



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN # 18-23-ELI

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION INTERVIEW QUESTION SET (FIA-1199) AND SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ON DEMAND INFORMATION SERVICES/INTERVIEW AGENT DAILY ACTIVITY SHEET (FIA-1208)

Date: April 17, 2018	Subtopic(s): SNAP Application, Eligibility Interview
<p>See PB #15-116-SYS for information about procedures during system outages.</p>	<p>The purpose of this policy bulletin is to inform Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) staff about the new Supplemental Nutrition Assistance Program (SNAP) Application Interview Question Set (FIA-1199) form and the new Supplemental Nutrition Assistance Program (SNAP) On Demand Information Services/Interview Agent Daily Activity Sheet (FIA-1208) form.</p> <p>The FIA-1199 is a fillable form that is available in E-Docs. The form is used to help the Eligibility Specialist continue and complete the SNAP application interview when the Paperless Office System (POS) ceases to work or when its operation is too slow. The FIA-1199 is used when Human Resources Administration (HRA) Supervision approves its use during such an outage.</p> <p>When there is a system outage, staff must follow the procedures described in Policy Bulletin #15-116-SYS, Reporting System Outages and Broken Machinery.</p> <p>The FIA-1199 includes a set of SNAP eligibility interview questions with answers in a Yes/No format. Below most of the questions are sub-questions and information prompts to help the interviewer provide relevant answer details in the adjacent text boxes. The sub-questions and prompts are not meant to be an exhaustive or restrictive list of the types of details to be written in the responses.</p> <p>Responses and case information are entered as “free text” or by choosing among drop down answers in the appropriate text boxes or table/grid spaces. Additionally, in the last page of the form there is a</p>

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

large text box titled, Comments, for additional annotations. When the interviewer is finished entering information into the form, s/he will print out the form in its entirety, even if it is only partially filled out.

When POS is restored, the interviewer must scan and index the entire **FIA-1199**. The interviewer will use the information entered into the **FIA-1199** to manually enter responses into Streamlined POS, in the SNAP Application Interview activity and to make the appropriate Case Comments. Once this has been completed, the paper form must be discarded in accordance with agency policy. See Center Director Memorandum (CD) #11-19, Revisions to Disposal of Documents Containing Applicants/ Participants' Personal/ Confidential Information for further information. Eligibility Specialists must include interviews/cases completed using the **FIA-1199** on the Supplemental Nutrition Assistance Program (SNAP) On Demand Information Services/ Interview Agent Daily Activity Sheet form (**FIA-1208**) submitted to their supervisors. The **FIA-1208** is available in E-Docs.

Effective Immediately

Related Items:

[CD #11-19](#)
[PB #15-116-SYS](#)

Attachments:

FIA-1199	Supplemental Nutrition Assistance Program (SNAP) Application Interview Question Set
FIA-1208	Supplemental Nutrition Assistance Program (SNAP) On Demand Information Services/ Interview Agent Daily Activity Sheet

See [CD #11-19](#) for information about the disposal of confidential documents.



Worker Name: _____

Interview Date: _____

Case Number: _____

Case Name: _____

Supplemental Nutrition Assistance Program (SNAP) Application Interview Question Set

CONTACT INFORMATION	
Primary Telephone/Extension	Secondary Phone/Extension
Residential Address	
Mailing Address	
Authorized Representative (Name/Address/Phone)	
Preferred Language for Speaking	Preferred Language for Notices
Notification Preferences (Email/ Text and Email/ U.S. Mail)	

HOUSEHOLD INFORMATION															
First Name	MI	Last Name	SSN	DOB	Sex	Relationship to Case Head	Hispanic or Latino?		Enter Y (Yes) or N (No) for each race* (Codes Defined Below)					Buy & Prepare Food w/ Case Head?	Marital Status
							Yes	No	I	A	B	P	W		
						Self									

*Race/Ethnic Codes: I – Native American or Alaskan Native, A - Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

HOUSEHOLD INFORMATION (continued)	
Are you or anyone in the household known by another name? (If Yes, write name of person and other name)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone in your household a veteran? (If Yes, write name of person(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you and everyone in your household a U.S. citizen? (If No, write name(s) of non-citizen(s) and their immigration status [such as Lawful Permanent Resident, Undocumented, etc.])	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone living with you, between the ages of 18 and 49 years of age, attending a school or training program (above High School)? (If Yes, write Name of person(s); Name of School or Training Program; F/T?; Income; Expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone living with you Needed in the Home to Care For a Child Under 6 or Disabled Person? (If Yes, write Name of person(s) who provides care; Name of person(s) who receives care)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE

INCOME INFORMATION

Earned Income: Employment, Self-employment, Migrant Worker

Unearned Income: Social Security Benefits (SSI, Disability, Dependent Benefits, Retirement, Survivor); UIB; Workers' Comp. Child Support

Other Income: Pension; NYS Disability; Veteran Benefits; Foster Care; Alimony; Education; Room & Board; Gifts & Contributions; Other Income

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often Received? (e.g. Weekly, Bi-Weekly, Monthly)	Gross Amount Before Deductions

Do you or anyone living with you have any potential income that has not been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone living with you On Strike?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone living with you Unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone living with you Never Worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION	
<p>Do you or anyone in the household have daily activity limited because of illness or temporary disability or is blind, sick or disabled? <input type="checkbox"/> Yes</p> <p>(If Yes, write name of person(s), SSI Status- Receiving /Claim filed /Decision pending /Appealing decision/ Not applied) <input type="checkbox"/> No</p>	
<p>Is anyone in the household pregnant? <input type="checkbox"/> Yes</p> <p>(If Yes, write name of person(s), Expected Date of Confinement (EDC) /Pregnancy Due Date/Medically verified) <input type="checkbox"/> No</p>	
<p>Is Or Was anyone in the household Drug Or Alcohol Dependent? <input type="checkbox"/> Yes</p> <p>([Dependency – Drug OR Alcohol OR Both] /Receives treatment / Name and Type of Pgm./ Hours per week in Pgm.) <input type="checkbox"/> No</p>	
<p>Is any Adult in the household Homebound or requesting a Home Visit? <input type="checkbox"/> Yes</p> <p>(If Yes, write name of person(s)) <input type="checkbox"/> No</p>	
<p>Are you or anyone living with you (16 or 17 years of age) on Medicaid with a spenddown? <input type="checkbox"/> Yes</p> <p>(If Yes, write name of person(s)) <input type="checkbox"/> No</p>	

HOUSEHOLD EXPENSES	
<p>Did the household receive a HEAP payment greater than \$20 in the past 12 months? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Does the household pay rent, mortgage or other shelter expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Primary Tenant</p> <p><input type="checkbox"/> Secondary Tenant</p> <p>(Write Shelter Type /\$ amount charged for rent or mortgage/ Insurance/ Taxes/ Frequency/)</p>	
<p>Does the household pay for heating or heating fuel separately from their shelter expenses? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(Write Fuel Type/ Name on bill/ Relation to Casehead/ \$Amt./ Frequency/ Company Name/ Acct. #)</p>	
<p>Does the household pay for Electricity separately from their shelter expense? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(Write Name on bill/ Resides in household? / \$Amt. /Frequency / Company Name /Acct. # /Is this a heat related utility?)</p>	

HOUSEHOLD EXPENSES (continued)	
Is the household charged a greater shelter expense to run an A/C or heater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the household pay for Gas for Cooking separately from their shelter expense? (Write \$Amount /Frequency/Company Name/Acct.#)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the household have any of the following expenses – Water, Sewage, and/or Garbage Disposal? (Write Type of Utility /Name on bill /Resides in household?/ \$Amt./ Frequency /Company Name /Acct. #)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SAMPLE

RESOURCES
Does anybody in the household have any of these resources - Cash on hand; Checking/Savings Bank accounts or certificates of deposit; stocks, bonds, or mutual funds; IRAs, 401Ks, annuities or other retirement accounts; Burial funds and burial spaces; Motor vehicles or boats; Real Estate and other than primary residence; Anticipated inheritance or lawsuit settlements?

Yes
 No

Household Member	Resource type	Amount/Value

OTHER EXPENSES			
Does anybody in the household have any of these Expenses -- Medical Bills; Court-ordered Child Support; Job-Related Child/ Dependent Care Expenses; Court-ordered Tuition/Education Expenses?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household Member With Expense	Expense type	How often paid? (Monthly, Weekly, Etc.)	Amount

OTHER INFORMATION

Do any of the following apply to any member of the household?

- 1. Disqualified from receiving SNAP benefits because of fraud or an intentional program violation (IPV) **Yes** **No**
- 2. Violating probation or parole, or fleeing prosecution confinement or conviction for a felony **Yes** **No**
- 3. Sold, given away or transferred cash or property in the last three months to qualify for SNAP benefits **Yes** **No**
- 4. Applied for benefits in another state **Yes** **No**
- 5. Is in a Special Assessment situation **Yes** **No**
- 6. Applied for benefits outside of NYC **Yes** **No**
- 7. Received SNAP This Month **Yes** **No**
- 8. Is a victim of human trafficking **Yes** **No**
- 9. Is in arrears on child support payments **Yes** **No**
- 10. Has voluntarily quit their job or reduced their hours or income in order to qualify for SNAP benefits **Yes** **No**

SAMPLE

If Yes, Write details here:

COMMENTS

SAMPLE

Supplemental Nutrition Assistance Program (SNAP) On Demand Information Services / Interview Agent Daily Activity Sheet

Date _____ Check One: ISA ODA Agent Name _____ Supervisor Name _____

Case No.	Case Name	Ctr. ID	Phone No.	Info Request Y/N	Type of Info Requested	Applic. (A)	Recert. (R)	Incomplete/ Interrupted Interview	EFS Y/N	Deferred	Non-Deferred	Whisper Tone	FIA-1199 Used
SAMPLE													
TOTAL:													

Comments: _____

Agent Signature _____