</td>
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<td>Substance-using partner</td>
<td>Ambivalent or negative attitude toward pregnancy</td>
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<tr>
<th>PREDICTORS OF PRENATAL ILlicit DRUG USE</th>
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<td>25 years of age or older</td>
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<td>Living with parents</td>
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</table>
Recommendations for staff:

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients. Listed below are several examples on where to start.

Following recommendations from the Oregon Health Division, Center for Disease Prevention and Epidemiology and the Oregon Office of Alcohol and Drug Abuse Programs, DHS staff can reduce client prenatal substance abuse by:

Providing information regarding the potential health hazards of prenatal substance use to all pregnant clients regardless of substance abuse disclosure:

- Oregon Partnership Helpline Information, Treatment, and Referral card for current information about local substance abuse treatment centers for the client or family members with alcohol or drug problems;
- Review the *Healthy You, Healthy Baby* Information Packet using the attached “Packet Guidelines for Case Managers” with the client;
- Pregnant DHS clients with identified substance abuse problems: Follow Case Management example CM-WG #1, example 10 to refer a client to counseling and treatment and to provide case management follow up to support the client through treatment.

**SECTION A REFERENCE:** 1996 OREGON PRENATAL SUBSTANCE USE PREVALENCE AND HEALTH SERVICE NEEDS STUDY FOR THE CENTER FOR DISEASE PREVENTION AND EPIDEMIOLOGY, OREGON HEALTH DIVISION AND OREGON OFFICE OF ALCOHOL AND DRUG ABUSE PROGRAMS.

Resources: general

- For a current online *Oregon Alcohol & Other Drug Services Directory* of state-approved and monitored local alcohol and drug treatment programs, see the Office of Alcohol and Drug Abuse Programs website: [http://www.oregon.gov/oha/amh/Pages/resource_center.aspx](http://www.oregon.gov/oha/amh/Pages/resource_center.aspx) or call 503-945-5763.

7. **Sex education — the importance of parent involvement**

**Overview**

Prevention Resources are tools for DHS staff to provide client support. We have provided an overview of Sex Education and specific suggestions on what may be part of a comprehensive self-sufficiency case plan.
The National Campaign to Prevent Teen and Unplanned Pregnancy has reviewed recent research about parental influences on children’s sexual behavior and talked to many experts in the field, as well as teens and parents.

From these sources, it is clear that there is much parents and adults can do to delay teens from becoming sexually active and reduce the risk of children becoming pregnant before they have grown up.

Research clearly shows that talking to children about sex does not encourage them to become sexually active. Age-appropriate conversations about relationships and intimacy should begin early in a child’s life and continue through adolescence. All youth need a lot of communication, guidance, and information about these issues.

**Recommendations for staff:**

Prevention Resources are tools for DHS staff to provide client support for behaviors conducive to health and quality of life. Prevention activities may be part of a comprehensive self-sufficiency case plan. DHS Prevention Resources include critical issues that case managers may want to keep in mind and consider when developing case plans with their clients. Listed below are several examples on where to start.

- Set up a lending library in your branch with parenting resources on sex education, parent involvement and parent-child communication;

- Give a copy of *There’s No Place Like Home for Sex Education* to families. This valuable tool assists families in communicating more openly about sexuality. It is divided into sections that are age-appropriate from age 3 through the 12th grade;

- Encourage parents to contact their child’s school for information on the sex education curriculum their child will be learning;

- Case plans can include attending parent workshops such as *Can We Talk. Can We Talk* is a fun, interactive workshop that helps parents enhance their role in their children’s health and sexuality education. The participant learns how to talk to children about self-esteem, puberty and sexuality, mixed messages and peer pressure;

- Each community has a variety of local community partners that can support parent-child communication. The following are possible suggestions: YMCA, YWCA, Girl Scouts, Boy Scouts, county health departments, RAPP or teen pregnancy prevention coalitions, faith organizations, Planned Parenthood, family doctors and school districts;

- Refer the family to their physician to discuss reproductive health.
Resources: general

- *There’s No Place Like Home for Sex Education.* Please contact Prevention Services in the Central Office at 503-945-5600 or Planned Parenthood of Southwestern Oregon 541-344-1611 x23 for copies;

- *Skills for Life and Responsible Sexuality Education, Oregon Teen Pregnancy Prevention Action Agenda, Curriculum Guide.* The guide lists curricula available nationwide and defines them as evaluated, research-based or as a best practice. Please contact Prevention Services in the Central Office at 503-945-5600 for copies;

- The National Campaign to Prevent Teen and Unplanned Pregnancy has many books, brochures and reports available. Their materials are research based. You may contact them directly at [http://www.thenationalcampaign.org/](http://www.thenationalcampaign.org/);

- *Oregon Adolescent Pregnancy Prevention Action Agenda 2000.* The document lists six strategies that communities are encouraged to support statewide. Please contact Prevention Services in the Central Office at 503-945-5600 for copies;

- *Can We Talk* workshop. Please contact Prevention Services in the Central Office at 503-945-5600 for locations and dates of workshops.