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Field Operations Memo 2005-46 B
September 23, 2005

To: **Transitional Assistance Office Staff**
From: **Cescia Derderian, Assistant Commissioner for Field Operations**
Re: **Processing TAFDC, EAEDC and FS Applications for Hurricane Katrina Evacuees**

Purpose of Memo This memo gives TAO Staff further instructions for processing requests for TAFDC, EAEDC and Food Stamp (FS) assistance from Hurricane Katrina evacuees. These procedures apply to evacuees at Otis Air National Guard Base (ANGB) as well as evacuees who appear at TAOs requesting assistance.

These AUs are to be processed in the usual manner with certain exceptions:

- These AUs must be identified in BEACON as special “Hurricane Katrina” AUs.
- Relief agency monies (e.g., Red Cross, FEMA) are noncountable income or assets.
- Verification requirements are different.
- FS AUs (PA and NPA) approved pending receipt of verifications must be certified through December 2005 only.
- NPA FS work registration, ET, and ABAWD rules are exempted for this time.
- Special Instructions for Otis ANGB AUs.

Emergency Benefits in Effect Until October 31, 2005

Applicants remain eligible for emergency disaster benefits through October 31, 2005. Refer to Field Operations Memo 2005-46A for instructions.

IMPORTANT: Attachment B in Field Operations Memo 2005-46 A is obsolete. All counties/parishes in Alabama, Louisiana and Mississippi are considered disaster areas.

Continuing Benefits

For applicants who receive emergency disaster benefits and subsequently apply for TAFDC, EAEDC or FS:

- If eligible for FS benefits, the certification period begins the cyclical month after receipt of the Emergency FS benefits.
 - If eligible for cash benefits, the effective start date would begin the month after the receipt of the emergency cash benefits on the first cyclical date.
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Identifying Katrina AUs

To appropriately identify these evacuees, on the Application window, select "Hurricane Katrina" from the Primary Reason dropdown box. It is no longer necessary to select "Other" in the "Source" dropdown and type in "Hurricane Katrina" in the "Other" field.

Additionally, AU Managers must enter "Hurricane Katrina" and the AU's RMV number on the BEACON Narratives tab.

Verification Requirement Changes

Eligibility is to be determined based upon the best available information. AU Managers must conduct application interviews and assess the information as follows:

- The minimum verification requirement for all applications is identity. If the identity information provided is inconsistent or questionable, have your Policy Hotline designee call the Policy Hotline for direction.
 - If the information provided in the application and during the interview indicates that the applicant is not eligible, for example, the applicant states that he has assets in excess of the program limits, then deny the AU.
 - If the information provided in the application and during the interview indicates that the applicant is eligible, the AU can be approved with submission of required verifications postponed through December.
 - Verifications required (but not submitted due to Hurricane Katrina) must be entered on the Verification Tab of BEACON as "Other" in the "verified with" field and in the "Other" field type in "Hurricane."
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**Food Stamp
Certification
Period**

Food Stamp certification periods for PA and NPA AUs approved pending receipt of required verifications must be through the December issuance only, for example, end certification dates of December 31, 2005 for SSNs ending in 0, or January 13, 2006 for SSNs ending in 9.

Cash AUs must have the same date entered in the "Reevaluation End Date" field, to ensure timely AU processing.

Note: AUs approved with all verifications received may be assigned the usual certification periods in accordance with established procedures.

**NPA FS Work
Requirement**

NPA Food Stamp work registration, ET, and ABAWD rules are waived through December.

**Special Otis
ANGB
Situations
FS and Cash
Benefits**

Evacuees at Otis are eligible for FS benefits. Since evacuees are not required to pay shelter expenses, they are not eligible for the FS Shelter Deduction or SUA.

For purposes of cash benefits, Otis evacuees are not eligible for the rent allowance. Income-in-kind must not be deducted.

**Proof of EAEDC
Disability: Otis Air
National Guard
Base**

Current policy allows for a competent medical authority to inform the Department of an applicant's medical disability on a form prescribed by the Department. Due to the extraordinary circumstances in which the evacuees find themselves at Otis Air National Guard Base, the following change applies:

Individuals applying for EAEDC as disabled must complete the *EAEDC Self-Declaration Form in Lieu of Medical Report and Disability Supplement* (see Attachment A). The applicant, if otherwise eligible, should be established on EAEDC with a **90-day** disability duration. These forms must not be sent to DES.

**Entering Proof of
EAEDC Medical
Disability
Information on
BEACON**

To ensure that at a later date the applicant/recipient will receive a new EAEDC Medical Report and Disability Supplement, enter the disability information on the Disability window of BEACON. TAO Staff should:

- On the Physical/Mental Disability tab:
 - ✓ click on "Yes" on the "Disabled" radio button;
 - ✓ enter the current date as the Start Date;
 - ✓ select "Competent Medical Authority" in the Determination Source drop down box; and
 - ✓ click on "No" on the "Review Required" radio button.
- On the "Report Results" tab:
 - ✓ enter the current date in the Exam Date, Onset Date and Signed Date fields;
 - ✓ enter "60-89 Days" in the Duration field; and
 - ✓ enter a date that is 90 days from the current date in the End Date field.
- On the "Review Tracking" tab:
 - ✓ click on "No" on the "Priority" radio button.
- On the "SSI Tracking" tab:
 - ✓ Click on "No" on the AP-SSI Form Signed radio button.

Process the AU following established procedures.

Questions

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

Attachment A

**EAEDC SELF-DECLARATION FORM
IN LIEU OF MEDICAL REPORT AND DISABILITY SUPPLEMENT
(FOR HURRICANE KATRINA EVACUEE USE)**

I, _____ certify that the emotional and/or physical trauma I experienced as a victim of Hurricane Katrina:

- (1) has affected my ability to work;
- (2) is expected to last for 60 or more days; and
- (3) substantially reduces or eliminates my ability to support myself when consideration is given to my functional capacity.

List and describe all your medical and mental health problems. Include anything that makes it hard for you to work even if you are not getting treatment for the problem.

I understand that my eligibility for Emergency Aid to the Elderly, Disabled, and Children (EAEDC) benefits are only temporary for up to 90 days. I understand that at a later date the Department will send me a Disability Supplement that I must complete as well as an EAEDC Medical Report to be completed by a department approved medical provider. I will submit both completed forms by their respective due dates if I wish to continue to receive EAEDC benefits and I will receive a separate notice telling me how this will affect my benefits.

Applicant's Name (Please Print)

Social Security Number

Applicant's Signature

Date

AU Manager's Name

AU Manager's Telephone Number