



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN #14-41-ELI

REVISIONS TO FORMS W-124H, W-140CC, AND W-140FF

<p>Date: March 31,2014</p>	<p>Subtopic(s): Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Formerly the Office of SNAP Fiscal Operations, 98 Flatbush Ave., 2nd Floor, Brooklyn, N.Y. 11217.</p> <p>Formerly forwarded to SNAP Fiscal Operations</p> <p>Code V1, former description: Claims developed and forwarded to SNAP Fiscal Operations.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff that the following forms have been revised to reflect the Agency's current logo and terminology and the SNAP name change:</p> <ul style="list-style-type: none"> • Report of Claim Determination (W-124H) • New Claims Prescreening Form (W-140CC) • Potential Food Stamp Overpayments/Claims Tracking Report (W-140FF) <p>Revisions to the W-124H are as follows:</p> <ul style="list-style-type: none"> • On page one, "NCA SNAP/Job Center" number will now be known as "SNAP/Job Center" number. • On page two, instructions now indicate that Form W-124H and all pertinent documentation must be forwarded to Supplemental Nutrition Assistance Program Claims and Recovery (SNAP-CR), 98 Flatbush Avenue, 1st Floor, Brooklyn, N.Y. 11217. <p>Revisions to the W-140CC are as follows:</p> <ul style="list-style-type: none"> • <u>All</u> references to "NCA SNAP" offices/locations will now be to "SNAP" offices/locations. • "NCA" households will now be identified as "SNAP" households. <p>Revisions to the W-140FF are as follows:</p> <ul style="list-style-type: none"> • On page one, in the "Check one:" section, "NCA SNAP" will now be known as "SNAP". • The "Number of Claims Developed" will be "Forwarded to SNAP-CR". • On page two, under the "Code for Claim Developed" section, the description for code V1 will now be "Claim developed and forwarded to Supplemental Nutrition Assistance Program Claims and Recovery (SNAP-CR)".

HAVE QUESTIONS ABOUT THIS PROCEDURE?


Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Center Directors must ensure that all previous versions of these forms are removed from circulation and recycled.

Samples of the revised forms are attached.

Effective Immediately

Attachments:

 Please use Print on Demand to obtain copies of forms.

W-124H
W-140CC
W-140FF

Report of Claim Determination (Rev. 3/31/14)
New Claims Prescreening Form (Rev.3/31/14)
Potential Supplemental Nutrition Assistance Program (SNAP) Overpayments/Claims Tracking Report (Rev.3/31/14)

Date: _____
Case Number: _____
Case Name: _____
SNAP/
Job Center Number: _____

Report of Claim Determination

Participant's Address
Date of Discovery (enter the date the Agency became aware of the overpayment):

SNAP Claim Type

- Inadvertent Household Error (IHE)
 Intentional Program Violation (IPV)
 Agency Error (AE)
 Administrative Error (For OFFO use only)

Month of Issuance	Amount Issued	Actual Entitlement	Overpayment		Month of Issuance	Amount Issued	Actual Entitlement	Overpayment*
	\$	\$	\$	SNAP		\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
	\$	\$	\$			\$	\$	\$
Total					Total	\$	\$	\$

*Cannot exceed amount issued.
Reminder: SNAP claim not required on cases where overpayment is less than \$500.

Reason for Overpayment:

- | | |
|---|--|
| <input type="checkbox"/> HH failed to give complete/correct information

<input type="checkbox"/> HH failed to report a change

<input type="checkbox"/> HH failed to report a change in a timely manner

<input type="checkbox"/> HH redeemed the original and a replacement benefit | <input type="checkbox"/> HH received more benefits than it was entitled to, pending a Fair Hearing appeal

<input type="checkbox"/> Agency failed to act on a reported change in a timely manner

<input type="checkbox"/> Agency incorrectly computed HH budget or otherwise issued incorrect benefits

<input type="checkbox"/> Other/remarks: _____ |
|---|--|

Action Taken/Remarks:

- | | |
|---|--|
| <input type="checkbox"/> Case closed effective: _____

<input type="checkbox"/> No action, case already closed; Date: _____ | <input type="checkbox"/> Budget reduced, effective: _____
From \$ _____ to \$ _____

<input type="checkbox"/> No action: current budget correct |
|---|--|

INSTRUCTIONS:

Complete both pages of this report. Attach photocopies of pertinent documents (budget worksheets, paystubs, computer printouts, etc.) and forward to the **Supplemental Nutrition Assistance Program Claims and Recovery (SNAP-CR), 98 Flatbush Ave., 1st Floor, Brooklyn, N.Y. 11217.**

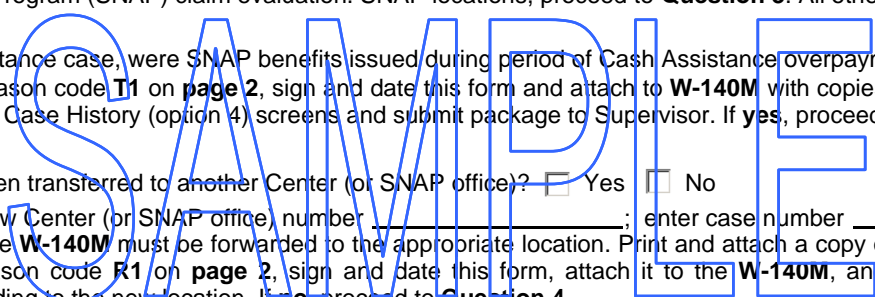
Details of Overpayment			
Source of Information		<input type="checkbox"/> Computer Match (specify)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Income Not Budgeted/Income Underbudgeted			
Name(s) of Household Member(s) Who Receive(s) Income	Social Security Number(s)	Amount and Source of Income	
Explain why income was not budgeted or was underbudgeted: _____ _____			
<input type="checkbox"/> Resources Not Reported			
Name(s) of Household Member(s) Who Receive(s) Income	Social Security Number(s)	Amount and Source of Income	
Remarks: _____ _____			
<input type="checkbox"/> Other Reason for Overpayment			
Give details: _____ _____ _____ _____			
Worker	Date	Supervisor	Date

New Claims Prescreening Form

(To Be Used in Evaluating All Potential Supplemental Nutrition Assistance Program [SNAP] Claims)

<input type="checkbox"/> Job Center No.: _____	<input type="checkbox"/> SNAP No.: _____	<input type="checkbox"/> HASA _____	<input type="checkbox"/> BFI _____
Case Name: _____ Caseload: _____ Category/Case Number: _____			
Case Status: <input type="checkbox"/> Active <input type="checkbox"/> Closed/Rejected CL or RJ Code: _____ Date Closed or Rejected: _____			

Note: You must attach this form, along with any required supporting documents, to the Discrepant Information Tracking Form (W-140M) after prescreening is completed. **See page 3 for instructions on completing this form.**



1. Is the CNS closing code **E95** or **E72**? Yes No
If **yes, stop!** Check reason code **D1** or **E1** on **page 2**, as appropriate, sign and date this form, and attach it to annotated **W-140M** with a copy of current **TAD** and submit package to Supervisor. For all other closing codes, continue Supplemental Nutrition Assistance Program (SNAP) claim evaluation. SNAP locations, proceed to **Question 3**. All others, proceed to **Question 2**.
2. If this is a Cash Assistance case, were SNAP benefits issued during period of Cash Assistance overpayment? Yes No
If **no, stop!** Check reason code **T1** on **page 2**, sign and date this form and attach to **W-140M** with copies of Benefit Issuance Case Inquiry (option 3) and Case History (option 4) screens and submit package to Supervisor. If **yes**, proceed to **Question 3**.
3. Has the new case been transferred to another Center (or SNAP office)? Yes No
If **yes**, indicate the new Center (or SNAP office) number _____; enter case number _____. The **W-140CC** and the **W-140M** must be forwarded to the appropriate location. Print and attach a copy of the Case Inquiry Screen (option 4), check reason code **R1** on **page 2**, sign and date this form, attach it to the **W-140M**, and submit package to your Supervisor for forwarding to the new location. If **no**, proceed to **Question 4**.
4. Enter date of actual change _____ Enter date change was reported _____
Date of last recertification _____
Based on your review, is household subject to **six-month reporting** (earned and/or unearned income currently being budgeted)?
 Yes No
 - If **no**, apply **10-10-10** reporting time frame. Proceed to **Question 5**.
 - If **yes**, was change reported on time? Yes No
 - If **no**, proceed to **Question 5**.
 - If **yes**, did changes cause the household to **exceed 130%** of the poverty level (**see page 3 for detailed instructions**)?
 Yes No
 - If **no**, check reason code **S1** on **page 2**, sign and date form, attach **W-140M** and give package to Supervisor.
 - If **yes**, there is potential overpayment; proceed to **Question 5**.
5. Enter the period of the SNAP overpayment from (month/year) _____ to (month/year) _____. If based on the reporting requirements for this household, no overpayment occurred, **stop!** Check reason code **S1** on **page 2**, sign and date form, attach to **W-140M** and give package to Supervisor. If there is potential overpayment, proceed to **Question 6**.
6. Enter the total amount of SNAP benefits issued during the **stated** overpayment period _____.
Was the total amount of SNAP benefits issued during overpayment period **greater than \$500**? Yes No
If **yes**, proceed to **Question 7**. If **no**, check reason code **W1** on **page 2**; sign and date the form. Due to **\$500 establishment threshold**, processing of SNAP claim is not required.

7. Is additional documentation needed to process the SNAP claim? Yes No

If **yes**, check the appropriate code below for the form that was sent. If **no**, proceed to **Question 8**.

K1 for **W-532** to employer Date Sent _____ Due Date for Response* _____

M1 for other (specify): _____ Date Sent _____ Due Date for Response* _____

* In all instances the due date for response shall be **30 calendar days** from the date the request was prepared and sent.

Check the corresponding reason code below (**K1** or **M1**), sign and date form, attach **W-140M** with a copy of form(s) sent and submit package to Supervisor. Claim will be deferred pending receipt of verification. Upon receipt of income verification, proceed to **Question 8**. If after several attempts, you are unable to obtain verification and the due date has passed, retrieve the claims package with the original **W-140CC**, **W-140M** and copy of verification request. Annotate **W-140CC** with reason code **U1** (insufficient information to calculate SNAP claim) and enter the date amended, and resubmit package to Supervisor.

8. Was the **only** adult in the household when the overpayment occurred an ineligible alien or an ineligible student?

Yes No

If **yes**, **stop!** Check reason code **Y1** below, sign and date the form, and attach it to the **W-140M** and forward to Supervisor. If **no**, proceed to **Question 9**.

9. Is there a SNAP claim on the system for the **entire** period of overpayment stated in **Question 5**? Yes No

If **yes**, **stop!** Print and attach a copy of recoupment screen (option 4, WMS inquiry menu), check reason code **I1** below, sign and date this form, attach to **W-140M** and forward to Supervisor. If **no**, or if there is a partial SNAP claim on the system, proceed to **Question 10**.

10. Reason for SNAP overpayment: earned income unearned income non-income-related

For earned or unearned income, multiply the unbudgeted total gross income by 30 percent (unreported) or 24 percent (Agency error) for the entire period of overpayment. **Result \$** _____ . Is the result **less than \$500**? Yes No

If **yes**, **stop!** Check reason code **W1** below; sign and date form. Due to **\$500 establishment threshold**, processing of SNAP claim is not required. If **no**, develop claim, check reason code **V1** below, sign and date form and attach to **W-140M** with claims package.

For **non-income-related Supplemental Nutrition Assistance Program (SNAP) overpayment**, multiply the amount of the monthly SNAP reduction by overpayment.

Result \$ _____ Is the result **less than \$500**? Yes No (See pages 3 and 4 for detailed instructions)

If **yes**, **stop!** Check reason code **W1** below; sign and date form. Due to **\$500 establishment threshold**, processing of SNAP claim is not required. If **no**, develop claim (see page 4 for detailed instructions), check **V1** below, sign and date form and attach to **W-140M** with claims package.

REASON CODES (check code that applies)

D1 Closing code **025/E95** (only person on CA case deceased)

E1 Closing code **E72** (only person on CA admitted to private/public institution)

I1 SNAP claim on system for period of overpayment

K1 Wage verification request

M1 Other type of verification requested

S1 No overpayment due to reporting, Agency action, and notification time frames

T1 No SNAP issued during period of CA overpayment

U1 Insufficient information to calculate SNAP claim: Date amended: _____

V1 Claim submitted and approved

R1 Case transferred to another location

W1 Claim not required pursuant to **\$500 establishment threshold**

Y1 No claim – only adult in the household was ineligible alien or ineligible student during period of overpayment

Worker's Signature

Date

Supervisor's Signature

Date

Instructions for Completion of New Claims Prescreening Form

This form will help you determine whether or not a SNAP claim must be developed, the period and the estimated amount of the claim, or the reason for no claim action. After the prescreening is completed, the **W-140CC** must be attached to the Discrepant Information Tracking Form (**W-140M**), along with any required supporting documents.

Top of Form – Enter identifying information:

1. **Location:** Enter Center/Office or location number (e.g., No. 26, F-11, etc.) and **check** the location type, Center/Office (SNAP, HASA, BFI)
2. **Case name and caseload**
3. **Category of assistance:** Family Assistance (FA), Safety Net Cash Assistance (SNCA), Safety Net Non-Cash (SNNC), Safety Net Federally Participating (SNFP) and **case number**
4. **Case status:** Active or closed/rejected; if case is closed/rejected, enter closing/rejection code and date of action

Question 1 – Is CNS closing code E95 or E72? If **yes**, no claim is necessary. Check reason code **D1** or **E1** at bottom of page 2, sign and date, attach to **W-140M** with a copy of current **TAD** and give package to Supervisor. For all other closing codes, case must be evaluated for a SNAP claim. SNAP Offices **skip Question 2** and proceed to **Question 3**.

Question 2 – If this is a Cash Assistance case, have SNAP benefits been issued during period of overpayment? If **no**, do not continue with claim. Check reason code **T1** at bottom of page 2, sign and date, attach to **W-140M** with a copy of the Benefit Issuance (option 3) and Case History (option 4) screens and submit package to Supervisor. If **yes**, proceed to **Question 3**.

Question 3 – Has the new case been transferred to another Center/Office? If **yes**, check reason code **R1**, attach to **W-140M** with copy of Case Inquiry screen (option 4) showing transfer and submit to Supervisor for forwarding to new location. If **no**, proceed to **Question 4**.

Question 4 – Enter date of actual change; enter date change was reported; enter date of last recertification. SNAP households that are subject to six-month-reporting rules (this includes most CA and SNAP households with earned and/or unearned income budgeted on their case) are not required to report budgetary changes (excluding ABAWD requirements) until the next recertification, unless there is a change in income that causes the household to exceed 130 percent of the poverty level for the household size. For example, a six-month-reporting household receives an increase in earned income that causes the household to exceed 130 percent of the poverty level for the household size on April 15, but does not report it until its next recertification in June. Since the household was required to report this change within 10 days after the end of the month in which the income exceeded the threshold, June would be counted as the first month of overpayment. Allowing 10 days for reporting, 10 days for Agency action and 10 days for timely notification to the household, June would have been the first month the Agency would have taken budgeting action based on the change, had it been reported on time.

Question 5 – Enter the period of the SNAP overpayment. Enter month and year of period beginning (from) until its end (to). Generally, the first month of overpayment for SNAP households that are not subject to six-month reporting would be the first month that the Agency would have taken budgeting action based on the reported change. For example, a non-six-month-reporting household received income from a new source on April 15, but did not report it. The household should have reported the change by April 25. The Worker would have been required to act on the change and send a notice to the household by May 5. The 10-day notice time frame would have ended on May 15. Therefore, the first month of overpayment would have been June. For cases where client failed to report a change at recertification, the first month of overpayment is the first month of the new recertification period. For example, a six-month-reporting household had a certification period of January 1, 2011, through June 30, 2011. The household did not report at its June recertification interview that the household's income increased in February. The household's income did not rise above 130 percent of the poverty level due to the increase. The first month of overpayment is July, the first month of the new certification period.

Question 6 – Enter the total amount of SNAP issued during the stated overpayment period. Using the WMS SNAP Benefit Issuance screen (**NQCS5C**), add up the monthly SNAP amount issued to the household for each month of the SNAP overpayment period entered on line 5. Be sure to check the Benefit Issuance Archives to see if the period goes back more than 11 months from the date you are preparing this form. Enter the total on line 6.

Was the total amount of SNAP issued during the overpayment period greater than \$500? If **no**, we are **not** required to develop a claim pursuant to a **\$500 establishment threshold** affecting claims against households for overpayments of less than \$500. Check reason code **W1**, sign and date form, attach to **W-140M** and give package to Supervisor. If **yes**, proceed to **Question 7**.

Question 7 – Is additional documentation needed to process the SNAP claim? If **no**, proceed to **Question 8**. If **yes**, indicate the type(s) of documentation needed, date the request was sent and the due date for response. In all instances the due date for response shall be **30 calendar days** from the date the request was prepared and sent. Check appropriate code(s) for form(s) sent (**K1** for **W-532** to employer, or **M1** for other type of verification requested [specify type, e.g., UIB]). Check the corresponding box at bottom of form, sign and date, attach to **W-140M** with copy of form(s) sent, and give package to Supervisor for **maintaining** in tickler file until the requested documentation is received or the **30-day** time period has elapsed, whichever comes first.

Upon receipt of income verification, proceed to Question 8. If after several attempts, you are unable to obtain verification and the due date has passed, retrieve the claims package with the original **W-140CC**, the **W-140M** and copy of verification request. Annotate **W-140CC** with reason code **U1** (insufficient information to calculate SNAP claim) and enter the **date amended**, and resubmit package to Supervisor.

Question 8 – Was the only adult in the household when the overpayment occurred an ineligible alien or ineligible student? If **yes, stop!** Check reason code **Y1**, sign and date form, attach to **W-140M** and forward to Supervisor. A claim cannot be established due to no eligible adult in the household for the overpayment period. (If the only adult in the household when overpayment occurred was an ineligible alien or an ineligible student and was ineligible during part of the entire overpayment period, a claim can be established only for the portion of the overpayment period in which the adult was eligible.) If **no**, proceed to **Question 9**.

Question 9 – Is there a SNAP claim on the system for the entire period of overpayment? If **yes, stop!** Check reason code **I1**, attach recoupment screen, sign and date the form, and attach it to the **W-140M** and forward to Supervisor. If **no**, proceed to **Question 10**. (Please note that if there is a partial SNAP claim on the system, a claim must be developed for the remaining period of overpayment.)

Question 10 – Reason for SNAP Overpayment. Check corresponding box (earned income, unearned income or non-income-related). For earned or unearned income, multiply the unbudgeted total gross income by 30 percent (unreported) or 24 percent (Agency error). For non-income-related SNAP overpayment, multiply the amount of monthly SNAP reduction by the overpayment period. Refer to **W-140M, section 2(f)**, or compare the current budget with the previous budget to obtain the reduction amount.

Is the result less than \$500? If **yes**, check reason code **W1**; processing of SNAP claim is not required due to **\$500 establishment threshold**. If **no**, for earned or unearned income, calculate SNAP claim by using the **W-140DD** worksheet. For non-income-related SNAP overpayment, develop SNAP claim by using conventional method (**W-122A, W-122AA, W-122D, and W-122DD**).

Complete, sign, date and file copy of this form in the case record. For a case where no claim action is necessary, attach copies of all appropriate documentation (i.e., Benefit Issuance screens, current **TAD**, etc.) and complete **section 2** of the **W-140M**. Submit documentation along with the case record for supervisory review.

Potential Supplemental Nutrition Assistance Program (SNAP) Overpayments/Claims Tracking Report

(Codes Description)

Deferral Codes

D1 = Closed code E95 - only person on CA case now deceased

E1 = Closed code E72 - only person on CA case now admitted to private institution

R1 = Transferred to another location

U1 = Insufficient documentation to calculate SNAP claim

Reason Codes for No Claim

I1 = SNAP claim on system for period of overpayment

S1 = No overpayment due to reporting, agency action and notification time frames

T1 = No SNAP benefits issued during period of CA overpayment

Y1 = No claim - only adult in the household was an ineligible alien or ineligible student during the period of overpayment

W1 = No claims required based on special waiver

SAMPLE

Verification Request Codes

K1 = Wage verification requested

M1 = Other type of verification request

Code for Claim Developed

V1 = Claim developed and forwarded to Supplemental Nutrition Assistance Program Claims and Recovery (SNAP-CR)