



MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston, MA 02111

RONALD PRESTON
Secretary

JOHN A. WAGNER
Commissioner

Field Operations Memo 2004-41
October 8, 2004

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: Processing Food Stamp Applications from Residents of Licensed Group Homes for the Blind/Disabled

Background

Over the past several months, the Department of Transitional Assistance (DTA) in partnership with the Department of Mental Retardation (DMR) has tested a simplified application process for residents of licensed group homes. Given the success of this initiative, DTA is now expanding this streamlined process to FS applications from residents of group homes licensed by any state agency in the Commonwealth. DTA is currently working with DMR and DMH licensed group homes.

This memo details the FS application process for residents of group homes and incorporates changes that have been made as a result of the input from both DTA and DMR staff.

The Group Home Resident Population

- ◆ **Many licensed group home residents receive SSI or SSI along with RSDI.** Group home residents in receipt of SSI or SSI along with RSDI:
 - are automatically asset eligible;
 - are known to SDX;
 - are allowed phone interviews due to a disability hardship;
 - do not qualify for expedited FS benefits;
 - are exempt from the work requirement due to disability;
 - are subject to a special Bay State Access Card process; and
 - are allowed up to 24 month certification periods due to disability.

The Group Home Resident Population Continued

-
- ◆ *Some group home residents receive RSDI- only.* Group home residents in receipt of RSDI–only:
- are known to BENDEX;
 - are allowed phone interviews due a disability hardship;
 - do not qualify for expedited FS benefits;
 - are exempt from the work requirements due to disability;
 - are subject to a special Bay State Access Card process; and
 - are allowed up to 24 month certification periods due to disability.
- Note:* RSDI-only individuals must verify assets and noncitizen status, if questionable, to be eligible for FS benefits. The streamlined verification processes described in this memo should be used for this population.
- ◆ *The following group home residents will not be covered by the simplified application process.*
- Group home residents who have not yet applied for or are not yet receiving SSI must apply directly at the appropriate TAO for both EAEDC and FS benefits, if they choose to apply for these benefits.
 - Group home residents who wish to receive *expedited FS benefits* must apply directly (*in person*) at the appropriate TAO.
-

Residents of Licensed Group Homes

Food Stamp Program policy regarding residents of group living homes for the blind and/or disabled is found at 106 CMR 365.620. These regulations allow residents of group homes to be eligible as one-person FS AUs under an *exception* to the residents of institution rule. *See* 106 CMR 361.240.

AU Managers need not verify that a DMR or DMH group living home is licensed.

- ◆ DMR and DMH have certified to DTA Centralized Eligibility Operations that each currently operating group living home is licensed.
- ◆ DMR and DMH will immediately notify DTA Centralized Eligibility Operations if a group living home closes/becomes unlicensed.
- ◆ DMR and DMH group living homes have provided licenses to USDA as part of the application process for a POS device.

Note: A report listing licensed DMR and DMH group homes is being developed and will be added to Actuate in the near future.

- ◆ Each group home manager must provide a current listing of group home residents to the appropriate TAO and on a *quarterly basis* thereafter.
- ◆ Each group home manager will **immediately** notify the appropriate TAO/AU Manager if an individual is no longer a resident of the group home or of changes which would impact the FS benefit amount.

The group living arrangement regulations are being revised to accommodate this streamlined process. These changes will be effective as an emergency State Letter in the near future.

**The Group
Home Resident
Application
Package**

The Group Home Resident Application Package includes the following forms:

- ◆ the Food Stamp Application Form (FSA-1);
- ◆ the Rights and Responsibilities/Penalty Warning Form (RR-FSP-1B);
- ◆ the revised Request for Authorized Representative (Image 10, Rev. 9/2004); and
- ◆ the revised Agency Certification of Shelter Expenses for Group Living Homes Form (FS-ACSE, Rev. 9/2004).

The revised Image 10 and FS-ACSE are Attachments A and B to this memo.

The Group Home Resident Application Package will also include the following: Your Right to Know Brochure and The Food Stamp Benefits Brochure.

**Other State
Agency Worker
Responsibilities**

The Other State Agency Worker (DMH/DMR staff or vendor) will be responsible for providing the activities described below.

- ◆ ***Act as Authorized Representative:***
 - The Other State Agency Worker *assisting with the application* will be interviewed by phone on behalf of the group home resident to complete the application process.
 - The Other State Agency Worker *assisting with the application* will also indicate on the Image 10 form the name of the Authorized Representative *for purposes of transacting food stamp benefits*, if different. The address section must be completed so that the Agency/Home Health Care Card can be mailed to the administrative office.
 - ◆ ***Food Stamp Benefits Information Session:***

The Other State Agency Worker *assisting with the application* will inform the group home resident or legal guardian about the Food Stamp Program. In addition, the FS information brochures will be made available to group home residents and their legal guardians.
 - ◆ ***Food Stamp Application Assistance:***
 - The Other State Agency Worker *assisting with the application* will help fill out the FS Application Form (FSA-1) and will be trained how to answer the FS application questions.
-

**Other State
Agency Worker
Responsibilities
(Continued)**

- The Other State Agency Worker must:
 - identify *his/her agency* as the source agency on page 1 of the FS Application;
 - check off residential facility on page 1 of the FS Application;
 - have page 1 of the FS Application signed;
 - have the RR/FSP1-B signed; and
 - complete and have the Image 10 signed.

Be sure to include the agency administrative address and Federal Employer Identification Number/FEIN on the Image 10 so the Bay State Access Card can be generated/mailed.

Important: If the group home resident writes illegibly or is able only to make a mark, i.e., an X, the Other State Agency Worker assisting with the application process also signs as *witness* to the signature. If the group home resident is unable to provide a signature, the Other State Agency Worker *assisting with the application* will sign required forms on behalf of the client in his/her capacity as Authorized Representative.

◆ **Food Stamp Verification Assistance:**

The Other State Agency Worker *assisting with the application* will help the client gather required verifications. See, **Streamlined Verification Process** later in this memo for more information.

◆ **Forward Completed Applications:**

The Other State Agency Worker *assisting with the application* will forward completed forms and verifications to the appropriate TAO.

◆ **Problem Resolution:**

The Other State Agency Worker will contact the DMH/DMR Liaison at the DTA office if there are any problems or concerns with a particular group home resident. (See Attachment C-1.)

**DTA Staff
Responsibilities**

The AU Manager responsibilities for processing FS applications from Group home residents are as follows. The AU Manager must:

- ◆ Review the Group Home Resident FS Application package for completeness and required signatures.
- ◆ Check SVES to make sure that the correct SSN has been used and to determine what type of SSA benefit(s) the group home resident receives.

Note: Other state agencies do not have access to SDX/BENDEX and do not have updated SSI and/or RSDI amounts.

DTA Staff
Responsibilities
(Continued)

-
- ◆ Enter the FS application information onto BEACON. *Note:* Record ***the appropriate state agency*** as the source agency on BEACON. This is important for tracking and reporting purposes.
 - ◆ Indicate the Address Type as *Residential Facility* on the Address Window.
 - ◆ Complete the Assessed Person Nonfinancial Statement/Residential Facility Window including the following steps that are *specifically required* for Group Home Resident FS Applications;
 - select the appropriate State Agency Licensed Group Home, for example, *DMR Licensed Group Home*, as the ***Facility Name*** from the General Services drop-down list;
 - select *Department of Mental Retardation* as the ***Resource and Organization*** from the resource box at the bottom of the window; and
 - select *Group Home* as the ***Residential Facility Type***.

Note: Each state agency that licenses group homes will be added as a new Resource on the Resource Group Window.
 - ◆ Process the group home resident information in accordance with the **Streamlined Verification Process** section of this memo.
 - ◆ Conduct a phone interview with the Authorized Representative identified as assisting with the application/recertification process. The AU Manager may schedule one phone interview to discuss multiple Group home residents with the Authorized Representative.

***Note:* In the BEACON Narrative, the AU Manager must record that the group home resident is eligible for a waiver of the face-to-face interview due to disability.**
 - ◆ Certify the group home resident for 24 months.

Exception: The group home resident has earnings or other circumstances that make the AU unstable/error prone.
 - ◆ The AU Manager will contact the Liaison at the appropriate DMH/DMR office if there are any problems or concerns with a particular group home resident that the named Authorized Representative is unable to resolve. (See Attachment C-2.)
-

Streamlined Verification Process

Many of the Group Home Resident FS Applications will be very simple. Necessary verifications will include: identity; unearned income, earnings, shelter expenses and utility costs.

Identity: If the group home resident provides a Social Security Number (SSN), the SSN once validated may serve to verify identity.

The group home resident may also provide a driver's license, voter registration card, birth certificate or other proof of identity.

Earned Income: Wage/Direct Deposit stubs or a written letter from the employer showing gross income received in the past four weeks.

Unearned Income: SSI and RSDI income amounts entered on the application will be verified by the DTA AU Manager through SDX/BENDEX. The AU Manager must:

- ◆ Access the BA option on BEACON;
- ◆ Go to the SDX *E Screen* to verify the current SSI and/or RSDI income amount(s); and
- ◆ Enter the unearned income information on BEACON.

Note: If the income on file is not current, the AU Manager must initiate an overnight SVES inquiry.

Citizen/Noncitizen Status: For group home residents receiving SSI or with a history of SSI, the citizenship/noncitizen status will be verified by the DTA AU Manager through SDX. The AU Manager must:

- ◆ Access the BA option on BEACON;
- ◆ Go to the SDX *D Screen* to find the citizenship/noncitizen code;
- ◆ Refer to Attachment D for a listing of SDX citizen/noncitizen codes and corresponding BEACON descriptions; and
- ◆ Enter the appropriate citizen/noncitizen information on BEACON.

Note: For RSDI-only clients with no history of SSI, the client must verify their citizen/noncitizen status.

Assets: For RSDI-only group home residents, assets must be verified. Once the unearned income has been verified, complete a verification checklist requesting asset information.

Shelter Expense and Utility Costs: Shelter and utility information entered on the application for group home residents will be verified by the FS-ACSE form.

**Streamlined
Verification
Process
(Continued)**

Group Home Residents pay a portion of their income (SSI and/or RSDI) to pay for food, shelter and care. DTA has informed other state agencies that food stamp benefits can be maximized if the group home has a separate and identifiable charge for utilities. *DMH and DMR have instructed facilities (state and vendor) to amend policies and contracts to reflect a separate charge for utilities, if applicable.*

Example 1 Unsubsidized Licensed Group Homes:

A group home resident is charged 75% of his income or \$600.00 for food, shelter and care. 90% or \$ 540.00 will be paid for rent. 10% or \$ 60.00 will be paid for utilities.

The Other State Agency Worker completing the FS-ACSE will enter \$540.00 as the rent amount incurred by the group home resident and will check off *heating* since all group homes in Massachusetts are heated.

Some group homes or group home residents have rental subsidies. The same process would be applicable to a rental subsidy *if the client pays utilities separate from rent.*

Example 2 Subsidized Licensed Group Homes:

A group home resident in a subsidized home is charged 30% of his income or \$300.00 for food, shelter and care. 90% or \$ 270.00 will be paid for rent. 10% or \$ 30.00 will be paid for utilities.

The Other State Agency Worker completing the FS-ACSE will enter \$270.00 as the rent amount incurred by the group home resident and will check off *heating* since all group homes in Massachusetts are heated.

DTA staff do not have to calculate the rent or utility amounts for group home residents. The Other State Agency Workers have been trained on how to complete the FS-ACSE. The 90/10 formula described above will be used if applicable to the group home resident.

On the **Dept. Use Only** section of the form, the maximum FS benefit for one-person of \$149 must be subtracted from the shelter expense to account for food in accordance with 106 CMR 365.630(B). This is the shelter amount that must be entered on BEACON. The appropriate SUA must also be entered on BEACON, in most instances it will be the *heating* SUA amount.

**Streamlined Bay
State Access
Card Process**

DTA has strongly recommended that all licensed group homes use the Agency/Home Health Care Card for the following reasons:

- ◆ Many group home residents are unable to use an individual Bay State Access Card and will have difficulty remembering a Personal Identification Number (PIN).
- ◆ The Agency/Home Health Care Card will make it administratively easier for the group home to access FS benefits.
- ◆ The Agency/Home Health Care Card allows DTA to put in place a streamlined process for issuing cards and PINs to group home residents.

Many licensed group homes are administered by vendors. A single vendor may operate several different group homes across the state. Each vendor has only **one** administrative office.

For purposes of processing Group Home Resident FS Applications, if a vendor operates multiple group homes across the state, the TAO *where the group home is located* will generate the Agency/Home Health Care Cards. The AU Manager must select *Collateral Contact* as the **Identity** on the Bay State Access Card Request Window. Once the Agency/Home Health Care Card(s) is generated, the TAO must mail the cards to the administrative office address. ***The manual Image 10 has been revised to collect the administrative office address.***

Note: The AU Manager at the TAO *generating the Bay State Access Card* does not need to contact the Authorized Representative *for purposes of transacting EBT benefits* to request verification of identity before generating the Agency/Home Health Card. The Authorized Representative *for purposes of transacting EBT benefits* will be required to verify identity and agency employment to receive and PIN the Agency/Home Health Care Cards at the TAO *where the administrative office is located*.

The Authorized Representative *for purposes of transacting EBT benefits* must schedule an appointment with the TAO *where the administrative office is located* to select PINs for Agency/Home Health Care Cards. The Authorized Representative must show proof of identity and agency affiliation to complete the PIN process.

**Streamlined
Application
Process for
DTA/ DMR FS
Outreach
Initiative**

The instructions contained in Field Operations Memo 2004-12 Food Stamp Application Processing Guidelines do not apply to the Group Home Resident FS Application Process. Complete and signed application packages received from group home residents must be processed in accordance with this memo and are subject to the normal 30-day processing timeframe.

Other State Agency Workers have been instructed to submit all required paperwork and verification. **No BEACON-generated application forms are required.** The follow-up phone interview along with receipt of any outstanding verification(s) finalizes the Group Home Resident FS application process.

Exception: If a signed RR-FSP-1 Form does not accompany the initial Group Home Resident FS Application, the AU Manager must mail the RR-FSP-1 Form for signature to complete the application process.

**Obsolete
Materials**

Field Operations Memo 2004-15 is now obsolete.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



Request for Authorized Representative- Authorized
Agency-Authorized Payee

Office Name _____

_____/_____/_____
Date

Office Address _____

Food Stamp Benefits

I authorize _____ to act as my representative for application
Print Name of Authorized Person
and recertification of food stamp benefits only.

I authorize _____ to act as my representative for transaction
Print Name of Authorized Person
of food stamps benefits only.

I authorize _____ to act as my representative for transaction
Print Agency Name
of food stamps benefits only. I _____ am authorized by the above
Print Agency Representative Name
agency to receive the EBT card that will be used for transaction of food stamp benefits only.

Administrative Office Address

I authorize _____ to act as my representative for **both**
Print Name of Authorized Person
application and recertification of food stamp benefits and transaction of food stamp benefits.

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Representative's Signature or Agency
Representative's Signature (for authorization only)

Authorized Representative's SSN or Agency's FEIN

Worker Name

Worker's Telephone

Cash Benefits

I authorize _____ to act as my authorized payee for all cash transactions on my behalf.
Print Name of Authorized Payee

Print Recipient's Name

Recipient's Telephone

Recipient's Signature

Recipient's SSN

Authorized Payee's Signature (for authorization only)

Authorized Payee's SSN

Worker's Name

Worker's Telephone

YOUR RESPONSIBILITY

You must call 1-800-997-2555 to stop the person(s) you chose from being your Authorized Representative and/or Payee. If you do not call to stop the person(s) from being your Authorized Representative and/or Payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.



Other Agency Certification of Shelter Expenses for Licensed Group Home Residents

Part I

Requester: TAO Food Stamp Unit

Return form by ___/___/_____

Part II

Tenant's Name

Tenant's Address

City/Town ZIP

Part III

Authorization to Release Information

I, _____, (Print Tenant's Name) give my permission to the requester to obtain and verify this information.

Authorizing Signature Date

Part IV (TO BE COMPLETED BY OTHER AGENCY REPRESENTATIVE)

A. Rental Information

- 1. Is the rent subsidized? no yes
2. If no, the total rent this Tenant pays is \$ per month week other
3. If yes, the total rent this Tenant pays is \$ per month week other

B. Utility Information (Check one of the following)

- 1a. Does the Tenant incur an expense SEPARATE from the rent for either of the following? heating cooling
1b. Does the Tenant incur an expense SEPARATE from the rent for any OTHER utility? electric gas water trash/garbage removal other
1c. Does the Tenant pay for a telephone (including a cellular phone?) yes no

Part V (Please sign and date this form.)

Other Agency Representative's Name (print)
Other Agency Representative's Signature
Date ___/___/_____

Table with 2 columns: Item, Amount. Includes 'For DTA Use Only' section with rows for Rent, (Minus) Max Allotment, Tenant Shelter Expense, and SUA (if any).



Other Agency Certification of Shelter Expenses

Part I

Requester: TAO Food Stamp Unit

Return form by ___/___/_____

Part II

Tenant's Name

Tenant's Address

City/Town

ZIP

Part III

Authorization to Release Information

I, _____,
(Print Tenant's Name)
give my permission to the requester to obtain and
verify this information.

Tenant's Signature

Date

Part IV (TO BE COMPLETED BY OTHER AGENCY REPRESENTATIVE)

A. Household Information

1. To the best of my knowledge the following people are living there and purchasing and preparing meals SEPARATELY.
(Provide the number of persons in this household and, if possible, list their names, below.)

B. Rental Information

1. Is the rent subsidized? no **If no, GO TO QUESTION 2.** yes **If yes, GO TO QUESTION 3.**
2. **If no**, the total rent this Tenant pays is \$_____ per month week other_____ (specify)
3. **If yes**, the total rent this Tenant pays is \$_____ per month week other_____ (specify)

C. Utility Information (Check one of the following)

1a. Does the Tenant incur an expense SEPARATE from the rent for either of the following?

heating: (seasonally); cooling (seasonally)
or

1b. Does the Tenant incur an expense SEPARATE from the rent for any OTHER utility?

electric gas water / sewerage trash/garbage removal other_____
or

1c. Does the Tenant pay for a telephone (including a cellular phone?) yes no

Part V (Please sign and date this form.)

Other Agency Representative's Name (print) _____

Other Agency Representative's Signature _____

Date ___/___/_____

Department of Transitional Assistance			DMH/DMR Liaisons	
TAO	Liaison	Email	Phone Number	Fax Number
Boston Family Housing	Phillip Arula	phillip_arula@dta.state.ma.us	(617) 989-6174	(617) 989-6005
Brockton	Ema Nunes	ema_nunes@dta.state.ma.us	(508) 895-7033	(617) 727-3569
Centralized TAFDC	Kathy Shahvari	kathleen_shahvari@dta.state.ma.us	(508) 646-6312	(508) 646-6305
Davis Square	John O'Neil	john_oneil@dta.state.ma.us	(617) 629-1472	(617) 727-7697
Dorchester	Ken Collins	kenneth_collins@dta.state.ma.us	(617) 989-6029	(617) 727-2722
Fall River	Alan Perkins	alan_perkins@dat.state.ma.us	(508) 646-6272	(508) 675-3441
Falmouth	Patricia Mosca	patricia_mosca@dta.state.ma.us	(508) 862-6617	(508) 790-4685
Fitchburg	Barbara Solomito	barbara_solomito@dta.state.ma.us	(978) 665-8779	(978) 345-0935
Framingham	Gale Scott	gale_scott@dta.state.ma.us	(508) 661-6659	(617) 727-4718
Greenfield	Marvin Davenport	marvin_davenport@dta.state.ma.us	(413) 772-3419	(413) 774-5266
Holyoke	Betty Kelley	elizabeth_kelley@dta.state.ma.us	(413) 552-5448	(413) 784-1050
Hyannis	Patricia Mosca	patricia_mosca@dta.state.ma.us	(508) 862-6617	(508) 790-4685
Lawrence	Frank O'Connor	frank_oconnor@dta.state.ma.us	(978) 725-7164	(978) 681-6216
Lowell	Marge Cusack	marge_cusack@dta.state.ma.us	(978) 446-2435	(978) 458-7563
Malden	Anne Louise Glynn	anne_lo_glynn@dta.state.ma.us	(781) 388-7305	(617) 727-7493
Milford	Drina Filor	drina_filor@dta.state.ma.us	(508) 634-7116	(508) 792-7267
New Bedford	Rose Tomczewski	rose_tomczewski@dta.state.ma.us	(508) 961-2096	(508) 961-2100
Newmarket Square	Mary Flanigan	mary_flanigan@dta.state.ma.us	(617) 989-2331	(617) 472-7507
North Adams	Pat Wojcik	patricia_wojcik@dta.state.ma.us	(413) 236-2044	(413) 448-2466
North Shore	Brian Mulholland	brian_mulholland@dta.state.ma.us	(978) 825-7467	(978) 741-4869
Pittsfield	Margaret Brown	margaret_brown@dta.state.ma.us	(413) 663-1107	(413) 664-9274
Plymouth	Jim Tubia	james_trubia@dta.state.ma.us	(508) 732-3144	(508) 830-9433
Revere	Elizabeth Bouras	elizabeth_bouras@dta.state.ma.us	(781) 286-7807	(617) 727-4567
Southbridge	John Wrona	john_wrona@dta.state.ma.us	(617) 765-2449	(617) 765-0740
Springfield Liberty	Pat Boyd	patricia_boyd@dta.state.ma.us	(413) 858-1175	(413) 784-1044
Springfield State	Alvina Brivard	alvina_brevard@dta.state.ma.us	(413) 858-1382	(413) 784-1049
Taunton	Edward Burns	edward_burns@dta.state.ma.us	(508) 884-5373	(508) 884-5301
Worcester	John Brown	john_brown@dta.state.ma.us	(508) 767-3122	(508) 792-7259
Centralized Eligibility	Vasco Cunha	vasco.cunha@state.ma.us	(617) 348-5708	(617) 348-5479

Department of Mental Health			DTA Liaisons
TAO	Liaison	Email	Phone Number
Greenfield	Tom Moriarty	thomas.moriarty@state.ma.us	(413) 772-5621
Holyoke	Rose Chagnon	rose.chagnon@state.ma.us	(413) 493-8010
Northampton	Mark Leibowitz	mark.leibowitz @state.ma.us	(413) 587-5305
Pittsfield	Nancy Brenner	nancy.brenner@state.ma.us	(413) 395-2014
Springfield	Monique Loizzo	monique.loizzo@state.ma.us	(413) 452-2320
Westfield	Mark Goodwin	mark.goodwin@state.ma.us	(413) 646-6272
Regional Area Director	Susan Fortin	susan.fortin@state.ma.us	(413) 587-6363

Department of Mental Retardation			DTA Liaisons
TAO	Liaison	Email	Phone Number
Boston Metro Region	Ann Bassett	ann.bassett@state.ma.us	(508) 668-3679 X 104
Central West Region	Bruce Brewer	bruce.brewer@state.ma.us	(413) 731-7742 X 305
North East Region	Mark Wolfe	mark.wolfe@state.ma.us	(978) 774-5000 X 548
South East Region	Mark Sanderson	mark.sanderson@state.ma.us	(508) 866-5000 X 313
Statewide Coordinator	Paul Antonellis	paul.antonellis@state.ma.us	(617) 624-7373

SDX Noncitizen Indicator Codes

SDX Code	SDX Description	BEACON Description	FS Status
1	No status alleged	UNDETERMINED	INELIGIBLE
2	Valid noncitizen status alleged, but not proven.	UNDETERMINED	INELIGIBLE
3	Amerasian immigrant	VIETNAMESE AMERASIAN	ELIGIBLE
4	North American Indian	CITIZEN	ELIGIBLE
A	Proven U.S. born – U.S. citizen	CITIZEN	ELIGIBLE
B	Alleged U.S. born – U.S. citizen	CITIZEN	ELIGIBLE
C	U.S. citizen born outside of the U.S. Includes naturalized citizens and U.S. citizens born abroad to U.S. parents	NATURALIZED CITIZEN	ELIGIBLE
E	No citizenship or alien status development undertaken; case denied for reasons(s) other than citizenship/alien status	UNDETERMINED	INELIGIBLE
F	Refugee status – section 207 or 203 (A)(7) of the I.N.A.	REFUGEE	ELIGIBLE
G	Parole status - Section 212 (d) (5) I.N.A.	PAROLEE	ELIGIBLE
J	Deportation has been withheld pursuant to section 243 (h) of the INA, or meets one of the following criteria: - Deferred action status noncitizen - Residence of U.S. pursuant to an Order of Supervision - Properly filed an application with Immigration and Naturalization Service (INS) for adjustment of status	DEPORTATION WITHHELD NONCIT.	ELIGIBLE
K	Noncitizen lawfully admitted to the U.S. for permanent residence	LEGAL PERMANENT RESIDENT	ELIGIBLE
L	Asylum status – Section 208 of the I.N.A.	ASYLEE	ELIGIBLE
N	Identity and citizenship of the individual verified by the Numident interface (code was previously B); individual is a U.S. citizen	CITIZEN	ELIGIBLE

For SDX Codes 1, 2 and E the AU Manager must explore the citizenship/noncitizen status of the applicant.

SDX Noncitizen Indicator Codes

SDX Code	SDX Description	BEACON Description	FS Status
P	Pre- January 01, 1972 noncitizen (presumably lawfully admitted for permanent residence)	LEGAL PERMANENT RESIDENT	ELIGIBLE
Q	Alleged born in the U.S. - allegation corroborated by a U.S. place of birth shown on the online Numident	CITIZEN	ELIGIBLE
R	Lawful temporary resident – status granted as a result of the Immigration Reform and Control Act of 1986	PRUCOL	INELIGIBLE
S	Lawful permanent residence – status granted as a result of the Immigration Reform and Control Act of 1986	LEGAL PERMANENT RESIDENT	ELIGIBLE
T	Noncitizen granted voluntary departure	PRUCOL	INELIGIBLE
U	Unknown	UNDETERMINED	INELIGIBLE
V	Systems override applied following interface edit (obsolete code)	N/A	ELIGIBLE
W	Noncitizen granted stay of deportation	PRUCOL	INELIGIBLE
X	Cuban/Haitian entrant	CUBAN HAITIAN ENTRANT	ELIGIBLE
Y	Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986; granted permanent residence status	PRUCOL	INELIGIBLE
Z	Noncitizen on whose behalf an immediate relative petition has been approved; or has an approved petition; or a petition pending with INS which sets forth a prima facie case for one of the following: <ul style="list-style-type: none"> - status as an immediate relative - classification to immigrant status - suspension of deportation and adjustment to LAPR status 	PRUCOL	INELIGIBLE

For SDX Codes 1, 2 and E the AU Manager must explore the citizenship/noncitizen status of the applicant.