

FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner Policy, Procedures and Training Lisa C. Fitzpatrick, Assistant Deputy Commissioner Office of Procedures

POLICY DIRECTIVE #04-24-OPE

SAME-DAY ISSUANCE OF EXPEDITED FOOD STAMPS THROUGH THE PAPERLESS OFFICE SYSTEM (POS)

| Date: July 27, 2004 | Subtopic(s): Paperless Office System (POS), Food Stamps |
|-------------------------------|--|
| AUDIENCE | The instructions in this policy directive are for all Paperless Office System (POS) users in the Job Centers. It is informational for all other staff. |
| POLICY | All households applying for food stamps must be screened to determine eligibility for expedited Food Stamp service. The applicant does not have to be out of food, or claim an emergency, during the application process, to receive food stamps on an expedited basis. An interview must be conducted to determine the household's eligibility for Food Stamp Benefits and to compute the benefit amount. Once the household is determined eligible, benefits must be made available to the household on the same day via the Electronic Benefit Transfer (EBT) system. Effective July 19, 2004, POS version 8.2 migrated into production. This new release allows staff to begin the process of issuing a same- day expedited food stamps (EFS) benefit through the EFS Interview activity in POS |
| REQUIRED | JOS/Worker |
| ACTION | To process a same-day issuance of expedited food stamps, the JOS/Worker must initiate the EFS Interview activity in POS. The casehead must be known to POS through the Application Intake and Application Interview activities. |
| | HAVE QUESTIONS ABOUT THIS PROCEDURE? |

Call 718-557-1313 then press 2 at the prompt followed by 765 or

In the Application Intake activity the JOS/Worker must:

- Gather demographic information of applicants;
- Record reason(s) for applying for public assistance, medical assistance, and food stamps (PA/MA/FS); and
- Register the application.

In the Application Interview activity the JOS/Worker must:

- Gather additional data on the household;
- Update the case status; <u>and</u>
- Issue benefits, as appropriate.

The **EFS interview** activity will automatically begin when the JOS/Worker:

- Processes the **Application Interview** activity in POS on the date the applicant files an application for PA/MA/FS;
- Prints the required forms from the **Print Forms** window; <u>and</u>
- Clicks the **Next** button located at the bottom of the window.

An alert message will pop up stating, "The case may be eligible for Expedited Food Stamps. POS will now suspend the Application Interview and start the EFS Interview for this case." (See below.)

| Info | The case may be eligible for Expedited Food Stamps. POS will now suspend the Application Interview and start the EFS Interview for this case. |
|---------|---|
| | OK |
| Click f | be OK button to remove the alert message and automatically |

Click the **OK** button to remove the alert message and automatically launch the **EFS Interview** activity. The JOS/Worker must process this activity by reviewing and annotating each screen in the usual manner with the following exceptions:

Revised window

New window in **EFS Interview** activity.

- The **FS Single Issuance Benefit** will be automatically prepopulated with FS grant issuance code **52**, where applicable.
 - The new **CBIC Payee Status** window will appear after the **FS Single Issuance Benefit** window and must be annotated to indicate whether the payee CIN listed on the window is the same as the payee CIN listed in WMS.

This section will highlight the revisions and additions to specific elements of the EFS activity.

Revised Windows in the EFS Interview Activity

Food Stamp Single Issuance Benefit Window

Previously, the **Food Stamp Single Issuance Benefit** window (shown below) was prepopulated only with FS grant Issuance Code **54** (Expedited Service – Not verified for PA/FS cases). POS business rules have been revised to populate the **Issuance Code** field with Code **52** (Expedited Service – Verified for PA/FS cases) when the following conditions exist:

- The applicant is eligible for EFS.
- The identity, citizenship/alien status, residence, and Social Security number or application for Social Security number are fully documented and ready to scan (as indicated during the Application Interview activity on the Individual Detail window) for all individuals applying for FS on the case.
- Income and resources are fully verified.

| | [FS Single Issuance Benefit] |
|---|--|
| | _ |
| | Case Name Case Number Suffix Date Form Prepared IS Center Category PA |
| Prepopulated with Issuance Code 52 | Issuance Code Amount From To Check # Routing Replaces Authorization Payee 1 Code 52 - Expedited Food Stamp Benefit \$37 04/28/2004 04/30/2004 |
| | |
| | |
| | <u>Next</u> Previous |

New edits to the FS Single Issuance Benefit window Four additional edits have been added to the **FS Single Issuance Benefit** window. The edits will appear in the following instances:

- 1. When the case was not successfully registered in WMS and still contains the POS dummy case number, the system displays the message, "The case needs to be registered in WMS before issuing this grant. This issuance cannot be processed now."
- 2. When Food Stamp Benefits were received for the current month and the case is not eligible for a second FS grant, the system displays the message, "FS have already been issued for the current month. This issuance cannot be processed now."
- When the FS Suffix status on the POS TAD is NA (not applying), CL (closed) or RJ (rejected/denied), the system displays the message, "FS Suffix status must not be in 'NA,' 'CL' or 'RJ' status. This issuance cannot be processed now."
- 4. If a case number is being reused and the FS Suffix status of the reused case number is NA, the system displays the message, "Since the FS Case Status of reused Case Number is 'NA' this SDI benefit cannot be processed before processing the TAD. This will be a two-day action. Please forward the case action to the supervisor."

Click the **Next** button at the bottom of the window to continue. The next window to appear is new to POS and is titled **CBIC (Common Benefit Identification Card) Payee Status**.

New window

When shown during the **EFS interview** activity, the **CBIC Payee Status** window will also appear in the **Approve IN/EFS** activity for supervisory staff.

This new window (shown on page 5) will only appear if the JOS/Worker selected a case number to be reused and complete the **Grants Data Entry** window to issue a Food Stamp Benefit. The

• Re-Use Case Number

CBIC Payee Status Window

- Suffix
- Category
- FS Status of Re-Use Case Number

following information will be displayed:

- Casehead/Payee Name
- Relationship Code
- Client Identification Number (CIN)

4

PD #04-24-OPE

| | IS Plug |
|--|---|
| CBIC Payee | □ ∽ ¼ ๒ 健 ⁄ Ď Ջ в ✓ ♥ ▦ ֎ ฌ ĝ \$ ₽ छ े 1 秒 ฌ 안 瞧 ◘ ☷ |
| Status window | Re_use Case Number: Cpgs Case Suffix: 1 Category SNC FS Status: SINGLE ISSUE |
| | Case_head/Payee name: Relationship Code: 001 CIN |
| After verifying the CIN, respond "Yes" or "No" to the | Using the case number selected from the POS Re-Use Case Number window, ao to WMS screen WIDCCH Case Number PA/FS Pavee Inquiry. O Yes O No Is the Payee CIN listed under 'PA/FS Payee' the same as the Case Head or Payee CIN listed on the Reuse case number? |
| clicking the | MESSAGE |
| appropriate radio button | |
| | <u>N</u> ext <u>Previous</u> |

Refer to Policy Bulletin #02-154-SYS (Changes to the Common Benefit Identification Card System) for a complete list of CBIC windows. The JOS/Worker is instructed (in the middle of the **CBIC Payee Status** window) to go to the **Case # PA/FS Payee Inquiry** window (**WIDCCH**) in WMS to determine if the CIN of the payee shown in WMS in the "PA/FS Payee CIN" field is identical to the casehead or payee CIN displayed on the POS **Case Number Re-Use** window.

To view the **WMS CBIC Inquiry** windows in order to determine the last payee:

- Access WMS by clicking the yellow plug at the top of the POS window or minimize POS and double-click the WMS icon located on the desktop of the personal computer.
- Log on to WMS using your User ID and Password.
- Type **09** (Common Benefit ID Card Subsystem) and use Function **09** (**WIDCCH**) for case number inquiry or Function **07** (**WIDICH**) for CIN inquiry.

After comparing the CIN in WMS with the CIN on the **CBIC Payee Status** window, exit WMS and return to POS. On the **CBIC Payee Status** window respond "Yes" or "No" to the question, "Is the Payee CIN listed under 'PA/FS Payee CIN' the same as the Case Head or Payee CIN listed on the 'Reuse' case number window?"

- Click Yes and the following message is displayed: "The SDI FS grant should pass the WMS SDI payee edit." Click the OK button to continue.
- Click **No** and the system displays the message, "You must prepare a CBIC Update form to change the Payee in CBIC to match the Casehead/Payee on the case number being used."
- If no response is entered the JOS/Worker will be unable to proceed. The system displays the message, "You must answer the question 'Is the Payee CIN listed under 'PA/FS Payee' the same as the Case Head or Payee CIN listed on the 'Reuse' case number window?"

When the **Yes** or **No** response is entered, click the **Next** button to continue. When the **Forms** window appears, click **Yes** in response to the item, "Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC" (**W-607A**).

| | Eile Edit Iools Window Help | |
|------------------------|--|--------|
| | | Yes No |
| | Request for Emergency Assistance for Active PA Case (Form W-145N) | 0.0 |
| | Request for Marriage or Divorce Verification from Agencies outside New York City (Form W681) | 0.0 |
| | Information Booklet for Public Assistance, Food Stamps and Medicaid Benefits (Form W138TT) | 0 e |
| | Request for Identification Card/Temporary Medicaid Authorization (Form W607A) | ۰ ۵ |
| Click "Yes" to | Request for Emergency Housing (Form W-146F) | 0.6 |
| "Request for | Face to Face Recertification-Required Documents(Form W908VV) | 0.0 |
| Card/Temporary | Financial Institution Inquiry (Form W532F) | 0 @ |
| Medicaid | Documentation Requirements (Form W-113K) | 0.0 |
| Authorization | Documentation Request Form (Form W-113A) | 0 e |
| (Form VV-607A) | Determination Of Eligibility For Emergency Assistance To Families (EAF) (Form W-145TT) | 0.0 |
| | Social Security Administration - Consent for Release of Information (Form W515R) | 0.0 |
| | Request for Birth or Death Verification from Agencies Outside New York City (Form W680) | C @ |
| | Safety Net Assistance (SNA) Application (M-587m) | 0.6 |
| | Verification of Welfare Tenant's Rent In Section 8 Housing | C @ |
| | u Referral to NPA Food Stamp Center (Form W132K) | • • |
| | | |
| | Panalah Naut Daniana | |
| | | |
| | Dick from a list of available screens | |

If additional forms are needed before exiting the window, click "Yes" and complete the fields of the Response to Question window. Complete all applicable fields of the Response to Question window that is displayed. (See below.) Click the **OK** button to save the entries and click the **Next** button (on the **Forms** screen) to continue.

| | Request for Identification Card/Temporary Medicaid Authorization (Form W607A) | • • | | | | | | | | | | | | |
|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| | Response to Question | | | | | | | | | | | | | |
| | Reason © First Card/never received © Stolen © Mutilated © CBIC Update for Action © Lost Card © Defective © Surrendered | | | | | | | | | | | | | |
| | Identification documents witnessed for Applicant/ Document ID Number Participant or Authorized Representative: Birth Certificate ID The same two pieces must be presented at D&C Driver's License ID | | | | | | | | | | | | | |
| | Is applicant receiving EFS Is Payee correctly established? and/or IN grant benefits? If No: □ Delete current payee CIN: □ | | | | | | | | | | | | | |
| | Photo Card? © Yes © No Is Mailing Address different than that on WMS? © Yes © No | | | | | | | | | | | | | |
| Click the "OK" | Mail Permanent Card and Temporary DSS-4113-2 🗖 Over the Counter Permanent Card DSS4113-2 to Card Control 🗹 | | | | | | | | | | | | | |
| button to save | Check one © Agency Pickup C Mailed DSS-2831-A (Complete Section IV on reverse) | | | | | | | | | | | | | |
| the entries and return to the Forms window. | <u>O</u> K <u>C</u> ancel | | | | | | | | | | | | | |

When the **Print Forms** window appears, highlight the **W-607A** and click the **Print** button located at the bottom of the window.



Refer to Policy Directive #03-43-ELI (Same-Day Benefit Issuance) for additional details on SDI and updating CBIC.

Supervisors must review

appears in the **Approve**

There are no changes to

the previously existing

windows that require

supervisory approval.

Previewing Form W-

140K and Previewing Form LDSS-3152, were

added to the **Approve**

IN/EFS activity and

require supervisory

Two new windows,

each screen that

IN/EFS activity and

place a checkmark or comment for those requiring approval.

Retrieve Form **W-607A** from the local printer. Submit the printed form to the unit supervisor to sign and forward it to Disbursement and Collection (D&C)/Reception for data entry into CBIC.

Supervisor

To complete the processing of the same-day issuance of expedited food stamps through POS, the Supervisor must approve the following windows in the **Approve IN/EFS** activity (by placing a checkmark in the "Approval" box for the window):

- W-680B Signature
- Citizenship Signature
- Expedited Food Stamps
- IN/EFS Eligibility
- CIN Re-Use
- Case Number Re-Use
- TAD
- Grants Data Entry
- Previewing Form W-140K
- Previewing Form LDSS-3152

New screens

approval.

The Previewing Form W-140K and Previewing Form LDSS-3152 windows are new to the Approve IN/EFS activity. The Previewing Form W-140K window (shown below) will appear after the Grants Data Entry window or CBIC Payee Status window (when shown).

| X 🗈 | ß 0 | Þź | <u>2</u> B | 1 | * | R 😂 | | 8 | ₿ Ø | 9 53 | ٢ | 11 | <u>گ</u> [| mľ | E | D | 88 | | | | | |
|---|---|--|--|---|--|-------------------------------------|------------------------------------|------------------------|----------|----------------------|--------------------------|-------------------------|------------|--------------|---------------|--------------------------------------|----------------------------------|------------------|--------------|------------|------|--|
| | | | | | | | | | | | | | | | | | | | | _ | | |
| Form POS-W Rev. 9/24/02 | -140K(face | 9 | | | | | | | | | | | | Hur Famil | mar Iv Ini |) Resou depend | irces A ence A | dminis dminis | stra stra | tic tic | | |
| (LDSS 3938) | Foo | d Sta | mn B | enefi | s Ex | nedi | ted P | roce | ssir | na S | cre | eninc | sh | eet | | | | | | | | |
| | | | (Com | plete t | his wo | kshee | et fell | applica | ints a | and fil | e in | case re | ecord | 1) | | | | | | | | |
| CASE NAME | | | | | CAS | E NUM | IBER | | | | | APPL | ICATI | ION FIL | ED: | | _ | | | | | |
| - | | | | - | ADT | ONE | CH | ECK | V | VEC | : 05 | | | | | Month | Day | Year | | - 1 | | |
| HAS THE HOU | EHOLD REC | EIVED FO | ODSTA | MP BEN | EFITS TH | HIS MON | JTH? | EUN | <u> </u> | TES | | CINO . | | 10 | 0 | | | | | - 1 | | |
| NOTE: IF "YE VIOLENCE SHE VITH PABT TV | S" IS CHECKI LTER DURIN 10. | ED, BUT H G THE MI | HOUSEHO DNTH OF | APPLIC | ERED AT | DOMES | TIC JE | | C | HOU | SEHO | P LD INEL COTED I | IGIBLE | ESSING | ۳ | CONTIN | UE VITI | PART | TVO | D | | |
| | | | | P, | ART 1 | rwo | - CHI | ECK | 1 | YE | s o | R NO | Ĉ | | | | | | | | | |
| SECTION A | HAS HOUS STAMP BE | EHOLD R NEFITS I | ECEIVED | EXPED | TED PRI | OCESSI | NG OF F | 000 | C | YES | ES, A TION | NSWER B | | 1 | ۲ | NO IF NO, C PART TI | ONTINU | E ALLH | i. | | | |
| SECTION B | IF "YES", H. SUBMITTE OR HAS THE H UNDER NO | AS ALL P D SINCE OUSEHO RMAL PF | REVIOUS THE LAS LD BEEN ROCESSI | LY PENE T EXPEC I CERTIF NG STAI | ED VER ITED PR IED FOR IDARDS | IFICATI IOCESS ONGOI SINCE | ON BEE ING? NG BEN THE LA | N IEFITS ST EXPE | C |) YES IF Y PAF | ES. C IT THF ESSIN | ONTINU REE IG? | E ALLI | . 2 | 0 | NO-STO HOUSEI FOR EX PROCES | OP IOLD IN PEDITE SSING | ELIGIBL D | E | | | |
| 9 | | | | PA | RT T | HRE | E - C | HECK | (1 | YE | IS C | RNC |) | | | | | | | - 1 | | |
| DOES THE HO BENEFITS BA LIMITATIONS(HOUSEHOLD (| USEHOLD AF SED ON THE .e., CAR, BAN COMPOSITIO | PEAR O FOOD ST IK ACCO | THERWIS AMP BE JNTS,eto | SE ELIGIE NEFIT PI .), LIVING | LE FOR ROGRAM ABBAN | FOOD S 4 INCOM IGEMEN | TAMP ME/RES ITS AND | OURCES | • | YES | INUE | чітн р/ | ART FO | DUR | 0 | NO-STO HOUSER EXPEDI | P IOLD INI FED PRO | LIGIBLI | E FO NG | IR | | |
| | | | | P | ART F | OUF | R - CH | IECK | ~ | YE | s o | R NO | ę | | | | | | | - 1 | | |
| SECTION | DOES THE SAVINGS (| HOUSEH R OTHE | IOLD HA' | VE \$100 C RESOUR | R LESS | IN CASH | н. | | C | YES | s, co | NDUCT | AN | | ۲ | NO IF NO, | CONTIN | UE VITI | н | - | | |
| | | | | | | | _ | | _ | | - 1 | | _ | | _ | | | 0000 | 1 | | le - | |
| | | | | | | | 1 | | - | | - 2 | | | | | | | | | | | |

Supervisors will be able to preview the Expedited Service Worksheet (**W-140K**), approve the window or enter comments regarding necessary corrections by performing the following actions:

- Click "Window" in the Menu bar at the top of the **Previewing** Form W-140K window.
- Click "Approval" in the drop-down list.



• View the **Supervisory Approval** box (shown below) and click inside the box labeled "Approval" to accept the window or click inside the "Comments" box to type details on what items require correction.



9

The **Previewing Form LDSS-3152** window will enable the Supervisor to preview the Action Taken on Your Food Stamp Case (NYC) (**LDSS-3152**), approve the window or enter comments on what needs correction, as described on page nine. When approved (i.e., checkmark entered in the Approval box), the **LDSS-3152** will print.

Previewing Form LDSS-3152 window

| water at the termine | | | Preview | ing Fo | rm DSS | 3152 | | | | | | | | | | | | |
|---|--------------------------|--------------------|-------------|--------------|---------------|----------|---------|--------|-------------|---------------|---------------|-------------|----------------|------|-------------|--------|--------|---------------------|
| <u>E</u> dit <u>T</u> ools <u>W</u> inc | iow <u>H</u> elp | | | - | | | | | | | | | | | | | | |
| い X 目 6 | 10 | ₽ 2 | B | * | 照 6 | 9 (l) | 8 | \$ | I | 55 1 | ð 11 | 1 R | | Ľ | 雝 | | 88 | |
| | | | | | | | | | | | | | | | | | | <u> </u> |
| POS-LDSS-3152 NY | /C (Rev. 2 | 2/03) | | | | | | | | | | | | FS | S App | Reapp | o/OP R | ecoup/Ad Only |
| | | | ACTIO | N TA | KEN O | | UR FI | nnn | STA | MP | CASE | (NYC | ŝ | | | | | |
| NOTICE | | - | CVIN | <u>an 16</u> | | 1110 | URT . | N | AME | AND | ADDR | ESS O | , F AGE | INCY | ICEN | ITER (| DR DI | STRICT OFFI |
| DATE: CASE NUMBER | | | lo | | IBEB | | | - | | | | | | | | 13 | | |
| | | | ľ | | -iben | | | | | | | | | | | | | |
| CASE NA | ME (And | C/O Name | if Presen | t) AND | ADDRE | SS | | | | | | | | | | | | |
| <u></u> | | | | | | 3 | | GI | ENER.). | AL T | ELEPH | ONE | 8 | | | | | |
| | | - | | | | | | OF | Aq | ency | Confe | ence | | | | | | |
| 1.0 | | | | | | | | 1000 | Fai | r Hea | aring int | ormatic |)n | | | | | |
| | | | | | | | 1 | | Rei | a ass cord | Acces | 0 20 | 21 | | | | | |
| 3 8 | | | | | | 3 | | | Leo | al A | ssistan | ce infoi | rmatio | n | | | | |
| OFFICE NO. | UNITING | 99 10 | VORK | ER NO. | | UN | ITORV | ORKE | RNAM | 1E | | | | TEL | EPHO | NE NO. | 8 | |
| | | | | | | ~ | | | | | | | | | 1 | | | |
| The action(s) take | n on your | application/ | recertific: | ation rea | quest fo | r Food | Stamp | Bene | its dar | ted_ | | | | | - | | - is | |
| CAPICINICO DOIOW, | IGAT TO THE | FOOD S | TAMP BE | NEFITS | NOT PI | CKED | UP WI | THIN 2 | 70 DA | YS (| CANNO | T BE R | EPLA | CED. | | | | |
| APPROVED | for Food ? | Stamp Bene | efits from | | | | | | - | | | | | | | | | |
| 1. 🗌 You will | get \$ | | | for | the mor | th of | | | | | | becaus | e wei | must | figure | e your | | |
| first mon | h's benefit | t from: | | | | | | | | | | | | | | | | |
| 1a: 📋 The d | ate you ap | oplied to the | end of th | e month |). You n | naγ acc | cess y | our be | nefit o | on _ | 2 02 01 | 4 2 2 2 2 2 | 1992) 1992) | | | | | |
| Your | nest date y nav acces | s vour beni | efit on | re need | ea. This | s is pec | ause | you ga | ve us | proc | of alter | t was | aue. | | | | | |
| 2. 🗹 You will | aet \$ | series second data | V | vhich is | a comb | ined be | nefit f | or the | month | is of | 1 | | | | and | | | |
| This is be | cause you | u applied/pr | ovided pr | oof afte | r the 15 | th of th | e mont | th. Yo | ur firs | st mor | nth's be | nefit of | f. | | | | | was 👻 |
| | | | | 2.702.11.1 | | | | C.S | | | 1031312120200 | | | | | | | • |
| | | | | 1 | Next | | | P | revio | us | | | | | | | Ĩ | Reverse |
| | | | | - | 177.448.5 | _ | | - | 10000 | 7928 | - | | | | | | | Construction of the |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

W-680B Signatures and Citizenship Signature Approval Windows

The **W-680B Signatures** and **Citizenship Signature** approval windows now contain an "Override" box to the required checkmarks.

| | Supervisory Approval | | |
|-------------------------------------|-----------------------------|------------|----------|
| | Element W680B Signatures | Approval | Comments |
| "Override" box for W-680B | | Override | |
| Signatures Supervisory | | | |
| Approval box | | <u>0</u> K | Cancel |

| | Supervisory Approval |
|---|---|
| "Override" box for Citizenship Signatures | Element Approval Comments Citizenship Signatures Image: Comment state of the |
| Supervisory Approval box | <u><u>D</u>K <u><u>C</u>ancel</u></u> |

When to use the override function

The override may be used if the signature capture devices (or signature pads) are malfunctioning and the JOS/Worker has completed the following steps:

- The W-680B and Certification of Citizenship/Alien Status forms were printed.
- The applicant signed the forms.
- The forms were scanned and indexed into the electronic POS case.

Click inside the "Override" box to display the checkmark when the steps detailed above are completed.

<u>Note</u>: Staff are required to scan and index into the electronic case record all forms, excluding documents related to domestic violence, that are signed by the applicant/participant outside of POS.

The last window in the **Approve IN/EFS** activity, **Approval Status** (or **Approval Elements**), has been updated with new functionality.

| | Paperless Office System - [Approval Elements] |
|---|--|
| | Eile Edit Iools Window Help |
| | D ♡ X \$ \$ \$ \$ 0 \$ 0 \$ \$ B ✔ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| | Element Comments |
| | Household Information Approval |
| | Address Information Approval |
| | Suffix Information Approval |
| | Citizenship/Alien Status Approval |
| Click "Xmit" to transmit the TAD to | Identity Approval 🗸 |
| WMS | Mext Arrit Previous |
| | Click "Refer Back to Worker" to send the case to a Worker for completion of additional case actions |

The Supervisor will click the "Xmit" (Transmit) button to send the TAD to WMS. In addition, the Supervisor must continue to sign the grant authorization forms and forward them to the Control Unit for data entry.

The "Refer Back to Worker" button at the bottom of the **Approval Status** window will enable the Supervisor to send the case back to a JOS/Worker for completion. To return the case, the Supervisor must:

- Click the **Refer Back to Worker** button to display the list of available Workers within the Job Center.
 - The display will highlight the JOS/Worker who completed the interview, but the Supervisor will have the option to select any Worker from the list.
- Click the **OK** button to send the case labeled "EFS Interview" back to the highlighted Worker's **Case Manager Queue**.

| Refer to Worker window | Refer to Worker Selected Case No C Suffix Caseh | ase Name ead Name | | | CI SS | N | A |
|---|---|------------------------|---------------|----------------|----------|--------------|---|
| | Refer Case To | Unit | Last Name | First Name | U/W | Phone Number | |
| | Assessment/CSR/Receptionist Supervise | io 11 | - Belle actor | 1 | | | |
| List of available | Assistant Supervisor | | | | [| | |
| Workers L | Case Manager | | | | | | |
| ſ | Case Worker | | | | | | |
| | Imaging Clerk | | | | | | |
| | IT Member | | | | | | |
| | Receptionist | | | | | | |
| Click "OK" after selecting a Worker | Supervisor | <u> </u> | | <u>C</u> ancel | | | - |

| PROGRAM IMPLICATIONS | |
|---|---|
| Food Stamp Implications | The adjustments in POS do not affect Food Stamp policy. Staff must continue to evaluate applicants for expedited Food Stamp service, as well as provide separate Food Stamp determinations on cases that are closed/denied per current procedure. |
| Medicaid Implications | There are no Medicaid implications. |
| LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS | For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE. |

FAIR HEARING

| Avoidance/ Resolution | Applicants whose request for assistance is denied are entitled to request a Fair Hearing. Remember to give individuals an opportunity to have a conference to resolve the issue(s). |
|--------------------------|--|
| Conferences | If an applicant reports to the Job Center and requests a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) Unit that the applicant is to be seen by a FH&C Supervisor I/Associate Job Opportunity Specialist (AJOS) I. If the applicant contacts the JOS/Worker directly, the JOS/Worker must tell the applicant to go to the Receptionist to be referred to FH&C. |
| | The FH&C Supervisor I/AJOS I will listen to and evaluate the applicant's complaint regarding the issue(s). After reviewing the case record and discussing the issue with the Unit Supervisor, the FH&C Supervisor I/AJOS I will make a decision. |
| | The FH&C Supervisor AJOS I is also responsible for ensuring that further appeal by the applicant through a Fair Hearing request is properly controlled and that the appropriate follow-up action is taken in all phases of the Fair Hearing process. |
| Evidence Packets | All evidence packets must include relevant documentation, such as Forms W-140K , LDSS-3152 and WMS budget printouts. |
| RELATED ITEMS | PB #02-154-SYS |

PB #02-154-SYS PD #01-33 PD #03-43-ELI