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> JUDYANN BIGBY, M.D. Secretary

> > JULIA E. KEHOE Commissioner

Operations Memo 2011-23 June 17, 2011

То:	Department of Transitional Assistance Staff Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations SNAP- TAFDC- EAEDC: Disaster Supplemental Nutrition Assistance Program for Certain Communities in Hampden and Worcester	
From:		
Re:		
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.

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	7

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

- Current clients who are active on SNAP (except for those receiving zero benefits) are <u>not</u> 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, disasterrelated 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 IPVs (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 <u>one</u> 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 <u>alone</u> 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: 1. Total net income (take-home) received during the benefit period plus 2. accessible liquid resources

<u>minus</u> **3. certain disaster-related expenses** (disaster related expenses actually paid or anticipated to be paid out of pocket during the disaster benefit period).

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 during 30-day disaster benefit period.	e repair <u>- 6,000</u> \$ 0 (-1400)
Since this household falls below the \$1,503 income limit, the household is eligible to remonthly allotment for a household of 1, whe D-SNAP benefits.	eceive the full

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	<u>-\$6,000</u>
claim and does not count as out-of-pocket	\$2,500
Since this household falls below the \$2,787 disaster	income
limit for a household of 5, the household is eligible to	o receive the
full allotment for a household of 5, which is \$793 in	
D-SNAP benefits.	

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
Since this household falls above the \$2,4	49 disaster income limit
for a household of 4, the household is ine	eligible to receive
D-SNAP benefits.	-

Scenario for Person Who Works in Community: Household of 1	the D-SNAP
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 to	ornado
	<u>\$0</u>
	\$2,400
Since this household falls above the \$1,50 for a household of 1, the household is inel D-SNAP benefits.	

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

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.

Application Processing

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.

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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. <i>The D-SNAP Verification Checklist</i> (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 <i>D-SNAP Verification Checklist</i>; and sign and date the <i>D-SNAP Verification Checklist</i>.
Interpreter Services	Case mangers 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.

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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 cheft 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	All regulations governing the use of authorized representative for SNAP apply to D-SNAP, including:
Representative	 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 – <i>Electronic Benefits Transfer Disaster Process.</i> For more details on EBT issuance during D-SNAP, see Attachment J - <i>ACS Commonwealth of Massachusetts Disaster Module.</i> This provides more detailed procedures, including screen prints.
	 Disaster Card Signature Sheet The <i>Disaster Card Signature Log</i> (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. 	
	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	FNS expects that DTA will maintain program integrity during the operation of D-SNAP with the following activities.
During D-SNAP Operation	 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.
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.

Attachment A

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

40 States and DC		
Household Size	Disaster Income Limit ₁	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

48 States and DC

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.

Attachment B

Disaster Supplemental Nutrition Assistance Program Application

	Disaster Benefit Period
APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE	
	Begin: End:
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from	
discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.	Number:
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten	
Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250–9410 or call (202) 720–5964 (voice	
and TDD). USDA is an equal opportunity provider and employer.	Application Date:
DO NOT WRITE IN SHADED AREAS.	

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any required information, it will not be eligible to receive Disaster Supplemental Nutrition Assistance Program benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for, receive, or use your Disaster Supplemental Nutrition Assistance Program benefits.

Head of Household	Verified	Authorized Representative				
Permanent Home Address with zip code Verified		Temporary Address and Telephone Number (if different)				
Phone Number:		Mailing Address (if different) with zip code				
County:						
PART A – HOUSEHOLD SITUATION						
1. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions: YES NO						
Did the disaster damage or destroy your home or self-employment property?						
Does your household have any additional expenses as a result of the disaster?						
While the effects of the disaster are being cleaned up, will your household be buying food?						
Did the disaster delay, reduce or stop any of your household's incom	Did the disaster delay, reduce or stop any of your household's income?					
Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster?						
2. Are you a current Supplemental Nutrition Assistance (Food Stamp Program) participant? If so, State: County:						

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. List each household member's social security number (SSN) if available. However, applicants are *not required* to have or give their Social Security on this application in order to qualify for Disaster Supplemental Nutrition Assistance. Also list each household member's date of birth, sex, race and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster Supplemental Nutrition Assistance Program is operating.

• DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED.

• IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.

PART B – HOUSE	HOLD MEMBERS (Att	PART C – INC	OME			
First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Source/Type	Amount
				(Optional)		

PART D – RESOURCES List all cash your household will be able to get to during the disaster		PART E – EXPENSES 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			
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. APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)					
		DATE:			

PART H – PENALTY WARNING

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.

DO NOT give false information or hide information to get or to continue to get Disaster Supplemental Nutrition Assistance Program benefits.

DO NOT give or sell Disaster Supplemental Nutrition Assistance Program benefits or authorization documents to anyone not authorized to use them.

DO NOT alter any Disaster Supplemental Nutrition Assistance Program authorization documents to get benefits you are not entitled to.

DO NOT use Disaster Supplemental Nutrition Assistance Program benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's Disaster Supplemental Nutrition Assistance Program benefits or authorization documents for your household.

Attachment C

Disaster Supplemental Nutrition Assistance Program Application-Spanish Solicitud al Programa de Asistencia Suplemental de Nutrición en Situaciones de Desastre

Período de Beneficio en Caso de SOLICITUD AL PROGRAMA DE ASISTENCIA SUPLEMENTAL DE NUTRICIÓN Desastre Inicio: _ Fin:_ EN SITUACIONES DE DESASTRE Número:_ Conforme a las leyes federales y a la política del Departamento de Agricultura de los EE.UU., se prohíbe a esta institución discriminar a las personas sobre la base de raza, color, nacionalidad, sexo, edad, religión, creencias políticas o discapacidad. Para presentar una queja de discriminación, escriba a: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 6 llame al (202) 720-Fecha de Solicitud:___ 5964 (voz y TDD). EL USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos. NO ESCRIBA EN LAS SECCIONES SOMBREADAS. INSTRUCCIONES: Complete la presente solicitud honestamente según su leal saber y entender. Si su unidad familiar conoce, pero se niega a dar cualquier dato solicitado, no será elegible para recibir ayuda para nutrición. Cuando lo entrevisten, deberá presentar una identificación. Deberá presentar documentación que pruebe que su unidad familiar vivía en la zona de desastre al momento de ocurrido el desastre. Podría tener que verificar toda información cuestionable. Usted puede autorizar a alguien ajeno a su unidad familiar para que solicite, reciba o utilice su ayuda para nutrición en situaciones de desastre. Jefe de la Unidad Familiar Verificado Representante Autorizado Dirección Particular Permanente con Código Postal Verificado Dirección Temporal y Número de Teléfono (si son diferentes) Número de Teléfono Dirección Postal (si es diferente) con código postal Condado: SECCIÓN A - SITUACIÓN DE LA UNIDAD FAMILIAR ¿Su unidad familiar vivía en la zona de desastre al momento de ocurrido el desastre? Si responde que sí, conteste las siguientes preguntas: SÍ NO ¿El desastre dañó o destruyó su casa o la propiedad donde trabaja por cuenta propia? Como consecuencia del desastre, ¿su unidad familiar tiene algún gasto adicional? Mientras el proceso de limpieza de los efectos del desastre se lleva a cabo, ¿estará su unidad familiar comprando alimentos? El desastre retrasó, redujo o interrumpió cualquiera de los ingresos de su unidad familiar? ¿Su unidad familiar tiene dinero depositado en cuentas corrientes o cuentas de ahorro a las que no puede acceder porque el banco está cerrado debido al desastre? 2. ¿Participa actualmente en SNAP (el programa de cupones para alimentos)? Si responde que sí, indique Estado: Condado: Indique los integrantes de su unidad familiar, incluido usted, que se vieron afectados por el desastre y que viven y se alimentan en su unidad familiar. Indique el número de seguro social de cada integrante de la unidad familiar si está disponible. No obstante, los solicitantes no están obligados a tener o dar un número de seguro social en esta solicitud, a fin de tener derecho a recibir Ayuda Para Nutrición en Situaciones de Desastre. Además, indique la fecha de nacimiento, el sexo, la raza (opcional) y la fuente y el monto de ingresos netos de cada integrante de la unidad familiar. Indique cualquier otro ingreso que los integrantes de su unidad familiar hayan recibido o esperen recibir mientras esté vigente el Programa de Ayuda para Nutrición en Situaciones de Desastre. • NO INCLUYA A PERSONAS QUE NO INTEGRABAN SU UNIDAD FAMILIAR CUANDO OCURRIÓ EL DESASTRE. SI DEBIDO AL DESASTRE SE ENCUENTRA VIVIENDO TEMPORALMENTE CON OTRA UNIDAD FAMILIAR, NO INCLUYA A LOS INTEGRANTES DE DICHA UNIDAD FAMILIAR.

SECCIÓN B – INTEGRANTES DI	E LA UNIDAD FAMILIA	SECCIÓN C – INC	GRESOS			
Nombre / Apellido	Nº de Seguro Social	Fecha de Nacimiento	Sexo	Raza (opcional)	Fuente / Tipo	Monto

SECCIÓN D – RECURSOS Enumere todo el dinero al que su unidad familiar <i>podrá</i> tener acceso durante el período de beneficio en caso de desastre.		SECCIÓN E – GASTOS 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 nedida 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:				

Attachment C

SECCIÓN G - AVISO DE PENALIDADES

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.

NO dé información falsa ni oculte información para obtener o continuar obteniendo ayuda del Programa de Asistencia Suplemental de Nutrición en situación de desastre.

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.

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.

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.

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.

Attachment D

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

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

Emergency Center:



Commonwealth of Massachusetts Department of Transitional Assistance

DISASTER CARD SIGNATURE SHEET

DISTRIBUTION LOCATION: _____ DTA MANAGER IN CHARGE _____

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

Attachment G

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

D-SNAP Verification Check-List

Na	me:	SSN:
	provide	INTITY It is mandatory that an applicant for D-SNAP verify identity. The applicant a photo ID or <u>two</u> documents that verify identity. A signed affidavit from a collateral sting to the identity of the applicant is also acceptable. Photo IDOther Form of ID (2)Signed Affidavit from a Collateral Contact
	RES	SIDENCY 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
D applic		JSEHOLD COMPOSITION If questionable, the case manager must ask the verbally list the names, ages and the date of birth of all household members. Not questionable Verbally provided necessary information
	NC 	COME: Earned and Unearned Pay Stubs Bank Statement (if on Direct Deposit) Award Letter Other Verbally provided necessary information
	LIQ 	UID ASSETS Bank Statement Other Verbally provided necessary information
Only co	omplete t	his section if "Food Damaged by Disaster Event" is indicated on the D-SNAP Application:
	FOC	DD 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____

dta

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 <u>last 7 digits</u> 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.
Туре	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 1^{st} at 2:00 p.m. (or any other time that business day) will be available on the disaster card on May 3^{rd} 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.

1.0	INTRODUCTION	. 3
2.0	AUDIENCE	. 3
3.0	SCREEN CAPTURES	. 3
	RECIPIENT MANAGEMENT	
	Linking Recipients to Disaster	
13.0 I	SSUING A BENEFIT	14

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.

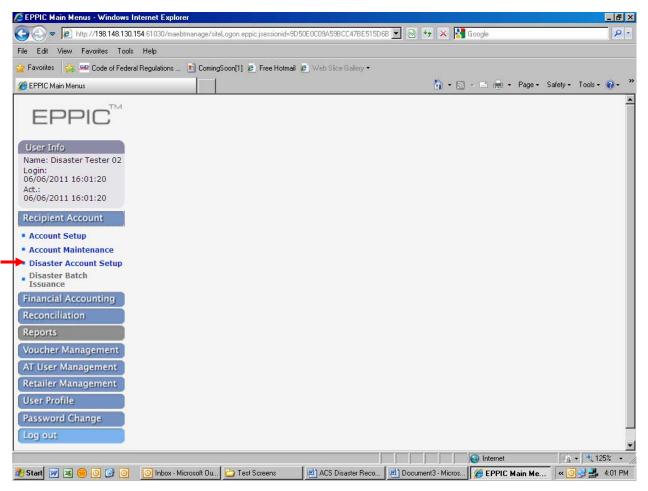


FIGURE 1 - DISASTER ACCOUNT SETUP

- 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:

Disaster Event Selection			
Disaster Event Selection			
Please select the event that you are working.			
Select Event:	BHUJ		
CONTINUE CANCEL			

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:

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Name: Disaster Tester 02 Login: 06/06/2011 16:09:41 Act.: 06/06/2011 16:10:10 Recipient Account Financial Accounting Reconciliation Reports	Disaster: DISA PAN First Last Address1	STER 2011 60087599988]	PAN MI Suffix	60087599988		
Voucher Management AT User Management Retailer Management User Profile Password Change Log out	Address2 City Office State DOB	Select Office Co	de 💌		ZIP Phone Alternate Phone			
	SSN Number of pe	ople in household	d		Disaster Demographics			•
Done							4 - 4	10
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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)	This is an 18 digit field for the disaster card number assigned to the disaster recipient. The first 11 digits are fixed: "60087599988".
	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.
	There are two PAN fields which require that the card be swiped twice or data entered twice for verification purposes.
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.

Massachusetts Disaster Module

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- 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.

Attachment J

Massachusetts Disaster Module

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🟉 EPPIC Case Worker: Disaster Accou	unt Setup			🟠 🔹 🗟 👻 🖃 🖶 💌 Pa	age • Safety • Tools • 🕡 • »
	DOB	04 / 15 / 1970 (MM/DD	/YYYY)	Alternate Phone	
	SSN	123456789		Disaster Demographics	
	Number of peo	ple in household 3	•		
	CONTINUE				
	CONTINUE				
	House Memb	er			
	Last, First Name)	DOB SSN	Disabled Date	
	No household mem	pers associated with this recip	pient.		
	House Memb	er Information			
	First	JOE	DOB	09 / 01 / 1995 (MM/DD/	(YYY)
	Last	BLACK	SSN	001234567	
	Address1		State	MA	
	Address2		ZIP		
	City			SAVE	
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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.

Massachusetts Disaster Module

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AT User Management			_					
Retailer Management	City	SPRINGFIELD						
User Profile	Office	285 - SPRINGFIELD S		ZIF				
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	SSN	123456789			aster mographics			
	Number of peo	ple in household	3 💌					
	CONTINUE							
	Continues							
	House Memb	er						
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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.

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Retailer Management	City	SPRINGFIELD		Proceed with Di:	saster account setup?		
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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:

Window	rs Internet Explorer 🛛 🔀
⚠	Recipient has been successfully created. Card has been successfully issued. Case has been successfully opened.
	ОК

FIGURE 8 - CASE/CARD CONFIRMATION POP-UP

23. Select OK.

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

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IARY	Case Nbr	Program	Туре	Total Bal	Avail. Bal	Status		
ACK	880460631	FS	FOOD STAMP	\$0.00	\$0.00	OPEN		
/15/1970 3456789	880460631	CASH	CASH	\$0.00	\$0.00	OPEN		
21 MAIN STREET			1	Office	285 - SPRINGFIELD S	TATE V CHANGE		
PRINGFIELD 1A								
	Benefits							
ase Number	No benefits have	e been issued for th	iis case.					
80460631								
isaster Event Name ISASTER 2011	Benefit Is	sue						
cipient Account	Sub Programs	Benefit Type	Benefi	t Month Availab	ole Date Amount	Auth		
nancial Accounting	FE01	DISASTER	06/201	1 06/06/2	\$526.00	Will be determined by the System		
econciliation	ISSUE					and bystem		
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						the System		
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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.
Туре	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.

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ARY	Case Nbr	Program	Туре	Total Bal	Avail. Bal	Status	
ACK	880460631	FS	FOOD STAMP	\$0.00	\$0.0	O OPEN	
/15/1970 3456789	880460631	CASH	CASH	\$0.00	\$0.0	D OPEN	
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RINGFIELD					I		
Ą							
	Benefits						
	No benefits have	e been issued for th	is case.				
e Number 1460631							
aster Event Name	Benefit Is	sue				5	
SASTER 2011	Sub					Contract Contract Contract	
ipient Account	Programs	Benefit Type	Benefi	t Month Availat	ble Date Amount	Auth	
ancial Accounting	FE01	DISASTER	06/201	1 06/06/2	\$526.00	Will be determined by the System	
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ports	IssueFS						
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T User Management	Sub	Benefit Type	Banafi	t Month Availat	le Date Amount	Auth	
tailer Management	Programs	Benefic Type	Denen		ne bate Amount	AULI	
ser Profile	CE01	DISASTER	06/201	1 06/06/2	\$0.00	Will be determined by the System	
ssword Change	ISSUE						
ig out						~	
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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.
- 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:

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Kecipient Info	Case Nbr	Program	Туре	Total Bal	Avail. B	al	Status
LACK	880460631	FS	FOOD STAMP	\$	0.00	\$0.00	OPEN
/15/1970 3456789	880460631	CASH	CASH	Ś	0.00	\$0.00	OPEN
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	Benefits No benefits have	been issued for t	Subprogra	vith issuance of Benef m: FE01 Date: 2011-06-06 \$526.0			
ase Number 30460631 saster Event Name ISASTER 2011	Benefit Issue						
cipient Account	Sub Programs	Benefit Type	Benefit	Month Av	ailable Date	Amount	Auth
ancial Accounting	FE01	DISASTER	06/201	L 06/	06/2011	\$526.00	Will be determined by the System
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ports	-						
ucher Management	Benefit Iss	sue	-				
T User Management	Sub Programs	Benefit Type	Benefit	Month Av	ailable Date	Amount	Auth
etailer Management ser Profile	CE01	DISASTER	06/201	L 06/	06/2011	\$0.00	Will be determined by the System
assword Change	ISSUE						

FIGURE 10 - BENEFIT POP-UP

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

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04/15/1970 123456789 8804	60631	CASH	CASH		\$0.00		\$0.00	OPEN		
21 MAIN STREET PRINGFIELD					Office	285 - SPRI	NGFIELD ST		GE	
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80400031	-	ailable /06/2011 00:00:00		P Type E01 DISASTER			8526.00	NCEL HOLD		
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T User Management Ber										

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.**

Attachment J

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Recipient Info	Primary	Cases								
MARY	Case Nbr	Program	Is	sue Date	Last	Access	Balance	Avail Bal		
BLACK	880460631	FS	06	/06/2011			\$526.00	\$526.0	0 DETAILS	
04/15/1970 123456789	880460631	CASH					\$0.00	\$0.0	0 DETAILS	
321 MAIN STREET SPRINGFIELD	HIP Info									
ΜΑ		Total HIP Balance \$0.0								
Case Number	Current Mo	nth HIP Total							\$0.0	
880460631	Total Balance									
Disaster Event Name DISASTER 2011	Food Stam	Food Stamp Balance				\$526.00 Cash Balance			\$0.00	
Recipient Account	Food Stam	o Available		\$5	26.00	Cash Ava	ilable		\$0.00	
Account Setup										
Account Maintenance	Recipien Type	Name	PAN	Nhr	٨.	cess				
Disaster Account Setup	PRIMARY	BLACK, MARY		599988046063		. CASH	DET	AILS	CARD	
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FIGURE 12 - RECIPIENT BENEFIT MANAGEMENT SCREEN

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

Attachment K

Disaster Card - Daily Reconciliation Log

Instructions on reverse side.

	(A)(B)(C)(D)(E)							
DATE	(A) FIRST DISASTER CARD # ISSUED 60087599988 (last 7 digits only)	(B) LAST DISASTER CARD # ISSUED 60087599988 (last 7 digits only)	(C) # CARDS ISSUED (B-A=C)	TOTAL # CARDS ISSUED FROM THE DISASTER CARD SIGNATURE SHEETS	(E) PHYSICAL COUNT OF CARDS REMAINING IN THE SLEEVE & INITIALS			

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 <u>NOT</u> 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 $13^{th} - 17^{th}$ digits of the <u>first</u> card issued (column A) from the $13^{th} - 17^{th}$ digits of the <u>last</u> 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.

Attachment L

	Commonwealth of Massachusetts Department of Transitional Assistance	TAO Address
Name	Date/	Client Telephone Number
Address	City/Town	ZIP
	Notice of Den	ial
	r Supplemental Nutrition Assistance Program (SNA wing reason(s):	AP) Disaster Benefits application has been denied
	Manual Citation: 106 CMR	
important in this notice.	ree with this decision, you have the right to a fair h formation about your hearing rights. To request a l If you have trouble reading or understanding th 1-800-445-6604. We can help explain it to you.	nearing, complete the reverse side of one copy of
Case Manager	Supervisor	<u>(</u>) Area Code – Telephone Number
		Fax Number
	Department Use	Only
	Office Social Secur	ity Number CAN
D-SNAPNL-2 11/2008) 09-017-1108-0		

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 timelimited 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-ofhearing).

____, 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 ()				

L

Applicant Disaster Benefit Denial Log

Emergency Center:

				Date of	Eligibility Worker	
	Name of Applicant	SSN	Address	Application	Name	Reason for Denial
1.						
2						
2.						
3.						
4.						
_						
5.						
6.						
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9.						
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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.

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

NOTE: Documents are only scanned once.





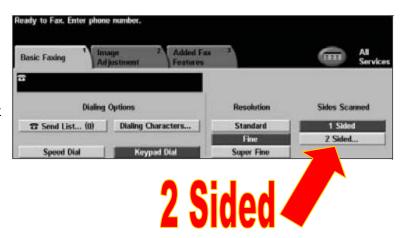
A. Select [Fax].

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



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

