



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

January 31, 2020

Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal #25

This transmittal contains changes, clarifications and revisions of guidelines for the Supplemental Nutrition Assistance Program (SNAP).

The provisions of this transmittal are effective April 1, 2020 for all SNAP applications filed or actions taken on cases on or after April 1, 2020. Allowance for child support payments to be treated as an income exclusion instead of an income deduction was effective March 1, 2020.

The certification manual and this transmittal are available at <https://snapmanual.dss.virginia.gov/FoodStampManual/mainpage.jsp>.

Note changes for the following sections:

Chapter	Significant Changes
Part II Appendix II Pages 1-2	Benefit amounts for Combined Application Project participants were revised to maintain benefit cost neutrality. Benefits for households with shelter expenses that are \$500 or more will be \$135 and \$60 for households with shelter expenses that are \$500 or less.
Part III Pages 5-6	The child support verification section was changed to remove the reference to a deduction for child support payments. These payments will now be an income exclusion.
Part V Pages 1-2	Clarification was added to the expedited service entitlement section to emphasize that excluded income and resources are

Chapter	Significant Changes
Part X Pages i, 7-9	not counted in determining if an application requires expedited processing. Information about child support deduction as a deduction was deleted. Information about child support payments was moved to Part XI.F, income exclusions.
Pages 1-4	Clarification was added that workers must determine who is responsible for household expenses and who actually pays expenses.
Part XI Page i	The Table of Contents was revised.
Pages 17-19	The excluded income chapter was changed to add child support payments paid outside the SNAP household.
Part XII Pages 13-14	Clarification was added to the chapter on disqualified individuals to allow entire expense amounts if eligible household members are responsible for an expense or pay the expense.
Part XIII Pages 7-10	The steps for calculating net income and benefit level were reordered to move consideration of child support payments from a deduction to an income exclusion.
Part XIV Pages 15-16	Reference to child support payments for evaluating interim reports was changed from a deduction.
Part XV Appendix I	The list of exempt localities for the work requirement was revised. Effective April 1, 2020, there will be no exempt localities in Virginia.
Part XXIV Pages i-ii	The Table of Contents was revised.
Page 40-41	The Expedited Service Checklist was revised to note that excluded income and resources are not counted in determining if households are eligible for expedited processing.

Chapter	Significant Changes
Part XXIV continued Pages 84-98	Revised Administrative Disqualification Hearing forms were added to the manual.
Part XXV Pages i-ii	The Table of Contents was revised.
Pages 15-22	Information about the Pledge agreement was added to the Employment and Training section. Local departments of social services must offer services to household members who are subject to time-limited benefits because of the work requirement before their eligibility period ends.
Part XXVI Entire Chapter	The Quality Assurance section was renamed to Quality Control and was revised to reflect current processes.

Direct questions about this transmittal to regional program consultants or Claudia Jackson at claudia.jackson@dss.virginia.gov or at (804) 726-7346.

S. Duke Storen
Commissioner

Attachment

THE VIRGINIA COMBINED APPLICATION PROJECT

The Virginia Combined Application Project (VaCAP) is a partnership between the Virginia Department of Social Services (VDSS), the Social Security Administration (SSA), and the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). This demonstration project streamlines the application process for the Supplemental Nutrition Assistance Program (SNAP) for elderly Supplemental Security Income (SSI) recipients and increases their SNAP participation. It does not replace all SNAP eligibility criteria but streamlines certain criteria as defined in this appendix.

Eligible VaCAP participants are identified through a cross match of the State Data Exchange (SDX) and the current SNAP caseload. SDX information is also used by VDSS to update eligibility for SSI recipients monthly after approval for VaCAP. Applications and recertification applications are mailed monthly.

VDSS notifies applicants that they have the option to apply for and participate in the regular, ongoing SNAP, and have the case managed through the local department of social services (LDSS) according to standard policies and procedures.

VaCAP Eligible Household:

To be eligible for VaCAP, an individual must be identified through the SDX as one who:

- Receives SSI;
- Lives in Virginia;
- Is 65 years of age or older;
- Has any Marital Status other than "Married";
- Is not institutionalized;
- Meets Federal Living Arrangement A (FLA="A"); and
- Has no earned income.

In addition, the individual:

- Is not currently receiving SNAP; and
- Purchases and prepares food separately.

VaCAP Application Procedures:

VDSS will mail a simplified application to SSI recipients who meet the eligibility criteria and who are not currently participating in SNAP. Applicants must sign and return the application to the LDSS in the city or county of residence. If the applicant does not return the application within 30 days, a second application is mailed. If the second application is not returned, an application will be mailed at 12-month intervals until a total of five applications are mailed. Individuals may apply for VaCAP if it is determined they meet the VaCAP criteria but, did not receive a computer generated application because they had already received five applications, or an application had been mailed less than 12 months ago, or because they were participating in regular SNAP.

Upon receipt of the VaCAP application, the LDSS must screen the application to ensure:

- application is signed;
- the applicant is not already participating in SNAP (eligibility system inquiry); and
- the applicant is not disqualified from participating in SNAP (eDRS inquiry).

VaCAP applications are not screened for expedited processing nor screened for death and incarceration. Death and incarceration are routinely reported in the SDX data.

If shelter expenses are not marked on the application, the LDSS must process the application using the lower shelter expense.

VaCAP participants may request that their VaCAP case be closed in order to apply for regular SNAP benefits. Participants receiving regular SNAP benefits may request that their case be changed to VaCAP if it is determined they meet all of the VaCAP criteria except for not currently receiving SNAP.

VaCAP Interview Procedures:

Unless the applicant requests help with the application, there is no certification interview.

VaCAP Verification:

The SDX provides verification of eligibility factors so no further verification is needed. The applicant's declaration of shelter costs is used.

VaCAP Allotment:

The applicant's declaration of monthly shelter expenses will be used to determine the SNAP benefit amount.

- High benefit - **\$135** - shelter expenses total \$500 or more
- Low benefit - **\$60** - shelter expenses total \$500 or less

Eligibility begins the first day of the month an application is received. There is no proration of benefits based on the application date.

VaCAP Certification:

The certification period for cases will be 36 months.

VaCAP Change Reporting:

Households are not required to report changes. Updates through the SDX satisfy SNAP reporting requirements. If a VaCAP participant reports a change that impacts the household's eligibility for VaCAP or benefit amount, the LDSS must act on the change.

Work Registration, Student Identification, Work Requirement

A statement from a licensed medical provider is sufficient for the less restrictive standards for these policy areas. Receipt of temporary or permanent disability payments may also be used.

Separate Household Status for Elderly, Disabled Persons

For elderly, disabled persons who are unable to purchase and prepare meals separately, the agency must first determine the disability and then establish that these persons are unable to purchase and prepare meals because of the disability. The Social Security Administration's list of disability conditions may be used for this evaluation.

If it is obvious that the individual could not purchase and prepare meals because of the disability, the agency must consider the individual disabled even if the disability is not specifically mentioned on the SSA list. If the disability is not obvious, the EW must verify the disability by a statement from a licensed medical provider or licensed or certified psychologist, along with a statement that, in the doctor's opinion, the disability prevents the individual from purchasing and preparing meals.

Disabled for Determining Eligibility for Group Homes, Medical Expenses, Unlimited Shelter Expenses, Net Income Standards, 24-month Certification Periods, Resource Eligibility, Immigration Eligibility

Verification of this evaluation of disability, as noted in Definitions, will usually be determined by receipt of or approval for certain income sources or benefits. For example, approval for or receipt of a disability check from the SSA, including SSI, verifies disability.

k. Child Support Payments

A household member's legal obligation to pay child support, the obligated amount of support to be paid, and the amount of child support actually paid must be verified in order to allow an **income exclusion**.

Documents which may be used to verify the household's legal obligation to pay child support and the obligated amount include a court or administrative order, or a legally enforceable separation agreement. The actual payment of support may be verified through such methods as cancelled checks, withholding statements from wages or unemployment compensation, statements from custodial parents about direct payments or payments made to third parties, or payment records of the Division of Child Support Enforcement. Documents used to verify legal obligation to support do not constitute verification of what is actually being paid. Therefore, separate verification of the obligation and actual payment must be obtained, unless the information is obtained through APECS.

2. Verification of Questionable Information (7 CFR 273.2(f)(2))

Local departments of social services must not verify any other factors of eligibility prior to certification unless they are questionable and affect a household's eligibility or benefit level. To be considered questionable, the information on the application must be:

- a. inconsistent with statements made by the applicant;
- b. inconsistent with other information on the application or previous applications; or
- c. inconsistent with any other information received by the local department of social services.

When determining if information is questionable, the local department of social services must base the decision on each household's individual circumstances. For example, a household's report of paid expenses that exceed its income may be grounds for a determination that further explanation and possibly verification is required. This circumstance alone may not be grounds for a denial. The local department of social services must explore with the household how it is managing its finances; whether the household receives excluded income or has resources, and how long the household has managed under these circumstances.

If the local department of social services needs verification to resolve questionable information, the worker must document why it considered the information questionable. The documentation must also include the verification used to resolve the questionable information.

The definition of questionable information contained in this chapter applies to all references of questionable information throughout this manual.

3. Sources of Verification (7 CFR 273.2(f)(4))

Documentary Evidence

Local departments of social services must use documentary evidence as the primary source of verification. Documentary evidence means written confirmation of a household's circumstances. Examples include wage stubs, rent receipts, and utility bills. The EW is responsible for determining if the evidence provided is sufficient to determine eligibility. Evidence is sufficient if the local department can derive correct information about the element from the evidence provided. For example, the EW may use the Year-to-Date totals on pay stubs to establish a missing amount.

Although documentary evidence is the primary source of verification, acceptable verification is not limited to any single type of document. The local department may obtain the information through the household or other sources. The local department must use alternate sources of verification such as collateral contacts and home visits whenever the EW cannot obtain documentary evidence.

To verify residency, a collateral contact, as well as documentary evidence, will serve as a primary source of verification.

When attempts to verify countable income are unsuccessful, the EW must determine an amount to be used for SNAP purposes based on the best available information. The local department may use the household's statement if alternate sources of verification are not available or are uncooperative with the household and the local department.

A. ENTITLEMENT TO EXPEDITED SERVICE (7 CFR 273.2(i)(1))

The following households are entitled to expedited services:

1. Households with less than \$150 in **countable** monthly gross income, provided their **countable** liquid resources (e.g. cash on hand, checking and savings accounts, savings certificates, and lump sum payments as described in Part IX.C) do not exceed \$100;
2. Migrant or seasonal farm worker households who are destitute, as defined in Part V.F, provided their liquid resources do not exceed \$100;
3. Households whose combined monthly gross income and liquid resources are less than the household's incurred monthly rent or mortgage, and utilities, regardless of how or if the household pays the expenses. If the household indicates it incurs separate heating or cooling costs or that it receives Low Income Home Energy Assistance Program benefits, the agency should use the utility standard, unless the household chooses to use actual costs.

Do not consider exempted resources or excluded income in making the expedited determination. The penalty PA income for noncompliance and income that has been averaged, such as self-employment, contract, etc., will count however.

Expedited services processing will apply at initial application, reapplication or for households that file recertification applications during the month after the certification period expires.

B. IDENTIFYING HOUSEHOLDS NEEDING EXPEDITED SERVICE

The local department of social services must design its application procedures to identify households eligible for expedited service once the household files an application. The local department must screen all applications except recertification applications that are filed timely. The local department must designate personnel to screen applicants as they contact the local department to request assistance or to review applications for entitlement if the applicant is not in the office to allow the screening. If the applicant is not in the office and the applicant failed to complete the application sufficiently for the local department to screen successfully, the local department must attempt to contact the household by telephone or e-mail if such contact information is on the application.

If the local department of social services discovers that a household is entitled to expedited service after the initial screening failed to identify entitlement, the local department must provide expedited service to the household within the processing standards described in Part V.C. The local department must document expedited screening results for all applications except recertification applications that are filed timely. Methods to document the screening include: the *Expedited Service Checklist*, case narrative comments screens, or the expedited section of the *Application for Benefits*.

C. PROCESSING STANDARDS (7 CFR 273.2(i)(3)(i))

For households entitled to expedited service, except those households entitled to a waiver of the office interview, the local department of social services must make SNAP benefits available to the household no later than seven calendar days after the application filing date. For residents of public institutions who apply for SSI and SNAP benefits before release from the institution, the SNAP application filing date is the date the applicant is released from the institution. Eligible households that apply after the 15th day of the month must also receive benefits for the month following the month of application by the seventh day.

If the local department of social services discovers that a household is entitled to expedited service after the application date, the local department must determine eligibility and provide benefits within seven calendar days of the discovery date.

Eligible households that provide all information needed to process the expedited application within seven calendar days following the date of application are entitled to receive benefits within seven calendar days following the date of application. If the household provides the information after the seventh day following the date of application, the local department has seven calendar days to process the application, beginning with the date the household provides the information. If the household does not provide requested information by the 30th day, the local department must send the household a notice to extend the processing of the case for an additional 30 days. The local department of social services must inform the household of the normal verification standards that the household must now meet in order to determine eligibility. Procedures for verifying information used to determine eligibility are in Part V.D.

Out-of-Office Interviews (7 CFR 273.2(i)(3)(iii))

If the local department of social services arranges an out-of-office interview for a household that is entitled to expedited service, the agency must conduct the interview and complete the application process within the expedited service standards. Day one of the processing period is the calendar day following the application date. If the local department conducts a telephone interview and must mail the application to the household for signature, the expedited standards will not include any mailing time involved. Mailing time will only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.

D. VERIFICATION PROCEDURES FOR EXPEDITED SERVICE (7 CFR 273.2(i)(4)(i); 273.2(i)(4)(ii))

To expedite the certification process, the local department of social services must postpone all verifications required by Part III.A, except the identity of the applicant, if the local department is unable to obtain verifications within the allowable processing time. The local department may verify the identity of the applicant through a collateral contact or readily available documentary evidence.

PART X		INCOME DEDUCTIONS	
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A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income, as described in Part XI.A. Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Low-Income Home Energy Assistance Program (LIHEAP) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. LIHEAP participants (Virginia Energy Assistance Program) may have actual utility expenses considered or may have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but, utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income. The worker must assess each potential deduction and use the allowable standard amounts unless the household elects to use actual amounts or is not entitled to use the standard. **The worker must also assess who has responsibility to pay expenses and whose income is used to pay in order to determine if the full expense or a prorated amount is used. If an eligible household member is responsible for an expense or pays an expense, the household is entitled to the full expense. If a disqualified household member is responsible for an expense or pays an expense, the expense may be subject to proration as allowed by Part 12.E.**

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-3 members	\$167
4 members	\$178
5 members	\$209
6 or more members	\$240

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed when determining the amount overissued if the basis for the claim is because the household failed to report earned income timely.

3. Dependent Care Expense (7 CFR 273.9(d)(4))

Dependent care expenses are allowed as a deduction only if it is necessary for household

members to accept or continue employment, seek employment, comply with employment and training requirements, attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent. An expense that could qualify as a dependent care expense or a medical expense may be allowed as either, dependent care or medical, but not both.

See Part III.A for verification requirements of dependent care expenses. Verification is needed only if the household's declaration is questionable. Acceptable forms of verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter is allowable after all other deductions have been determined. The worker must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction, up to \$569 per month, except as noted below. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

The allowable deduction for shelter may not exceed \$569 except for households that contain a member who is 60 years of age or older or who is disabled, as defined in Definitions. Households with an elderly or disabled member may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the adjusted net income.

In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments are made on a household's behalf, except as noted in item e. See Parts XI.F.3 and XIII.B for a discussion of vendor payments. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, mortgage, loan payments, or other continuing charges that lead to ownership of a home, mobile home, or other type of shelter, are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.

- d. Repair costs that result from a fire or flood or a similar disaster are allowable, provided the household will not receive reimbursement or assistance from some other source such as insurance or private or public relief agencies. The disaster does not have to be a presidential declaration but can be a personal disaster, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if LIHEAP covers the costs by a vendor payment.

In some situations, the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives LIHEAP benefits at the current residence.

Number of Persons	Utility Standard
1 - 3	\$303
4 or more	\$379

Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, regardless of whether each unit is applying for or receiving SNAP benefits. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to receive SNAP benefits.

Example

A three-person SNAP unit lives in a house with another person. The SNAP unit and the other person each pay half of the heating costs. The SNAP unit's standard utility allowance is \$189.50, i.e. \$379 based on total number of persons in the home (4 or more) divided by 2, the number of units contributing to heating costs. The SNAP unit may opt to use \$189.50 as its utility costs, or may use its actual utility expenses.

Only those households that receive LIHEAP payments for its current residence or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The SNAP household pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The SNAP household is not entitled to the utility standard since there is no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A SNAP household cuts its own wood. This wood is free, but the household incurs expenses for gas and oil for the chain saw. The household may not use the utility standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense, such as electricity or gas, that includes heating or cooling along with other uses, e.g., cooking or lights, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives LIHEAP payments. Actual costs of utilities incurred by households that are not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge, may not claim the utility standard unless they receive LIHEAP payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a LIHEAP payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
 - If a Medicaid application is pending when the SNAP benefit application is approved, the Medicare premium is allowed as a medical expense.
 - If a Medicaid application has already been approved when the SNAP benefit application is approved, the Medicare premium is not allowed as a medical expense once Medicaid actually begins paying the expense as verified through SOLQ-I or SVES.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aide, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the expense may be allowed as a medical expense or a dependent care expense, but not both.
- 11) Telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired. (These costs may not be entered as shelter costs.)

The expenses listed above are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. An allowable medical expense of \$200 is incurred monthly. Insurance policies reimburse the household \$100 a month for the expense. Disallowing the first \$35 a month, the monthly medical deduction for this expense is \$65 if the household elects to use actual amounts instead of the medical standard deduction.

6. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is 152.06 per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not be eligible for the shelter allowance.

Accept the household's declaration of expenses unless the declaration is questionable. If the EW determines that verification is needed but the household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local department of social services must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the unverified expenses being claimed. If the expense cannot be verified within 30 days of the date of application, the local department must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification of its questionable shelter expenses by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty-day processing standard because the local department failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the local department of social services, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See Part II.G.3.). If a recertification application is filed, verification time frames at recertification (Part IV.C.4) will apply and the ability to extend the pending status of the application is not allowed.

PART XI		INCOME	
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- Payments, except for per capita payments over \$2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Florida, and the independent Seminole Tribe of Florida (P.L. 101-277).
 - Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- n. Payments under the Radiation Exposure Compensation Act (P.L. 101-426).
- o. Contributions of an SSI recipient into a Plan for Achieving Self Support (PASS) account (PL 102-237).
- p. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(a) of the School Lunch Act.
- q. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
- r. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with congenital spina bifida and payments to children of female Vietnam veterans who are born with certain birth defects (P.L. 104-204 and P.L. 106-419).
- s. Money contributed to Achieving a Better Life Experience (ABLE) accounts or money distributed from such accounts for disability-related expenses are excluded as income. ABLE accounts are set up for persons determined to be disabled before age 26.

12. Government Subsidies for Housing and Energy/Utility Payments

Payments or allowances made for housing, energy assistance or utility payments under any federal, state or local government program will not count. This includes payments received from the Low-Income Home Energy Assistance Program (Virginia Energy Assistance Program), HUD and FmHA utility payments.

13. Shared Shelter Arrangements

In some situations, SNAP households may share shelter expenses with others. Money may exchange hands between the units to facilitate bill paying. This exchange of money for the purposes of bill paying in a shared shelter arrangement is not considered income to the person receiving it. Each household is entitled to its share of the shelter expenses.

Allow the household to describe/define the arrangements. Allow each household to claim its portion of the shelter costs if the arrangement is for the purpose of splitting living costs as opposed to a rental arrangement where one household elects to charge another household for shelter costs.

Note: This policy does not replace the roomer/boarder and rental property situations.

14. Funds Deposited in an Individual Development Account (IDA) or HUD Escrow Account

Money deposited in an IDA on behalf of a household member will not count as income nor money deposited in an escrow account established by HUD.

15. VIEW Supportive Services Payments

Payments made directly or indirectly to household members for supportive services through VIEW will not count as income. This exclusion does not include VIEW Transitional Payments.

16. Educational Benefits

Money received for educational purposes. These payments include, among others, scholarships, grants, educational loans, veteran's educational benefits, and work-study.

17. Legally Obligated Child Support Payments

Child support payments paid by a household member to an individual or agency outside the household are allowable as an income exclusion. Payments to a third party on behalf of a child, including payments to obtain health insurance for the child, in accordance with the support order, will also be included in the income exclusion. An income exclusion for amounts paid toward arrearages are allowable. Administrative fees charged by an employer to collect support through wages are allowable.

The legal obligation to pay child support, the amount of support obligated, and the amount of support actually paid must be verified before the income exclusion is allowed. The allowable income exclusion may not exceed the monthly obligated amount unless the amount paid includes an amount in arrears.

The child support exclusion may not include alimony or spousal support payments made to or for a nonhousehold member.

G. INCOME OF EXCLUDED HOUSEHOLD MEMBERS (7 CFR 273.9(b)(3); 273.11(d))

Individual household members may be disqualified from receiving SNAP benefits or may be ineligible to participate. See Part VI.C for a discussion of nonhousehold members. See Part XII.E for a discussion of how to handle the income of a disqualified household member to the remaining members.

For excluded household members who are ineligible rather than disqualified, such as ineligible students, the income of the ineligible member is not considered available to the household. Any cash payments from the ineligible member to the household must be considered income under the normal income standards described in this manual. If the household shares deductible expenses with the ineligible member, only the amount actually paid or contributed by the eligible members is

allowed as an expense. If these payments or contributions cannot be differentiated, the expenses must be prorated evenly among the persons actually paying or contributing to the expense and only the eligible members' pro rata share deducted.

When the earned income of one or more household members and the earned income of an ineligible member are combined into one wage, the income of the household members must be determined as follows:

- If the household's share can be identified, count that portion due to the household as earned income.
- If the household's share is not identifiable, prorate the earned income among those it was intended to cover and count the prorated portion to the household.

When TANF or GR-Unattached Child benefits are decreased because of the household's failure to comply with that program's requirements, the SNAP benefit amount must be based on both the actual amount of the TANF or GR-Unattached Child payment and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the SNAP calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The agency reduced a household's TANF grant from \$291 to \$241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for SNAP purposes is \$291.

The penalty amount will no longer count if the household reapplies and is approved again for TANF or GR-Unattached Child benefits within the six-month period.

2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the SNAP benefit amount must be based only on the actual amount of the payment(s).
3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the SNAP benefit amount must be based only on the actual amount of the check(s), to the extent the payment is counted as income for SNAP purposes.

E. DISQUALIFIED INDIVIDUALS OR HOUSEHOLDS (7 CFR 273.11(c))

Individual household members or entire households may be disqualified from receiving SNAP benefits. The reason for disqualification will affect procedures for calculating income and will affect the eligibility and benefit level of the remaining household members.

- 1 Disqualified Individuals – Prorated Income/Deductions
This section applies to disqualified individuals because:
 - Failure to obtain or refusal to provide a Social Security Number (Part VII.G);
 - An ineligible immigrant (Part VII.F);
 - Questionable citizenship (Part VII.F); or
 - Ineligible because of time-limited benefits because of the work requirement (Part XV).
 - a. Resources – Resources of disqualified individuals count in full to the remaining household members.
 - b. Income – Prorate the income of the disqualified individual. Subtract allowable

exclusions. Divide the income evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion.

- c. Deductions – Assess who is responsible for an expense or who pays an expense. Divide the expenses of the disqualified individual evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion except allow the utility standard in full for households entitled to the utility standard regardless of who pays heating or cooling expenses.

Provisions allowed here for the disqualified individual do not alter or cancel provisions of Part X.A when an eligible household member is responsible for or pays an expense. If an eligible household member is responsible for an expense or pays the expense, allow the household the entire expense even if the disqualified individual is also responsible for the expense.

- d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit;
 - Assess the income eligibility limit;
 - Allow the unlimited shelter deduction if there are no other elderly or disabled household members;
 - Assign the benefit level; or
 - Assign the standard deduction.

2. Disqualified Individuals – Fully Countable Income/Deductions

This section applies to disqualified individuals because of:

- An intentional program violation (Part XVII);
- Voluntarily quit a job or reduced work without cause (Part VIII.B)
- A felony conviction involving controlled substances (Part VI.C.2.f)
- Fleeing prosecution/imprisonment or in violation of parole or probation (Part.VI.C.2.e) or
- A felony conviction for sexual abuse, sexual assault, or murder (Part VI.C.2.h).

- a. Resources – Resources of disqualified individuals count in full to the remaining household members.
- b. Income – Income of disqualified individuals count in full to the remaining household members.
- c. Deductions– Count allowable deductions in their entirety to the remaining household members.
- d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit;
 - Assess the income eligibility limit;
 - Assign the benefit level; or
 - Assign the standard deduction.

- b. Averaging. One-time medical bills may be averaged over the certification period in which they are billed or become due. At certification, it will be the household's option whether to count a one-time bill as a lump sum or to average it. If the household reports a one-time bill during a certification period, the household may have the deduction as a lump sum, if possible, or averaged over the remainder of the certification period and reflected as an expense for those months.

Example

A household with an elderly or disabled member reports a one-time only medical expense of \$325.00 on March 5. The household's certification period is February 1 through July 31. The household may choose to take the entire deduction in April, the month the change would be effective, or have the expense averaged over the remainder of the certification period.

Lump Sum Deduction:	
\$325.00	one-time only medical expense
<u>-35.00</u>	
\$290.00	medical deduction for April

Averaged Deduction:	
\$325.00 ÷ 4 months (April through July)	\$81.25
	<u>-35.00</u>
Monthly Medical deduction	\$46.25

For recurring medical expenses for which a bill is not customarily issued, a monthly amount can be determined by averaging costs for a past period of time that is long enough to include all the expenses. These recurring expenses include prescriptions, transportation costs to obtain medical services or pet food for an attendant animal. The averaged amount will serve as the medical expense.

Example

A client has 4 regular prescriptions. One is refilled every 6 weeks, one is refilled every 2 months, one is refilled every 3 weeks, and one is refilled as needed, usually once every four months. Prescription expenses from the prior 4 months include each of the expenses at least once. The total is \$180. \$180/4 months = \$45 average monthly expense.

- c. Expected rate of payment. Many persons make regular payments on large medical bills over a period of months or years. If regular payments on medical bills are arranged before the bill is overdue these may be allowed as medical deductions in the month the installment payment is due.

Example

In January, a new applicant reports an ongoing medical expense of \$50.00 per month. This is a payment on a hospital bill of \$1,000.00 that

was incurred six months earlier. The client arranged the \$50 per month installment payment before the bill was considered past due. A balance of \$700.00 remains due. The expected rate of pay of \$50 per month may be allowed

d. Anticipated expenses

Allowable medical expenses which the household expects to incur during the certification period may be deducted. Reasonable estimates of the expected expense will be allowed for the certification period. The household is not required to report or verify further the actual expenses when it is incurred. An anticipated expense, for which adequate verification has been provided at certification, may be averaged over the certification period or allowed as a one-time expense.

C. COMPUTATION OF NET INCOME AND BENEFIT LEVEL

All households, except elderly and disabled households as described in Part XI.A, must pass gross income prescreening. All households must meet net income eligibility standards.

Monthly gross and net income amounts are determined in the following manner:

Step 1 **Assess the income of each household. Exclude all allowable income sources and amounts, including amounts for legally obligated child support payments made by the household. Do not exceed the legally obligated amount unless a portion covers a legally obligated amount that is in arrears. (Part XI.F.17)**

Step 2 List the household's total gross earned income. Include the total net income from self-employment enterprises (gross income from self-employment minus the allowable costs of doing business).

Note: Farm and fishing self-employment losses may be offset against other income. Subtract the farm or fishing loss from non-farm/fishing self-employment income. If the non-farm/fishing gain is greater than the farm or fishing loss, offsetting is complete. Apply this result toward the gross income total.

If the farm or fishing loss is greater than the non-farm/fishing gain, or if there was no non-farm/fishing self-employment income in the household, the negative balance of the calculation gain minus loss, or the farm or fishing loss will be applied against the adjusted gross earned and unearned income total.

Step 3 List the household's total gross unearned income.

Step 4 Total the adjusted earned income amount with the unearned income amount.

Step 5 Subtract the excess farm or fishing loss, if any, from **Step 2**.

Step 6 At this point, all households, except elderly, disabled or categorically eligible ones

must pass gross income eligibility limits listed in Part XI.A. For elderly, disabled and categorically eligible households and for all other households that pass gross income prescreening, continue the calculation in order to apply appropriate deductions to the case.

- Step 7** Subtract the earned income deduction. Compute the earned income deduction by multiplying the combined net self-employment and gross earned income figures by 20%.
- Step 8** Subtract the standard deduction appropriate for the number of eligible members in the household. (Part X.A.1)
- Step 9** Subtract dependent care costs. (Part X.A.3)
- Step 10** Subtract the shelter allowance for homeless households that incur or expect to incur shelter expenses during the month. No other shelter costs may be allowed (Step 12) if the shelter allowance is used.
- Step 11** List medical expenses of members eligible for this deduction. Compute the medical deduction by totaling the expenses and subtracting \$35. (Part X.A.5)
- Step 12** The remaining figure is the adjusted net income. To compute the shelter deduction, compare shelter expenses to half the adjusted net income. If shelter expenses exceed half the adjusted net income, the excess shelter expenses can be allowed as a deduction under these guidelines:
- a) If the household does not contain an elderly or disabled member, the excess shelter expense cannot exceed the maximum deduction for shelter (Part X.A.4);
 - b) If the household contains an elderly or disabled member, any amount of excess shelter expense can be allowed as a deduction.
- Step 13** Subtract the shelter deduction from the remaining income to determine the net income.
- Step 14** Round down to the nearest whole dollar amount if the net income amount ends in 1-49 cents. If the net income amount ends in 50-99 cents, round up to the nearest whole dollar amount.

Eligibility and benefit amounts are based on the net income. See Part XI.A for allowable net income standards and Part XXIII for the benefit amounts for each household size.

D. PRORATION OF BENEFITS (7 CFR 273.10(a))

The benefit level for the household for all applications, except timely filed recertification

applications, will be based on the day of the month the household applies for benefits or, in some instances, the day the household supplies needed verifications or takes required actions. The date of application for persons in public institutions jointly applying for SSI and SNAP benefits prior to release from the institution will be the day the person is released from the institution. Using a 30-day calendar, households will receive benefits prorated from the date of application, as defined in Part II.B, the date of eligibility, or the date actions/verifications are provided to the end of the month. (A household applying on the 31st day of a month will be treated as if it applied on the 30th day of the month.)

After using either table described below to determine the benefit amount, the worker must round the product down if it ends in \$.01 through \$.99. If this computation results in a benefit amount of less than \$10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of \$16.

1. Initial Month Benefits

The initial month of application for the purposes of proration is defined as:

- a. The first month in which a household applies for benefits in a Virginia locality; or
- b. The first month in which a household files a reapplication for benefits, as defined in Definitions.

Example

- 1) A household applies on July 15. The application is denied for July but approved for August. The application is processed within the initial 30-day period. The household must be given a full month's benefits for August.
 - 2) A household's certification period ended June 30. The household reapplies on August 15. The application is approved on August 20. Benefits for August would be prorated because August is the "initial month of application" as defined above.
- c. The first month after the 30th day in which an applicant household supplies any remaining verification or finally takes action needed to process the application.

Example

- A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.
- d. The first month in which a household files an application for benefits following the end of the last certification period.

- a. Household Responsibilities
The household must:
- Complete the Interim Report and return it to the local department of social services by the fifth day of the sixth or twelfth month. Any responsible household member or authorized representative may complete the Interim Report.
 - Supply verification of changed elements.
 - Provide additional information or verifications, as requested, within 10 days of the request.
- b. Agency Responsibilities
The local department of social services must:
- Assess Interim Report forms returned from households for completeness, accompanied verifications and reported changes.
 - Remove all shelter expenses if the household fails to declare shelter expenses that result from a move reported on the Interim Report.
 - Give no **allowance** for unverified or undeclared expenses. Leave the prior child support **payment amount** in place but remove all existing shelter expense amounts.
 - Assess and act on returned Interim Report forms:
 - Interim Report forms returned on or by the 20th of the sixth/twelfth month (or the 18th or 19th of February, as appropriate), complete the assessment and reinstate the case to provide benefits timely for month seven/thirteen for eligible households.
 - Interim Report forms returned after the 20th of the sixth/twelfth month (or after the 18th or 19th of February, as appropriate), complete the assessment and reinstate the case to provide benefits within 10 days of receipt, as all other reports of changes. Workers are encouraged to take action promptly to avoid case closures and delay of benefits. (See Part XIV.A.2.)
 - Evaluate and act on completed interim report forms returned in month seven/thirteen after closure of a case. If eligible for benefits, reinstate the case without requiring the household to reapply.
 - Provide benefits, as allowed in section d. below, after determining the cause of the delay.
 - Require the household to reapply for benefits if the household returns the interim report after month seven/thirteen.
 - Send the *Interim Report Form - Request for Action* form
 - If the household fails to return a completed Interim Report timely. Send the *Interim Report Form-Request for Action* by the 15th of the month when the Interim Report is missing. Provide another Interim Report if the household requests it.
 - If the returned Interim Report is incomplete or lacks required verifications of reported income changes and the worker is unable to obtain information from the household by telephone or other household contact. Send the original Interim Report to the

- household along with the *Interim Report Form-Request for Action* if information is not obtained.
- If the returned Interim Report lacks a signature. Send the original Interim Report to the household.
 - The household will have 10 days to supply information, verification, or to complete the form, even if the 10-day period expires after the case should automatically close.
 - Photocopy an incomplete Interim Report before sending the form back to the household.
 - If the household fails to return an Interim Report or fails to return a completed Interim Report by the VaCMS cutoff of month six/twelve, the case will automatically close at the end of the sixth or twelfth month, as appropriate. The local department must send an adequate notice before closure of the case if the household fails to submit a completed Interim Report. The local department must also send an adequate notice before closure of the case if the household fails to take required actions or to supply requested verifications.

Incomplete Interim Reports

The Interim Report is incomplete if:

- The case name, head of the household, responsible household member or authorized representative has not signed the form;
- The household fails to answer each question or fails to submit verification of income; or
- The household fails to provide information needed to determine eligibility or benefit level, such as failing to note if changes have occurred in household composition or the address.

The worker must use reasonable judgement to determine if the Interim Report is incomplete. For example, if the household indicates that no changes have occurred for income but supplies new pay stubs, the report is complete. Consider the Interim Report complete even if the household fails to:

- Provide proof of reported changes in its child support obligation or the amount paid; or
- Declare new shelter expenses that result from a move to a new residence.

c. Verification Requirements

In order to determine eligibility for the second half of a certification period, the household must provide the following:

- Proof of changed income amounts, (\geq \$100) or source changes, including starting or stopping. The agency must request sufficient income verification that will allow a reasonable monthly estimate of the income expected.

Note: The household does not need to submit verification of self-employment or contract income that has been averaged or verify exempt income or resources.

Localities Whose Residents Are Exempted from the Work Requirement*

May 2016- April 2017	May 2016- April 2017	May 2017- April 2018	May 2018 March 2020	May 2018- March 2020
Accomack Alleghany/ Covington Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City	Prince Edward Prince George Pulaski Rappahannock Richmond County Russell Scott Smyth Southampton Surry Sussex	Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Hopewell Lancaster Lee	Accomack Alleghany/ Covington Bath Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City	Pittsylvania Portsmouth Prince Edward Prince George Pulaski Richmond County Russell Scott Smyth Surry Sussex
Charlotte Craig Cumberland Danville Dickenson Franklin City Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Hopewell Lancaster Lee Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg Pittsylvania Portsmouth	Tazewell Washington Williamsburg Wise Wythe	Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg Pittsylvania Portsmouth Prince Edward Prince George Pulaski Richmond County Russell Scott Smyth Surry Sussex Tazewell Washington Westmoreland Williamsburg Wise Wythe	Charlotte Craig Cumberland Danville Dickenson Dinwiddie Franklin City Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Highland Hopewell Lancaster Lee Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg	Tazewell Washington Westmoreland Williamsburg Wise Wythe
	May 2017- April 2018			April 2020
	Accomack Alleghany/ Covington Bath Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City Charlotte Craig Cumberland Danville Dickenson Franklin City			No Exempt Localities

*The agency must track the work requirement for all household members except those persons under 18 or over age 50.

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EXPEDITED SERVICE CHECKLIST

NAME: _____

DATE: _____

- I. YES NO Has anyone for whom you are applying received SNAP benefits this month?

If YES, who: _____

where: _____

- II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

_____ \$ _____

_____ \$ _____

- III. RESOURCES for everyone in your household:

Cash on Hand \$ _____

Checking Accounts \$ _____

Savings Accounts \$ _____

- IV. SHELTER EXPENSES this month.

Rent/Mortgage \$ _____

Utility expenses this month \$ _____

Which utilities do you pay? (check all that apply)

Heat Lights Telephone

Water Electricity for Air Conditioning

Garbage Sewer Other

- V. YES NO Is anyone in your household a Migrant or a Seasonal Farm worker?

AGENCY USE ONLY

1. YES NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. YES NO Is income plus resources less than shelter?

Countable Income \$ _____

Countable Resources \$ _____

Total \$ _____

Shelter \$ _____

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, apply the Standard to determine Shelter, unless the household chooses to use actual shelter costs.

FOR MIRGRANT & SEASONAL FARMWORKERS

- 3A. YES NO Are resources \$100 or less AND, in the next 10 days, \$25 or less is expected from new income source?

IF YES, EXPEDITE

- 3B. YES NO Are resources \$100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

DETERMINATION

EXPEDITED NOT EXPEDITED

Screened by: _____

EXPEDITED SERVICE CHECKLIST

FORM NUMBER - 032-03-0718

PURPOSE OF FORM - To assist in screening households for entitlement to expedited services.

USE OF FORM - May be used for a new application, reapplication or a late recertification to identify households eligible for expedited service processing.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - File in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Obtain information on the left side of the form from the applicant **or application**. The applicant, eligibility worker, screener, volunteer, or anyone else designated by the local department of social services, may complete the left side of form.

Local department of social services personnel must complete the "Agency Use Section." The form identifies each of the ways a household could be eligible for expedited service. If a household is entitled to expedited service, the EW must conduct an interview, determine eligibility, and authorize benefits, if eligible, within the expedited service processing period.

NOTE: This form will assist in screening households for expedited services. Local departments that use appointment systems for interviews must screen all applicants to ensure that those entitled to expedited service receive appointments and delivered benefits within expedited period. Agencies that interview clients on a walk-in, daily basis may not necessarily need to use this checklist since determination for expedited service can occur during the interview.

NOTICE OF INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your _____ Child Care Subsidy, your _____ Supplemental Nutrition Assistance Program (SNAP), or your _____ Temporary Assistance for Needy Families (TANF) case has recently been completed. We have reason to believe you intentionally violated a program rule because:

We have the following evidence to support our case against you:

We will request an Administrative Disqualification Hearing (ADH) to determine if you or another person in your household should be disqualified from Child Care Subsidy, SNAP, or TANF benefits. Please tell me if you have a disability or limited ability to speak and understand English or if you need special arrangements made so you can attend or present your case at the hearing.

You or your representative may look at the evidence we have. Please call the number below to arrange a convenient time to come to the local social services department to see the evidence.

You have the right to an ADH before we take any action to disqualify you from receiving benefits. However, if you wish, you may waive your right to this hearing. If you sign the attached waiver, you will be disqualified from receiving benefits for the period shown below even if you do not admit the facts as presented.

Child Care Subsidy

_____ 3 months, 1st violation _____ 12 months, 2nd violation _____ permanently, 3rd violation

SNAP

_____ months, 1st violation _____ months, 2nd violation _____ permanently, 3rd violation

_____ Other (Specify)

TANF

_____ 6 months, 1st violation _____ 12 months, 2nd violation _____ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Please note that neither signing the attached waiver nor holding the hearing will prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment. You have the right to remain silent about the allegations as anything said or signed by you could be used against you in a court of law.

Worker	Telephone	For Free Legal Advice Call 1-866-534-5243
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What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Child Care Subsidy, Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) rules. This is called an “intentional program violation.” The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

What is an Intentional Program Violation?

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get Child Care, SNAP, or TANF benefits to which you are not entitled. Even if your application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get Child Care, SNAP, or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

Advance Notification of an Administrative Disqualification Hearing

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

What Happens at the Administrative Disqualification Hearing?

The hearing officer will decide if you are guilty of an “intentional program violation.” The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

Commonwealth of Virginia
 Department of Social Services
 WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

	Case Name	
	Case Number	
	Locality	Date

The Notice of Intentional Program Violation told you that we suspect you intentionally violated a program rule for Child Care, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). The Notice listed the evidence against you.

The amount of benefits overpaid: \$_____ Child Care \$_____ SNAP \$_____ TANF

This form is a WAIVER of an Administrative Disqualification Hearing (ADH).

IF YOU CHOOSE TO SIGN THIS WAIVER, you may indicate whether or not you admit the facts as presented in the Notice of Intentional Program Violation. Please note: You do not have to admit to any of the allegations.

If you choose to sign this waiver, please return it by _____ to avoid scheduling a hearing. Please return the form to:

Agency Name and Address		
Worker	Telephone	For Free Legal Advice Call 1-866-534-5243

WAIVER

You may check one of the following statements:

- I admit to the facts as presented and understand that a disqualification penalty will be imposed and a reduction of benefits will occur if I sign this waiver.
- I do not admit that the facts presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty and reduction of benefits will result.

All members of your SNAP household are responsible for repaying the benefits overpaid.

Signature	Date
If you are not the case name, that person must also sign this waiver.	
Signature of Case Name if Other Than You	Date

What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Child Care, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) rules. This is called an “intentional program violation.” The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

What is an Intentional Program Violation?

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get Child Care, SNAP, or TANF benefits to which you are not entitled. Even if your Child Care, SNAP, or TANF application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get Child Care, SNAP, or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

What are the Penalties for an Intentional Program Violation?

If the hearing officer finds that you are guilty, you be disqualified from receiving Child Care, SNAP, or TANF benefits. The length of the disqualification for Child Care, 3 months for the first offense; 12 months for the second offense; and permanently for the third offense. For SNAP, the disqualification will be 12 months for the first offense; 24 months for the second offense; and permanently for the third offense. For TANF, the disqualification will be 6 months for the first offense; 12 months for the second offense; and permanently for the third offense.

In addition, if the hearing officer finds that you intentionally gave false information or hid information about identity or residence to get SNAP benefits in more than one locality at the same time, you will be disqualified for 10 years.

Advance Notification of an Administrative Disqualification Hearing

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

What Happens at the Administrative Disqualification Hearing?

The hearing officer will decide if you are guilty of an “intentional program violation.” The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

Commonwealth of Virginia
 Department of Social Services
 REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

	Locality
	Case Number
	Case Number

<input type="checkbox"/> Child Care Violation 1 2 3	<input type="checkbox"/> SNAP Violation 1 2 3	<input type="checkbox"/> TANF Violation 1 2 3
IPV Period	IPV Period	IPV Period
Overpayment Amount \$	Overpayment Amount \$	Overpayment Amount \$

_____ is alleged to have committed the following act(s) of intentional program violation:

We have the following evidence to support our case:

Copies of evidence to be presented at the hearing to prove the allegation are attached, including: 1) Verification or documents to support the charge; 2) Any applications for Child Care Subsidy, Supplemental Nutrition Assistance Program benefits or Temporary Assistance for Needy Families benefits signed by the accused during the time in which the intentional program violation allegedly occurred.

Information in this referral is provided with the knowledge it will be used in reaching a decision on the allegations made in this referral, and will be made available to the accused individual or representative.

Submitted by	Title	Telephone	Date
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REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-0725

PURPOSE OF FORM - To refer cases to the State Hearing Authority when an individual is suspected of having committed an intentional program violation (IPV).

USE OF FORM – The local department of social services worker must complete the form to provide information needed by the State Hearing Authority in order to initiate an administrative disqualification hearing. Mail the referral to:

Virginia Department of Social Services
Hearings and Legal Services Manager
801 East Main Street
Richmond, VA 23219-2901

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local department must send two copies to the Hearings Manager and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the information requested at the top of the form. The IPV Period is the span of time over which the IPV occurred. This will often coincide with the dates over which a claim was established.

The " Overpayment Amount" is the total amount of the claim that relates to the IPV. If the IPV was due to an act that did not result in an overpayment, indicate "0" overpayment in this block. This may include, for example, misrepresenting the household's income on an application that was subsequently denied.

Explain the intentional act alleged and the evidence the agency has to support its claim. Evidence listed here must be made available to the individual and will be presented at the hearing.

Confidential or other information restricted from the household cannot be the basis of the evidence to support the accusation of an IPV.

The department director or designee must sign the form.

Commonwealth of Virginia
 Department of Social Services
 ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Name and Address	Case Name
	Case Number
	Locality

The local social service department has recently completed an investigation of your Child Care Subsidy case, Supplemental Nutrition Assistance Program (SNAP) case, or Temporary Assistance to Needy Families (TANF) case.

The department believes you committed an intentional violation of a program rule because (continue on reverse, if necessary):

The department has the following evidence to support the case against you (continue on reverse, if necessary):

You or your representative may look at this evidence at the local social service department by calling your local worker to arrange a convenient time.

An Administrative Disqualification Hearing has been scheduled to examine the facts of your case. The hearing will be held at:

Time	Place
Date	

If the hearing officer finds you intentionally violated a program rule, you will be disqualified from receiving benefits for the period shown below (the items checked apply to you):

Child Care Subsidy

3 months, 1st violation 12 months, 2nd violation permanently, 3rd violation

SNAP

_____ months, 1st violation _____ months, 2nd violation permanently, 3rd violation Other (Specify)

TANF

6 months, 1st violation 12 months, 2nd violation permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

It is important that you or your representative be at the hearing. Otherwise a decision will be based solely on information provided by the local social service department. If you are unable to attend the scheduled hearing, you must contact the local social service department at least 10 days in advance of the hearing date. If you or your representative fails to appear at a scheduled hearing, you must contact the local social service department within 10 days after the date of the hearing and present good reason for your failure to appear in order to receive a new hearing. An explanation of the steps involved in a hearing is enclosed.

ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Even though this hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in a court of law or from collecting the overpayment or overissuance. If you have any questions or need the name and phone number of someone who can give you free legal advice, call the local social services office at: .

Hearing Officer	Phone Number
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(Continuation of explanations from page 1, if necessary)

YOU HAVE THE RIGHT TO:

- * Look at the evidence that will be used at the hearing both before and during the hearing. Please call the local social service department if you wish to look at the evidence before the hearing. The department will provide a free copy of the portions of your case file that relate to the hearing upon request.
- * Present your own case or have someone present your case for you, such as a lawyer, friend, relative, or community worker.
- * Bring your own witnesses.
- * Argue your case freely.
- * Question or deny any evidence or statements made against you.
- * Bring any evidence you may have that would support your case.
- * Remain silent concerning the charge(s) against you.

Commonwealth of Virginia
 Commonwealth of Virginia
 Department of Social Services
 ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

On the basis of evidence presented at the Administrative Disqualification Hearing held on _____, it has been determined that you:

DID NOT COMMIT an intentional violation of a Child Care Subsidy, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) rule.

DID COMMIT an intentional violation of a Child Care Subsidy, SNAP, or TANF rule.

If you did commit an intentional program violation, the local department of social services will disqualify you from receiving benefits for the time shown below:

Child Care Subsidy

3 months, 1st violation 12 months, 2nd violation permanently, 3rd violation

SNAP

_____ months, 1st violation _____ months, 2nd violation _____ permanently, 3rd violation
 _____ Other (Specify) _____

TANF

6 months, 1st violation 12 months, 2nd violation permanently, 3rd violation

If you are not receiving TANF benefits now, the period of disqualification will be postponed until you apply for TANF benefits and are found eligible again.

The local department of social services is responsible for notifying you of the date the disqualification will take effect. Also, the local department of social services is responsible for notifying you of the effect the disqualification will have on the benefits to be received by any remaining household members.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any extra Child Care Subsidy, SNAP, or TANF benefits your household was not eligible to receive. The local department of social services is responsible for sending you a letter requesting repayment.

If you are not satisfied with the hearing decision, you can ask for a review of this decision by the Commissioner, Virginia Department of Social Services by sending a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services
 Hearings and Legal Services Manager
 801 East Main Street
 Richmond, VA 23219

Hearing Officer	Date
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ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER - 032-03-0723

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM – The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local department of social services. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved. The hearing officer must provide the written decision within 90 days of the date of the hearing.

Commonwealth of Virginia
 Department of Social Services
 NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	
	Case Number	
	Locality	Date

This notice is to inform you of the disqualification of a person from the ____ Child Care Subsidy, ____ Supplemental Nutrition Assistance Program (SNAP) or ____ Temporary Assistance for Needy Families (TANF) program.

_____ has been disqualified for the amount of time shown:

Child Care ____ 3 months ____ 12 months ____ Permanently

SNAP ____ months ____ Permanently ____ Other (specify) _____

TANF ____ 6 months ____ 12 months ____ Permanently

The reason for the disqualification is shown below:

____ Court of appropriate jurisdiction found the person guilty of committing an intentional program violation of ____ Child Care, ____ SNAP, or ____ TANF policy.

____ An Administrative Disqualification Hearing found the person guilty of committing an intentional program violation of ____ Child Care, ____ SNAP, or ____ TANF policy.

____ The person waived his or her right to an Administrative Disqualification Hearing. The person had been informed that the disqualification penalty would be imposed.

The disqualification period will begin:

____ For Child Care Subsidy program, effective _____.

____ For SNAP benefits, effective _____.

The SNAP allotment will change from \$ _____ to \$ _____.

____ From the TANF program, effective _____.

____ If this blank is checked, the disqualification will begin when the person next applies for and is found eligible for TANF.

The TANF payment will change from \$ _____ to \$ _____.

Worker	Telephone	For Free Legal Advice Call 1-866-534-5243
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NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0052

PURPOSE OF FORM - To advise the household of a disqualification due to an intentional program violation.

USE OF FORM – The local department of social services must send this form to advise the household of the length, reason, effective date of a disqualification, and the benefit impact.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - Send the original to the household and keep a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the form with information appropriate for the case and for the program involved. Enter the name of the disqualified individual.

PART XXV SNAP EMPLOYMENT & TRAINING (SNAPET)

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- b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
 - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.
 - c. Other allowable expenses include:
 - 1. Clothing suitable for job interviews;
 - 2. Licensing and bonding fees for a work experience or job placement;
 - 3. Uniforms;
 - 4. Work shoes;
 - 5. Purchase of an initial set of tools or equipment if required for a SNAPET component or job retention component;
 - 6. Fingerprinting, if necessary for a job;
 - 7. Background check when necessary for a job;
 - 8. Medical services such as TB testing if required for a job;
 - 9. Personal safety items required to complete training/educational coursework;
 - 10. Books;
 - 11. Course registration fees;
 - 12. Drug tests if required for a job;
 - 13. Eye exams and vision correction, such as the purchase of eyeglasses;
 - 14. Dental work such as routine cleaning;
 - 15. Minor auto repairs;
 - 16. Test fees and training material directly related to a SNAPET component;
 - 17. Union dues necessary for a job; and
 - 18. Housing assistance including rent/or utilities not to exceed \$500.00 per occurrence and no more than two times in a 12 month period.
- 3. Duration of SNAPET Services

SNAPET social/supportive services may be provided for as long as the individual needs the service to participate in a SNAPET component.

F. VOLUNTEERS

SNAP household members who are exempt from the work registration requirement may volunteer to participate in SNAPET.

- 1. Agencies may, at their option, permit volunteers to participate in a SNAPET component.
- 2. The same assessment procedures that apply to mandatory participants will apply to volunteers.

3. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the SNAPET program.

Example

A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. SNAPET PLEDGE

VDSS has agreed to serve all “At Risk ABAWDS” in nonexempt localities by placing them in a qualifying SNAPET component. “At Risk ABAWDS” are individuals who are subject to time-limited benefits because of the work requirement and they are in the last month of their three-month time limit. The pledge is an agreement to place them in a SNAPET component that includes work, education and training activities. See Part XV for the discussion of the work requirement, time-limited benefits, and exempt localities.

H. CHANGES/TRANSFERS

1. The SNAPET worker must notify the Eligibility Worker of any changes in the participant’s situation that may affect the SNAP benefits or the individual’s exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.
2. SNAP cases may be transferred from one Virginia locality to another. SNAPET case transfer procedures follow.
 - When a SNAPET case transfers from one SNAPET locality to another SNAPET locality, daily alerts are generated to the SNAPET worker in the sending locality and to the transfer in caseload in the receiving locality
 - The sending SNAPET locality will need to close all open SNAPET enrollments for the SNAP case with the SNAPET Closure Status value = “05” for Transferred.
 - In the SNAPET database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
 - The SNAPET worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAPET worker has closed the enrollment record.
 - When the receiving SNAPET locality opens a SNAPET Enrollment for the transferred in SNAPET client, the rule for the SNAPET Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAPET enrollment closed for transfer(closure status = 05)
 - The Date Entered Employment may equal the Date Entered Employment on the Enrollment in the Transfer Out locality. However, any “MMYYYY of Change” entered in the new FIPS can only start with the month after the last “MMYYY of Change” in

the Transfer Out locality.

- If a SNAP case transfers from a SNAPET to a non-SNAPET agency, the enrollment is closed in the sending agency. No action is taken in the receiving agency.
- If a SNAP case transfers from a non-SNAPET to a SNAPET agency, a referral is made to the SNAPET queue if the SNAP participant volunteers during the certification period.
- No action must be taken if a SNAP case transfers from a non-SNAPET to a non-SNAPET agency.

I CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAPET program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and WIA Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Division of Benefit Programs in order to maintain a central library of SNAPET contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.

2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's SNAPET Plan. Prior to contracting, however, the agency should ascertain that the contractor could provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the

performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating SNAPET, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies that choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.

8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the Office of the Attorney General. Other formats may be used in addition if required by the local government. A completed version of the state-approved format must be signed and sent to the Division of Benefit Programs along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor's responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);

5. A statement of the time frame for the service, including beginning and ending dates; and
 6. A description of the specific anticipated outcomes
- c. Contract Monitoring
1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.

Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.
 2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

J. TERMINATION OF SNAPET ENROLLMENT

SNAPET participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAPET case or the loss of supportive services unless there is good cause for the noncompliance. **In the case of At Risk ABAWDS, as discussed in Chapter G, failure to comply may result in the loss of benefits for the affected individual if no other exemption exists.**

1. Good Cause for Failure to Participate
 - a. Prior to termination, the SNAPET worker must determine if a good cause reason for the noncompliance existed at the time of the noncompliance. Documentation must be requested from the participant as part of the evaluation.
 - b. A participant who has good cause for noncompliance will not be terminated. Good cause exists if:
 1. The participant's inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
 2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.

3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.
- c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the SNAPET worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
- d. A reasonable effort must be made to contact participants. The worker must document that an attempt by telephone or a personal contact has been made prior to terminating the case.

The purpose of this contact is to ensure the participant understands the program and has an opportunity to explain the reason for noncompliance.

- e. The SNAPET worker may issue a warning to a participant instead of closing the SNAPET case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.

2. Reasons for Terminating SNAPET

Failure to:

- a. complete and return the pre-assessment form or other requested information by the required date;
- b. report for scheduled appointments and/or interviews;
- c. actively engage in Job Search or to complete requirements designated in the annual local SNAPET plan and state policy;
- d. report to or complete a Work Experience assignment, including job search;
- e. report to or complete assigned education and training activities, including job search;
- f. report to or complete other assigned SNAPET activities as stated on the Plan of Participation;
- g. accept available supportive services, thereby preventing participation in any mandatory program activity;
- h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
 1. not be beyond the physical or intellectual capabilities of the registrant; and

2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).
 - i. report to an employer to whom the participant was referred by the SNAPET worker.
3. Required Documentation
 - a. A copy of all correspondences with the participant must be in the case record.
 - b. The Plan of Participation (unless the participant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the SNAPET activity to which the participant was assigned and any actions required by the participant.
 - c. Contact Sheet documenting all contacts with the participant.
 - d. SNAPET Notice of Case Closure.
 - e. Any referrals to an education, training or work experience provider.
 - f. Any records of the participant's performance or progress in an activity.
 - g. Any records of the participant's attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.
4. SNAPET Notice of Case Closure
 - a. The SNAPET worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.
 - b. The Notice must inform the participant of the specific requirement that was not met and advise the participant to contact the SNAPET worker within five working days from the date the Notice of Sanction was mailed to establish good cause.
 1. If the participant does not respond to the Notice by the date given, he/she is subject to termination from the program.
 2. If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the SNAPET case will close. If the registrant does not present good cause, the SNAPET case must close. If good cause is determined to exist, the SNAPET case will not be affected.

K. APPEALS/HEARINGS

1. Right of Appeal

All participants have the right to appeal an agency decision that results in adverse action being taken against them, including the closure of the SNAPET case and the termination of supportive services.. See Part XIX for the appeals process.

The SNAPET case must remain open until a decision is rendered.

1. If the agency action is reversed, the participant must be reassessed to determine the appropriate component assignment.
2. If the agency action is sustained, the SNAPET case must be closed.

L. STATISTICS AND REPORTING

The SNAPET Local Monthly Report is produced using the Data Warehouse. The local agency should maintain a copy of the report.

M. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit an annual SNAPET Plan to the Virginia Department of Social Services by July 1st of each year or as directed. The plan must describe the locality's SNAPET component and must follow the following format:

1. Intent of the SNAPET in the locality.
2. A numerical description of the SNAPET population.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with SNAPET duties.
6. The locality's budget for the SNAPET program. This is the total SNAPET allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:
 - a. Referral and Case Opening Procedures
 1. The procedure by which a potential participant is referred.
 2. The steps for opening a case once it has been referred and the time frame by which this must be done.
 - b. Assessment Procedures
 1. Describe what will be used to identify and evaluate the participant's

PART XXVI

SNAP QUALITY CONTROL

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SNAP Quality Control

A. Overview

The Quality Control (QC) Unit is responsible for the state's implementation of the SNAP Quality Control process as required by the U.S. Department of Agriculture (USDA). Each month, a random sample of households is selected for review from households that are receiving SNAP benefits (referred to as active or positive cases) and households for which participation was denied, suspended or terminated (referred to as closed or negative cases).

Reviews are conducted on active cases to determine if households are eligible and receiving the correct amount of SNAP benefits. The determination of whether the household received the correct benefit amount is made by comparing the eligibility data gathered during the review against the amount authorized on the master issuance file. Reviews of negative cases are conducted to determine whether the agency's decision to deny, suspend, or terminate the household was correct, as of the review date.

B. Review Findings

Regional QC staff forward findings for each case review to local departments of social services. QC staff forward error and variance findings to local departments via email and correct or incomplete findings via pouch. QC also forwards error and variance findings to the SNAP Unit via email. The email notification includes:

- 1) A cover letter summarizing the QC findings, also known as the Notification of QC Finding. Listed is the QC contact name and phone number, detailed non-concurrence action items and instructions, and other pertinent information.
- 2) The QC Findings Report identifying the error and the specific circumstances of the case including case record information, QC findings, and QC conclusion. Additional information contained therein is the case name and number, sample month, active or negative case findings, procedural problems, and noted attachments.
- 3) The SNAP Corrective Action Report (SCAR) for each error and variance case requires completion by the local department. The SCAR tracks worker experience, action(s) taken for case resolution, proposed preventative measures, and request for action from the state in agency error reduction activities.

Sample forms are available at <https://fusion.dss.virginia.gov/bp/BP-Home/Performance-Improvement>.

C. Local Procedures upon Receipt of QC Findings

Listed below are the steps for a local agency to file a concurrence or non-concurrence to QC findings.

Responding to a QC Error or Variance Findings Report:

- The local department must respond, as appropriate, as instructed in the Notification of QC Error Finding letter. The local department may note its concurrence or disagreement with an error finding on the SCAR. The local department must forward the completed SCAR via email to the QC Regional Supervisor, SNAP Regional Consultant, and the SNAP Corrective Action Coordinator. Errors cited by QC are attributed to the local department where the case was active during the sample month. Errors cited by QC are final and cannot be adjusted or changed.
- Local departments may disagree with QC error finding if they determine QC failed to follow SNAP policy applicable for the sample month reviewed. Local departments must document their disagreement on the SCAR. The completed SCAR must include documentation, written evidence or policy justification to support the disagreement with QC error findings.

Time Frame for Responding:

- The local department has ten (10) days from the email notification sent date to email the completed SCAR form disagreeing with the QC error finding. The local department must submit the SCAR to the QC Regional Supervisor, SNAP Regional Consultant, and the SNAP Corrective Action Coordinator by the close of business on the tenth (10th) day.
- Failure to respond appropriately within the timeframe will default to concurrence with the error finding.

Resolution of a Disagreement:

The SNAP Error Committee will review the SCAR submitted by the local department along with any rebuttal evidence and supporting case documentation upon receipt. The SNAP Error Committee consists of the SNAP Corrective Action Coordinator, the QC Supervisor, Benefit Programs Training staff and other designated staff as needed. The SNAP Error Committee will provide a formal decision within 30 days.