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Executive Office of Health and Human Services
Department of Transitional Assistance
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Operations Memo 2011-23
June 17, 2011

To: Department of Transitional Assistance Staff

From: Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

Re: SNAP- TAFDC- EAEDC: Disaster Supplemental Nutrition Assistance Program for Certain Communities in Hampden and Worcester

Overview

Following a Presidential Declaration of Disaster, the Massachusetts Department of Transitional Assistance (DTA) has received approval from the U.S. Department of Agriculture Food and Nutrition Service (FNS) to operate a Disaster Supplemental Nutrition Assistance Program (D-SNAP) for certain communities in Hampden and Worcester counties. This program is designed to provide food benefits to people who might not ordinarily qualify for SNAP.

To qualify for D-SNAP benefits, on June 1, 2011, the individual must have resided in one of the twelve communities approved by FNS for the operation of D-SNAP. A person who works in one of these communities but who does not live in these communities, may also apply for D-SNAP benefits, provided that person is a resident of Massachusetts. Current SNAP clients are ineligible for D-SNAP benefits.

Individuals and families applying for D-SNAP must provide some form of identification, such as photo identification. However, if a person does not have identifying documents due to tornado damage, a signed affidavit from a collateral contact will suffice. The applicant may also take someone to the application site who can verify their identity.

Households that qualify will receive a one-time benefit based on household size. Qualified households will be issued a pre-numbered Electronic Benefit Transfer (EBT) Disaster Card which can be used to access D-SNAP benefits. D-SNAP benefits should be available to the household two business days after the application is filed.

Purpose of Memo

The purpose of this memo is to inform staff of the implementation of the D-SNAP for the twelve communities approved by FNS.

This memo:

- lists the twelve cities and towns approved by FNS for the operation of D-SNAP;
 - explains how D-SNAP differs from regular SNAP;
 - outlines the following elements of the D-SNAP application process
 - eligibility requirements;
 - verification requirements;
 - application procedures;
 - reminds staff of the availability of Interpreter Services for applicants with limited English proficiency;
 - reminds staff of Department responsibilities for accommodating applicants and clients with disabilities;
 - discusses the use of the authorized representative;
 - explains the Disaster Card issuance process for applicants determined eligible for D-SNAP benefits;
 - outlines eligibility procedures for a person who works in the disaster area;
 - issues procedures for processing D-SNAP benefits at TAOs outside of the disaster area or at Disaster Centers;
 - issues procedures for processing D-SNAP benefits for pending households and households active at zero benefit;
 - issues procedures for processing replacement SNAP benefits for active clients;
 - issues procedures for denying D-SNAP cases;
 - discusses program integrity for the D-SNAP operation;
 - discusses the impact of the tornado damage on other department programs;
 - discusses other considerations; and
 - informs staff of plans to advertise D-SNAP and generate information to the public.
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**Cities and
Towns Included in
D-SNAP**

The following communities were approved by FNS for the operation of D-SNAP following the Presidential Disaster Declaration.

Hampden County	Worcester County
Agawam	Charlton
Brimfield	Sturbridge
Chicopee	Southbridge
Monson	
Palmer	
Springfield	
West Springfield	
Westfield	
Wilbraham	

Applications for D-SNAP will primarily be taken at the following TAOs: Springfield Liberty, Springfield State, Southbridge and the Monson Development Center. Worcester and Holyoke are back-up TAOs if the volume of D-SNAP applications becomes overwhelming at the other sites. In addition, a displaced resident of a town or city included in one of the twelve communities approved by FNS for the operation of D-SNAP may apply for D-SNAP benefits at a TAO near the city or town in which he or she is temporarily residing.

**D-SNAP Is Different
from Regular SNAP**

D-SNAP benefits are different from SNAP in some important ways.

- Current clients who are active on SNAP (except for those receiving zero benefits) are not eligible for D-SNAP.
- Families who are not normally eligible for SNAP may be eligible for D-SNAP benefits.
- During the eligibility process, a household's short term, disaster-related expenses are considered.
- Rules surrounding verification of income and resources are relaxed.
- Clients receive the maximum SNAP benefit for the household size.
- The time period to apply for D-SNAP benefits is one week. This D-SNAP application period expires on June 24, 2011.
- Students, strikers, noncitizens and people subject to work requirements and persons with IPV's (including those with permanent disqualifications) are **not excluded** from D-SNAP benefits the same way they are from SNAP.

Important: DTA staff must not request verification of any of the components listed above as a condition of D-SNAP eligibility.

**D-SNAP
Application
Process**

Eligibility Requirements

The eligibility requirements for D-SNAP are different from regular SNAP and are listed below.

**Eligibility
Requirements**

Residency

An applicant for D-SNAP must have, on June 1, 2011, resided in one of the twelve communities approved by FNS for the operation of D-SNAP.

Note: Massachusetts residents who work but who do not live in one of the twelve communities may apply for D-SNAP benefits.

Purchase of Food/Benefit Period

An applicant for D-SNAP must plan to purchase food during the D-SNAP benefit period of June 1, 2011 through June 30, 2011.

Adverse Effect

An applicant for D-SNAP must have experienced at least **one** of the following adverse effects:

- damage to or destruction of the household's home or self-employment business; or
- disaster-related expenses not expected to be reimbursed during the benefit period (e.g., home or business repairs, temporary shelter expenses, evacuation expenses, home/business protection, disaster-related personal injury, including funeral expenses); or
- lost or inaccessible income, including reduction or termination of income, or a delay in receipt of income for at least half the D-SNAP benefit period June 1-June 30; or
- inaccessible liquid resources (e.g., the bank is closed due to the disaster); or
- food damaged by disaster event or spoiled due to power outage

Note: Food loss alone does not constitute eligibility for D-SNAP benefits. If a person does not appear eligible, be sure to explore all available disaster related adverse effects and/or expenses.

Income and Resource Test

The D-SNAP income standard is calculated as follows:

- | |
|--|
| <p>1. Total <u>net</u> income (take-home) received during the benefit period</p> <p style="text-align: center;"><u>plus</u></p> <p>2. accessible liquid resources</p> <p style="text-align: center;"><u>minus</u></p> <p>3. certain disaster-related expenses (disaster related expenses actually paid or anticipated to be paid out of pocket during the disaster benefit period).</p> |
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**D-SNAP
Application
Process**

**Eligibility
Requirements
(Continued)**

Income and Resource Test

The income and resource figure resulting from the application of the formula on the previous page is then used to determine if the household is eligible for D-SNAP. This is based on household size. See Attachment A – *Disaster Supplemental Nutrition Assistance Program Income Eligibility Standard and Allotment* for the income/resource thresholds and the allotment amounts. If the income/resource amount is higher than the amount listed in the chart for that household size, the household is ineligible for D-SNAP benefits. For more information on D-SNAP certification and eligibility requirements, see 106 CMR 366.600, 106 CMR 366.610 and 106 CMR 366.620.

Special Cases

- Applicants residing in shelters where they are provided with at least two meals per day are ineligible for D-SNAP benefits.
- If an applicant for D-SNAP has an application pending for regular SNAP, he or she is eligible to apply for D-SNAP benefits. See section on Procedures for Pending SNAP Applicants on page 13 of this memo.

The scenarios below outline the application of the D-SNAP income and resource test.

Scenario 1: Household of 1	
• Individual's net earnings:	\$2,500
• Individual's savings:	<u>\$2,100</u>
• Earnings and Savings Combined total	\$4,600
Anticipated out of pocket roof and appliance repair - <u>6,000</u> during 30-day disaster benefit period.	\$ 0 (-1400)
<p>Since this household falls below the \$1,503 maximum disaster income limit , the household is eligible to receive the full monthly allotment for a household of 1, which is \$200 in D-SNAP benefits.</p>	

**D-SNAP
Application
Process**

Eligibility
Requirements
(Continued)

Scenario 2: Household of 5	
• Couple's combined net earnings	\$6,800
• Couple's combined net savings	\$1,700
• Earnings and Savings Combined total	\$8,500
Out of pocket house repairs as a result of tornado Totals 11,000. \$5,000 was given from the insurance claim and does not count as out-of-pocket	<u>-\$6,000</u> \$2,500
<p>Since this household falls below the \$2,787 disaster income limit for a household of 5, the household is eligible to receive the full allotment for a household of 5, which is \$793 in D-SNAP benefits.</p>	

Scenario 3: Household of 4	
• Individual's net earnings	\$2,400
• Savings	<u>\$ 800</u>
• Earnings and Savings Combined Total	\$3,200
Out of pocket house repairs as a result of tornado \$600.	<u>\$ 600</u> \$2,600
<p>Since this household falls above the \$2,449 disaster income limit for a household of 4, the household is ineligible to receive D-SNAP benefits.</p>	

Scenario for Person Who Works in the D-SNAP Community: Household of 1	
• Individual's net earnings	\$2,000
• Savings	<u>\$ 400</u>
• Earnings and Savings Combined Total	\$2,400
Out of pocket house repairs as a result of tornado	<u>\$ 0</u> \$2,400
<p>Since this household falls above the \$1,503 disaster income limit for a household of 1, the household is ineligible to receive D-SNAP benefits.</p>	

**D-SNAP
Application
Process
(Continued)**

Verification
Requirements

Verification Requirements

Identity

It is mandatory that an applicant for D-SNAP verify identity. The applicant may provide a photo ID or two documents that verify identity. A signed affidavit from a collateral contact attesting to the identity of the applicant is also acceptable.

Residency

Where possible, residency must be verified. Examples of proofs include any bills identifying the applicant's name and address. For example, utility bills, tax bills, insurance policies, driver's license.

Household Composition

Household composition is determined as it existed on June 1, 2011. If questionable, the case manager must ask the applicant to verbally list the names, ages and the date of birth of all household members.

Loss or Inaccessibility of Liquid Resources or of Income

Where possible, the applicant must verify that he or she has no income or access to liquid resources because bank accounts are inaccessible. Remember that, with accessibility to ATM machines and other means of electronic transmission, liquid resources are usually accessible.

Food Loss

Food loss should be verified only if questionable. A power outage of four hours or more can cause food spoilage.

Note: Food loss alone does not constitute eligibility for D-SNAP benefits. If a person does not appear eligible, be sure to explore all available disaster related adverse effects and/or expenses.

Application
Processing

Application Processing

New applicants or former SNAP clients may apply for D-SNAP benefits in person at one of the following designated TAOs: Springfield Liberty, Springfield State, and Southbridge. In addition, the Monson Development Center will be taking D-SNAP applications.

The applicant must:

- complete the D-SNAP application form (Attachment B – English and Attachment C – Spanish);
 - provide proof of identity;
 - provide proof of residency, when possible;
 - provide proof of household composition, if questionable;
 - complete the Affidavit of Loss of Income or Disaster/Related Expenses form (Attachment D - English and Attachment E-Spanish) and provide proof of loss or inaccessibility of liquid resources or of income, where possible; and
 - provide proof of loss of food, if questionable.
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**D-SNAP
Application
Process**

Preliminary
Application
Processing

Application functions are as follows:

- the applicant must be screened;
- complete the Disaster Reception Log (Attachment F) by filling in all the columns with the necessary information for each client that comes to the TAO or the Disaster Center about a disaster-related issue. This should be completed even if the person is not applying for D-SNAP benefits. This is one form with separate logs distinguished by the letters A, B, C and D.
- review the application for completeness and signature;
- verify identity;
- check BEACON to verify that client is not active on SNAP;
- verify residency and Loss or Inaccessibility of Liquid Resources or of Income when possible; and
- verify food loss, if questionable.

Note: Verification requests are limited to the verification elements listed under Application Process/Verification Requirements section of this memo. Please note that some verifications are required, *when possible*, while others are required, *if questionable*

The Reception Log must be emailed at the close of business each day to **DTA.DisasterEvent@state.ma.us** with the subject line TAO Reception Log.

If the applicant meets the D-SNAP eligibility requirements:

- the D-SNAP case will be approved;
- the applicant will sign the *Disaster Card Signature Log* (Attachment G);
- the Disaster Card will be issued to the applicant;
- an account will be established in EPPIC for the applicant; and
- D-SNAP benefits will be electronically issued to the applicant within two business days of the date the case is entered into EPPIC. Typically, this should be within two business days of the application.

NOTE: The individual taking the application cannot issue the Disaster card.

If an application for D-SNAP is flagged for a second review because of suspicion of fraud or duplicate participation, the case must be:

- submitted to a supervisor for second review; and
- reviewed and subsequently approved or denied.

See page 15 of this memo for more details on maintaining program integrity during the D-SNAP process.

**D-SNAP
Application
Process**

Case Record

Case Record

Where provided by the D-SNAP applicant, verifications must be copied and put into a case record labeled with the name of the D-SNAP applicant. This includes signed affidavits. *The D-SNAP Verification Checklist* (Attachment H) must be included in all case records.

Elements marked with a check are attestations by the case manager or other DTA staff that the verification was provided by documentation or by verbal verification or by collateral contact. The DTA staff verifying the proofs must:

- write their name on the *D-SNAP Verification Checklist*; and
 - sign and date the *D-SNAP Verification Checklist*.
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**Interpreter
Services**

Case managers are reminded that clients must be provided with professional interpreter services when necessary. For the operation of D-SNAP, bilingual case managers, Human Services Assistants (HSA) and the Qwest Telelanguage Line are the preferred interpreter services. **Note:** Catholic Charities and the Somali Development Center may provide limited assistance as there is a 72 hour wait time for providing contracted interpreters.

A client has the right to refuse the use of a particular bilingual case manager, HSA or statewide contracted interpreter, if uncomfortable with the interpreter for a personal or cultural reason. Department staff must not inquire as to the reason for refusal. In this situation, a Qwest TeleInterpreter must be accessed to conduct the interview.

Remember: Children over age 12 may interpret only to schedule appointments. Children age 12 and under may not be asked to interpret for any purpose.

To use the Qwest Telelanguage Line:

- call 1-800-822-5552;
- provide the operator with the language request and any third party call requirements;
- provide the operator with the Department access code, which is **56005**, followed by the TAO division number; and
- inform the operator of the need to use a speaker telephone instead of a 3-way call for the translation, if necessary.

The operator will connect the user to an interpreter.

Individuals must be allowed to complete Department business on the date of first contact. This is even more critical when an applicant is applying for D-SNAP benefits.

Applicants and Clients with Disabilities

Case managers are reminded that the Department has certain obligations toward applicants and clients under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Section 504 makes it illegal for public agencies receiving federal funds to discriminate against individuals with disabilities. Title II of the ADA prohibits discrimination on the basis of disability by states and government entities. Generally, the Department must provide an individual with a disability, equal opportunity to participate in or benefit from its programs. The Department's ADA regulations can be found at 106 CMR 701.390 for the cash assistance programs and at 106 CMR 360.250 for SNAP.

Regardless of whether a client has a disability, case managers should be alert in responding to and assisting clients with any type of barrier that impedes receipt of the services they need. Simply put, the Department has a duty to assist all applicants and clients. See Field Operations Memo 2010-30 for more information on assisting clients and applicants with disabilities.

Using an Authorized Representative

All regulations governing the use of authorized representative for SNAP apply to D-SNAP, including:

- the authorized representative designation must be made in writing by the primary applicant; and
- DTA must verify the identity of the authorized representative and the identity of the primary applicant.

For D-SNAP, the primary applicant must write a note authorizing the authorized representative to make the application on his or her behalf. Identification of the primary applicant and the authorized representative is mandatory following the verification guidelines for identity in this memo.

Disaster Card Issuance

For EBT issuance during D-SNAP, DTA staff must refer to Attachment I – *Electronic Benefits Transfer Disaster Process*. For more details on EBT issuance during D-SNAP, see Attachment J - *ACS Commonwealth of Massachusetts Disaster Module*. This provides more detailed procedures, including screen prints.

Disaster Card Signature Sheet

The *Disaster Card Signature Log* (Attachment G) must be:

- signed by the applicant prior to being issued a Disaster Card; and
- completed by DTA staff.

Disaster Card Daily Reconciliation Log

The *Disaster Card Daily Reconciliation Log* (Attachment K) must be completed daily by DTA staff. This is a one-page document with instructions for completing the form available on the back of the two-sided page.

The *Disaster Card Signature Sheet* and the *Disaster Card Daily Reconciliation Log* must be emailed or faxed daily to Cyndi Sullivan at 617-348-5501 or email to Cynthia.Sullivan@state.ma.us.

Eligibility Criteria for Persons Who Work in the Disaster Area but Live Outside Disaster Area

D-SNAP policy allows an individual who works but who does not live in one of the 12 communities to apply for D-SNAP benefits. This is restricted to persons who live in Massachusetts. A person who lives in a bordering state must be instructed to apply for regular SNAP benefits in the state in which he or she resides.

The eligibility and verification requirements outlined in this memo apply to these applicants with one significant exception; persons who work but do not live in the disaster area **will not be allowed to deduct or claim disaster-related expenses in the calculation of their income and resources for their residence.**

Case managers are asked to annotate the Additional Information section (Part F) of the D-SNAP application form with the following information.

- The name of place of employment;
- The address of place of employment;
- The period of time applicant was employed at this location;
- The date employment ceased; and
- The date business closed due to disaster.

Processing D-SNAP Applications Taken in TAOs Outside of Disaster Area and at Disaster Centers

A displaced resident of one of the twelve communities approved by FNS for the operation of D-SNAP, may apply for D-SNAP benefits at a TAO near the city or town in which he or she is temporarily residing. Therefore, TAOs that are not in the Disaster Area will also be responsible to take D-SNAP applications.

- Staff in non-disaster area TAOs should go to Policy Online/Disaster SNAP/Disaster SNAP Documents to access D-SNAP forms. All D-SNAP forms are listed at this site.

- Applications taken in non-disaster area TAOs must be faxed to the Springfield Liberty TAO at 413-784-1044.
- Type a cover page with D-SNAP Application as the subject.
- The fax should be directed to Claudette Champagne, Director of the Springfield Liberty TAO.
- The applicant must be mailed a Disaster Card to the address where the applicant is temporarily residing.
Note: Staff in non-disaster TAOs must be sure to ask the D-SNAP applicant for the address where he or she is temporarily residing. This is the address to which the Disaster Card must be mailed.

**Processing
D-SNAP Benefits
for Pending
Households and
Households Active
at Zero Benefit**

Based on USDA's D-SNAP guidance, applicants pending regular SNAP eligibility may not be excluded from D-SNAP. If an applicant with a pending application in one of the TAOs applies for D-SNAP benefits, the case must be processed as follows:

- verify the identify of the applicant, if not yet on file;
- screen the applicant for D-SNAP eligibility;
- obtain identification of the applicant;
- obtain other D-SNAP verifications where possible or where questionable, following the D-SNAP verification guidelines outlined in this memo;
- approve or deny the D-SNAP application; and
- if approved, notify the Director of the TAO that has the pending application that this household was issued D-SNAP benefits.
- enter the following narrative in BEACON:*D-SNAP Benefits Issued.*

If the D-SNAP application is approved, at the time when the regular SNAP application is being processed:

- the Benefit Effective Date on BEACON must be changed to July 1, 2011; and
- the applicant must be given a supplemental payment for the period between the household's application date and May 31, 2011.

IMPORTANT: Categorically-eligible one-and two person households are eligible to apply for D-SNAP benefits. The case manager or DTA staff person must check BEACON to see if the client is active at a zero benefit level to distinguish these applicants from other active SNAP who may not apply for D-SNAP benefits.

**Processing
Replacement
SNAP Benefits
for Active Clients**

Active SNAP households cannot apply for D-SNAP benefits. These households may obtain disaster relief through the replacement of benefits under household misfortune.

The communities of Brimfield, Brookfield, Monson and Wilbraham were automatically issued replacement benefits of 20 percent or 40 percent on June 6, 2011. This mass replacement of SNAP benefits based on last digit of SSN is outlined in Operations Memo 2011-20A.

Any household currently active on SNAP, with an address in one of the twelve communities approved by FNS for the operation of D-SNAP, may apply for replacement SNAP benefits following the regulations outlined at 106 CMR 364.900 (C).

Households that already received benefits through mass replacement or who applied in person at the TAO for a replacement under household misfortune may receive an additional replacement equal to but no more than the difference between May's issuance and the amount already replaced. The total replacement must not exceed one month's allotment.

Important: Households who receive expedited benefits for the month of June are ineligible for D-SNAP.

**Denial of
D-SNAP Cases**

Denial of D-SNAP Cases

When a D-SNAP application is denied, a *Disaster SNAP NFL-2* (Attachment L) must be completed. The reason for the denial and the SNAP citation for the denial must be annotated on the form. The denial letter must be given or mailed to the client, and a copy should be made for the case record.

The *Applicant Disaster Benefit Denial Log* (Attachment M) must then be completed. The log requires the following:

- the name of applicant;
 - the Social Security Number;
 - the address of the applicant;
 - the date of application;
 - the case manager's name; and
 - the reason for the denial.
-

**Denial of
D-SNAP Cases
(Continued)**

A denied D-SNAP applicant may appeal that denial by completing the Request for a Fair Hearing on the back of the denial form and mailing the request to the address listed on the request form. The applicant may also fax the request using the number provided on the back of the request form. The Denial Log must be emailed at the close of business each day to DTA.DisasterEvent@state.ma.us with the subject line TAO Name Denial Log.

**Maintaining
Program Integrity
During D-SNAP
Operation**

FNS expects that DTA will maintain program integrity during the operation of D-SNAP with the following activities.

- 1) The names of persons who are denied for D-SNAP will be logged onto an Excel spreadsheet that will be emailed nightly from each site to DTA.DisasterEvent@state.ma.us . The Central Office SNAP Unit will consolidate the list from each site and will email a state-wide list, sorted alphabetically, to each site. This will ensure that previously denied applicants are not approved elsewhere.
 - 2) Any person applying for D-SNAP after denial with information contrary to what has been logged on the denial spreadsheet will be referred to either a supervisor or an assistant director.
 - 3) Duplicate issuance is prevented by the EPPIC EBT design. The time delay of 48 hours in activating an approved Disaster Card provides EPPIC with the opportunity to identify duplicate issuances.
 - 4) The Disaster Card security must be ensured by following already-existing internal controls governing the transfer of cards between offices i.e. packing slip, inventory at departure, reconciliation at arrival, and reporting any anomalies as identified.
 - 5) Security will be present at all disaster issuance sites to provide an enhanced security environment.
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**Impact of the
Tornado on Other
Programs
TAFDC and
EAEDC Reminders**

Any client living and or working in the area affected by the June 1 storm that included several tornadoes, who is work program required, must not be sanctioned for failure to meet the work program requirement. If they have been sanctioned, case managers must remove the sanction with the Good Cause reason "Inclement Weather/Act of Nature." If the work program required client has not been sanctioned but was affected by the June 1 storm that included several tornadoes, case managers must give the client "Meets Compliance" with the

**Impact of the
Tornado on Other
Programs**
TAFDC and
EAEDC Reminders
(Continued)

reason: “No Transportation Available.” This reason should be used for these clients until further notice.

Remember: Exempt clients volunteering to participate in an ESP activity must not be sanctioned at any time.

TAO staff is also reminded that new applicants affected by the June 1 storm that included several tornadoes can verify information through self-declaration if documentation has been lost or destroyed as a result of the June 1 storm that included several tornadoes. See Operations Memo 2010-55 for additional procedures.

Finally, TAO staff is also reminded that EAEDC clients who are caretakers included in the EAEDC grant must be given Good Cause for not meeting their TEMP requirement (found at 106 CMR 320.420) if they were in the area affected by the June 1 storm that included several tornadoes until further notice.

SSI Clients

Benefits may be available to SSI clients. Procedures will be issued shortly regarding the issuance of these benefits.

**Other
Considerations**

For the purposes of this memo, the use of the term case manager includes supervisors and sometimes managers. TAOs primarily responsible for taking D-SNAP applications will have various levels of DTA staff working to issue D-SNAP benefits to applicants in the most effective manner.

It will be necessary for staff working in the D-SNAP operation to email or fax documents to Central Office. Some of the machines available for use have the capacity to efax. Follow the instructions on Attachment N to generate an efax.

**Press Release,
Public
Announcements,
Posters**

As soon as D-SNAP is approved by FNS, a press release will be issued through EOHHS. Informational handouts will be available at all sites. These posters and brochures will cover EBT usage, the D-SNAP application process, fraud warnings and rules and tips for shoppers.

All media inquiries should be directed to the Commissioner’s Office at 617-348-8400.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.

Disaster Supplemental Nutrition Program
Income Eligibility Standards and Allotments
October 1, 2010 – September 30, 2011

48 States and DC

Household Size	Disaster Income Limit¹	Maximum Allotment
1	\$1503	\$200
2	\$1815	\$367
3	\$2126	\$526
4	\$2449	\$668
5	\$2787	\$793
6	\$3124	\$952
7	\$3436	\$1,052
8	\$3748	\$1,202
Each Additional Member	+\$312	+\$150

¹ These figures include all necessary calculations. For example, for a 1-person household in the 48 States and DC, the maximum net monthly income = \$903; standard deduction = \$142; maximum shelter deduction = \$458. $\$903 + \$142 + \$458 = \1503 .

PART D – RESOURCES		PART E – EXPENSES	
List all cash your household will be able to get to during the disaster		List disaster-caused expenses that your household paid or expects to pay during this disaster. DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.	
	AMOUNT		AMOUNT
Checking accounts		Dependent care due to disaster	
Saving accounts		Funeral/medical expenses due to disaster	
Cash on hand		Moving and storage costs due to disaster	
		Temporary shelter expenses	
		Cost to protect property during disaster	
		Cost to repair or replace items for home or self-employment property	
		Other disaster-related expenses	
		Food destroyed in disaster	
PART F – ADDITIONAL INFORMATION			
PART G – CERTIFICATION AND SIGNATURE			
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.</p> <p>APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)</p> <p style="text-align: right;">DATE: _____</p>			

PART H – PENALTY WARNING
<p>If your household gets Disaster Supplemental Nutrition Assistance Program benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your Disaster Supplemental Nutrition Assistance Program benefits to make sure you were eligible for disaster aid.</p> <p>DO NOT give false information or hide information to get or to continue to get Disaster Supplemental Nutrition Assistance Program benefits.</p> <p>DO NOT give or sell Disaster Supplemental Nutrition Assistance Program benefits or authorization documents to anyone not authorized to use them.</p> <p>DO NOT alter any Disaster Supplemental Nutrition Assistance Program authorization documents to get benefits you are not entitled to.</p> <p>DO NOT use Disaster Supplemental Nutrition Assistance Program benefits to buy unauthorized items such as alcohol or tobacco.</p> <p>DO NOT use another household's Disaster Supplemental Nutrition Assistance Program benefits or authorization documents for your household.</p>

SECCIÓN D – RECURSOS		SECCIÓN E – GASTOS	
Enumere todo el dinero al que su unidad familiar <i>podrá</i> tener acceso durante el período de beneficio en caso de desastre.		Indique los gastos <i>provocados por el desastre</i> que su unidad familiar pagó o espera pagar durante este desastre. NO INCLUYA GASTOS QUE FUERON O SERÁN PAGADOS POR ALGUIEN AJENO A SU UNIDAD FAMILIAR.	
	MONTO		MONTO
Cuentas corrientes		Cuidado de personas a su cargo por causa del desastre	
Cuentas de ahorro		Gastos funerales/médicos por causa del desastre	
Dinero en efectivo		Gastos de mudanza y almacenamiento por causa del desastre	
		Gastos de refugio temporal	
		Costos para proteger la propiedad durante el desastre	
		Costos de reparaciones o reemplazos de artículos para el hogar o propiedad de trabajo por cuenta propia	
		Otros gastos relacionados con el desastre	
		Alimento destruido por el desastre	
SECCIÓN F – ADICIONAL INFORMACIÓN			
SECCIÓN G – CERTIFICACIÓN Y FIRMA			
Entiendo las preguntas de esta solicitud y las sanciones por ocultar datos o suministrar información falsa. Mi unidad familiar necesita asistencia alimentaria inmediata como consecuencia del desastre. Certifico, bajo pena de falso testimonio, que la información que he suministrado es correcta y está completa a mi leal saber y entender. Además, autorizo la divulgación de toda información necesaria para determinar la exactitud de mi certificación. Entiendo que si no estoy de acuerdo con cualquier medida que se tome en mi caso, tengo derecho a solicitar oralmente o por escrito una audiencia justa e imparcial.			
SOLICITANTE, REPRESENTANTE AUTORIZADO O TESTIGO (si firma con una X)			
_____		FECHA: _____	

SECCIÓN G – AVISO DE PENALIDADES
<p>Si su unidad familiar recibe Asistencia Suplemental de Nutrición, debe observar las siguientes reglas. Podemos seleccionar su unidad familiar para un control federal o estatal en algún momento luego de que reciba sus Asistencia Suplemental de Nutrición, a fin de asegurarnos de que usted era elegible para recibir ayuda para nutrición en situación de desastre.</p> <p>NO dé información falsa ni oculte información para obtener o continuar obteniendo ayuda del Programa de Asistencia Suplemental de Nutrición en situación de desastre.</p> <p>NO dé ni venda los beneficios de ayuda del Programa de Asistencia Suplemental de Nutrición en situación de desastre ni de la documentación de autorización a ninguno no autorizado a usarla.</p> <p>NO modifique ninguna documentación de autorización del Programa de Asistencia Suplemental de Nutrición en situación de desastre a fin de obtener beneficios a los cuales no tiene derecho.</p> <p>NO utilice los beneficios del Programa de Asistencia Suplemental de Nutrición en situación de desastre a fin de comprar artículos no autorizados como alcohol o tabaco.</p> <p>NO utilice los beneficios del Programa de Asistencia Suplemental de Nutrición en situación de desastre ni la documentación de autorización de otra unidad familiar para su unidad familiar.</p>

**AFFIDAVIT OF LOSS OF
INCOME OR DISASTER-RELATED EXPENSES**

CASE NAME: _____

SOCIAL SECURITY NUMBER: _____

I certify under penalty of perjury that my household experienced either a loss of income or incurred disaster-related expenses as a result of the tornadoes/storms that occurred in my _____ on June 1, 2011.
county/city/town

Applicant signature: _____

Date: _____

**DECLARACIÓN DE PÉRDIDA DE INGRESOS O GASTOS
RELACIONADOS CON EL DESASTRE**

NOMBRE DEL CASO: _____

NÚMERO DEL SEGURO SOCIAL: _____

Yo certifico, bajo la penalidad del perjurio, que mi núcleo familiar ha experimentado una pérdida de ingresos o ha incurrido en gastos relacionados como resultado de los tornados/las tormentas que ocurrieron en mi

_____ el 1º de Junio de 2011.
condado/ciudad/pueblo

Firma del solicitante: _____

Fecha: _____

Disaster Reception Log

D

Emergency Center: _____

Date: _____

	Name of Applicant	Street Address	Town	Time in	Client/ Non-Client	Reason for Visit
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						



Commonwealth of Massachusetts
Department of Transitional Assistance

DISASTER CARD SIGNATURE SHEET

DISTRIBUTION LOCATION: _____ DTA MANAGER IN CHARGE _____

<u>DISASTER CARD #</u> <u>(Attach label or last 7 digits)</u>	<u>DATE</u>	<u>CLERK'S</u> <u>INITIALS</u>	<u>PRINT CLIENT NAME</u>	<u>CLIENT'S SIGNATURE</u>

D-SNAP Verification Check-List

Name: _____ SSN: _____

IDENTITY It is mandatory that an applicant for D-SNAP verify identity. The applicant may provide a photo ID or two documents that verify identity. A signed affidavit from a collateral contact attesting to the identity of the applicant is also acceptable.

- Photo ID _____
- Other Form of ID (2) _____
- Signed Affidavit from a Collateral Contact _____

RESIDENCY Where possible, residency must be verified. Examples of proofs include:

- Utility Bills
- Tax Bills
- Insurance Policies
- Driver's License
- Other ID with Address or Other Bills _____
- Verbally provided necessary information

HOUSEHOLD COMPOSITION If questionable, the case manager must ask the applicant to verbally list the names, ages and the date of birth of all household members.

- Not questionable
- Verbally provided necessary information

INCOME: Earned and Unearned

- Pay Stubs
- Bank Statement (if on Direct Deposit)
- Award Letter
- Other _____
- Verbally provided necessary information

LIQUID ASSETS

- Bank Statement
- Other _____
- Verbally provided necessary information

Only complete this section if "Food Damaged by Disaster Event..." is indicated on the D-SNAP Application:

FOOD LOSS Only verify by third party, if questionable.

- Self Declaration on D-SNAP Application.
- Other _____
- Collateral Contact _____

DTA Staff Member Name _____

DTA Staff Member Signature _____ Date _____

Electronic Benefit Transfer (EBT) Disaster Process

When the designated EPPIC disaster user creates a case on the Administrative Terminal (AT) linked to the disaster event, the recipient is always “new”. This includes applicants that have never received assistance from DTA and former recipients who no longer have an “active” case in BEACON.

This section does not include recipients who currently have an “active” case with DTA. Their need for disaster assistance will be handled by a different process, not through the EPPIC Administrative Terminal.

Linking Recipients to Disaster

Each New disaster case is linked to a Disaster Event Name which has already been set up in the EPPIC disaster system. *Example: 2011 Tornado.*

To begin enter:

1. On the **Main Menu**, select the **Recipient Account** function.
2. A scroll down list will appear. Select the **Disaster Account Setup** option.
3. The **Disaster Event Selection** will appear.
4. The **Disaster Event Selection** should default to the current disaster event.

Note: If this field is blank, select the blue arrow for the dropdown menu and select the disaster event to fill the field.

5. Select **Continue**, or to cancel, select **Cancel**.

Note: Selecting **Cancel** will navigate the page back to the **Main Menu**, with nothing appearing at the center or right hand side on the screen.

6. After selecting **Continue**, the **Recipient Information Management** screen will appear.

Recipient Information Management Screen

1. Data enter the **last 7 digits** of the pre-numbered disaster card in both PAN fields. The first 11 card digits prefill the field “**60087599988**”.

Note: If a card reader is available, swipe the card **twice** to fill both fields.

Important: The last nine digits of the disaster card becomes the case number.

2. Data enter the head of household demographics including at minimum of :
 1. First name
 2. Last name
 3. Address
 4. TAO office from dropdown menu
 5. Date of birth

6. Social Security Number

Recipient Information Management Fields

Field Label	What it Means
PAN (required)	This is the 18 digit field for the disaster card number assigned to the disaster recipient. The first 11 digits are fixed: “60087599988” There are two PAN fields which require the entry of the last 7 digits of the card number If a card reader is available, swipe the card twice to fill both fields if the card reader is not available data enter the last 7 digits of the card number
First name (required)	First name of recipient
MI (optional)	Middle initial of recipient
Last (required)	Last name of recipient
Suffix (optional)	Suffix of the recipient
Address 1	Address of recipient
Address 2 (optional)	Other parts of the address belonging to the recipient. Apt. Number , Building Number , etc.
City	City of recipients address
Office	The 3 digit numeric code and location of the Transitional Assistance Office sit servicing the recipient. Select from the dropdown menu.
Zip Code	Zip code of the recipients address
State	State of the recipients address
Phone	Recipients phone number
Alternate Phone	Recipients alternate phone number. Cell phone, Number of relative, etc.
Date of Birth (required)	Date of birth of recipient MM/DD/YYYY
Social Security Number (required)	The Social Security Number of the recipient. If the SSN is unknown, data enter 9zeros to fill the field. The field can not be left blank.
Disaster demographics (optional)	A two digit code assigned at the time of the disaster event.
Number of people in the household (required)	The number of people that live in the recipient’s household. A dropdown menu will display options of 1 through 25.

3. Select the number of people in the household from the dropdown menu.
4. To insure household size accuracy a confirmation pop-up will appear when a value is entered in the household field. This will occur for all entries regardless of household size. Click OK if the information is correct, click cancel if incorrect and reselect the correct household size then confirm.

Recipient Information Management–Household Members Screen

1. Data enter the demographics for each household member residing with the head of household including:
 - First name
 - Last name
 - Date of Birth
 - Social security number – If the SSN is unknown, fill the field with nine zeros.

Note: There is no need to enter address information for household members.

2. Select **Save** after each household member’s information has been input.
3. Once all household member data is entered, the screen will show the household members listed at the bottom.
4. Once all data has been entered, select the **Continue** button at the bottom of the screen.

Note: If any of the required fields are left blank (PAN, first name, last name, DOB, SSN and the number of people in the household) a pop-up message will appear with an alert that the field must be completed.

5. A pop-up will appear, requesting confirmation of the PAN, DOB and SSN. If the information is correct select **OK**.
6. If it is incorrect select **Cancel** the pop-up will disappear, and return to the Recipient Information Management screen.
7. When all mandatory information is entered correctly and confirmed, a pop-up box will appear confirming the completion of the case setup.
8. Select **OK**.
9. The user is then forwarded to the **Recipient Benefits Management** screen.

Recipient Benefits Management Screen

This screen will be pre-filled with information that has been entered in the previous screens.

Field Name	What it Means
Case Information	
Case Number	Case Number of recipient (assigned from the last 9 digits of the Disaster card number).
Program	Category of assistance: SNAP/Food Stamp or cash.
Type	Type of benefit. Should be pre-filled with disaster.
Total Balance	Total balance of the account.
Available Balance	Balance available to recipient
Status	Status of the account. (open, pending or closed)
Office	Pre-filled with the three digit TAO or site code and location where the case is assigned.
Benefit Issuance	
Sub programs	The benefit code of the program that funds the

	recipients' benefits. FE01= Disaster SNAP benefits CE01= Disaster cash assistance
Benefit Type	Disaster.
Benefit Month	The month for which the benefit is to be issued. It may be the prior month, the current month or a future month.
Available Date	The date the benefit will be available to the recipient.
Amount	The amount of the benefit issued.
Authorization	Authorization number to be assigned by EPPIC.

Issuing a Benefit

The following directions are for issuing benefits to new recipients.

1. EPPIC will automatically assign the correct benefit amount based on household size selected in the previous screen. **The user does not enter the benefit amount.**
2. On the **Recipient Benefits Management** screen, there are separate **Benefit Issue** boxes for Disaster SNAP benefits (**FE01**) and Disaster cash assistance (**CE01**). Select the blue **Issue** button at the bottom of the **Benefit Issue** box for the Disaster SNAP benefit (FE01) to be issued and a pop-up box will appear.
3. Select **OK** to proceed. Select **Cancel** to cancel the action, and the pop-up will disappear.
4. If OK was selected a pop-up box will indicate that the disaster benefit was successfully issued.

Note: The benefits will not be immediately available. The benefits will be available at 12:01 a.m. on the second day after the benefit issued.

Example: A benefit issued on May 1st at 2:00 p.m. (or any other time that business day) will be available on the disaster card on May 3rd at 12:01 a.m.

Return to Disaster Account Setup

After issuing the benefit for a disaster household, return to the **Disaster Account Setup** screen to create another disaster case.

Commonwealth of Massachusetts Disaster Module



10/30/2009

Version 2.1

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Temporarily Modified June 7, 2011

Table of Contents

IMPORTANT – This document is an excerpt from the EPPIC MA Disaster manual. Only the “Recipient Management” and “Issuing a Benefit” sections are provided for use by staff assigned the EPPIC Worker role to create disaster cases and issue disaster cards.

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2.0 AUDIENCE.....	3
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12.0 RECIPIENT MANAGEMENT	4
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1.0 INTRODUCTION

ACS has created this document in accordance with the Commonwealth of Massachusetts Department of Transitional Assistance EPPIC disaster module. The following pages will be instrumental in learning how to record disaster events, locate information about disaster events, issue benefits to recipients, and locate batch issuance history.

This document has been modified by DTA on June 7, 2011.

2.0 AUDIENCE

The audiences for this document are the Massachusetts DTA Disaster Administrator(s) and designated disaster staff.

Effective October 1, 2008, the Farm Bill of 2008 changed the name of the Food Stamp Program to Supplemental Nutrition Assistance Program (SNAP). Massachusetts adopted the name SNAP and will be changing correspondence, forms, brochures, etc. on a gradual basis. For the purposes of this manual “food stamp benefits” or “FS” will be used throughout.

3.0 SCREEN CAPTURES

The graphics in this manual are screen captures that show whole or partial EPPIC Administrative Terminal (AT) screens.

The entries seen in the screen captures are **not** actual user data. Data from a test database was used when creating the screen captures, so entries seen on the actual AT will be different. Any information on the screens deemed similar to real customer information is purely coincidental.

12.0 RECIPIENT MANAGEMENT

When the designated EPPIC disaster user creates a case on the Administrative Terminal (AT) linked to a disaster event, the recipient is always “new”. This includes applicants that have never received assistance from DTA and former recipients who no longer have an “active” case in BEACON.

This section does not include recipients who currently have an “active” case with DTA. Their need for disaster assistance will be handled by a different process, not through the EPPIC Administrative Terminal.

12.1 Linking Recipients to Disaster

Each new disaster case is linked to a Disaster Event Name which has already been set up in the EPPIC disaster system.

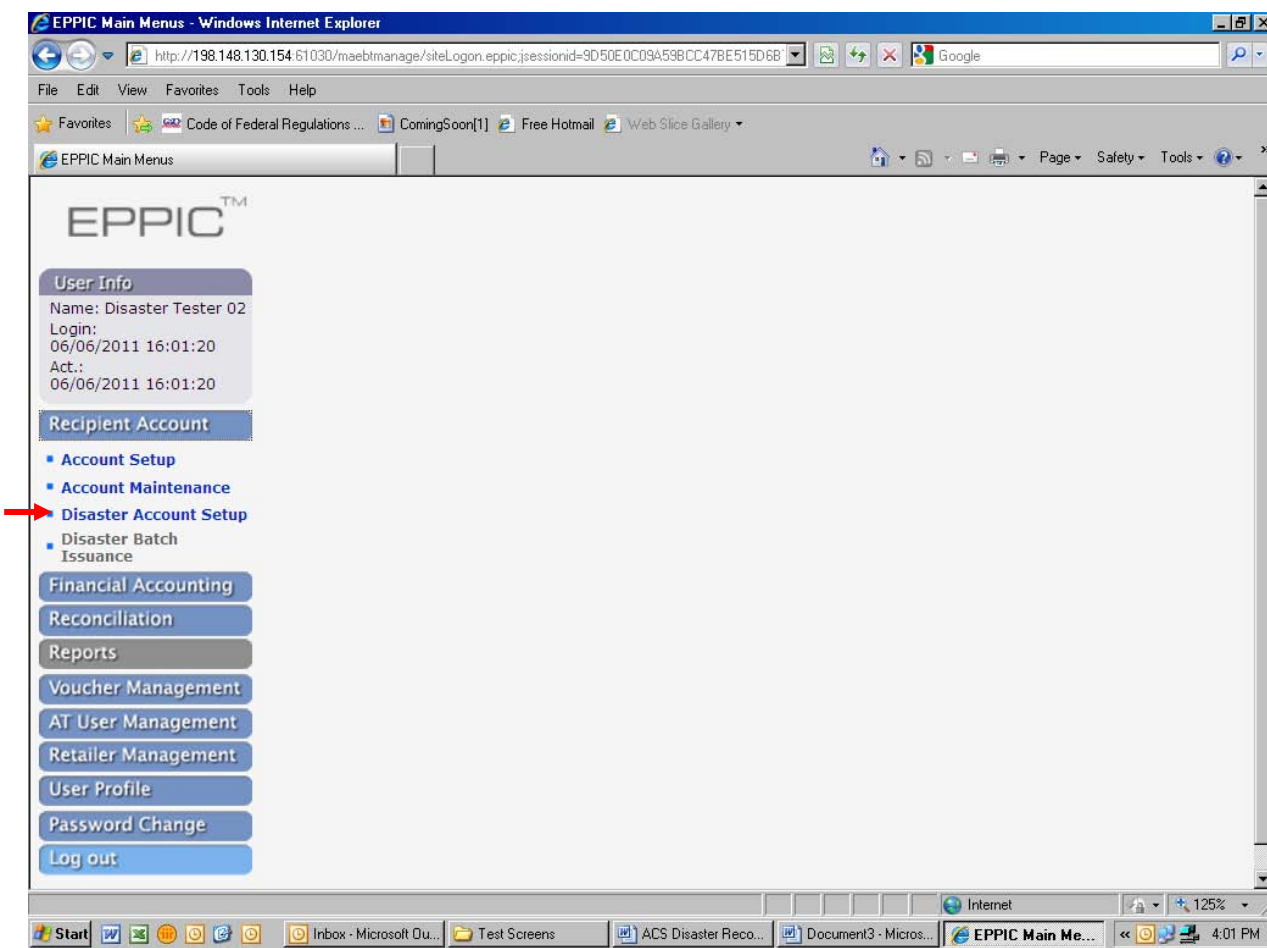


FIGURE 1 - DISASTER ACCOUNT SETUP

1. On the **Main Menu**, select the **Recipient Account** function
2. A scroll down will open. Select the **Disaster Account Setup** option.
3. The **Disaster Event Selection** will appear:

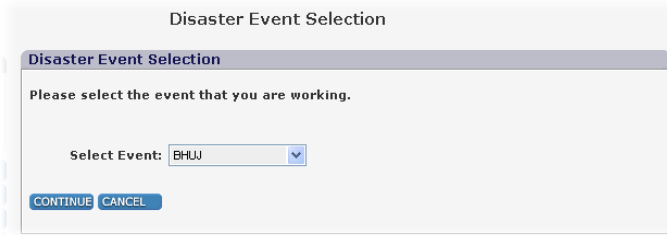


FIGURE 2 - DISASTER EVENT SELECTION

4. The **Disaster Event Selection** should default to the current disaster event.
If the field is blank, select the blue arrow for the dropdown menu and select the disaster event to fill the field.
5. Select **Continue**, or to cancel, select **Cancel**.
6. Selecting **Cancel** will navigate the page back to the **Main Menu**, with nothing appearing at the center or right hand of the screen.
7. After selecting **Continue**, the **Recipient Information Management** screen will appear:

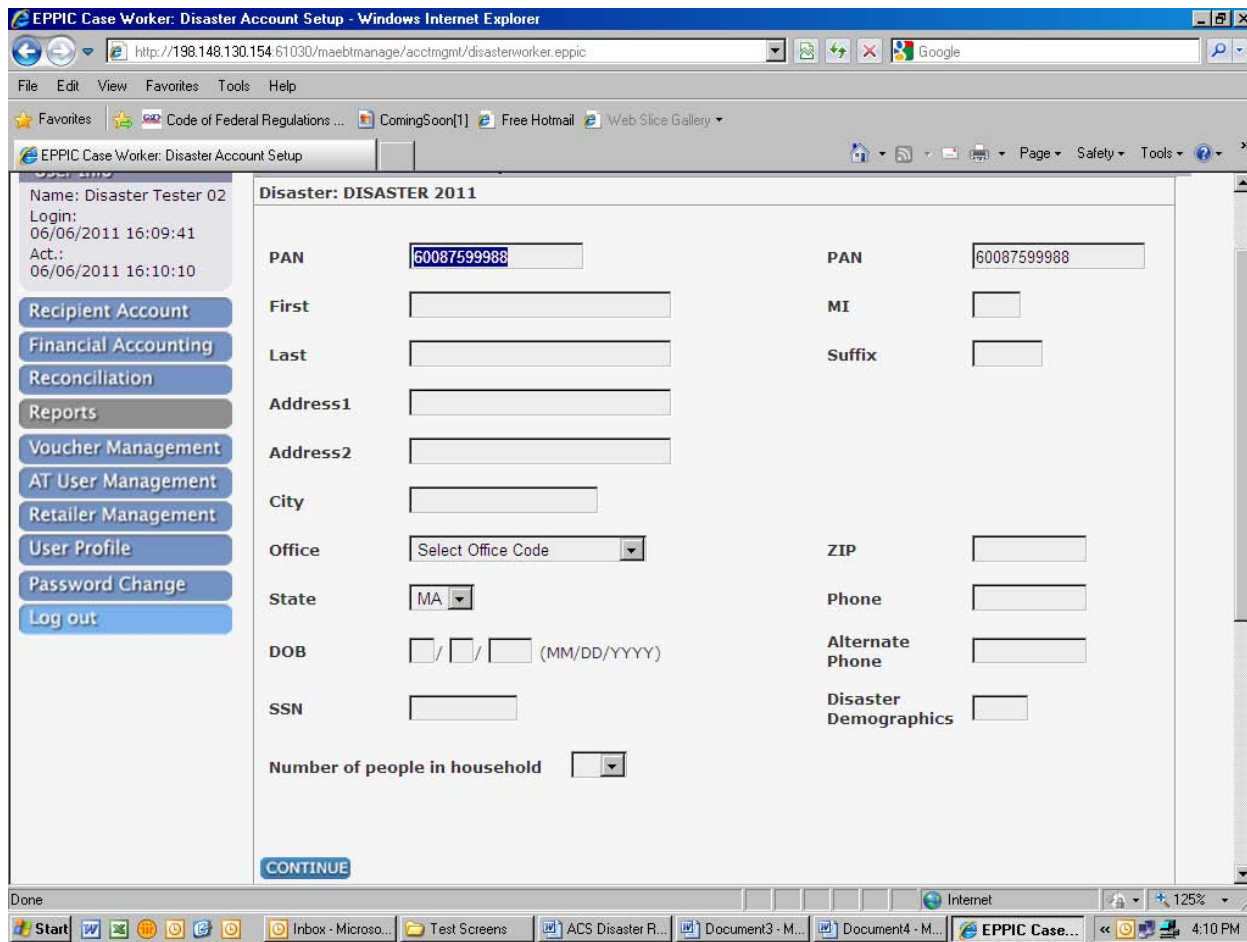


FIGURE 1 - RECIPIENT INFORMATION MANAGEMENT

9. Data enter the last 7 digits of the pre-numbered disaster card in both PAN fields.

If a card reader is available, swipe the card **twice** to fill both fields.

Important: The last 9 digits of the disaster card becomes the case number. The SSN is not the case number.

10. Data enter the head of household demographics including at minimum:

- First name
- Last Name
- Address
- TAO office from dropdown menu
- DOB
- SSN

Recipient Information Management Fields

Field Label	What It Means...
PAN (required)	<p>This is an 18 digit field for the disaster card number assigned to the disaster recipient. The first 11 digits are fixed: "60087599988".</p> <p>Swipe the card through the card reader provided and the last 7 digits of the card number will fill the field. If a card reader is not available, data enter the last 7 digits of the card number.</p> <p>There are two PAN fields which require that the card be swiped twice or data entered twice for verification purposes.</p>
First (required)	First name of recipient
MI	Middle initial of recipient (optional)
Last (required)	Last name of recipient
Suffix	Suffix of the recipient (optional)
Address1	Address of recipient (optional)
Address2	Other parts of address belonging to recipient (optional)
City	City of recipient's address
Office	The 3 digit numeric code and location of the Transitional Assistance Office or site servicing the recipient. The 3 digit

	codes and locations are displayed on a dropdown menu.
ZIP	Zip code of recipient's address
State	State of recipient's address
Phone	Recipient's phone number
Alternate Phone	Recipient's alternate phone number
DOB (required)	Date of birth of recipient MM/DD/YYYY
SSN (required)	The Social Security Number of the recipient. If the SSN is unknown, data enter 9 zeros to fill the field. The field can not be left blank.
Disaster Demographics	A two digit code assigned at the time of the Disaster Event. This is an optional field.
Number of people in household (required)	The number of people that live in the recipient's household. A drop down menu will display the options of 1 through 25.

11. Select number of people in the household from the dropdown menu 1 – 25.

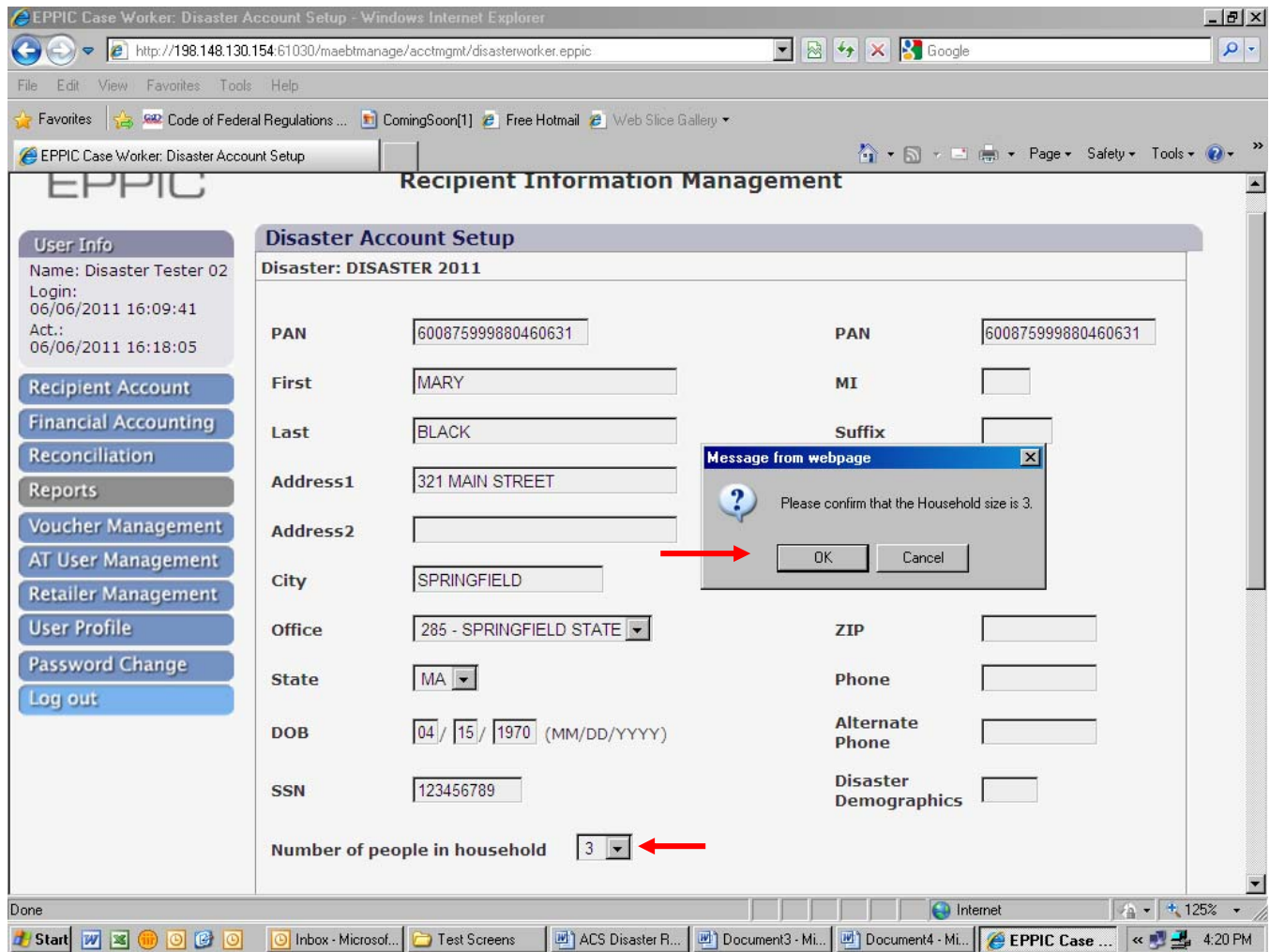


FIGURE 2 - HOUSEHOLD NUMBER CONFIRMATION POP-UP

12. To insure household size accuracy a confirmation pop-up will appear when a value is entered in the household field. This will occur for all entries regardless of size.

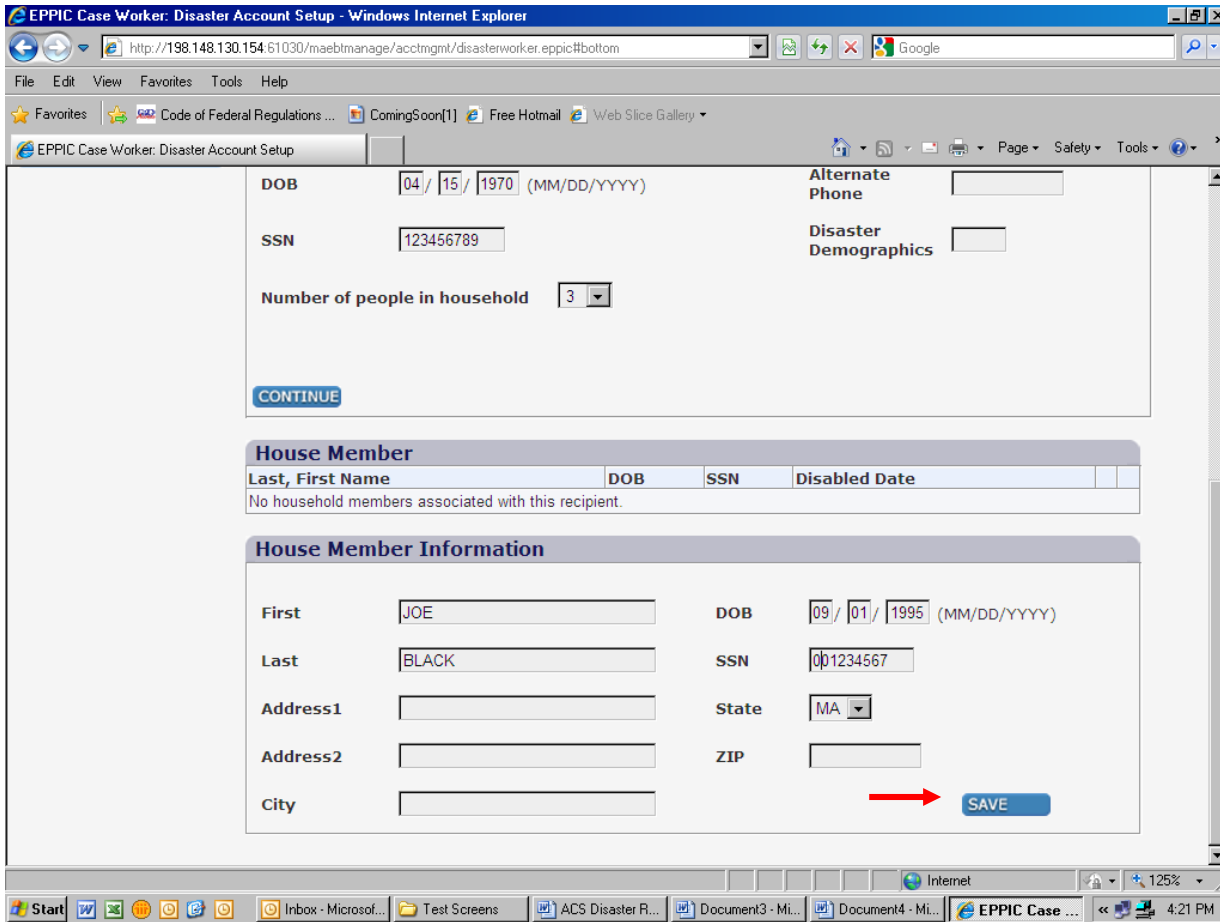


FIGURE 5 - RECIPIENT INFORMATION MANAGEMENT – HOUSEHOLD MEMBERS

13. Data enter the demographics for each household member residing with the head of household including:

- First Name
- Last Name
- DOB
- SSN

There is no need to data enter the address for household members.

14. Select Save after each household member is input.

15. Once all the household member data is input, the screen will appear as follows:

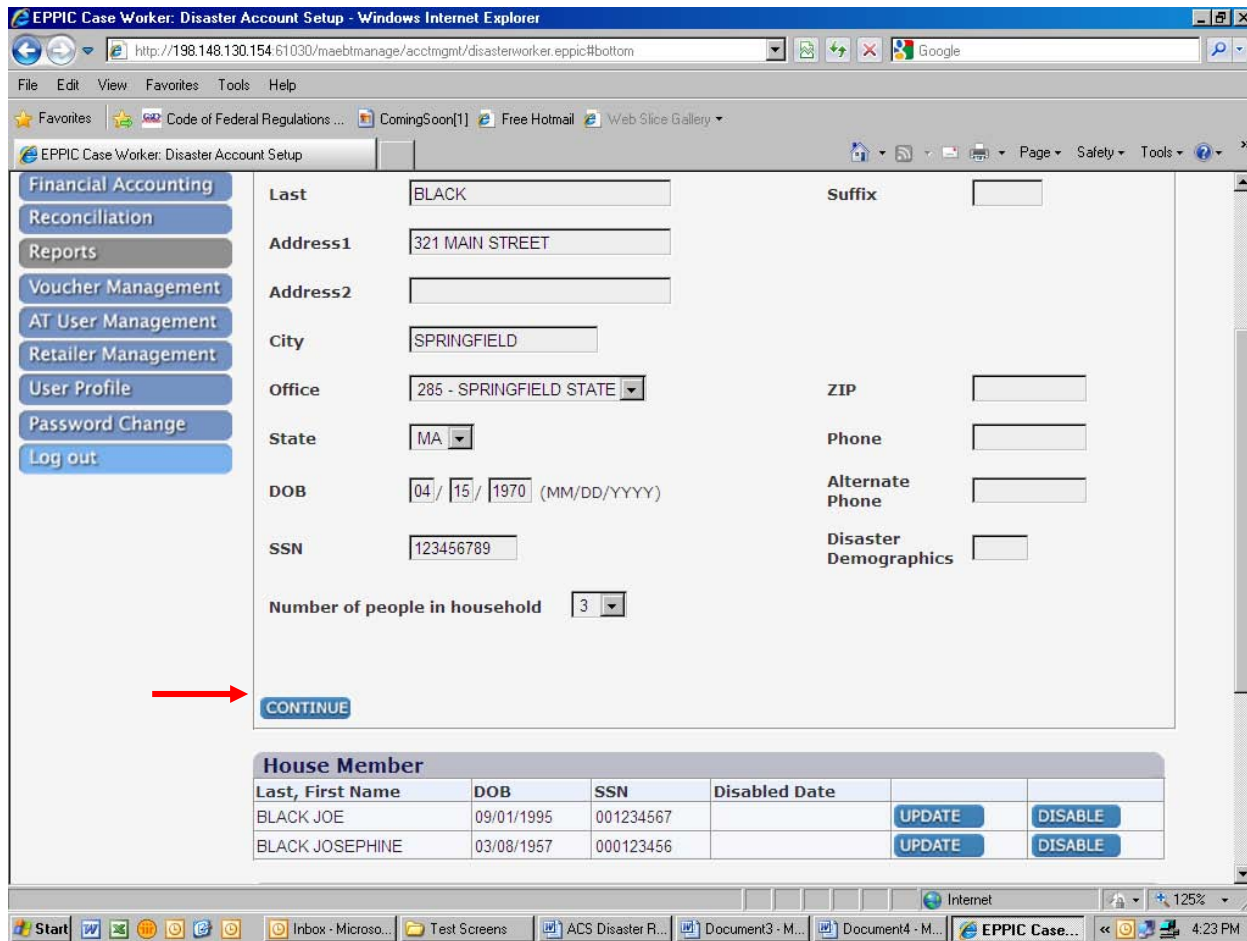


FIGURE 6 - RECIPIENT INFORMATION MANAGEMENT

16. Once all the data is entered, select the **Continue** button at the bottom of the screen.

If any of the required fields are left blank (PAN, first name, last name, DOB, SSN and number of people in household) a pop-up message will appear alerting that field must be filled.

17. If the household information is correct, select **OK**.

18. Once the mandatory information has been added, confirm again for accuracy. When the input is satisfactory, select **Continue**.

19. A pop-up will appear, confirming the SSN, PAN number and DOB.

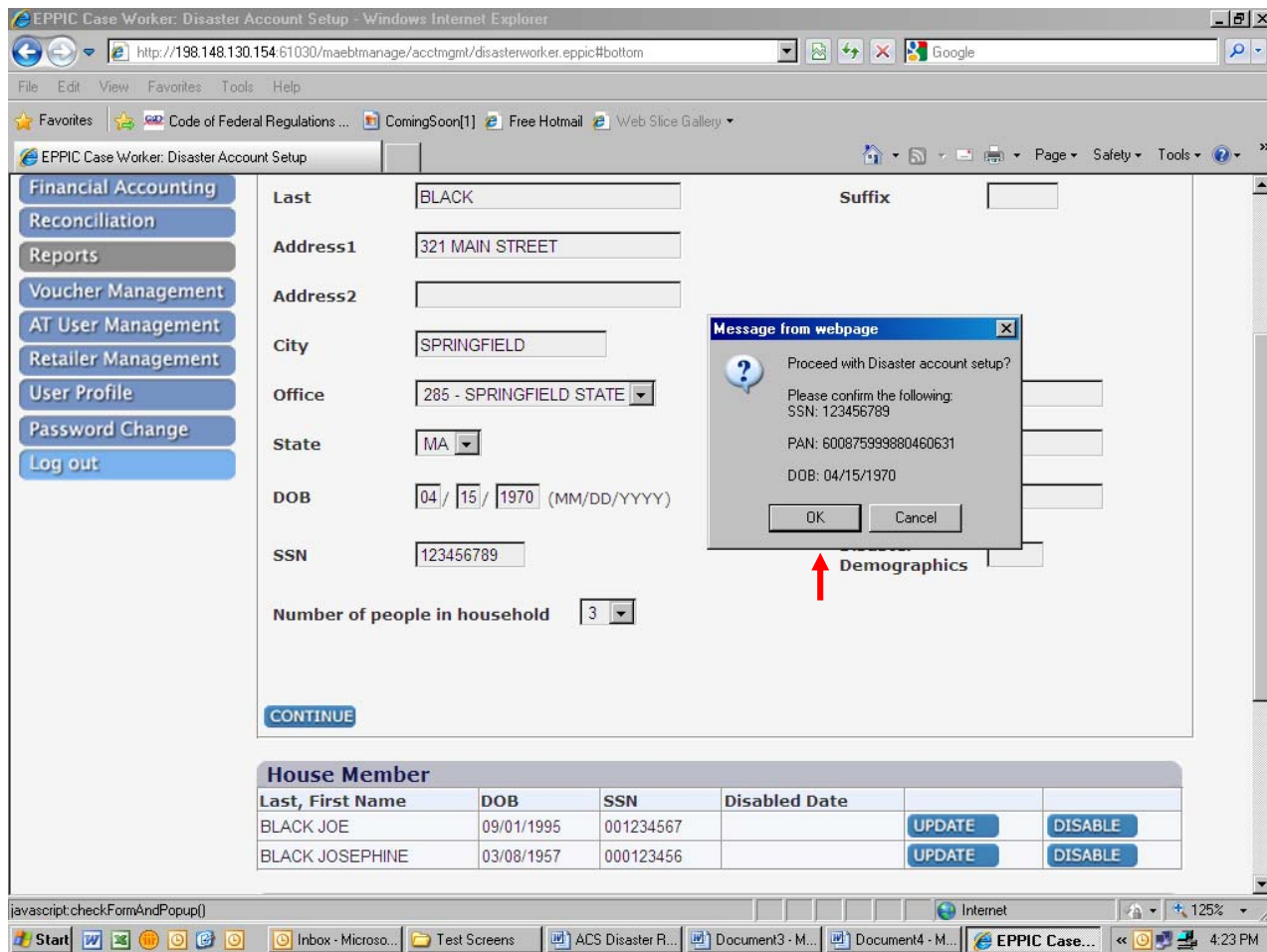


FIGURE 7 - SET UP CONFIRMATION POP-UP

20. Review the SSN, PAN and DOB. If the information is correct, select **OK**.

21. If an error has been made, select **Cancel**, and the pop-up will disappear, returning to the **Recipient Information Management** screen.

22. When all mandatory information is input correctly and confirmed, a pop-up box will appear, confirming the completion of the case setup:



FIGURE 8 - CASE/CARD CONFIRMATION POP-UP

23. Select **OK**.

24. The user is then forwarded to the **Recipient Benefits Management** screen

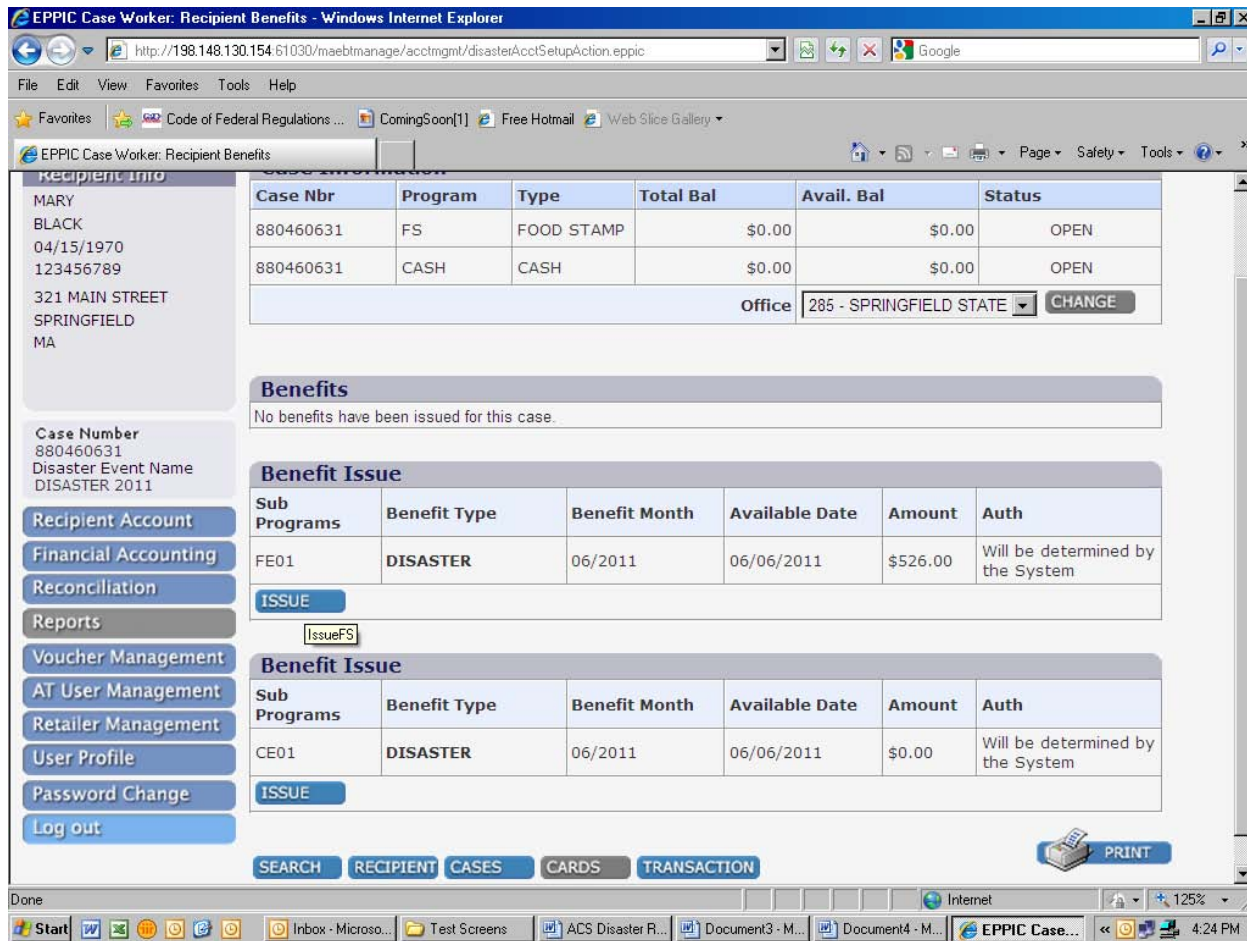


FIGURE 8 - RECIPIENT BENEFITS MANAGEMENT

FIELD NAME	WHAT IT MEANS...
Case Information	
Case Nbr	Case number of recipient (assigned from last 9 digits of Disaster card number) In figure 8, the Case Nbr is "880460631".
Program	Category of assistance: FS or Cash.
Type	Type of benefit – prefilled with "Disaster" In figure 8, the Types are "Food Stamp" and "Cash" but should be prefilled with "Disaster".
Total Bal	Total balance of account In figure 8, the Total Bal is "0".

Avail. Bal	Balance available to recipient. In figure 8, the Avail Bal is "0".
Status	Status of account In figure 8, the Status is "OPEN".
Office	Prefilled with the 3 digit TAO or site code and location to which the case is assigned. In figure 8, the Office is "285 – Springfield State".
Benefit Issuance	
Sub Programs	The benefit code of the program that funds the recipient's benefits. FE01 = Disaster food stamp benefits CE01 = Disaster cash assistance
Benefit Type	"Disaster".
Benefit Month	The month for which the benefit is to be issued. It may be the prior month, the current month or a future month. In figure 8, the Benefit Month is "06/2011", the current month.
Available Date	The date the benefit is to be available to the recipient In figure 8, the Available Date is "6/6/2011".
Amount	The benefit amount to be issued In figure 8 the Amount is "\$526.00" for disaster food stamp benefits (FE01) and "\$0.00" for disaster cash (CE01).
Auth	Authorization number to be assigned by EPPIC. In figure 8 the Auth field displays "Will be determined by the System".

13.0 ISSUING A BENEFIT

After establishing the case the user is forwarded to the **Recipient Benefits Management** screen. The following directions are for issuing benefits to new recipients.

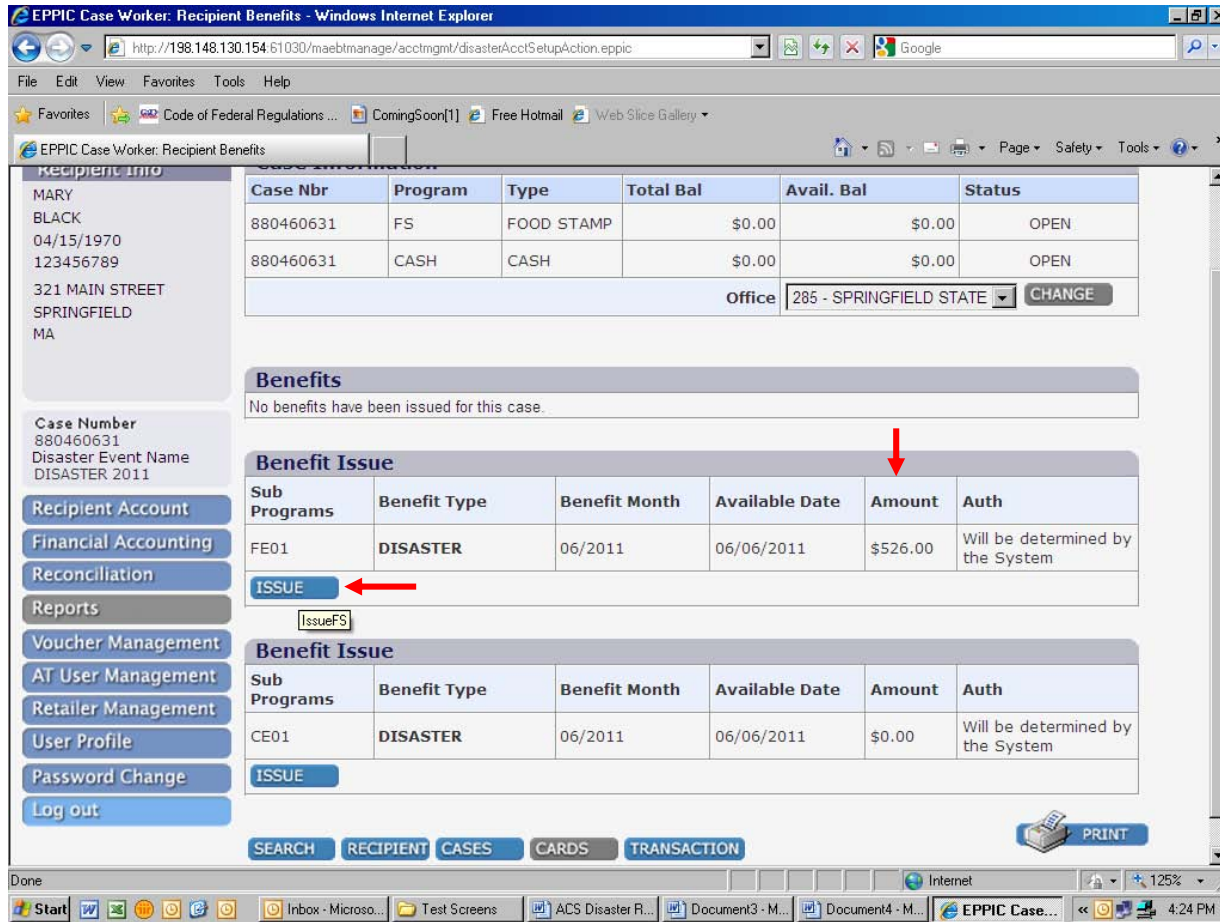


FIGURE 9 - RECIPIENT BENEFITS MANAGEMENT

1. EPPIC will automatically assign the correct benefit amount based on household size selected in the previous screen. **The user does not enter the benefit amount.** In the screen shot below, the food stamp benefit amount is \$526.00 for a household of 3. See arrow on screen shot below.
2. On the **Recipient Benefits Management** screen, there are separate **Benefit Issue** boxes for Disaster food stamp benefits (**FE01**) and Disaster cash assistance (**CE01**). Select the blue Issue button at the bottom of the **Benefit Issue** box for the appropriate benefit to be issued. A screen will pop-up:

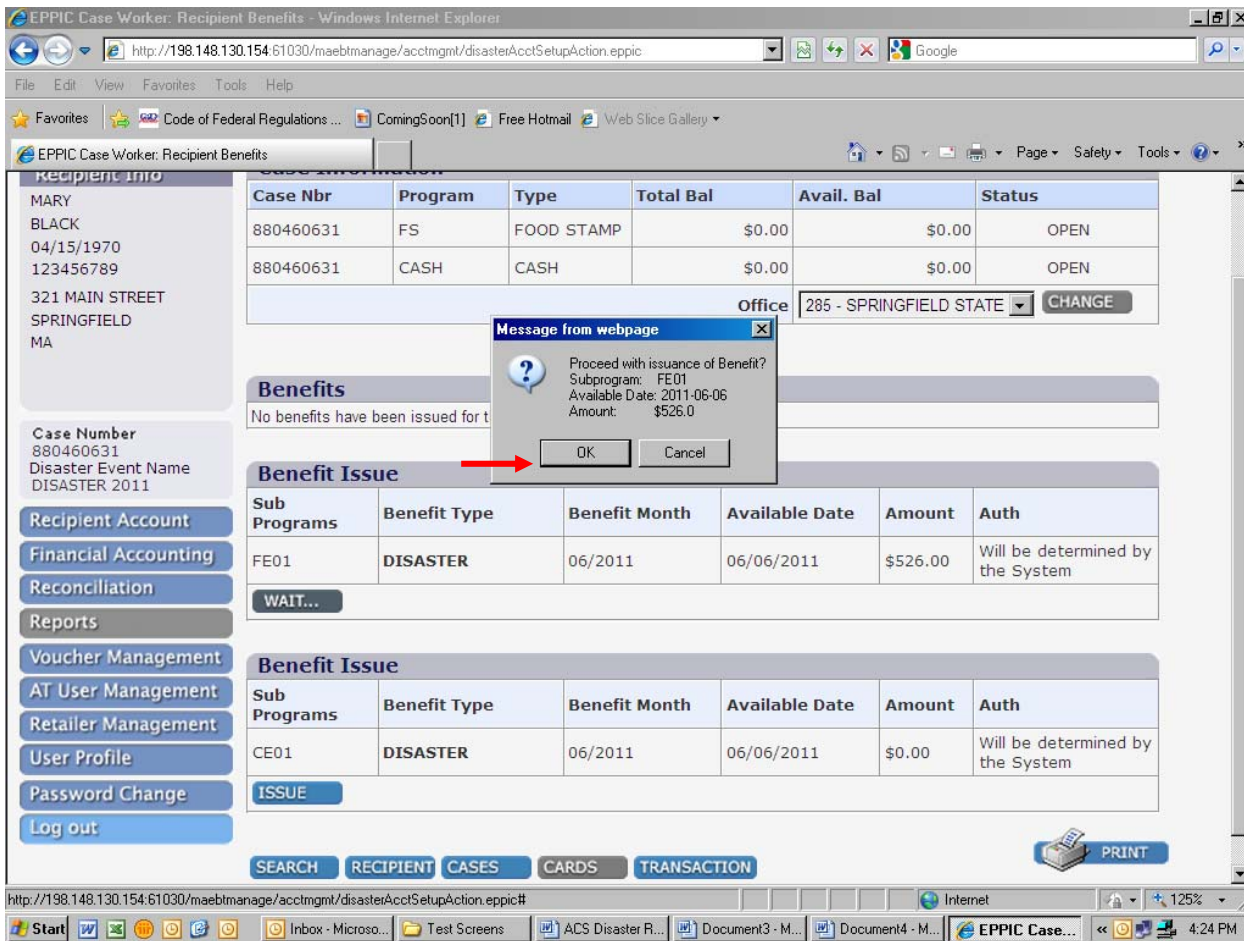


FIGURE 10 - BENEFIT POP-UP

3. Select **OK** to proceed. Select **Cancel** to cancel the action, and the pop-up will disappear.

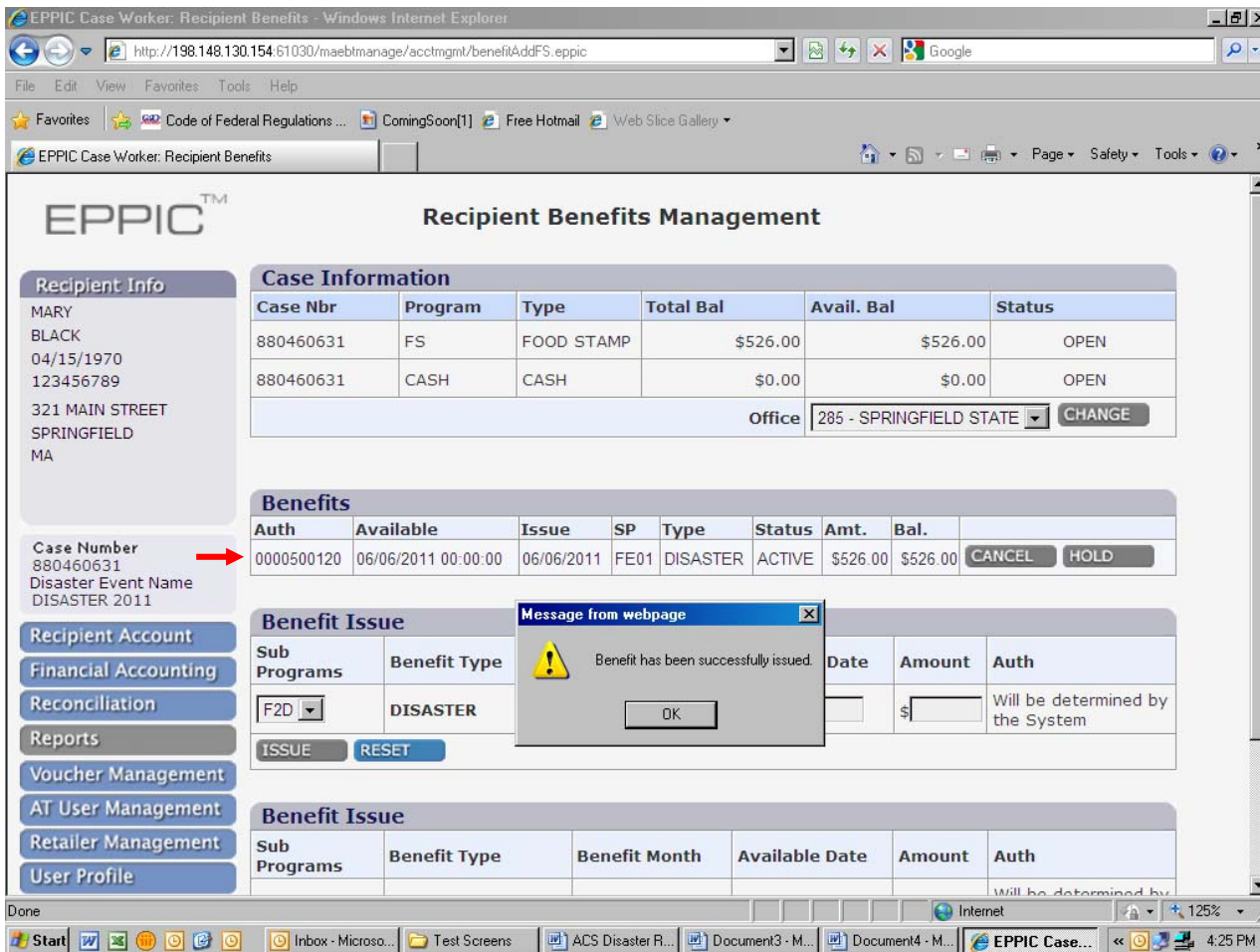


FIGURE 11 - RECIPIENT BENEFIT MANAGEMENT SCREEN

4. The disaster benefit is successfully issued.

The benefits will not be immediately available. The benefits will be available at 12:01 a.m. on the second day after the benefit is issued. Example: A benefit is issued on **May 1st at 2:00 p.m.** (or any other time that business day) The benefit will be available on the disaster card on **May 3rd at 12:01 a.m.**

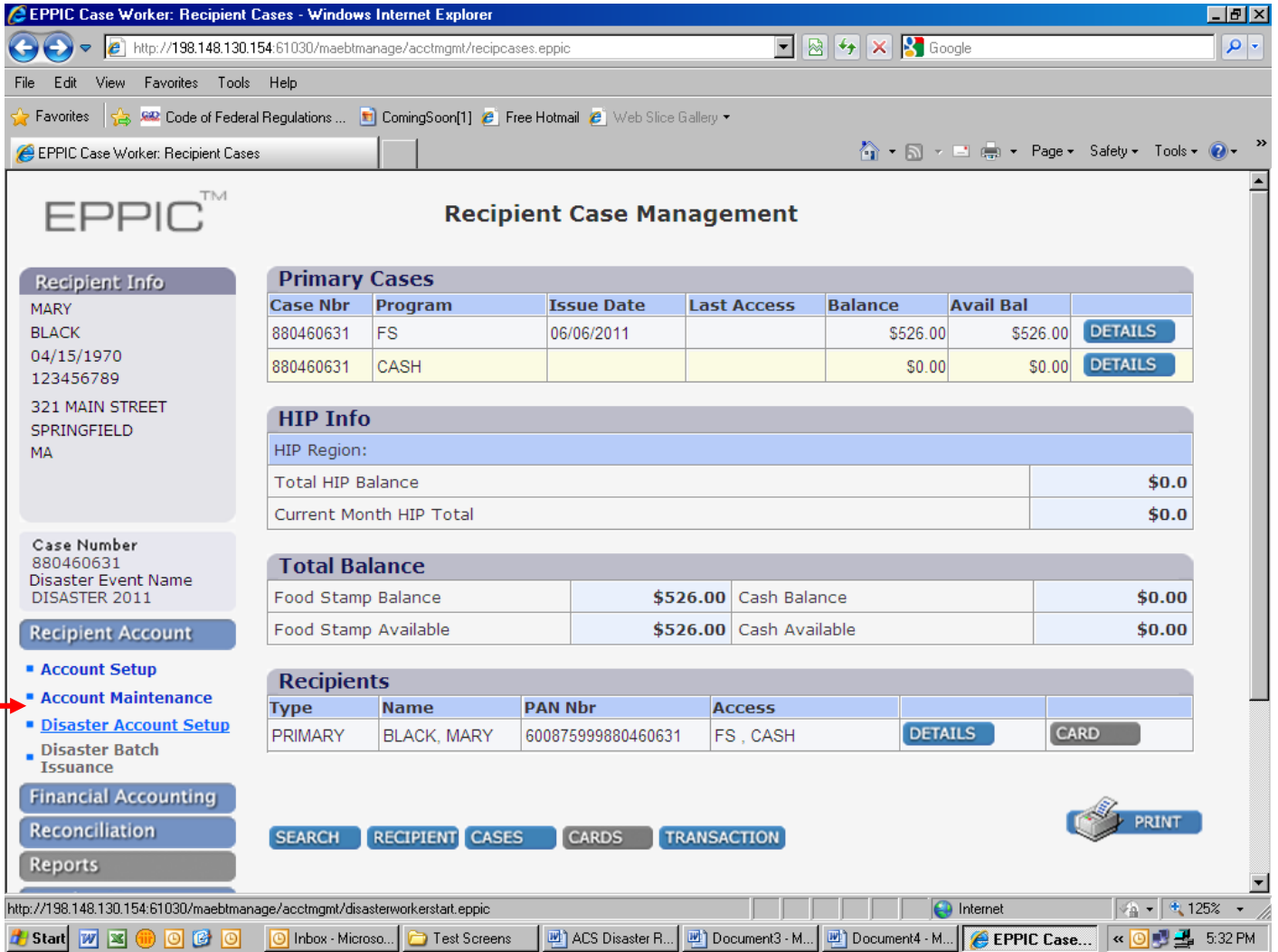


FIGURE 12 - RECIPIENT BENEFIT MANAGEMENT SCREEN

5. Return to **Disaster Account Setup** to create another disaster case.

**Instructions for Completing
Disaster Card - Daily Reconciliation Log**

**DISASTER CARDS MUST BE ISSUED IN PRECISE SEQUENTIAL ORDER THROUGH THE 17TH DIGIT.
THE 18TH DIGIT IS A RANDOMLY ASSIGNED CHECK DIGIT AND IS NOT SEQUENTIAL.**

1. Column A, First Disaster Card Number to be Issued

Record the last 7 digits of the **first disaster card number** removed from the safe or locked cabinet.

2. Column B, Last Disaster Card Number Issued

Record the last 7 digits of the **last disaster card number** issued for the business day.

3. Column C, # Cards Issued:

At the end of the business day, subtract the 13th – 17th digits of the first card issued (column A) from the 13th – 17th digits of the last card issued (column B). Record the number in Column C.

4. Column D, Total # Cards Issued from the Disaster Card Signature Sheet(s):

At the end of the business day, total the number of disaster card issuances from the Disaster Card Signature Sheet(s). Record the total in Column D. Column C and Column D must match.

5. Column E, Actual Physical Count

Physical count of disaster cards remaining in the sleeve. The manager or supervisor performing the physical count must also record his/her initials.



Commonwealth of Massachusetts
Department of Transitional Assistance

TAO Address

Name _____ Date ____/____/____ Client Telephone Number _____

Address _____ City/Town _____ ZIP _____

Notice of Denial

Your Supplemental Nutrition Assistance Program (SNAP) Disaster Benefits application has been denied for the following reason(s):

Manual Citation: 106 CMR _____

If you disagree with this decision, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice. **If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.**

Case Manager Supervisor ()
Area Code – Telephone Number

Fax Number

Department Use Only

Office Social Security Number CAN

NOTICE OF FAIR HEARING REQUEST

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 21 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Supplemental Nutrition Assistance Program (SNAP) benefits at any time during your SNAP certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: DTA, Division of Hearings (DOH), P.O. Box 120167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311. Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING BENEFITS, READ THIS SECTION: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a SNAP issue, and your SNAP certification period ends before your appeal is decided, you will continue to receive the same SNAP benefits only until the end of your certification period. If you receive benefits during your appeal, but lose your appeal, DTA can recover the benefits to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received benefits will count toward your time-limited benefits. If you do not wish to continue to receive benefits during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the Deaf or hard-of-hearing), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are Deaf or hard-of-hearing and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before the hearing. At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local office. These agencies may provide advice or representation at no cost to you.

You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5532 for the Deaf or hard-of-hearing).

I, _____, hereby request a fair hearing before a referee of DOH.

- A. I do not wish to continue receiving the disputed amount of benefits during the appeal process.
B. I request an expedited hearing.

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

Applicant Disaster Benefit Denial Log

Attachment M

Emergency Center:

	Name of Applicant	SSN	Address	Date of Application	Eligibility Worker Name	Reason for Denial
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Sending an Embedded Fax

Embedded Fax is an optional walk up fax feature on your machine. If the *Basic Fax* screen matches that displayed in step 2 then *Embedded Fax* is enabled. Refer to the *System Administration CD (CD 1)* for more information.

NOTE: Both *Embedded* and *Server Fax* can be installed on the *WorkCentre* at the same time, however only one service can be enabled for use.

1

* Load the documents either in the document handler or on the document glass.

NOTE: Documents are only scanned once.



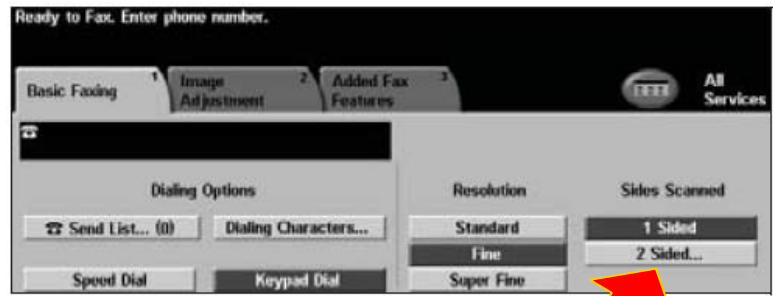
2

A. Select **[Fax]**.

NOTE: You may need to select **[All Services]** first to access the fax option.

B. From "Sides Scanned" select **2 Sided...** (see right)

C. Enter the telephone number



2 Sided

3

*Select the required additional features on the *Touch Screen* IF NEEDED

GO. Press [Start].(green button)



Additional Fax features include...

- Adjusting the Resolution
- Programming the size of the originals being scanned
- Image Quality adjustment
- Delaying the start time of a fax
- Adding a Cover Letter
- Sending to more than one recipient
- Mailbox storage and polling to and from your machine
- Setting the transmission speed