

# **Participant Guide**



## **DOCUMENTATION REQUIREMENTS**



**Food Stamps/TANF/Family Medicaid**

June 14, 2012

# Outline

- I. Introduction
- II. Overview
- III. Commonalities
- IV. Documentation Requirements for the Food Stamps, TANF, and Family Medicaid programs
- V. Voter Registration Services
- VI. Statewide Access
- VII. Review Activity

# Objectives

By the end of this session, participants will

- Review the program-based documentation requirements,
- Identify significant changes in required documentation, and
- Review Voter Registration Services
- Discuss limitations to statewide case access

## Facts & Benefits

- Effective April 1, 2011
- Reduces amount of documentation to be entered
- Reduces time spent documenting each case
- Reduces redundancy in documentation entered
- Frees up space in SUCCESS

## SUCCESS Codes

- If SUCCESS field fully and clearly indicates the AU's situation, no additional documentation required
- Additional documentation may be required to address questionable or unclear information of each case
- **CS** – no additional documentation required
- **LE** – no additional documentation required if letter is in the case record or available for review
- **TC** – document the following:
  - Phone number called
  - Name of person spoken to
  - Date of contact
  - Any parts of conversation pertinent to the case
- **OT and TR** – document source of verification
- No negative documentation required
- All documentation must include the following:
  - Date of the case action
  - Case Manager's last name, first initial and Worker ID
- A blank line must separate the documentation for each date

NOTE: Call Centers must also include the unit (Metro or South Georgia)

## Documentation Requirements for Food Stamps/TANF/Family Medicaid

|             |   |
|-------------|---|
| <b>ADDR</b> | <p><b>Press F21 (Shift + F9) to access NARR</b></p> <p><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"><li>▪ All case actions – Application, Change or Review</li><li>▪ Date and type of contact – FTF (Face to Face), Alt (Alternate) or Telephone</li><li>▪ Who was interviewed</li><li>▪ HIPPA form mailed to A/R or Authorized Representative if not in case record (not required for COMPASS applications)</li><li>▪ HIPAA form mailed to other adult AU/BG members including full name and date mailed</li><li>▪ If residential and mailing addresses are different</li><li>▪ For Supervisory Reviews – Supervisor’s name, date reviewed and accuracy of AU information. Indicate either “No corrections needed” or “Corrections due by mm/dd/yy”</li><li>▪ Fair Hearings</li><li>▪ Verification checklist; verification requested and due date</li><li>▪ Voter Registration:<br/>Valid value is sufficient with “Y” indicating client registered, “N” indicating client declined to register, and “U” indicating client provided no response on Declaration Statement</li></ul> <p><b><u>Food Stamps/TANF</u></b></p> <ul style="list-style-type: none"><li>▪ For Claims – thoroughly indicate all under-issuances, over-issuances, PIC referrals (Form 5667), claims actions and IPV disqualifications. Reminder: Always access the NARR screen from the ADDR screen to ensure that the documentation is attached to the correct person.</li></ul> <p><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"><li>▪ Date and attempt to contact applicant for interview</li><li>▪ TCOS explained</li></ul> <p><b><u>TANF</u></b></p> <ul style="list-style-type: none"><li>▪ Hardship extension</li></ul> <p><b><u>Family Medicaid</u></b></p> <ul style="list-style-type: none"><li>▪ Request for three months prior coverage and verification requested</li><li>▪ Actions taken and any pertinent information regarding information entered on SDME screen for Medically Needy cases</li></ul> |
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| <b>AREP</b> | <p style="text-align: center;"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ Identity verification of Authorized Representative</li> <li>▪ If an AU member is living in a Drug/Alcohol Treatment Center and the name of the center</li> </ul> <p style="text-align: center;"><b><u>TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Need for Protective Payee</li> <li>▪ Subsidized Employment subsidy period</li> </ul>  |
| <b>STAT</b> | <p style="text-align: center;"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Name, age, and relationship of non-AU/BG members and why they are not included in the AU/BG</li> <li>▪ Denials, closures, and reductions entered by the ES (500 level codes)</li> <li>▪ Changes in AU/BG composition (additions and deletions)</li> </ul> <p style="text-align: center;"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ At application and review, if non-AU members purchase and prepare meals separately and the criteria for separate AU status</li> <li>▪ When a manual NOMI is sent for missed interviews (applications and reviews)</li> </ul> <p style="text-align: center;"><b><u>TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Receipt of GRG MSP and/or GRG CRISP, EIS, TSS, or WSP</li> <li>▪ Trace degree of relationship of adult to child(ren) including paternity verification for paternal relatives, GRG AUs and source of verification</li> <li>▪ Circumstances under which GRG MSP/CRISP or both were approved or terminated</li> </ul> <p style="text-align: center;"><b><u>Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Unusual relationships or financial responsibilities</li> <li>▪ Final determination of three months prior request</li> <li>▪ If another AU ID number is used to process request for Prior Months coverage, cross reference this AU ID</li> <li>▪ For Newborn cases in which the child no longer resides with the mother and is now living with a female caretaker: This child is Newborn eligible. This child is the (grandchild, niece, nephew, etc.) of the head of household. Due to system limitations, it is not possible to code the relationship correctly.</li> <li>▪ For Newborn cases in which the child no longer resides with the mother and is now living with a male caretaker: The child in this case is Newborn eligible. Due to system limitations, it is not possible for this child to be in an F15 case because he/she lives with a male caretaker. This child is eligible through the month in which he/she turns 1. The 6 month review will be completed as a dummy review.</li> </ul> |

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| <p><b>DEM1</b></p> | <p style="text-align: center;"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ SSN/Client ID match discrepancies</li> </ul> <p style="text-align: center;"><b><u>Food Stamps/TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Receipt/termination of out-of-state benefits and source of verification</li> </ul> <p style="text-align: center;"><b><u>TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Date letter of non-cooperation received and any subsequent cooperation with DCSS</li> <li>▪ Good Cause for failure to cooperate, if applicable</li> <li>▪ Changes and discrepancies in AP information</li> <li>▪ Explanation if AP is unknown</li> <li>▪ Any changes for APAD, APDE, APEM and APCO screens</li> </ul> <p style="text-align: center;"><b><u>TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Minor parent living arrangements</li> <li>▪ Any changes in deprivation</li> <li>▪ Date email 713 sent to DCSS for any other reason</li> </ul> <p style="text-align: center;"><b><u>Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ If AP has health insurance for child(ren), why CSS referral was not made, including AP's name(s)</li> </ul>  |
| <p><b>DEM2</b></p> | <p style="text-align: center;"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Resolution of Death Matches</li> <li>▪ Type of evidence used to verify citizenship if not fully explained by the valid value (CAPS program will use this information for documentation)</li> </ul> <p style="text-align: center;"><b><u>Food Stamps/TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Reason and period for granting citizenship Good Cause</li> <li>▪ Lawbreaker status – date of offense and conviction; if conviction meets the lawbreaker criteria and how it was verified</li> <li>▪ Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators</li> </ul> <p style="text-align: center;"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ Identity verification for Head of Household/AR (CAPS program will use this information for documentation)</li> <li>▪ Identity verification sources with no corresponding valid value will be coded as TR</li> <li>▪ AU's statement of 1<sup>st</sup> Offender status</li> </ul> <p style="text-align: center;"><b><u>TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Verification of immunization and Good Cause</li> <li>▪ Child's name and circumstances for non-custodial minor parents</li> <li>▪ Reason for extension being granted for alienage verification</li> </ul> |



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| <p><b>DEM2</b><br/>(continued)</p> | <p><u><b>Family Medicaid</b></u></p> <ul style="list-style-type: none"> <li>Start date if Reasonable Opportunity Period is allowed for Citizenship/Identity</li> <li>Availability of TPL for all AU members on DEM2 01 (do not use TPL1 screen)</li> <li>Date DMA Form 285 sent to Health Management Systems, Inc. if AR has TPL, or if there has been a change, on DEM2 01 for all AU members</li> <li>Details of non-cooperation for TPL, if applicable</li> </ul>   |
| <p><b>ALAS</b></p>                 | <p><u><b>Food Stamps/TANF/Family Medicaid</b></u></p> <ul style="list-style-type: none"> <li>Eligibility/ineligibility for each alien and how verified</li> </ul> <p><u><b>Food Stamps</b></u></p> <ul style="list-style-type: none"> <li>Clarify student status</li> </ul> <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>Verification of school attendance for 18 year old</li> <li>Unsatisfactory school attendance for minor parent; Good Cause if appropriate</li> </ul>  |
| <p><b>PRCO</b></p>                 | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>Each 12 month TFSP review and any change(s)</li> <li>Any requirements that are coded “No” that should be coded as “Yes” (example – service not available)</li> <li>Anytime that a requirement changes (example – AR had CPS and now CPS has been closed)</li> <li>Failure to cooperate with a requirement, conciliation, and Good Cause</li> </ul>  |
| <p><b>DEM3</b></p>                 | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>Sanction information – tracking of TANF sanctions, including date and type of current sanction and date/findings of 12 month sanction panel review</li> <li>44/47/Extension staffings</li> </ul>  |
| <p><b>DEM4</b></p>                 | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>State-required ADTs for DV and ADA must be completed in full at each application and review</li> </ul>  |
| <p><b>FSME</b></p>                 | <p><u><b>Food Stamps</b></u></p> <ul style="list-style-type: none"> <li>Reason deductions were not given for potentially eligible AU members (such as current expenses or non-reimbursed expenses not verified)</li> <li>If Medicaid application is pending and if Medicare premium was not allowed as a deduction</li> <li>AU’s statement of medical transportation expenses such as mileage to and from the doctor/pharmacy and total miles for transportation</li> <li>Computation or explanation of expenses given, if needed</li> </ul> |

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| <b>APID</b> | <u><b>TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>All documentation should be on DEM2</li> </ul>   |
| <b>RES1</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Questionable situations including joint ownership</li> <li>Disposition of resources</li> </ul>   |
| <b>RES2</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Inclusion or exclusion if valid value is not self-explanatory</li> <li>Disposition of resources</li> </ul>   |
| <b>RES3</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Details of any resources if valid value is not sufficient</li> <li>Disposition of resources</li> </ul>   |
| <b>TRAN</b> | <u><b>Food Stamps/TANF</b></u> <ul style="list-style-type: none"> <li>Specifics of any transfers of resources</li> </ul>   |
| <b>ERN1</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Reason for termination of employment, end date and how verified</li> <li>Copy and paste DOL information to REMA for AU members 16 years and older; if unable to copy and paste, document details</li> <li>Discrepancies in Clearinghouse information</li> </ul> <u><b>Food Stamps</b></u> <ul style="list-style-type: none"> <li>Results of any Work Number matches</li> </ul> <u><b>TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Months of \$30 &amp; 1/3</li> </ul> |
| <b>ERN2</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Hourly rate of pay</li> <li>Tips, if not included in gross pay on pay stubs</li> <li>Reason any pay period is not considered representative pay</li> <li>Calculation of representative pay</li> </ul>  |
| <b>EVNC</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>All documentation should be on ERN2</li> </ul>   |
| <b>DEAL</b> | <u><b>Food Stamps/TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>Alien sponsor's name and address</li> </ul> <u><b>Food Stamps</b></u> <ul style="list-style-type: none"> <li>Child Support paid outside the home, to whom it is paid, and how the monthly amount is calculated</li> </ul> <u><b>TANF/Family Medicaid</b></u> <ul style="list-style-type: none"> <li>For Deemor budgets: Names of person counted as IRS dependents</li> <li>For Allocation: to whom income can be allocated</li> </ul>  |

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| <b>CARE</b> | <p align="center"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ If subsidized care is being provided</li> <li>▪ If contact is made with the AR, document dependent care arrangement if AU is eligible for dependent care deduction and none is allowed</li> </ul> <p align="center"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ AU's statement of childcare transportation expenses such as mileage to and from the day care provider and total miles for transportation</li> </ul>  |
| <b>UINC</b> | <p align="center"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Date payments will begin or terminate</li> <li>▪ Source and expected duration of any contributions</li> <li>▪ Calculation of income amount</li> <li>▪ Results of UCB/SDX/BENDEX/\$TARS matches and resolution of any discrepancies</li> <li>▪ Amount and source of last third party verification if PH valid value entered at periodic review</li> </ul> <p align="center"><b><u>Food Stamps/TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Reason net, instead of gross, is used (i.e. UCB, SSA, SSI)</li> </ul> <p align="center"><b><u>TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"> <li>▪ Details of application for other benefits if not entered on screen; explanation for not requiring application when potentially eligible</li> </ul> |
| <b>WORK</b> | <p align="center"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ Circumstances of Voluntary Quit and work sanctions</li> </ul> <p align="center"><b><u>TANF</u></b></p> <ul style="list-style-type: none"> <li>▪ Good Cause for not participating in applicant services</li> </ul>  |
| <b>SHEL</b> | <p align="center"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"> <li>▪ If the shelter expenses are paid by anyone outside the home</li> <li>▪ How this arrangement affects the household's eligibility for shelter deductions and how the situation was verified, if questionable</li> <li>▪ If the household shares expenses and their eligibility for the amounts that are paid</li> <li>▪ Whether the insurance and taxes are included in the mortgage payment</li> <li>▪ How the monthly shelter costs (rent, taxes, insurance) were calculated if paid more/less often than on monthly basis</li> <li>▪ If utilities are included in the rent</li> <li>▪ Basis of Limited SUA</li> <li>▪ Calculations of shelter proration of ineligible alien(s)</li> </ul>   |

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| <b>MISC</b> | <p style="text-align: center;"><b><u>Food Stamps/TANF/Family Medicaid</u></b></p> <ul style="list-style-type: none"><li>▪ Reason the case is over the SOP</li></ul> <p style="text-align: center;"><b><u>Food Stamps</u></b></p> <ul style="list-style-type: none"><li>▪ Reason Expedited indicator changed</li><li>▪ Reason for manual issuance, date of manual issuance, and the month and amount of manual issuance</li></ul> <p style="text-align: center;"><b><u>TANF</u></b></p> <ul style="list-style-type: none"><li>▪ Financial management or questionable and unclear information regarding household circumstances</li></ul> <p style="text-align: center;"><b><u>Family Medicaid</u></b></p> <ul style="list-style-type: none"><li>▪ How first month of TMA was established</li></ul> |
|-------------|---|



## **TANF Employment Services**

|             |   |
|-------------|---|
| <b>ESPR</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>▪ All contacts regarding participation (Applicants and Recipients)</li> <li>▪ Brief notes regarding all appointments (Applicants and Recipients)</li> <li>▪ Job readiness level – brief documentation to support determination of job readiness level and changes in job readiness level, i.e. work history, criminal background, etc. (Applicants only)</li> <li>▪ Assigned applicant job search period (Applicants only)</li> <li>▪ All referrals to providers for other services/resources (Applicants and Recipients)</li> </ul>   |
| <b>ESWP</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>▪ Initial TFSP and TFSP changes, including changes in job readiness level, with information supporting reason</li> <li>▪ NOTE – Actual screen is no longer consistent with current practice, so document following information: <ul style="list-style-type: none"> <li>• Date of TFSP (Reference form on file)</li> <li>• Phase, long and short term goals along with supporting activities along with job readiness level</li> <li>• FLSA calculation for Work Experience and Community Service (initial calculation and each review and update of this calculation)</li> <li>• Completion of “Agency will...”; “Participant will...”; and “Support Services provided” fields from actual ESWP screen if there was not enough room to document this on the ESWP screen</li> </ul> </li> </ul> |
| <b>ESAC</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>▪ Contacts related to participant’s progress in activity</li> <li>▪ Application of deemed meeting or FLSA policy</li> <li>▪ If activity temporarily delayed or interrupted for Good Cause, document dates and reason participation is excused</li> <li>▪ Negotiation/monitoring of sponsor agreements</li> <li>▪ Explanation when hours entered does not reflect actual hours of participation due to deemed meeting criteria or other reasons (i.e. school breaks, site closures, excused absences), and if Good Cause granted</li> </ul>   |
| <b>ESDC</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"> <li>▪ SUCCESS screen should capture all information</li> </ul>   |

|             |   |
|-------------|---|
| <b>ESSS</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"><li>▪ When expenditure exhausted for a support service for the participation period</li><li>▪ Verification method for payment of SS</li><li>▪ Tracking of EIS, TSS and WSP</li></ul>  |
| <b>ESNO</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"><li>▪ Failure to meet a program requirement</li><li>▪ If conciliation appointment kept; closure date if not kept</li><li>▪ Result of conciliation</li><li>▪ Social Services notified</li><li>▪ Date of panel review for 12 month closure sanction</li></ul> |
| <b>ESWH</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"><li>▪ SUCCESS screen should capture all information</li></ul>   |
| <b>ESAD</b> | <p><u><b>TANF</b></u></p> <ul style="list-style-type: none"><li>▪ SUCCESS screen should capture all information</li></ul>   |



# SUCCESS Screens

The screenshot shows a SUCCESS screen with the following text:

```
INTERVIEW                               HOUSEHOLD ADDRESSES - ADDR          ADDR 01
Month 03 11                             4601    07    01 10

CO 049 LO 049 Load ID 1047 Client ID XXXX00269 RES CO
HOH F Name ELAINE                      MI      Name BROOKS                      Suf

Auth  Prim  Voter  Visually  Hearing  Public Hsng/  Serial  Census
Rep   Lang   Reg   Impaired Impaired  Dent Subsidy Number  Tract
N     E      N      N        N        N        N        N

Residential Address
Address Line 1
Street Number Dir Na
          879      CHA
City MACON          ST

Mailing Address Del
Address Line 1
Street Number Dir Na
          SAME    ST
City

Message 1881      1881
1881 STREET NUMBER OR BOX NUMBER
          15-lett
```

A purple callout box titled "Voter Registration" is overlaid on the right side of the screen. It contains the text "Valid value is sufficient" and a list of three items:

- Y indicates client registered
- N indicates client declined to register
- U indicates client did not provide a response on Declaration Statement

A purple arrow points from the "Voter Registration" callout box to the "Voter" column header in the table.

Old

|        |                  |            |
|--------|------------------|------------|
| UPDATE | NARRATIVE - NARR | NARR<br>01 |
|--------|------------------|------------|

10/5/2010 03:55 PM HARRIS, J. 7599 404-651-2212  
OV - MRS. BROOKS IS APPLYING FOR FOOD STAMPS, TANF, AND MEDICAID FOR HER FAMILY;  
HER HUSBAND TOM, AND THEIR TWO CHILDREN, BROOK (12) AND JOHN (10). HER FORM 297  
WAS RECEIVED ON 10/2/10. A FACE-TO-FACE INTERVIEW WAS CONDUCTED WITH MRS. BROOKS  
ON 10/6/10. SHE IS THE BEST SOURCE OF INFORMATION. HER HOUSEHOLD'S INCOME  
INCLUDES RSDI OF \$750/MONTH, SSI OF \$353/MONTH AND WAGES FROM HER PART-TIME JOB  
WITH MIDTOWN MEDICAL. REPORTED TOTAL SHELTER COSTS INCLUDE RENT OF \$450 (UTILITIES  
INCLUDED) AND A TELEPHONE EXPENSE OF \$30/MONTH. SHE REPORTS NO OTHER INCOME FOR  
HER FAMILY. MR. AND MRS. BROOKS PAY \$35/WEEK FOR BOTH CHILDREN TO ATTEND AN  
AFTERSCHOOL PROGRAM. HIPAA FORM SIGNED ON 10/6/10 BY MRS. BROOKS IS IN THE CASE  
RECORD. HIPAA FORM MAILED TO MR. TOM BROOKS.

MESSAGE

13-bott

More

New

|        |                  |            |
|--------|------------------|------------|
| UPDATE | NARRATIVE - NARR | NARR<br>01 |
|--------|------------------|------------|

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212  
APPLICATION - FTF INTERVIEW CONDUCTED ON 3/5/11 WITH MRS. ELAINE BROOKS FOR FOOD  
STAMPS, TANF, AND FAMILY MEDICAID. HIPAA FORM MAILED TO MR. TOM BROOKS ON 3/5/11.  
TCOS EXPLAINED.

**NARR**

- Documentation has been minimized
- Only address HIPAA if not in case record

MESSAGE

13-bott



| UPDATE  | REMARKS - REMA | REMA |
|---|----------------|------|
|   |                | 00   |
| <div><div><div><b>FS AREP</b><ul style="list-style-type: none"><li>Document Identity verification of Authorized Representative</li></ul></div><div><b>TANF AREP</b><ul style="list-style-type: none"><li>Document need for Protective Payee</li></ul></div></div></div> |                |      |
| MESSAGE<br>13-bott  |                | More |

| UPDATE   | REMARKS - REMA | REMA |
|--|----------------|------|
|  |                | 00   |
| 3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212   |                |      |
| <div><div><b>STAT</b><ul style="list-style-type: none"><li>Other people in the home and why they are not included</li></ul></div><div><b>FS STAT</b><ul style="list-style-type: none"><li>Verification of Identity moved to DEM2</li></ul></div><div><b>TANF/FM STAT</b><ul style="list-style-type: none"><li>Unusual Relationships and financial responsibilities</li></ul></div></div> |                |      |

| UPDATE   | REMARKS - REMA | REMA |
|--|----------------|------|
| 3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212 |                | 00   |
| <del>FORM 138 SIGNED BY A/R AND IN CR</del>    |                |      |

**DEM1**

- Form 138 – not required
- Non-cooperation with DCSS
- Good Cause and changes to AP screens

MESSAGE  
13-bott

| UPDATE  | REMARKS - REMA | REMA |
|---|----------------|------|
| 3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212                |                | 00   |
| A/R PROVIDED HER GA DRIVER'S LICENSE AS PROOF OF HER IDENTITY |                |      |

**DEM2**

- Citizenship – not required
- Verification of Identity for FS Applicant
- Verification source for valid value TR

MESSAGE  
13-bott

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212

~~A/R STATES HER HH HAS NO RESOURCES.~~

## RES1

- No negative documentation
- Disposition of resources
- Questionable situations including joint ownership

ME

13

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212

CLEARINGHOUSE VIEWED; NO DISCREPANCIES NOTED. NO DATA FOUND ON WORK  
NUMBER. \$30 & 1/3 NOT NEEDED AT THIS TIME.

## ERN1

- Circumstances of termination from employment
- Discrepancies in Clearinghouse
- Months of \$30 & 1/3 for TANF and FM
- Results of Work Number matches

MES

13

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212  
AR EARNS \$8.00/HR AT 20 HOURS/WEEK. REP PAY = \$160.00

## ERN2

- Hourly rate of pay
- Tips, if not on check stubs
- Calculation of the representative amount
- Reason any pay period is not considered representative

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212  
AR BEGAN RECEIVING VA BENEFITS OF \$125/MO ON 3/1/11. CLEARINGHOUSE VIEWED;  
NO DISCREPANCIES

## UINC

- Date payments will begin or terminate
- Source and expected duration of any contributions
- Details of application for other benefits if not entered on screen

MESSAG

13-bot

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212  
AR BEGAN RECEIVING VA BENEFITS OF \$125/MO ON 3/1/11. CLEARINGHOUSE VIEWED;  
NO DISCREPANCIES

## PH code may be used for:

- Extended Unemployment
- Direct Child Support
- RSDI and SSI
- Contributions
- VA Benefits
- Worker's Compensation
- Alimony
- Pensions and Retirement
- In Kind Support and Maintenance (ISM)

**If used for Client's Statement –  
no additional documentation  
required**

**If used for Photocopy –  
additional documentation  
required**

UPDATE

REMARKS - REMA

REMA

00

3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212

## WORK

- Voluntary Quit and work sanctions
- Good Cause for not participating in Applicant Services

MESSAGE

13-bott

| UPDATE   | REMARKS - REMA | REMA |
|--|----------------|------|
|  |                | 00   |
| 3/5/2011 03:55 PM HARRIS, J. 7599 404-651-2212<br>AR PAYS \$450/MONTH IN RENT; UTILITIES INCLUDED  |                |      |
| <div><h2>SHEL</h2><ul style="list-style-type: none"><li>▪ Expenses paid by someone outside of home</li><li>▪ Shared expenses</li><li>▪ Mortgage includes taxes and insurance</li><li>▪ Utilities included in rent</li><li>▪ Proration of ineligible aliens</li></ul></div> |                |      |



# Voter Registration



Customer

- **Applies**
- **Completes Renewal/Recertification**
- **Reports a change of address**  
for
- Food Stamps
- TANF
- Medicaid
- Child Care



OFI Staff offers Voter Registration  
Services if contact is



- In person

**OR**



- By Phone




Customers who contact the agency online  
via COMPASS are provided with a direct link  
to apply to register to vote at  
[www.sos.ga.gov/election](http://www.sos.ga.gov/election).



# Statewide Access

Allows Eligibility Specialists to:

- Process cases from other counties
  - View another Eligibility Specialist's calendar
  - View AU-related Alerts
- 

Current limitations include:

- Processing an Add A Person
- Processing an Add A Program
- Transferring cases to an Eligibility Specialist assigned to another county



# Transferring Cases

- From the Main Menu, select option S

```
*****
**      W E L C O M E   T O   T H E      **
***      G E O R G I A          ***
***      T R A I N I N G        ***
***      S U C C E S S          ***
**      S Y S T E M            **
*****

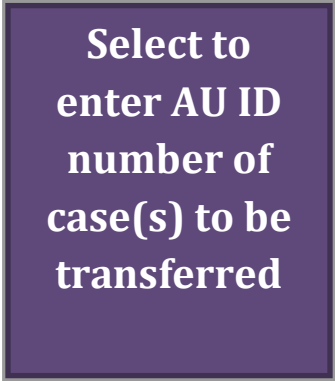
Selection  S
Printer ID  ????
System Date 03 03 11
Load ID     XXXX

A. Assistance Unit/Client  H. Security                O. File Inquiry
B. Supporting Units        I. Parameters              P. Vendor Files
C. PEACH                  J. Mass Mod                Q. Text
D. Alerts                  K. Financial Mgmt Iss    R. Benefit Error
E. Scheduling              L. Lifetime Limit        S. AU/Client Misc
F. Letters                 M. Benefit History
G. Electronic Mail (EMC2)  N. Quality Control      U. Register IV-D Case

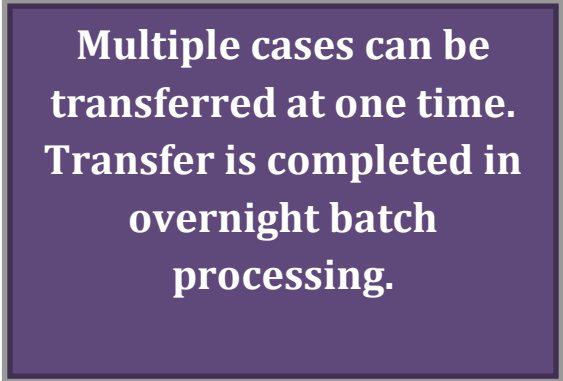
Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
```

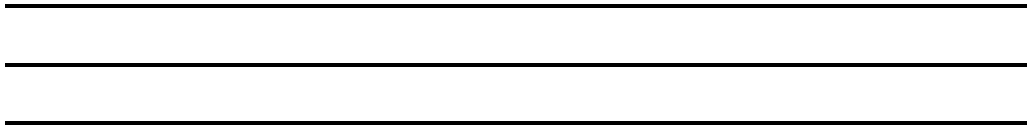
Select to  
transfer cases

- **At SMEN, selection option I**

| AU/CLIENT MISC ACTIVITIES SUBMENU - SMEN  |            |               | SMEN |
|---|------------|---------------|------|
| Selection <b>I</b>  |            |               |      |
| AU ID   | Client ID  | Month (MM YY) |      |
|   | As of Date | Review Type   |      |
|  |            |               |      |
| INQUIRY OPTIONS:  |            |               |      |
| A. Name Inquiry   |            |               |      |
| UPDATE OPTIONS:   |            |               |      |
| I. Reassign AU to Load ID   |            |               |      |
| K. Reassign Caseload from Load ID to Load ID                                      |            |               |      |
| M. BENDEX Reaccrution   |            |               |      |
| T. Client ID Correction   |            |               |      |
| W. PASR Results   |            |               |      |
| X. PASR Worker Response   |            |               |      |
| Y. Quality Assurance Results  |            |               |      |
| Message 0013  |            |               |      |
| 0013 REQUIRED FIELD ARE IDENTIFIED BY "?"   |            |               |      |

- **At the ASGN screen, enter the AU ID number and the Load ID number of the new Eligibility Specialist**

| UPDATE   |           | REASSIGNMENT REQUEST - ASGN |       | ASGN    |
|--|-----------|-----------------------------|-------|---------|
|  |           |                             |       | 01      |
| Del  | AU ID     | To                          | Del   | To      |
|  | 177600173 | Load ID                     | AU ID | Load ID |
|  |           | 1775                        |       |         |
|  |           |                             |       |         |
| MORE   |           |                             |       |         |
| Message  |           |                             |       |         |

This image shows a full page of white paper with horizontal black lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines in total. A single line near the top center is slightly thicker than the others, possibly indicating a header or a section break. The rest of the lines are uniform in thickness.