

(Food Stamps)

TO: County Directors

ATTENTION: Food Stamp Supervisors

SUBJECT: Hurricane Isabel Disaster Food Stamps

DATE: September 25, 2003

The United States Department of Agriculture (USDA) has approved a Modified Disaster Food Stamp Program for 15 North Carolina counties. This is due to the recent flooding, power outages, wind damage, and other problems that Hurricane Isabel has caused.

The information contained in this letter instructs the 15 approved counties of the procedures that must be followed while implementing and participating in the Disaster Food Stamp Program. The counties are as follows: Bertie, Camden, Chowan, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, and Washington. This letter provides instructions for both policy and automation procedures.

Counties will take applications for five **consecutive** days. Begin taking disaster food stamp applications on Friday, September 26, 2003, and stop taking applications at close of business on Tuesday, September 30, 2003. Applications must be taken during regular operating hours on weekdays and weekends, unless approved by the State Office . **We recommend that your county department extend hours beyond normal business hours to accommodate the households in your county.**

The Disaster Food Stamp rules only apply to applications taken during the five-day time period. Applications taken before or after the specified disaster application time frame must be processed using regular food stamp rules. Also, during the specified Disaster Food Stamp Program application dates, the attached DSS-1432 (Rev. 9/03), "Application for Disaster Food Stamp Benefits," is the only approved Food Stamp Program application form that must be used by the identified counties. Process and key all disaster applications within three days from the date of application.

All employees who are assisting with the application taking process should review the following instructions carefully before the application process begins.

I. POLICY INSTRUCTIONS

A. General Policy Procedures

1. County DSS staff must determine eligibility. State DSS staff, staff from other agencies, and approved volunteers can take or key applications.
2. Only County DSS management can interview and determine eligibility of employees of affected county departments of social services.
3. Dual participation is not allowed. An individual can only be included on one application. If an individual is discovered to be included on more than one application take the following actions:
 - a. If individual has already been approved on one application, approve second application omitting the individual who is already on an existing active case.
 - b. If individual is discovered on more than one application prior to approval of either application, resolve the discrepancy before approving either application.
4. If a household is temporarily residing in a county that is not operating a Disaster Food Stamp Program, take the following action:
 - a. If the household considers the disaster county his permanent residence and resided there prior to the disaster, the non-disaster county will take a Disaster Food Stamp application. After taking the application, the non-disaster county should immediately forward the application to the household's county of permanent residence. Refer to Attachment II, "Courtesy Application Cover Sheet" when taking or keying applications for other counties.
 - b. If the household has no intent to return to the disaster county and considers the new county his permanent residence, take a regular food stamp application.
5. If a household is temporarily residing in a disaster county but permanently resides in a different disaster county, the temporary county will take the application and forward to the permanent county for processing.
6. Key **all** denials in FSIS. This will assist in tracking households who may attempt to apply after one application has been denied.
7. Only eligibility factors included on the DSS-1432, "Application for Disaster Food Stamp Benefits" will be used to determine eligibility.
8. The application process includes the following verification requirements:

- a. The only eligibility factor that must be verified is identity.
- b. Accept client statement for the following: gross income, all expenses, resources, Social Security Numbers, residency, and household composition.

NOTE: Do not pend applications awaiting any verification other than identity since client statement is acceptable.

c. ALL other verifications are waived. This means that citizenship, alien status, ABAWD status, disqualified status, and reasons for ineligibility are waived. These questions are not on the DSS-1432, Application for Disaster Food Stamp Benefits and they must not be addressed.

d. It is not necessary to complete IEVS matches. This has been waived.

B. Completing the Application

1. Use DSS-1432 (Rev. 9/03), "Application for Disaster Food Stamp Benefits," to determine eligibility. This form may be partially completed by applicants. All questions must be answered. If the applicant completes the application, the interviewer should review answers for accuracy and completeness. All handwriting should be legible. Only the interviewer or other designated staff should complete the shaded portions of the application form.

2. The top half of the application form includes county, date and case number information. The second part includes household information. Complete the head of household's name, permanent and temporary address information, phone number, and authorized representative information.

a. Identity – The head of household or authorized representative must provide proof of identity. This can be in the form of a picture I.D. or any other form of identification. This proof may include, but is not limited to, Social Security card, mail, or collateral statement.
Identity is the only eligibility factor that must be verified.

b. Authorized Representative - In order for an authorized representative to complete the application process and/or use the benefits, there must be a written request from the head of household.

c. Residence – Accept client statement that the applicant and his/her household lived in the disaster area at the time of the disaster.

d. Temporary Residence – The applicant should list the address and telephone number of his temporary residence, if applicable.

3. Part A, Household Situation, provides information to assist the agency in determining eligibility.

a. Question 1 asks if any household members are currently receiving food stamp benefits. If **yes**, the household is not eligible for Disaster Food Stamp benefits. These households are receiving replacement benefits through the automatic replacement process. If **no**, proceed with the application.

- If the household was living in a disaster area and receiving benefits from a disaster county prior to the disaster, they will automatically receive replacement food stamp benefits and cannot apply. Deny the disaster application.

- If the household was residing in a disaster area prior to the disaster but received benefits from a non-disaster county for September 2003, contact the State Office for instructions.

- If the household received Food Stamp benefits from another state for the month of September, contact the State Office for instructions.

- If the household had a regular food stamp application approved between September 18, 2003 and September 25, 2003, the household may be eligible for additional food stamp benefits. See Automation Instructions, Part C, for instructions.

b. Question 2 asks if the household was living in the disaster area at the time of the disaster. If **yes**, proceed with application. If **no**, deny the application.

c. Question 3 asks if the family was affected by the disaster, and how the family was affected. If **yes**, proceed with the application if there has been loss of income or property damage. Do not proceed with the application if food loss is the only effect of the disaster. If **no**, deny the application.

4. Part B, Penalty Warning, includes penalty warnings that must be explained to the applicant. Review these warnings carefully with every applicant, preferably prior to completing the application process. The applicant's signature on the application is also certification that he understands this information.

5. Instructions for Completing Part C and Part D, provides detailed instructions for completing both Parts C and D.

- The instructions are written as follows: List the members of your household (including yourself) who are living and eating with you. If you are temporarily staying with another household because of the disaster, do not list members of that household. List each household member's sex and race, social security number (SSN), and date of birth. Also, list all sources and types of income (gross amount before taxes and deductions) members of your household have received or expect to receive this month. Types of income include, but are not limited to wages, self-employment, child support, SSI, Social Security benefits, Unemployment Insurance Benefits (UIB), Work First, etc. The SSN is required and will be used to identify your household members and to make sure they are eligible for food stamp benefits. It will also be used for computer matching, program reviews, and audits.
Note: Please remember to deduct business-related expenses from self-employment income.

6. Part C, Household Members - Include information for members of the food stamp household. The applicant should only include household members who lived together and ate together prior to the disaster. If the applicant's household is temporarily staying with another household because of the disaster, do not include the other household members on the application. The application should include the following information.

- a. Name – Complete name of each household member
- b. Race/Sex – Race and sex of each household member
- c. Social Security Number – Applicant should provide a SSN for every household member.
- d. Birth Date – Applicant should provide birth dates for all household members.

7. Part D, Income - Include the **GROSS (before taxes and deductions)** monthly income of every household member.

a. This information should include all sources and types of income that the household has received or expects to receive during the month of September 2003.

b. Types of income include, but are not limited to wages, child support, SSI, Social Security benefits, unemployment insurance benefits (UIB), Work First, etc. Refer to Food Stamp Certification Manual Section 263 for a complete list of sources of income.

c. Use actual income received or anticipated to be received in September 2003 in the budgeting procedures. **Do not convert income.**

8. Part E, Resources, - Include all cash that are currently available to the household. This is also referred to as "liquid resources." The household should identify the following available resources and the amounts.

a. Cash on hand of every household member;

b. Checking accounts and available balances; **and**

c. Savings accounts and available balances.

Determine if resources exceed the limit for the household size. The resource limit is \$3000 if at least one member is disabled or age 60 or older. The resource limit is \$2000 for all other households. Deny the application if resources exceed the applicable limit.

9. Part F, Regular and Disaster-Related Expenses - Include regular monthly expenses and disaster-related expenses. Include expenses that the household paid or will pay within 30 days. **Do not** include expenses that were paid or will be paid by someone outside the household. For example, if the household has received (or will receive) an insurance claim settlement during September 2003, do not count expenses for the items covered by the insurance settlement. The household should provide accurate amounts for the following expenses. **The household must have paid or will pay the expense within 30 days. Incurred expenses are not allowable.** For example, do not allow a household to claim a \$50,000 loss if their home was destroyed. The household incurred the expense but it is very doubtful that the household will pay for a new home within 30 days.

REGULAR EXPENSES

a. Rent/Mortgage (homesite) - List monthly amount paid;

- b. Lot Rent/Mortgage (homesite) - List monthly amount paid;
- c. Real Property Taxes (homesite) - List monthly amount paid;
- d. Fire (or Homeowner's) Insurance - List monthly amount paid;
- e. Utilities - Allow the standard or basic utility allowance or the telephone allowance, as appropriate, if the household pays utilities. Refer to Attachment I for the correct amounts.
- f. Dependent care costs - List monthly amount paid. Do not allow more than the current limits per child. (\$200 for children under age 2 and \$175 for children age two or older.)
- g. Legally Obligated Child Support - Include any legally obligated child support paid by the household.

Add the regular monthly expenses together to get a total amount in the first column.

DISASTER-RELATED EXPENSES

- a. Food lost or destroyed in the disaster - List total dollar amount of food lost or destroyed in the disaster that the household has or will replace within 30 days;
- b. Medical/funeral costs associated with the disaster - List actual expenses that are a result of the disaster and the amount paid or amount that will be paid by the household within 30 days;
- c. Moving and storage costs - List amount paid or amount that will be paid by the household within 30 days;
- d. Temporary shelter costs - List amount paid or amount that will be paid by the household within 30 days. This can include lodging costs.
- e. Cost to protect property during disaster - List amount paid or amount that will be paid by the household within 30 days. This can include, but is not limited to plywood, tape, batteries, and generators.
- f. Cost to repair or replace items for home or self-employment property - List amount paid or amount that will be paid by the household within 30 days.

g. Other disaster-related expenses - The household should identify and describe these expenses.

Add the regular monthly expenses together to get a total amount in the second column. Enter the totals from Part F, Columns 1 and 2 in Part G, #2.

10. Part G, Income Test, must be completed by agency staff. This section consists of an income test to determine eligibility.

a. Enter total income from Part D, Final Column and Total expenses from Part F, Columns 1 and 2. Subtract the Total Expenses from the Total Income. Compare the Adjusted Income to the NET Income Limit for the household size. Calculate the monthly net income as follows.

(1) #1: Total Income – Fill in the total monthly income from Part D. Remember to use the monthly total of all received and anticipated income for the month of September 2003.
Do not convert.

(2) #2: Total Expenses – Fill in the total of the monthly expenses listed in Part F.

(3) #3: Adjusted Income – Subtract #2 from #1 (total income minus total expenses).

(4) #4: NET Income Limit – Refer to Attachment I of this administrative letter, Disaster Food Stamp Program Desk Reference, maximum net income limits by household size.

- If #3 is more than #4, **deny** the application due to excess income (TC 5/Reason 08).

- If #4 is more than #3, **approve** the application following instructions in the Automation Section of this administrative letter.

11. Certification and Signature, includes a statement of understanding that the applicant should read before signing the application.

a. If the applicant signed the application prior to the interview, review the statement during the interview. The application must be signed to be valid. The application must also be dated.

b. The interviewer and the processor should print his or her name and sign the application. The processor should also date the approval/denial and complete the certification period information, if applicable. The processor should also complete the denial reason section when needed. If the application is taken in a county other than the household's county of residence, the interviewer should include his name, county, and phone number.

II. AUTOMATION INSTRUCTIONS

A. General Automation Procedures

FSIS will be available for keying on weekdays from 7:30 a.m. until 5:30 p.m.; Saturday from 7:00 a.m. until 8:00 p.m.; and Sunday from 11:00 am until 8:00 p.m. Weekday system hours cannot be extended. In order for cases keyed to be processed, the system must be brought down for processing at 5:30 p.m. to ensure the system is available at 7:30 a.m. on the next business day.

1. These instructions are to be used in conjunction with the DSS-1432 (Rev. 9/03), APPLICATION FOR DISASTER FOOD STAMP BENEFITS, only. Only those counties designated by USDA as disaster sites will be allowed access to the disaster procedures described in these instructions.
2. The Food Stamp Information System (FSIS) is prepared to handle a Disaster Food Assistance Program with a few modifications from regular on-going Food Stamp procedures. Included with this letter are instructions for keying applications taken and processed under a Disaster Food Assistance Program.
3. Each individual in each applicant household must be researched through the Common Name Database to determine if that individual has an existing Individual ID Number and if the household has an existing FSIS case number.
4. If an individual being researched appears in another Food Stamp household for the month of September 2003, do not include this individual in the disaster Food Stamp household.

All disaster Food Stamp applications must be entered in FSIS as a TC1.

IMPORTANT: When distributing the disaster EBT card and PIN number to the applicant, the top portion of the card carrier **MUST** be **stapled** to the application—do not paper clip or use dog-eared corners.

B. Application Approval

1. Register the application in FSIS, completing all regular required fields. Key the actual date of application.
2. When entering the application in FSIS, key all required fields as in any other Food Stamp application with the following exceptions.
 - a. Complete the Certification Fields as “0903” Through “0903”.
 - b. Complete the DISASTER INDICATOR field as “D.”
3. Complete the SLUI screen based on the information on the EBT card carrier assigned to the applicant.
4. FSIS will not allow a “D” indicator to be used in a county not included as a disaster county.

C Disposition of Applications Pending in FSIS Prior to Disaster Application

1. FSIS will produce a Report of Pending Applications in FSIS the night prior to a county’s Disaster Food Stamp application beginning date.
2. If a pending application is discovered when FSIS is researched for an existing case, a Disaster Food Stamp Application can be entered as a TC1 after the pending Food Stamp application in the system is denied. No denial notice will be sent as long as the actions occur the same day. Reopen the denied application and determine eligibility for regular August and/or October food stamp benefits.
3. Use the Report of Pending Applications, if needed, to identify those applications denied to establish Disaster Eligibility and determine regular Food Stamp eligibility for August, if the household applied in August, and for on-going eligibility under regular Food Stamp eligibility criteria.
4. Disaster Food Stamp cases may not be converted to an ongoing case. If the applicant wishes to receive ongoing benefits, he/she must apply for regular Food Stamps.

D. Regular Food Stamp Applications Processed Effective 9/17/03 to 9/26/03

If your county has approved a regular food stamp application since the disaster and the household applies for disaster benefits, issue the difference in the household’s September allotment and the maximum allotment amount for the household size. Issue these benefits using DSS-8593.

If you have any questions, please contact the Help Desk at (919) 733-9370.

Sincerely,

A handwritten signature in black ink, appearing to read "Wilbert R. Morris". The signature is written in a cursive style with a prominent initial "W".

Wilbert R. Morris, Associate Director
Performance Reporting/Economic Services

WRM/RM/HK

Attachments

[Disaster Food Stamp Program Desk Reference and Courtesy Application Cover Sheet](#)