



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #15-02-OPE

CASH ASSISTANCE (CA) APPLICATION PROCESS AT THE PREVENTION ASSISTANCE AND TEMPORARY HOUSING (PATH) INTAKE CENTER

Date: January 16, 2015	Subtopic(s): HDU, Homelessness, POS, NYCWAY
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AUDIENCE

The instructions in this policy directive are for Homelessness Diversion Unit (HDU) staff at the Prevention Assistance and Temporary Housing (PATH) intake center, Job Center staff and are informational for all other staff.

POLICY

In an effort to make the Cash Assistance (CA) application process easily accessible to families seeking temporary emergency shelter at PATH, the Human Resources Administration (HRA) offers families the option to apply for CA at PATH when referred by a Department of Homeless Services (DHS) staff. Families referred by DHS to HRA are not required to apply for CA.

BACKGROUND

PATH is an intake center of the DHS that accepts applications for temporary emergency shelter from families with children less than 21 years of age, pregnant women, and families with a pregnant woman that are experiencing an immediate housing crisis. PATH is open 24 hours a day, 365 days of the year, to address the shelter needs of families in a housing crisis.

In addition to the services offered to these families by DHS, the following services are available at PATH for families seeking emergency shelter:

- The Housing and Homelessness Services and Initiatives (HHSI) HDU evaluates each family's housing needs, and determines whether the family can be diverted from entering the shelter system by utilizing an alternate housing arrangement, or issuing a One-Shot Deal (OSD) to pay rent arrears;

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- The Department of Education (DOE) provides assistance with school placement and related services;
- A medical provider performs required medical screenings for children under the age of six (6) months and pregnant women;
- The Administration for Children's Services (ACS) provides family counseling, child welfare subsidy information, and child care/parenting training; and
- Project No Violence Again (NoVA) staff of licensed social workers provides assessment, crisis counseling, placement assistance, and referral and information services to domestic violence victims.

Most families who are not diverted by HDU receive a 10-day conditional placement in a DHS shelter while DHS determines whether they meet the criteria for placement in temporary housing.

Families that begin the PATH intake process during business hours (Monday through Friday 8:30 AM – 6:00 PM, and Saturday 8:30 AM – 3:00 PM) will have the opportunity to apply for CA with an HDU Job Opportunity Specialist (JOS)/Worker on that day.

Families that begin the PATH intake process outside of the business hours noted above and are placed in a DHS overnight shelter will have the opportunity to apply for CA with an HDU JOS/Worker when they return to PATH on the following day (Monday through Saturday).

Note: HDU is not able to process CA applications on government holidays.

When a family applies for temporary emergency shelter at PATH all family members must be present to register with the DHS Prevention staff at Reception. The DHS staff member inputs the family's demographic information in the Client Assistance and Re-Housing Enterprise System (CARES). The DHS staff member issues a Q-Matic ticket to the head of household, which is used to track and direct the family through the process at PATH. The DHS staff member also identifies family members that require a medical screening, and refers them to the onsite medical provider, prior to referring the individuals to any other area within PATH. The family is directed from DHS Reception/medical provider to meet with HDU if their DHS application is new or if a previous DHS application is older than ninety (90) days.

The family will remain in the HDU waiting area until their ticket is called by the HDU Supervisor. The HDU Supervisor performs a screening and assigns the case to an HDU JOS/Worker.

Note: Families that disclose domestic violence (DV) during the DHS intake process or the HDU Supervisor screening will be sent directly to NoVA. If the family states that they would like to apply for ongoing CA, the family will be sent to HDU after the NoVA assessment is completed.

HDU JOS/Worker administers the CARES diversion questionnaire.

The HDU JOS/Worker administers the HDU diversion questionnaire in CARES. After the diversion determination is made, the HDU JOS/Worker will offer the family the opportunity to apply for CA at PATH. If the family would like to apply for CA, the HDU JOS/Worker will be responsible for administering the initial eligibility interview including the screenings for Immediate Needs (IN) and Expedited Supplemental Nutrition Assistance Program (ESNAP) processing. The final eligibility determinations for CA applications registered at PATH will be made by a JOS/Worker at the responsible Job Center.

Families that complete the CA application interview with HDU at PATH may still need to visit a Job Center or an ancillary site to comply with return appointments deemed necessary during the CA application interview.

DHS Family Worker administers the CARES interview.

If the family is not diverted by HDU, a DHS Family Worker will interview the family and record the information in CARES. At the conclusion of the interview, the DHS Family Worker will request a conditional placement for the family from the Housing Emergency Referral Operations (HERO) unit using CARES. The HERO staff member, located at an offsite DHS office, matches the family to a shelter and assigns the conditional placement. The HERO staff member then adds the **Ticket Closeout** task in CARES.

The HERO Supervisor notifies the PATH Intake Supervisor that the conditional placement activity has been completed. This information is relayed using various communication methods, which can include Q-Matic, CARES, email and/or a telephone call. The PATH Intake Supervisor will route the family in Q-Matic to the DHS Departure Lounge. The family will speak with a DHS worker at the DHS Departure Lounge window to receive the shelter placement information and arrange transportation to the shelter. The DHS Worker adds a case note in Q-Matic with the shelter address and route the family back to the HDU JOS/Worker to complete the CA application interview.

NoVA Assessment

If a member of the family discloses that he/she is a victim of domestic violence during the DHS intake process or the HDU Supervisor screening, the family is sent to NoVA for a domestic violence safety assessment and possible placement in a DV shelter. A NoVA staff member is responsible for making a determination of either NoVA Eligible or Not NoVA Eligible based on the following three criteria:

Refer to [98-ADM-3](#).

- S/he is a domestic violence victim in accordance with New York Social Services Law § 459 and the definitions and procedures specified in 98-ADM-3;
- There is a relationship between the need for emergency shelter for current safety and the incident of domestic violence; and
- The perpetrator meets the definition of “family or household member” according to NoVA procedures.

NoVA Eligible versus Not NoVA Eligible family.

A family must meet the three criteria listed above to be found NoVA Eligible. A family that receives a determination of NoVA Eligible will be assigned to a DV shelter in accordance with the NoVA assessment.

A family that does not meet all three criteria will be found Not NoVA Eligible. A family that receives a determination of Not NoVA Eligible will be assigned to a DHS shelter that is in accordance with the NoVA assessment preclusions of people and/or locations that are determined unsafe.

At the conclusion of the NoVA assessment, the family will be asked if they would like to apply for CA. If the family would like to apply for CA, the NoVA Worker will send an email to the HDU and DHS supervisors so that the family can be sent to HDU to complete the CA application.

HDU Supervisor sends email indicating which families are applying for ongoing CA.

To ensure that the CA applications started at PATH are completed, the HDU Supervisor is responsible for sending an email to the other departments at PATH (the DHS Intake department, DHS site managers, NoVA supervisors and the HHSI management team) that contains a spreadsheet with identifying information for the families that have either started or expressed an interest in starting an ongoing CA application. The HDU Supervisor is responsible for entering the following information on the spreadsheet:

- Applicant’s name (case head);
- WMS case number or Social Security Number of the case head;
- Case composition (number of adults/number of children);

- Whether the applicant must be referred back to HDU; and
- Comments relevant to the family that has applied for ongoing CA.

Case load designation.

CA applications registered at PATH have a five character case load designation within the range of **PAT01 – PAT99**. The case load designation identifies that the case originated at PATH. The case load designation first appears in the Paperless Office System (POS) on the **Case Login** screen in the **Worker ID** field.

Refer to [CD #05-10](#) and the [POS Enrollment Manual](#).

Note: The POS Enrollment Coordinator at PATH is responsible for maintaining the POS Enrollment Tables. This includes enrolling first-time POS users, once requests are approved, and assigning a case load designation to the user.

Action Code **1HHS**.

CA applications registered at PATH have New York City Work Accountability and You (NYCWAY) Action Code **1HHS** posted for all individuals on the case that are over the age of sixteen. Action Code **1HHS** identifies that the case originated at a DHS intake center and has a future action date (FAD) of 30 days from the date of the CA application. POS transmits Action Code **1HHS** to NYCWAY when either of the following actions is performed by the HDU JOS/Worker during the **CA Application Interview** activity:

- The **CA Application Interview** activity is suspended; or
- The HDU JOS/Worker clicks **Next** on the **Print Forms** screen.

After POS transmits Action Code **1HHS**, the case is moved to the **HDU Applications** queue for the responsible Job Center that was designated during the **CA Application Intake** activity.

Action Code **1HHS** prevents the initiation of an Employment Plan (EP) while the case is in Applying (AP) or Single Issuance (SI) status. Action Code **1HHS** also suppresses the POS action to schedule return appointments for substance abuse and special assessment. The initial referrals for substance abuse and special assessment must be manually posted in NYCWAY by the HDU JOS/Worker, which will generate the appropriate referral letter.

Action Code **1HHS** is shut down when the case status is changed from AP or SI to Active (AC), or Denied (RJ). The adults in the household will be placed in the unengaged pool and will be called into the Job Center as part of the batch call-in process when the FAD expires.

REQUIRED ACTION

HDU RESPONSIBILITIES

The HDU Supervisor is responsible for conducting a screening with the family at the HDU reception desk. The HDU Supervisor assigns the case to an HDU JOS/Worker who will meet with the family to administer the HDU diversion questionnaire in CARES. At the conclusion of the questionnaire, the HDU JOS/Worker makes a determination of diverted or not diverted. After the diversion determination is made, the HDU JOS/Worker will offer the family, both diverted and not diverted, the opportunity to apply for CA.

Family Does Not Request to Apply for Ongoing CA at the Conclusion of the HDU or NoVA Assessment at PATH

Family requests a One-Shot Deal for rent arrears.

If the family does not want to apply for ongoing CA, but instead would like to apply for a One-Shot Deal for rent arrears, the HDU JOS/Worker registers the case and completes the initial eligibility interview, including any necessary referrals. Refer to the Revision to Shelter Arrears Policy and Repayment Agreements (PD #14-06-ELI) for further instructions.

Refer to [PD #14-06-ELI](#).

Family does not request to apply for ongoing CA.

If the family does not want to apply for ongoing CA, the HDU JOS/Worker enters the case outcome in CARES and calls the HDU Supervisor to notify him/her of the case outcome. The HDU Supervisor completes any necessary actions on the case and will then use Q-Matic to queue the family for the next required services at PATH as follows:

- Diverted – the family is sent to DHS Departure Lounge for the issuance of any approved carfare, restaurant allowance and emergency kit items; or
- Not diverted – the family is sent to meet with the DHS Family Worker.

Workflows for Ongoing CA Applications Registered at PATH

If the family would like to apply for CA, the HDU JOS/Worker will conduct the **CA Application Intake** and **CA Application Interview** activities in POS, using either the **Non-Center 078** or **Center 078** workflow. The workflow used by the HDU JOS/Worker is determined as follows:

**Center 078 or
Non-Center 078.**

- **Center 078** workflow is used for families that are Not Diverted by HDU and start the CA application before 4:00 PM. Center 078 is a temporary center designation used as a placeholder until the DHS conditional placement is known. Center 078 will be changed to the responsible Job Center when the family has their second contact with an HDU JOS/Worker. The second contact with HDU occurs after the family has met with a DHS Family Worker.
- **Non-Center 078** workflow is used for families that are:
 - Diverted by HDU;
 - Not Diverted by HDU and start the CA application after 4:00 PM;
 - NoVA Eligible by NoVA;
 - Not NoVA Eligible and have received a conditional placement; and
 - Not NoVA Eligible and have not received a conditional placement.

The order in which required actions are completed during the CA application vary depending on which workflow is used by the HDU JOS/Worker. The attachments listed below include detailed instructions on how to complete the information requested on POS screens when a variation is required, based on the outcome of the family's evaluation:

Refer to **Attachment A.**

- If the **Center 078** workflow is used, refer to the Paperless Office System (POS) Screens: Center 078 Workflow (**Attachment A**); and

Refer to **Attachment B.**

- If the **Non-Center 078** workflow is used, refer to the Paperless Office System (POS) Screens: Non-Center 078 Workflow (**Attachment B**).

Differences between the Center 078 and Non-Center 078 Workflows for CA Applications at PATH

Center 078 cases differ in the following ways:

- The applicant has two contacts with HDU.
- The following occurs during the applicant's first contact:
 - Specific case comments are entered in POS regarding the outcomes of all referral and screening determinations in the POS **Case Notes** function. The worker must not enter case comments regarding domestic violence.
 - The IN/ESNAP Issuance activity is done, but the worker does not submit the activity to the HDU Supervisor;
 - The applicant is directed to report to the DHS waiting area after completing their AFIS referral. The applicant will remain there until their ticket is called by a DHS Family Worker.
 - POS moves the case to the **HDU Applications 078** queue when it posts Action Code **1HHS** so that the HDU JOS/Worker can access the case during the applicant's second contact with HDU;
- The following occurs during the applicant's second contact:
 - The center designation and **Present Address** fields are updated.
 - The necessary referral appointments are made.
 - The completed IN/ESNAP Issuance activity is submitted to the HDU Supervisor.
 - POS moves the case to the **HDU Applications** queue for the responsible Job Center when the HDU JOS/Worker clicks **Next** on the **Print Forms** screen.

Non-Center 078 cases differ in the following ways:

- The applicant has one contact with HDU.
- The applicant is directed to report to the DHS Departure Lounge, for the issuance of any approved car fare, restaurant allowance and emergency kit items, after completing the AFIS referral.

Note: NoVA Eligible families are directed to the appropriate waiting area for transportation to the DV shelter placement.

- POS moves the case to the **HDU Applications** queue for the responsible Job Center when the HDU JOS/Worker clicks **Next** on the **Print Forms** screen.

Actions Required for all Ongoing CA Applications at PATH

The HDU JOS/Worker must complete the actions contained in this section for all CA applications registered at PATH. The order in which the actions are completed during the **CA Application Interview** activity will vary based on which workflow is used by the HDU JOS/Worker.

Screenings for Immediate Needs and Expedited SNAP:

Refer to [PD #12-29-ELI](#) and [PD #14-13-OPE](#).

Also refer to [PB #11-04-ELI](#) if the family is seen by NoVA.

At application, HRA is required to assess a reported emergency situation. If an immediate need is identified it must be addressed and, whenever possible, resolved on the same day. Emergency situations (e.g., eviction) that cannot be fully resolved on the day of application must, if possible, be resolved in time to prevent the impending emergency from occurring. HRA is further required to provide the applicant with a notice indicating whether or not assistance to meet the immediate need will be provided.

Scanning and Indexing Documentation:

Refer to the [POS Scanning and Indexing User Guide](#)

The following items must be scanned and indexed into the applicant's electronic case record:

- Documentation provided by the applicant during the CA application interview to verify eligibility factors;
- The Statewide Common Application (**LDSS-2921**):
 - If there are more than eight individuals in the household; or
 - If the signature pads are not working.

Note: Do not scan and index documents into the applicant's electronic case record that reference any domestic violence incidents disclosed during the CA application interview. The applicant should be instructed to provide those documents to the DV Liaison who will maintain them in a confidential file.

Determining and Generating Necessary Referrals:

- *Automated Finger Imaging System (AFIS)*

Refer to [PD #13-08-ELI](#).

The HDU JOS/Worker must refer all individuals 18 years and older to the onsite Automated Finger Imaging System (AFIS) operator to be finger imaged. The Photo Identification for Supplemental Nutrition Assistance Program (SNAP)/ Finger Imaging for Cash Assistance Notice (**W-519**) is completed for each individual that is required to be finger imaged. The AFIS operator is onsite from 8:30 AM – 7:00 PM Monday through Friday, and 8:30 AM – 3:00 PM on Saturday.

Note: If the onsite AFIS unit is closed or not operable, an AFIS referral to the responsible Job Center must be made.

- *Bureau of Eligibility Verification (BEV):*

Refer to [PB #14-97-OPE](#).

Applicants for CA must be referred to BEV if a Front End Detection System (FEDS) code is assigned to the case during the **CA Application Interview** activity. The HDU JOS/Worker will make the BEV appointment which generates the Notice to Applicant Referral to Bureau of Eligibility Verification (**W-532R**).

Center 078 cases that require BEV referral.

Center 078 cases: The selections made on the **BEV Referral Reasons (FEDS Codes)** window are not saved in POS when the HDU JOS/Worker suspends the **CA Application Interview** activity at the conclusion of the applicant's first contact with HDU. If POS determines that a BEV referral is necessary, the HDU JOS/Worker that conducts the first contact with the applicant must enter a detailed case comment that includes the selections made on the **BEV Referral Reasons (FEDS Codes)** window. This will allow the HDU JOS/Worker that conducts the second contact with the applicant to make the necessary selections and generate the required referral.

- *Common Benefit Identification Card (CBIC):*

Refer to [PB #13-50-OPE](#).

If the household qualifies for the issuance of expedited SNAP benefits or an Immediate Need (IN) and has never been issued a Common Benefit Identification Card (CBIC), the HDU JOS/Worker must give the applicant the Request for Identification Card/Temporary Medicaid Authorization /Update Existing CBIC Referral (**W-607A**) to take to the Disbursement and Collection (D&C) at their responsible Job Center to obtain the OTC Site Form (**DSS-4113-2**).

- *Document Return:*

Refer to [PB #08-21-OPE](#). In order to make a determination of eligibility for CA, applicants must provide required documentation and/or information that is needed to verify specific eligibility factors. The HDU JOS/Worker must issue the applicant the Documentation Requirements and/or Assessment Follow-Up (**W-113K**), which includes a date by which any outstanding documents must be received, and the Eligibility Factors and Suggested Documentation Guide (**W-119D**).

- *Special Assessment:*

Refer to [PD #10-08-ELI](#) and [PD #13-09-ELI](#). An individual that applies for CA and self identifies as a victim of domestic violence must receive a special assessment referral to a Domestic Violence Liaison (DVL). The DVL will assess whether the domestic violence claim is credible and whether it impacts the individual's ability to meet CA program requirements, such as child support cooperation requirements, work activity requirements, residency requirements and other CA requirements.

DV disclosed during the CA application interview at PATH.

If DV is disclosed at any point during the CA application interview, the HDU JOS/Worker is to complete the CA application interview, which includes making a referral to the DVL, and then have the HDU Supervisor refer the family to NoVA.

The initial referral for special assessment must be manually posted in NYCWAY, using Action Code **991S** (Referral/Reschedule), which generates the Special Assessment Referral (**W-103D**) letter.

Note: If a referral to the DV Liaison is required, the worker must only make the Special Assessment and BEV referrals.

- *Office of Child Support Enforcement (OCSE):*

Refer to [PB #12-97-OPE](#). POS will determine whether CA applicants with minor children require a referral to OCSE based on the responses provided to the questions asked during the **CA Application Interview** activity. If an appointment is required, POS will open the **OCSE Referral** window and the HDU JOS/Worker will make a referral appointment to OCSE which generates the Office of Child Support Enforcement Appointment Notice (**M-384**).

- *Substance Abuse*

Refer to [PD #12-14-EMP](#). New York State’s regulations require that adult CA applicants receive screening, assessment, and treatment for alcoholism and/or substance abuse (SA) addictions.

If a member of the family requires a substance abuse referral, the initial referral must be manually posted in NYCWAY, using Action Code **915G** (CASAC Assessment – Applicant), which generates the Referral for Substance Abuse Assessment (**W-456AA**) letter.

- *Systematic Alien Verification for Entitlements (SAVE):*

Refer to [PD #14-26-SYS](#). As a condition of eligibility, any applicant household that has members applying for assistance who are not United States citizens must provide documentation of their immigration status granted by the United States Citizenship and Immigration Services (USCIS) (formerly known as the Bureau of Citizenship and Immigration Services [BCIS] or Immigration and Naturalization Service [INS]).

The HDU JOS/Worker must request a SAVE clearance for each individual that applies for CA that is not a United States citizen. A separate SAVE Referral (**W-515X**) must be generated for each non-citizen and given to the SAVE Liaison.

- *Child Care referrals are **NOT** made at PATH:*

If a request for child care is made, instruct the applicant to address this need with a Child Care Specialist when the applicant reports to his/her responsible Job Center.

Family Requests to Apply for Ongoing CA at the Conclusion of the HDU or NoVA Assessment at PATH

CA APPLICATION WORKFLOW

The HDU JOS/Worker must take the following actions:

- Access **POS**;
- Click on the **Action** tab, select the **CA Application Intake** activity, and click **Start**;
- Conduct the **CA Application Intake** activity;
- Conduct the full **CA Application Interview** activity and click **Next** at the **Print Forms** screen;

CA households that contain more than eight applicants will require a paper application.

Note: If the signature pads are not working, the HDU JOS/Worker must print out all forms/letters that require the applicant's signature and then scan and index the signed forms/letters into the applicant's electronic case record.

- Conduct the **IN/ESNAP Issuance** activity, if required;

Note: If the applicant's responses during the **CA Application Interview** activity indicate the need for an IN or ESNAP, POS will automatically launch the **IN/ESNAP Issuance** activity when the HDU JOS/Worker clicks **Next** on the **Print Forms** screen

- Submit the CARES diversion questionnaire electronically to the HDU Supervisor;
- Instruct the family to proceed to the onsite AFIS operator, to complete the AFIS referral and then to the next appropriate DHS area;
- Call the HDU Supervisor to notify him/her of the diversion questionnaire outcome and status of the CA application.

Note: Refer to **page 8** for the differences between the **Center 078** and **Non-Center 078** workflows.

The HDU JOS/Worker does not make the final eligibility determination for the CA application. The final eligibility determination will be made by the responsible Job Center.

HDU SUPERVISOR RESPONSIBILITIES

The HDU Supervisor completes any necessary actions on the case, which includes the approval or disapproval of IN/ESNAP issuance determinations, and will then use Q-Matic to queue the family for the next required service at PATH.

If the HDU JOS/Worker notified the HDU Supervisor that DV was disclosed during the CA application interview, the HDU Supervisor must route the family to NoVA for a NoVA assessment.

For **Center 078** cases only, the HDU Supervisor will send an email, or update to an earlier email, to the DHS intake department, DHS site managers, NoVA supervisors and HHSI management team that contains a spreadsheet with identifying information for the family that has started a CA application. This email alerts DHS and NoVA staff that the family should be directed back to HDU at the conclusion of their interview with the NoVA Worker and/or DHS Family Worker to complete the CA application process.

Center 078 Cases - Second Contact with the HDU JOS/Worker

The instructions contained in this section are for the applicant's second contact with HDU to complete the CA application process.

Not Diverted family returns to HDU to complete CA application interview.

When the family returns to HDU, the HDU Supervisor uses Q-Matic to assign the case to an HDU JOS/Worker to complete the CA application interview. The HDU JOS/Worker must take the following actions:

CA APPLICATION INTERVIEW – second contact with HDU.

- Select the pending **CA Application Interview** queue in the **HDU Applications 078** queue;
- Read the case comments regarding the outcomes of all referral and screening determinations made by the HDU JOS/Worker that initially performed the CA application activity;
- Update the CA application using the **CA Application Interview** activity as follows:
 - Select the responsible Job Center on the **Job Center Selection** window;

Refer to **Attachment A**, pages 36 – 40, for detailed instructions.

The family's conditional placement is not assigned by 5:00 PM.

Note: If the conditional placement is not assigned by 5:00 PM, select **East River #37** from the **Center** dropdown menu.

- Update the information on the **Address Information** screen

Note: If a conditional placement was not assigned by 5:00 PM, select the **Yes** radio button to the question "*Is the applicant/participant undomiciled?*" If the applicant requests to change the mailing address, that was entered during their first contact with an HDU JOS/Worker, enter the new mailing address in the **Mailing Address** fields.

The family's conditional placement is not assigned by 5:00 PM.

- Make referral appointments, as required, on the **Referrals** screen;

Note: Refer to the instructions on **pages 9-12**.

- Prepare forms on the **Form Data-Entry** screen, as required;
- Prepare notices on the **Notice Data-Entry** screen, as required;

- Complete the following on the **Print Forms** screen:
 - Select the required forms and notices to be printed;
 - Click **Print**; and
 - Capture signatures on forms as required, using the electronic signature pad; and
 - Click **Next** on **Print Forms** screen.

Note: If the signature capture device is not working, the HDU JOS/Worker must print out all referrals, obtain all the required signatures from the applicants, and then scan and index the documents into the applicant's electronic case record.

- Instruct the family to proceed to the DHS Departure Lounge for transportation to the assigned shelter;
- Submit the **IN/ESNAP Issuance** activity to the HDU Supervisor, if applicable; and
- Call the HDU Supervisor to notify him/her that the CA application interview is complete.

HDU SUPERVISOR RESPONSIBILITIES

Refer to the HDU Supervisor responsibilities on **page 13**.

Incomplete CA Applications at PATH

The HDU Supervisor is responsible for reviewing the **HDU Applications 078** queue at 5:00 PM, Monday through Saturday, to see if there are any CA applications in the queue. If there are CA applications in the **HDU Applications 078** queue, the HDU Supervisor will use Q-Matic to route families back to HDU to complete the CA application interview.

Incomplete CA application for a Not Diverted Family

Not diverted family without a conditional placement returns to complete the CA application.

The HDU Supervisor is responsible for assigning the case to an HDU JOS/Worker to complete the CA application interview. If the family has not yet received their conditional placement from DHS, the HDU JOS/Worker is to confirm with the applicant whether the mailing address the applicant provided earlier is an address that can be used to receive correspondence regarding the family's CA application. Refer to the instructions in **Attachment A** that begin on **page 36** under the section heading *CA Application Interview Activity – 2nd Contact* to change the mailing address and/or complete the CA application.

Not diverted family does not return to complete the CA application.

If the family does not return to HDU or receive a conditional placement by 5:00 PM, the HDU Supervisor is responsible for assigning the case to an HDU JOS/Worker to update the mailing address on the CA application. The HDU JOS/Worker is to use the mailing address provided by the family to the DHS Family Worker to send the family correspondence regarding their CA application. If a mailing address was not provided, the HDU JOS/Worker is to use the emergency contact address provided by the family to the DHS Family Worker. The HDU JOS/Worker is to select East River #37 as the center designation for the family's CA application. Refer to the instructions in **Attachment A** that begin on **page 36** under the section heading *CA Application Interview Activity – 2nd Contact*.

Job Center Responsibilities

JOB CENTER RESPONSIBILITIES

The Associate JOS II (AJOS II) must monitor the **HDU Applications** queue for applications that have not yet complied with the Documentation Requirements and/or Assessments Follow-Up (**W-113K**) and the POS Management Console report for cases where the eligibility determination is coming due.

Incomplete CA eligibility interview.

In an instance where an applicant does not complete his/her CA eligibility interview at PATH, the JOS/Worker will complete the eligibility interview when the applicant reports to his/her responsible Job Center. The AJOS II/Worker will assign the case to a JOS/Worker to complete the CA eligibility interview and issue any necessary referrals.

Applicant reports to the Job Center to return documentation requested on the **W-113K**.

When an applicant reports to the Job Center to comply with the **W-113K**, the Worker at Front Door Reception (FDR) or Reception must perform a case search to locate the case and provide the applicant with either a **CSIC Document Rtn** ticket to be seen by a CSIC Worker or a ticket to be seen by the Customer Service Unit, respectively.

Job Center JOS/Worker makes the CA eligibility determination.

The AJOS II will assign the CA application to a JOS/Worker to make the final eligibility determination. The case load designation must be changed by the JOS/Worker when the final eligibility determination is made. The JOS/Worker must issue all appropriate notices regarding the eligibility determination.

SAVE Clearances

Refer to [PD #14-26-SYS](#).

The SAVE Liaison(s) at the Job Center is responsible for monitoring the SAVE System for the verification results of the SAVE clearances requested for non-citizen household members of CA applications registered at PATH whose cases are assigned to their Job Center.

Denial of CA Applications Registered at PATH

The responsible Job Center must deny the CA application if the applicant fails to complete the eligibility process or fails to provide verification requested at the initial eligibility interview. The AJOS II will assign these cases to a JOS/Worker on the business day following the date by which the CA applicant was to have completed the required action, based on the CA application file date.

Failure to Complete the Eligibility Process

Failure to complete the eligibility process.

Refer to [PB #11-117-SYS](#).

The responsible Job Center must deny the CA application if the applicant household fails to report to a Job Center to complete the CA application within seven business days of the CA application file date. The JOS/Worker will deny the CA application using rejection code **N17** (Failure to Complete the Eligibility Process), which will generate the required separate determinations for Medicaid (MA) and the Supplemental Nutrition Assistance Program (SNAP).

Failure to Provide Verification

Failure to provide verification.

The responsible Job Center must deny the CA application if the applicant household fails to provide verification requested on the **W-113K** issued during his/her initial eligibility interview within ten business days of the CA application file date. The JOS/Worker will deny the CA application using rejection code **V21** (Failure to Provide Verification), which will generate the required separate determinations for MA and SNAP.

Applications Pending in Another Job Center

Refer to the [POS Scanning and Indexing User Guide](#).

If the applicant reports to a Job Center to return documentation requested on his/her **W-113K** and it is determined in the course of a case search that the applicant has a pending case in another Job Center, the applicant will be routed to the appropriate unit at the Job Center where he/she reported, and a Worker will scan and index the supporting documents into the applicant's electronic case record. The applicant must not be directed to their responsible Job Center.

Model Office instructions.

The FDR Worker will generate a **CSIC Document Rtn** ticket for the applicant to be seen by a CSIC Worker. The CSIC Worker will scan and index the supporting documents into the applicant's electronic case record and generate a manual Documentation Receipt (**EXP-76R**) to give to the individual.

Non Model Office instructions.

The Receptionist will generate a ticket for the applicant to be seen by the Customer Service Unit. The Customer Service Unit Worker will scan and index the supporting documents into the applicant's electronic case record and generate a manual Documentation Receipt (**EXP-76R**) to give to the individual.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS implications are discussed in this procedure.

SNAP Implications

If a case is rejected for reasons unrelated to SNAP eligibility requirements, a SNAP separate determination must be made.

Medicaid Implications

If a case is rejected for reasons unrelated to Medicaid eligibility requirements, a Medicaid separate determination must be made.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants and participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #14-18-OPE](#) and [PD #14-24-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets For Fair Hearing purposes, all evidence packets must include complete and relevant documentation.

REFERENCES

18 NYCRR 351.2, 351.8(a)(2), and 351.21(a)
 18 NYCRR 351.6
[Temporary Assistance Source Book](#) (Chapter 27: Homeless)
 New York Social Services Law § 459
[98-ADM-3](#), [98-ADM-3-Errata](#)
[94-ADM-11](#)

RELATED ITEMS

[Job Center Zip Code Region Guide](#)
[POS Enrollment Manual](#)
[POS Scanning and Indexing User Guide](#)
[PD #14-26-SYS](#)
[PD #14-13-OPE](#)
[PD #14-06-ELI](#)
[Fax Flash 14-51](#)
[PB #14-97-OPE](#)
[PB #13-50-OPE](#)
[PD #13-09-ELI](#)
[PD #13-08-ELI](#)
[PD #12-29-ELI](#)
[PD #12-14-EMP](#)
[PB #12-97-OPE](#)
[PB #11-117-SYS](#)
[PB #11-04-ELI](#)
[PD #10-08-ELI](#)
[PB #08-21-OPE](#)
[CD #05-10](#)

ATTACHMENTS

- Attachment A** Paperless Office System (POS) Screens: Center 078 Workflow
- Attachment B** Paperless Office System (POS) Screens: Non-Center 078 Workflow

Attachment A

Paperless Office System (POS) Screens: Center 078 Workflow

The POS instructions for the CA Application activities in this attachment are a supplement to the training you have received as an HDU JOS/Worker. The required action for every field on each screen is not included in this document. Please speak with your supervisor if you have questions regarding an action that must be performed on a screen if the instructions are not provided in this document.

Logging into POS

Double click on the **POS Portal** icon on your desktop.

POS Portal icon



Click on the **POS (Paperless Office Systems)** button on the **Welcome to POS** screen.

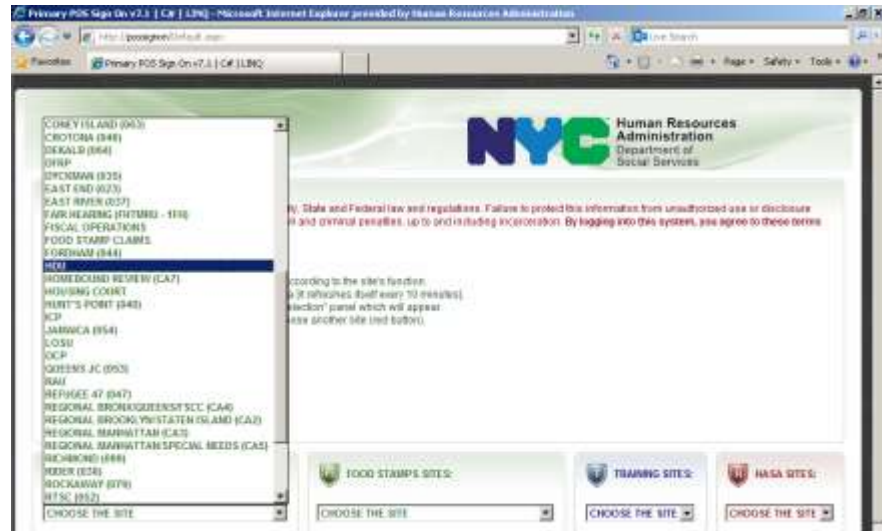
Welcome to POS screen



Attachment A

On the first **POS Sign On** screen, select **HDU** from the **CA Sites** dropdown menu.

POS Sign On – first screen



On the second **POS Sign On** screen, click on the **Connect to Centers: 078** link.

POS Sign On – second screen



CA Application Intake Activity

Complete the following on the **Tracking Language Access Indicators** screen (see screen shot on the following page):

1. Record the answers to the questions asked; and
2. Click **Continue**.

Attachment A

Tracking Language Access Indicators

Refer to [PD #14-18-OPE](#) and [PD #14-24-OPE](#).

The screenshot shows a web browser window with the title 'Paperless Office System - [Site Determination]'. The browser address bar shows 'http://10.10.10.10:8080/...'. The main content area displays a form titled 'Tracking Language Access Indicators'. The form has a blue header bar with the title. Below the header, there are several input fields and a question. The first field is 'Applicant/Participant ID' with a dropdown arrow. The second field is 'Preferred Language for speaking' with a dropdown arrow. The third field is 'Preferred Language for Written Notices' with a dropdown arrow. Below these fields is a question: 'Does the applicant/participant want to use HRA's Free Interpreter Services?' with 'Yes' and 'No' radio buttons. Below this question is another field: 'If YES, which of HRA's Interpreter Services is being Used?' with a dropdown arrow. Below that is another field: 'If No, provide reason stated by applicant/participant' with a dropdown arrow. At the bottom of the form is a 'Continue' button. Below the form, there is a question: 'Is anyone in the household a US Citizen?' with 'Yes' and 'No' radio buttons. At the bottom of the page, there are three buttons: 'Next', 'Refer for Intake', and 'Referral'.

Complete the following on the **Site Determination** screen (see screen shot on the following page):

1. Select **Center 078** in the **Center** field;

Note: Center 078 is used for families that are Not Diverted by HDU and start the CA application process before 4:00 PM. Center 078 is a temporary center designation used as a placeholder until the DHS conditional placement is known. Center 078 will be changed to the responsible Job Center when the family has their second contact with an HDU JOS/Worker. The second contact with HDU occurs after the family has met with a DHS Family Worker.

2. Select **PATH** from the **HDU Location** dropdown menu;
3. Select the **No** radio button to the question "*Was the applicant diverted by HDU or already placed by DHS?*" and POS will pre-fill the **Undomiciled?** checkbox and the **Residential Address** fields;
4. Enter all other requested information and run the requested clearances on the screen; and
5. Click **Next**.

Attachment A

Site Determination

Complete the following on the **WMS Address Check** screen:

1. Select a response to the question “*Does the applicant have a mailing address?*”;
 - a. If **Yes** is selected, enter the mailing address in the **Mailing Address** fields; or
 - b. If **No** is selected, the General Post Office (GPO) address for the Bronx will pre-fill in the **Mailing Address** fields; and
2. Click **Next**.

WMS Address Check

Attachment A

Complete the following on the **Adults in Household** screen:

1. Enter all requested information for each **adult** in the household:

Note: If there are multiple adults, click on the vertical scroll bar for a blank data entry field and repeat step one until all adults in the household have been recorded; and

2. Click **Next**.

Adults in Household

Version 18.2.3 - Paperless Office System - [Adults in Household] 4:53:44 PM Tuesday, August 12, 2008

File Edit Tools Window Help

Adults

Last Name: First Name: Middle Name: Relationship: See

Individual is a: Applying For: Required for Applying Adults ONLY

Spouse of Cashhead/Paper CA Suffix: Birth Certificate No. Yes No

Cashhead MA Counts of Birth: Other Name(s) Yes No

Paper SNAP D.O.B: Marital Status: Receiving SSI Yes No

None of the above None

Multi Ethnic Fields: Asian: Native Hawaiian/Other Pacific Islander: White:

Yes No Yes No Yes No

Yes No Yes No Yes No

List Parents' Names Even if Not On Birth Certificate

Mother's - Maiden Name: First Name: Middle Name:

Father's - Last Name: First Name: Middle Name:

Next Previous

Complete the following on the **Children in Household** screen (see screen shot on the following page):

1. Enter all requested information for each **child** in the household:

Note: If there are multiple children, click on the vertical scroll bar for a blank data entry field and repeat step one until all children in the household have been recorded; and

2. Click **Next**.

Attachment A

Children in Household

Children

Last Name: _____ First Name: _____ Middle Name: _____ Relationship to First Carehead/Parent: _____ Sex: _____

Applying For:
 CA
 MA
 SNAP
 None

Required for Applying Children ONLY:
SSN: _____ Other Name(s): Yes No
Marital Status: _____
County of Birth: _____ Birth Certificate No.: _____

Multi Ethnic Fields:
Hispanic/Latino: Yes No
Asian: Yes No
Native Hawaiian/Other Pacific Islander: Yes No
Native American or Alaska Native: Yes No
Black or African American: Yes No
White: Yes No

List Parents' Names Even if Not On Birth Certificate:
Mother's - Middle Name: _____ First Name: _____ Middle Name: _____
Father's - Last Name: _____ First Name: _____ Middle Name: _____

Next Previous

Complete the following on the **Gathering Statistics** screen, if applicable:

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Gathering Statistics

Version 18.1.1 - Paperless Office System - [Gathering Statistics] 5:07:44 PM Tuesday, August 12, 2014

File Edit View Window Help

Is Anyone In The Household Pregnant? Yes/No

Speech Next Previous

Complete the following on the **Food Stamp Household Composition** screen (see screen shot on the following page):

1. Record the answer to the question asked; and
2. Click **Next**.

Attachment A

Food Stamp Household Composition

Version 18.2.1 - Paperless Office System - [Food Stamp Household Composition] 10:21:56 AM Thursday, December 18, 2014

File Edit Tools Window Help

Does this person buy food and/or prepare meals with Casehead Suffix

Suffix	First Name	Last Name	Mid	Relation	Yes	No
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>

Next Previous

Complete the following on the **Case Login** screen:

1. Enter all requested information on the screen;
2. Click **Xmit**; and
3. Click **Done**.

Note: The **CA Application Interview** activity will launch automatically when the HDU JOS/Worker clicks **Done** on the **Case Login** screen.

Case Login

Version 18.2.1 - Paperless Office System - [Case Login] 11:11 PM Monday, December 29, 2014

File Edit Tools Window Help

Worker ID Case ID District

Present Address

Street Number Direction Name Type Apt # City

State Zip Code Phone

Case Member Information

Staff No.	CH	Name	Relation	DOB	SSN	Val Sec	Czn/	NI	IB	CA	MAS/NAP	AFIS/ST

Suffix Level Information

Registration Number Unit Worker Update Unit Worker

Suffix Case Name File Date

Category Primary Language CNS Notice Language Language Read

Print Historical Form Done Xmit Previous

Attachment A

CA Application Interview Activity – 1st Contact

Click **Next** on the **Household** screen:

Household Screen

The screenshot shows the 'Household Screen' in the Paperless Office System. The title bar indicates 'Version 18.2.1 - Paperless Office System - [Household Screen]' and the date is 'Friday, July 11, 2014'. The interface includes a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main content area is divided into several sections: 'Suffix Individual' (Integrity Code: WMS Message via OLTP, PCUPD1 ADDET CLEARANCE PERFORMED REPORT SCHEDULED), 'Control Information' (District, Center, Worker, Case Number), 'Present Address' (Street Number, Direction, Name, Type, Apt #, City, State, Zip Code, Phone), 'Suffix Information' (Action, Applying, SNAP File Date, CA File Date, SNAP Suffix, SNAP Status, SNAP EAP), and 'Case Member Information' (a table with columns: Suffix, Case Name, Cal, Stat, EAP, Stat, EAP, Language, Notice, Language, Handicap Status, Next CA Recert date, Last CA Recert date, Last MA Recert date). The table contains one row of data. At the bottom, there are 'Next' and 'Previous' buttons.

Click **Next** on the **Address Information** screen:

Address Information – 1st contact

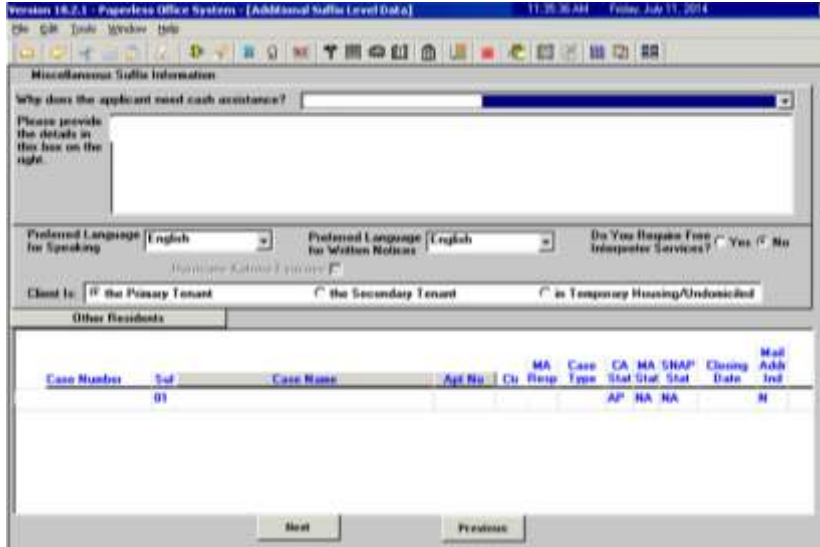
The screenshot shows the 'Address Information' screen in the Paperless Office System. The title bar indicates 'Version 18.2.1 - Paperless Office System - [Address Information]' and the date is 'Friday, July 11, 2014'. The interface includes a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main content area is divided into several sections: 'Present Address' (Is the applicant/participant undomestic? Yes/No, SI No/Du/Name, State, Zip Code, Type, Apt #, City, Phone, Years (If Stay), Months), 'Mailing Address' (Care of Name, SI No/Du/Name, State, Zip Code, Type, Apt #, City, Phone), 'Delete Mailing Address' (Yes/No), 'E-mail Address' (E-mail, Verified Yes/No, Repeat Verification), and 'Delete Email Address' (Yes/No). At the bottom, there are 'Next' and 'Previous' buttons.

Complete the following on the **Address Suffix Level Data** screen (see screen shot on the following page):

1. Enter all requested information on the screen; and
2. Click **Next**.

Attachment A

Address Suffix Level Data

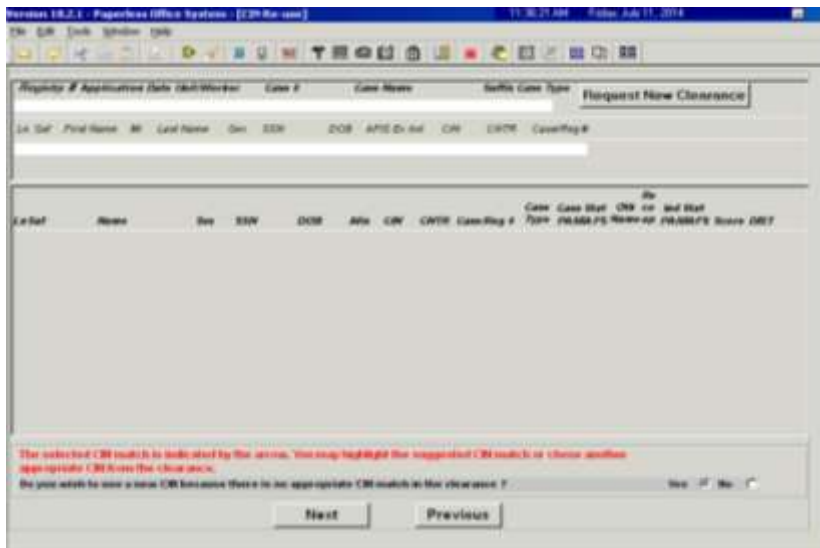


Complete the following on the **CIN Re-use** screen

1. Evaluate the clearance to determine the correct CIN to select; and
2. Click **Next**.

CIN Re-use

Refer to [PD #05-17-OPE](#) and [PB #14-17-ELI](#)



Complete the following on the **Case Number Re-Use** screen (see screen shot on the following page):

1. Evaluate the clearance to determine the correct WMS case number to select; and
2. Click **Next**.

Attachment A

Case Number Re-Use

Refer to [PB #13-16-SYS](#)



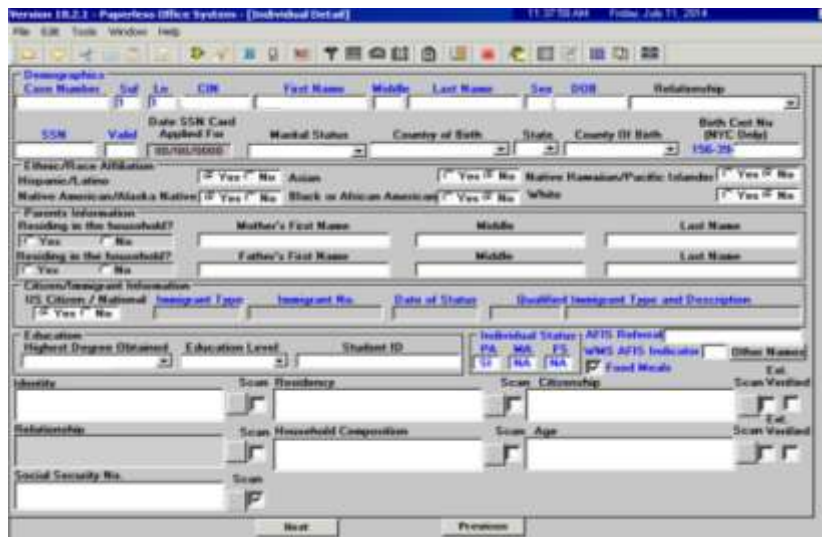
Complete the following on the **Individual Detail** screen:

1. Enter all requested information and complete any **Response to Question** windows; and
2. Click **Next**.

Refer to [PD #13-09-ELI](#) and [PD #14-26-SYS](#) if the household contains non-citizens.

Note: The **Alien Checklist** screens must be completed for each applicant in the household that is not a United States citizen. The HDU JOS/Worker must generate a separate Systematic Alien Verification for Entitlements (SAVE) Referral (**W-515X**), on the **Form Data-Entry** screen, to request a SAVE clearance for each non-citizen in the household (refer to page 38).

Individual Detail

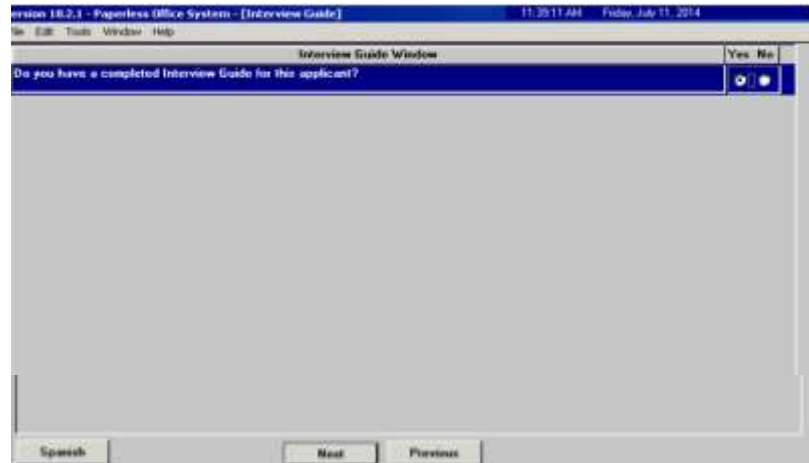


Attachment A

Complete the following on the **Interview Guide** screen:

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Interview Guide



Complete the following on the **Absent/LRR's** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Absent/LRR's



Attachment A

Complete the following on the **Employment Information** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Employment Information

The screenshot shows the 'Employment Information' screen in the Paperless Office System. The window title is 'Version 18.2.1 - Paperless Office System - [EMPLOYMENT INFORMATION]' and the date is 'Friday, July 11, 2014'. The screen contains a table with the following questions and response options:

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:		Yes	No
Is Employed? (Including Subcontracting)	<input type="radio"/>	<input type="radio"/>	
Is Self-Employed?	<input type="radio"/>	<input type="radio"/>	
Is Unemployed? (Currently Not Working)	<input type="radio"/>	<input type="radio"/>	
Could You Accept a Job Today?	<input type="radio"/>	<input type="radio"/>	
Participating in A Strike?	<input type="radio"/>	<input type="radio"/>	
Is Anyone in the Household a Migrant or Seasonal Farm Worker?	<input type="radio"/>	<input type="radio"/>	
Has Child Or Dependent Care Expenses?	<input type="radio"/>	<input type="radio"/>	
Is Needed in the Home to Care for a Child Under the Age of 6 or an Incapacitated Person?	<input type="radio"/>	<input type="radio"/>	

At the bottom of the screen, there are three buttons: 'Spanish', 'Next', and 'Previous'.

Complete the following on the **Current Income** screen (screen shot continued on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Current Income

The screenshot shows the 'Current Income' screen in the Paperless Office System. The window title is 'Version 18.2.1 - Paperless Office System - [Current Income]' and the date is 'Friday, July 11, 2014'. The screen contains a table with the following questions and response options:

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU RECEIVES:		Yes	No
Unemployment Insurance Benefits?	<input type="radio"/>	<input type="radio"/>	
Supplemental Security Income (SSI) Benefits?	<input type="radio"/>	<input type="radio"/>	
Social Security Disability Benefits?	<input type="radio"/>	<input type="radio"/>	
Foster Care Payments (Received)?	<input type="radio"/>	<input type="radio"/>	
Social Security Dependent Benefits?	<input type="radio"/>	<input type="radio"/>	
Social Security Survivor's Benefits?	<input type="radio"/>	<input type="radio"/>	
Social Security Retirement Benefits?	<input type="radio"/>	<input type="radio"/>	
Railroad Retirement Benefits or Railroad Retirement Dependent Benefits?	<input type="radio"/>	<input type="radio"/>	
Pension Benefits (Pensions)?	<input type="radio"/>	<input type="radio"/>	
Dividends/Interest From Stocks, Bonds, Saving, ETC?	<input type="radio"/>	<input type="radio"/>	
Worker's Compensation?	<input type="radio"/>	<input type="radio"/>	
WV's Disability Benefits?	<input type="radio"/>	<input type="radio"/>	
Veteran's Pensions/Benefits/Ad And Attendance?	<input type="radio"/>	<input type="radio"/>	
All Dependency Allowances?	<input type="radio"/>	<input type="radio"/>	

Attachment A

Current Income continued

Public Assistance Grant?	<input type="radio"/> Yes <input type="radio"/> No
Education Grants Or Loans?	<input type="radio"/> Yes <input type="radio"/> No
Rental Income (Received)?	<input type="radio"/> Yes <input type="radio"/> No
Boarders/Lodgers Income (Received)?	<input type="radio"/> Yes <input type="radio"/> No
Contributions/Gifts (Received - NOT Excess Rent, Tuition or Household Expenses)?	<input type="radio"/> Yes <input type="radio"/> No
Child Support Payments (Received)?	<input type="radio"/> Yes <input type="radio"/> No
Alimony/Support (Received)?	<input type="radio"/> Yes <input type="radio"/> No
Private Disability Insurance Health/Accident Insurance Policy Income?	<input type="radio"/> Yes <input type="radio"/> No
No Fault Insurance Benefits?	<input type="radio"/> Yes <input type="radio"/> No
Union Benefits (Including Strike Benefits)?	<input type="radio"/> Yes <input type="radio"/> No
Loans (Received), Annuity Mortgage Loans Only?	<input type="radio"/> Yes <input type="radio"/> No
Has Other Income? Such as Training Allowance, Income from a Trust, Spina Binds etc..	<input type="radio"/> Yes <input type="radio"/> No

Spanish Next Previous

Complete the following on the **Past Maintenance** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Past Maintenance

Version 18.2.1 - Paperless Office System - [Past Maintenance] 11:53:00AM Friday, July 11, 2014

File Edit Tools Window Help

How have you been supporting yourself/household in the past? Answer Yes to all that apply. (One Yes required)

Important Note: This window is only intended to record income (and maintenance) that occurred in the past and has ended. You will be required to supply an END DATE for any income you enter here. Income that is still being received should only be recorded in the Current Income window.

Yes No Employment

Yes No Self Employment

Yes No Unemployment Benefit (UB)

Yes No Worker's compensation

Yes No Social Security Benefits

Yes No 551

Yes No Disability

Yes No Survivors

Yes No Dependents

Yes No Statement

Yes No NYS Disability

Yes No Veteran's Benefits

Yes No Receiving Child Support

Yes No Public Assistance Benefits

Yes No Other

Yes No Incarceration

Yes No Recent Hospital Release

Yes No Military Service

Yes No Shelter/ Soup Kitchen

Yes No Depleted Savings / Assets

Yes No Hustling/ Parahanding

Yes No Support From Family and Friends

Yes No Rehabilitation Release

Yes No Agency/ Church/ Community Org.

Yes No Training Allowance

Spanish Next Previous

Complete the following on the **Grand Parent/Step Parent/Immigrant** screen (see screen shot on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Attachment A

Grand Parent/Step Parent/Immigrant



Complete the following on the **Resources** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Resources



Attachment A

Complete the following on the **Medical** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Medical

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING/RE-CERTIFYING		Yes	No
Has Daily Activity Limited because of an Illness/Temporary Disability or is Blind, Sick or Disabled?	<input checked="" type="radio"/>	<input type="radio"/>	
Has Paid Or Unpaid Medical Bills For The Three Months Preceding The Month Of This Application?	<input type="radio"/>	<input type="radio"/>	
Has Any Type of Health/Hospital/Accident Insurance or Revenues Assistance in Paying Medical Expenses?	<input type="radio"/>	<input type="radio"/>	
Is Pregnant?	<input type="radio"/>	<input type="radio"/>	
Is In A Hospital, Nursing Home Or Other Medical Institution?	<input type="radio"/>	<input type="radio"/>	
Has Any Medical Bills Or Medically Related Expenses?	<input type="radio"/>	<input type="radio"/>	
Is Or Was Drug Or Alcohol Dependent?	<input type="radio"/>	<input type="radio"/>	
Has Been In A Car Accident Or Work Related Accident In The Past Two Years?	<input type="radio"/>	<input type="radio"/>	
Is Any Adult In The Household Homebound or requiring a home visit?	<input type="radio"/>	<input type="radio"/>	

Complete the following on the **Shelter (Housing) Expenses** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Shelter (Housing) Expenses

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING/RE-CERTIFYING		Yes	No
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input checked="" type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expenses?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have An Electricity And/Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have An Air Conditioning Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input type="radio"/>	
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?	<input type="radio"/>	<input type="radio"/>	
Are There Rent, Mortgage or Tax Assessments?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Did The Household receive a HEAP payment totaling greater than \$20 in the current month or in the immediately preceding 12 months?	<input type="radio"/>	<input type="radio"/>	

Attachment A

Complete the following on the **Other Expenses** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Other Expenses

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [OTHER EXPENSES]". The window contains a table with the following questions and response buttons:

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING		Yes	No
Are You Able To Prepare Meals At Home ?		<input type="radio"/>	<input type="radio"/>
Has Additional Expenses? Specify:		<input type="radio"/>	<input type="radio"/>
Pays Tuition and/or Fees?		<input type="radio"/>	<input type="radio"/>
Pays Child Support?		<input type="radio"/>	<input type="radio"/>
Pays Alimony?		<input type="radio"/>	<input type="radio"/>
Owes At Least Four Months' Court-Ordered Support For A Child Under 18?		<input type="radio"/>	<input type="radio"/>
Plans Or Plans To Buy Meals From A Home Delivery Or Commercial Dining Service?		<input type="radio"/>	<input type="radio"/>
Does anyone on the case have Child Support obligations and/or arrears?		<input type="radio"/>	<input type="radio"/>

At the bottom of the window are three buttons: "Spanish", "Next", and "Previous".

Complete the following on the **Education/Training** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Education/Training

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [EDUCATION / TRAINING]". The window contains a table with the following questions and response buttons:

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING		Show
Education and Training Information?		<input type="radio"/>
Is Anyone Applying Between Age 11 And 20 ?		<input type="radio"/>

At the bottom of the window are three buttons: "Spanish", "Next", and "Previous".

Attachment A

Complete the following on the **Disposition/Withdrawal** screen:

1. Select the appropriate checkbox in the **EXEMPTION STATUS** section;
2. Select the appropriate checkbox in either:
 - a. The **JOS DISPOSITION** section if the household wishes to proceed with the CA application; or
 - b. The **WITHDRAWAL** section if the household wishes to withdraw the CA application; and
3. Click **Next**.

Disposition / Withdrawal

The screenshot displays the 'Disposition / Withdrawal' screen with the following sections:

- Case Head:** Fields for Applicant and Date of Birth.
- Case Level Exemption Status:** A list of checkboxes for various exemptions, including 'MICA Case, Employment Assessment is Not Required', 'Elder Care', 'Responsible Caregiver', 'One Shot Deal', 'Case is a Child Case in Loss of Public Assistance (PA), Spousal Emp Access is Required', and 'Case is Not Exempt, Employment Assessment is Required'.
- Wishes to Withdraw Case From:** Checkboxes for PA (Public Assistance), FS (Food Stamp Benefits), and MA (Medical Assistance).
- Reasons:** Checkboxes for Sufficient Income, Family Resources, Financial Resources, Community Resources, and Unpaid Family Support, along with an 'Other Reason' text field.
- Continue with Application:** A checked checkbox.
- Other programs to withdraw from:** Checkboxes for 'One-Time / Emergency Payment Only (One Shot Deal)' and 'Child Case in Loss of PA'. Below these is a question: 'Should you like to Continue with an Application for ongoing PA?' with YES and NO radio buttons.
- WITHDRAW MY APPLICATION/JOB PROFILE FOR:** Checkboxes for PA, FS, and MA, and checkboxes for 'One-Time / Emergency Payment Only (One Shot Deal)' and 'Child Case in Loss of PA'.
- Navigation:** 'Next' and 'Previous' buttons at the bottom.

Complete the following on the **Other Information** screen (see screen shot on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Attachment A

Other Information

	Yes	No
Have You Or Any Member Of Your Household Been Convicted Of Making A Falsehood Statement Or Representation Of Residence In Order To Receive Temporary (Cash) Assistance In Two Or More States?	<input checked="" type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Who Is Applying Moved Into This County From Another New York State County Within The Past Two Months?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Received Benefits For Which They Were Not Entitled, Which Have Not Been Fully Repaid To This Or Another Agency?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Ever Been Found Guilty Of And/Or Been Disqualified For Temporary Assistance And/Or SNAP Benefits Because Of Fraud/Intentional Program Violation?	<input type="radio"/>	<input type="radio"/>
Do You Or Does Anyone Who Lives With You Receive Any Type Of Assistance Or Services Now?	<input type="radio"/>	<input type="radio"/>
Have You Or Does Anyone Who Lives With You Received Assistance Or Services In The Past?	<input type="radio"/>	<input type="radio"/>
Have You Sold, Transferred Or Given Away Any Of Your Property To Anyone To Get Temporary Assistance Or SNAP Benefits?	<input type="radio"/>	<input type="radio"/>
Are You Or Any Member Of Your Household Facing Prosecution, Confinement Or Conviction For A Felony?	<input type="radio"/>	<input type="radio"/>
Are You Or Any Member Of Your Household Violating Probation Or Parole?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone In Your Household Ever Been In The U.S. Military?	<input type="radio"/>	<input type="radio"/>
Has Your Spouse Ever Been In The U.S. Military?	<input type="radio"/>	<input type="radio"/>
Is Anyone In The Household A Dependent Of Someone Who Is Or Was In The U.S. Military?	<input type="radio"/>	<input type="radio"/>

Search Next Previous

Complete the following on the **SI Grant Requests and Issuance** screen (screen shot continued on the following page):

1. The JOS/Worker must click on every button labeled **GO**, in numerical order, and complete the task item before moving on to the next task;
2. The JOS/Worker is not required to click on the buttons that are labeled **NA**; and
3. Click **Next**.

SI Grant Requests and Issuance

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding Status: Completed	GO
3.	Task Name: Request Details Action: This Task must be completed before proceeding Status: Completed	GO
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding Status: Completed	GO
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding Status: No Action Required	NA

Attachment A

SI Grant Requests and Issuance continued

6. **Task Name:** Outstanding Requests, Documentation/Verification and Referrals GO
Action: This Task must be completed before proceeding
Status: **This Task is Next**

7. **Task Name:** Grants Data Entry GO

8. **Task Name:** Print Notices and Repayment Agreements Wait
Action: Complete the required tasks above before doing this task
Status: **Not Done Yet**

Next Previous

Complete the following on the **Potential Benefits** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Potential Benefits

Version: 18.2.1 - Paperless Office System - [POTENTIAL BENEFITS] 12:47:08 PM Fri, Jul 11, 2014
File Edit Tools Window Help

ARE YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING ELIGIBLE FOR:

Potential Unemployment Insurance Benefits	Show
Potential Workers' Compensation	Show
Potential NY's Disability Benefits	Show
Potential Pension Benefits	Show
Potential Strike Benefits	Show
Potential Maternity Benefits	Show
Potential Sick Leave Pay	Show
Potential Vacation Pay	Show
Potential Severance Pay	Show
Potential IRA/401K/403B/457	Show
Potential Stock Options	Show
Potential Alimony/Support	Show
Potential Servicemen's Allowance	Show
Potential SSA Survivor's Benefit	Show
Potential Social Security Retirement Benefit	Show
Potential Social Security Disability Benefits	Show
Potential Supplemental Security Income Benefit	Show
Potential VA Benefit	Show
Potential Railroad Benefit	Show

Spanish Next Previous

Attachment A

Complete the required task on the **Child/Teen Health Program Script** screen and click **Next**:

Child/Teen Health Program Script

Version: 18.2.1 - Paperless Office System - [CHILD/TEEN HEALTH PROGRAM SCRIPT] 11:07:35 AM Thursday, December 18, 2014

File Edit Tools Window Help

Now I'm going to tell you about a program that can protect the health of your children. It's called the Child/Teen Health Program, or CTHP. CTHP is free for children under 21 who have Medicaid.

Your children need regular checkups, even if they're healthy. Checkups can help identify problems like asthma and lead poisoning, and can show if a child needs any other medical or dental treatment. Medicaid doctors, clinics, and health plans will do the checkups free. If health problems are found, your child will get any additional health care that is needed.

The CTHP Fact Sheet, in English and Spanish, and the List of Participating Clinics and Hospitals are in your packet. The Fact Sheet explains the Child/Teen Health Program and gives a toll-free CTHP telephone number. The List of Participating Clinics and Hospitals lists some places you can take your children for medical, dental or vision exams.

If you call the CTHP number you can get help finding CTHP doctors or clinics near where you live. The doctors or clinics can help you to arrange transportation to and from your appointment and they can tell you how to get a travel reimbursement.

Note To Worker

Have you read ALBUD to this applicant the statement about the Child/Teen Health Program? Yes No

Next Previous

Complete the following on the **Pre-Referrals** screen:

1. Click on the show button and complete the **Response to Question** window, as required; and
2. Click **Next**.

Pre-Referrals

Version: 18.2.1 - Paperless Office System - [PRE-REFERRALS] 12:49:02 PM Friday, July 11, 2014

File Edit Tools Window Help

Alcohol and Substance Abuse Screening Yes No

Spanish Next Previous

Attachment A

Complete the following on the **POS Alcohol and Drug Abuse Screening Response to Question** window:

1. Record the answers to the questions asked; and
2. Click **OK**.

Note: If a substance abuse referral is needed, the referral will be made during the second contact. Refer to page 37.

POS Alcohol and Drug Abuse Screening – Response to Question

The screenshot shows a software window titled "Response to Question" for "POS Alcohol and Drug Abuse Screening". It includes a dropdown menu for "Who" and a text area with instructions: "Read this statement to the applicant/client before asking the question: We are asking the following questions in order to understand factors, such as alcohol or substance abuse, that might make it hard for you to work and become self-sufficient. We use this form to help you recognize these factors, and to assist you and your family, if needed. Depending upon your responses to the questions, you may be referred for an alcohol/substance abuse assessment. Ask the applicant/client the following questions and record his/her answer:". Below this are ten numbered questions, each with "Yes" and "No" radio button options. The questions cover topics like temporary assistance, job loss, legal problems, alcohol/drug use reduction, social stigma, medical history, and treatment. At the bottom, there are two more questions: "Did the client/applicant refuse to answer screening questions?" and "Is a Drug/Alcohol Assessment Referral necessary?", both with "Yes" and "No" options. "OK" and "Cancel" buttons are at the very bottom.

Complete the following on the **Human Trafficking Victim** screen:

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Human Trafficking Victim

The screenshot shows a software window titled "Human Trafficking Victim". The main question is "Is anyone in the household a Human Trafficking Victim?". To the right of the question are "Yes" and "No" radio button options. At the bottom of the window, there are three buttons: "Spanish", "Next", and "Previous". The window title bar includes "Person 18.2.1 - Paperless (Office System - Human Trafficking Victim)", "12:49:40 PM", and "Friday, July 11, 2014".

Attachment A

Complete the following on the **Referrals** screen:

1. Record the answers to the questions asked;
2. Complete the **Response to Question** windows;
3. **Do not** make the referral appointments; and
4. Click **Next**.

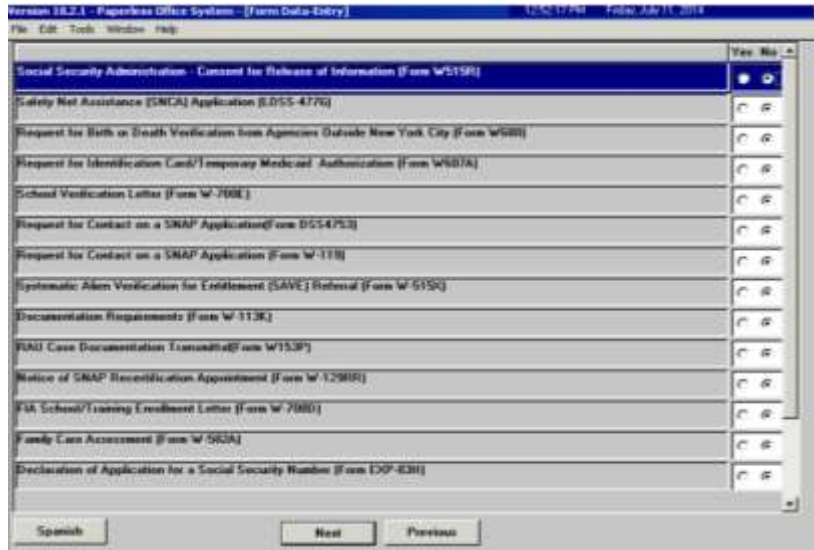
Referrals – 1st contact

Refer to
[PB #14-97-OPE](#),
[PB #12-97-OPE](#),
[PD #12-14-EMP](#), and
[PD #10-08-ELI](#).



Click **Next** on the **Form Data-Entry** screen:

Form Data-Entry – 1st contact



Attachment A

Click **Next** on the **Notice Data-Entry** screen:

Notice Data-Entry – 1st contact

Document Type	Yes	No
Notice of New Worker Assigned (Form W102)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notice to Report to Center (Form W-3)	<input type="checkbox"/>	<input type="checkbox"/>
Notification to Utility Company (Form W020V)	<input type="checkbox"/>	<input type="checkbox"/>
Federal Information Letter (Form W-3AA)	<input type="checkbox"/>	<input type="checkbox"/>
SNAP Recertification Notice for Center FC1 (Form W1400V)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form W1400H)	<input type="checkbox"/>	<input type="checkbox"/>
Fee Hearing Compliance Statement (Form W180C)	<input type="checkbox"/>	<input type="checkbox"/>
Fee Hearing Compliance Request (Form W180I)	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Rent Payment Responsibility (Form W051V)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Recognition of Advance Payment (Form W437B)	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Rent Payment Responsibility (RPS) Residents, CSRD Hotels, Family Emergency Apartments (Form W051P-EP0)	<input type="checkbox"/>	<input type="checkbox"/>
Reassignment Worksheet to Enhance Worker Handling (Form W145F)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Special Grant (Form W03N)	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following on the **LDSS2921 Signature Capture** screen:

1. Click **Print**;
2. Capture all required signatures; and
3. Click **Next**.

Note: If the household contains more than eight individuals, the worker will need to print the Statewide Common Application (**LDSS-2921**) and manually capture the signatures for individuals nine and above. The entire **LDSS-2921**, that contains the captured required signatures, is scanned and indexed into the applicant's electronic case record.

LDSS2921 Signature Capture

Page 1 - Food Stamp Applicant/Representative Signature Print Page

Page 11 - Consent to Withdraw the Application Print Page

Last Page Signature Page 11 - Applicant/Representative Signature Print Page

Last Page Signature Page 11 - Husband/Wife or Protective Representative Signature Print Page

Disable to Capture Signatures

Page 2 - Citizenship Certification Signature Print Page

View Posted LDSS-2921

Attachment A

Complete the following on the **Expedited Processing** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Expedited Processing

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Expedited Processing]". The window contains several questions with "Show" buttons:

- Have You Or Anyone Who Is Applying Received SNAP Benefits This Month?
- Has The SNAP Household Received Expedited SNAP Benefits In The Past?
- Has Anyone Who Is Applying For SNAP Had Income or Expect to Receive Income From Any Sources (Such As Employment, SSA, SSI, UI, Or Contributions) This Month?

Below the questions is a large text area with the following text: "ATTENTION TO THE INTERVIEWER: Based on the interview is there any indication that the applicant needs any non-food related personal care necessary for health and personal care or a food related immediate need grant?"

At the bottom of the window are three buttons: "Spanish", "Next", and "Previous".

Click **Next** on the **Previewing Form DSS3938** screen:

Previewing Form DSS3938

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Previewing Form DSS3938]". The window displays a form titled "FOOD STAMP APPLICATION EXPEDITED PROCESSING WORKSHEET".

The form contains the following fields and options:

- Date Application Filed: _____ Date of Screening: _____
- Date of Eligibility Interview: _____
- Qualified for expedited processing? Yes No
- Expedited Food Stamp Benefit Eligible: ELIGIBLE INELIGIBLE
- Reason: ELIGIBLE
 ELIGIBLE (Applied on or before 15th of month; zero benefit due to prorated)
 ELIGIBLE (Applied after 15th of month; zero first month's benefit due to prorated; full second month's benefit)
 ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus full second month's benefit)
 HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (see comments.)
 VERIFICATION OF IDENTITY NOT PROVIDED
 WE DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION
- Other Denial Reason/Comments: _____
- Is the household already receiving Food Stamp Benefits this month? Yes No

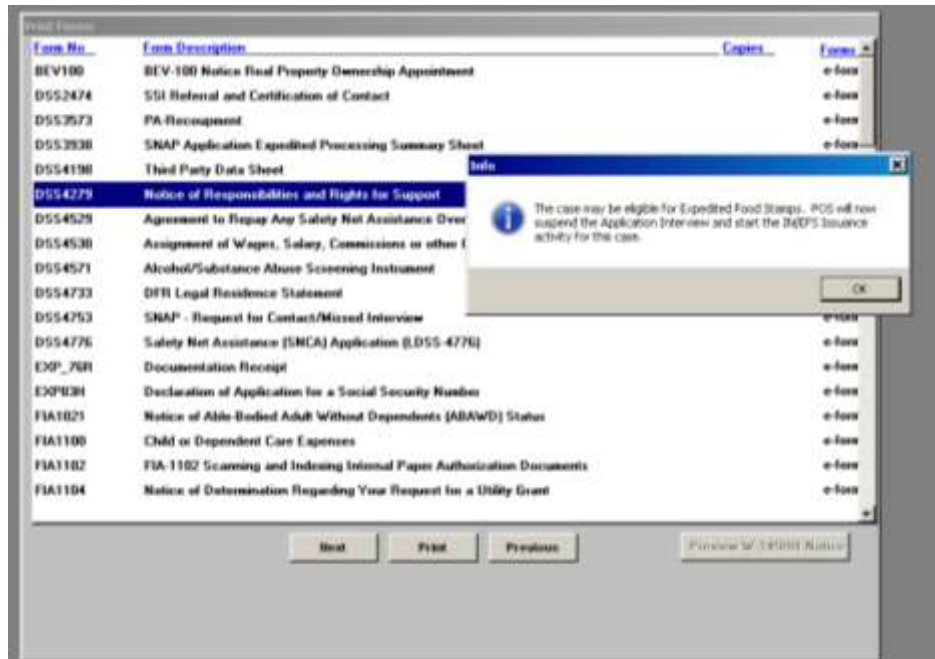
At the bottom of the window are two buttons: "Next" and "Previous".

Attachment A

Complete the following on the **Print Forms** screen:

1. Select the **DSS-4279**;
2. Click **Print**; and
3. Click **Next**. POS moves the case to the **HDU Applications 078** queue; and then launches the **Immediate Need (IN)/ Expedited SNAP (ESNAP) Issuance** activity if the applicant's responses during the **CA Application Interview** activity indicated a need for an IN or ESNAP issuance.

Print Forms – 1st
contact



Attachment A

Immediate Need (IN)/ Expedited SNAP (ESNAP) Issuance Activity

Click **Next** on the **Household** screen:

Household Screen

Version 18.2.1 - Paperless Office System - [Household Screen] 11:33:54 AM Friday, July 11, 2014

Suffix Individual Integrity Code WMS Message via OLTP
PCUPD1 ADDET CLEARANCE PERFORMED REPORT SCHEDULED

Control Information
District Center Worked Case Number

Present Address
Street Number Direction Name Type Apt # City
State Zip Code Phone

Suffix Information
Action Applying
SNAP File Date CA File Date SNAP Suffix SNAP Status NA SNAP EAP 0
CA MA Notice
Suffix Case Name Cal Stat EAP Stat EAP Language Language Handicap Status
Next CA Recert date Last CA Recert date Last MA Recert date

Case Member Information
Suff Ln CIN Name Relation DOB SSN Val Sec Div/ HH HB CA MA SNAP AFIS/S

Next Previous

Click **Next** on the **Expedited Processing** screen:

Expedited Processing

Version 18.2.1 - Paperless Office System - [Expedited Processing] 11:14 PM Tuesday, September 02, 2014

Have You Or Anyone Who Is Applying Received SNAP Benefits This Month?

Has The SNAP Household Received Expedited SNAP Benefits In The Past?

Has Anyone Who Is Applying For SNAP Had Income or Expect to Receive Income From Any Sources (Such As Employment, SSA, SSI, UI, Or Contributions) This Month?

ATTENTION TO THE INTERVIEW: Based on the interview is there any indication that the applicant needs any non-food related personal item necessary for health and personal care or a food-related immediate need grant?

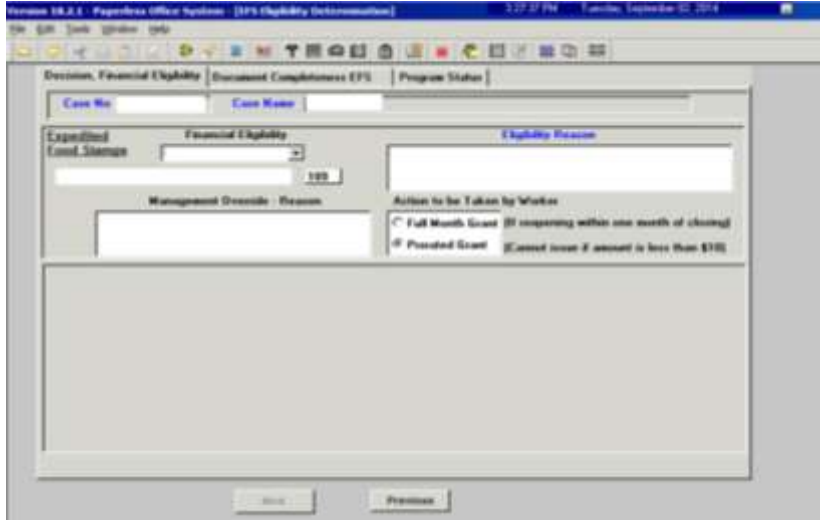
Spanish Next Previous

Complete the following on the **EFS Eligibility Determination** screen (see screen shots on the following page):

1. Review each tab (**Decision**, **Financial Eligibility**, **Document Completeness EFS**, and **Program Status**) to ensure that the information contained on them is accurate;
2. Click the **Run Rules** button on the **Program Status** tab; and
3. Click **Next**.

Attachment A

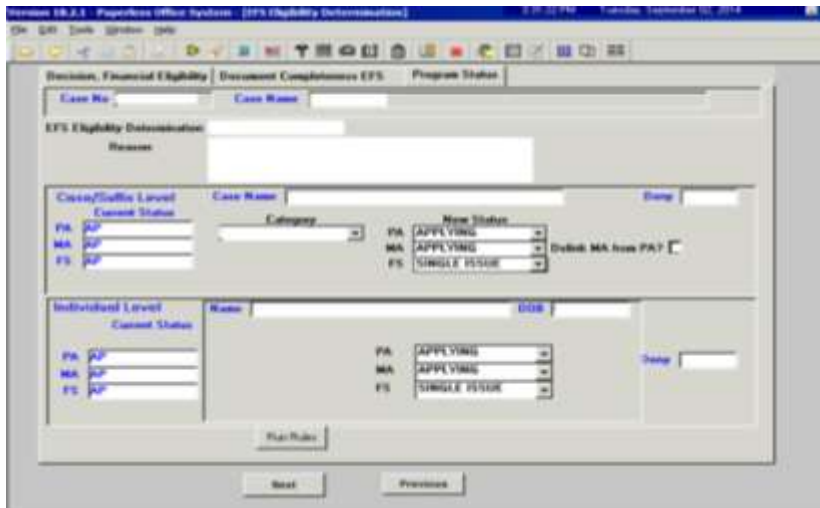
EFS Eligibility Determination – Decision, Financial Eligibility tab



EFS Eligibility Determination – Document Completeness EFS tab



EFS Eligibility Determination – Program Status tab



Attachment A

Click **Next** on the **Previewing Form DSS3938** screen:

**Previewing Form
DSS3938**

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Previewing Form DSS3938]". The main content area is titled "FOOD STAMP APPLICATION EXPEDITED PROCESSING WORKSHEET". It contains several fields and checkboxes: "Date Application Filed", "Date of Screening", "Date of Eligibility Interview", "Qualified for expedited processing?" (radio buttons for Yes and No), "Expedited Food Stamp Benefit Eligible" (checkboxes for ELIGIBLE and NOT ELIGIBLE), and a "Reason:" section with multiple checkboxes for specific eligibility criteria. At the bottom, there is a "Next" button and a "Previous" button.

Click **Next** on the **Document Completeness** screen:

**Document
Completeness**

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Document Completeness]". The main content area contains instructions: "INSTRUCTIONS: Please review the data elements with missing documents and missing forms listed below. The missing documents for each data element listed below must be scanned and indexed before the application packet can be submitted electronically. To select a document for the data element, go back to the appropriate interview window by clicking on the GO button next to the data element. Then, scan, upload and index the document. The missing forms listed below must be printed and the required signatures must be captured. To print the form(s), click on the GO button next to the form and the Print Forms window will appear. If the signature(s) cannot be captured electronically, the form(s) must be printed and the signatures must be captured on paper. The paper form(s) must be uploaded, scanned and indexed. After you return to this window, the information will be updated based on the action taken." Below the instructions, a status message reads: "All required documents have been scanned and indexed. All required documents have been printed." At the bottom, there are buttons for "Refresh", "Next", "Previous", and "Selected Document List".

Attachment A

Click **Next** on the **CIN Re-use** screen:

CIN Re-use

Refer to [PD #05-17-OPE](#) and [PB #14-17-ELI](#)

The screenshot shows the 'CIN Re-use' screen in the Paperless Office System. The interface includes a search bar with fields for 'Case #', 'Case Name', 'Suffix', and 'Case Type'. Below the search bar is a table with columns: 'Lx', 'Suf', 'First Name', 'MI', 'Last Name', 'Sex', 'SSN', 'DOB', 'AFD', 'Ev', 'Hlt', 'CIN', 'CMT', and 'CaseProg #'. A red message at the bottom states: 'The selected CIN match is indicated by the asterisk. This may highlight the suggested CIN match or show another appropriate CIN from the clearance.' Below the message are 'Next' and 'Previous' buttons.

Click **Next** on the **Case Number Re-Use** screen:

Case Number Re-Use

Refer to [PB #13-16-SYS](#)

The screenshot shows the 'Case Number Re-Use' screen in the Paperless Office System. The interface includes a search bar with fields for 'Case #', 'Case Name', 'SSN', and 'DOB'. Below the search bar is a table with columns: 'View Detailed Clearances', 'Case #', 'Case Name', 'SSN', 'DOB', 'Ctr', 'Case NUMBER', 'Individual NUMBER', and 'Select'. A checkbox at the bottom is labeled 'Disregard all Matches, use a New Case Number'. Below the checkbox are 'Next' and 'Previous' buttons.

Complete the following on the **Existing Budgets** screen (see screen shot on the following page):

1. Click **New Budget** if the applicant household qualifies for the issuance of expedited SNAP benefits; and
2. Click **Next**.

Attachment A

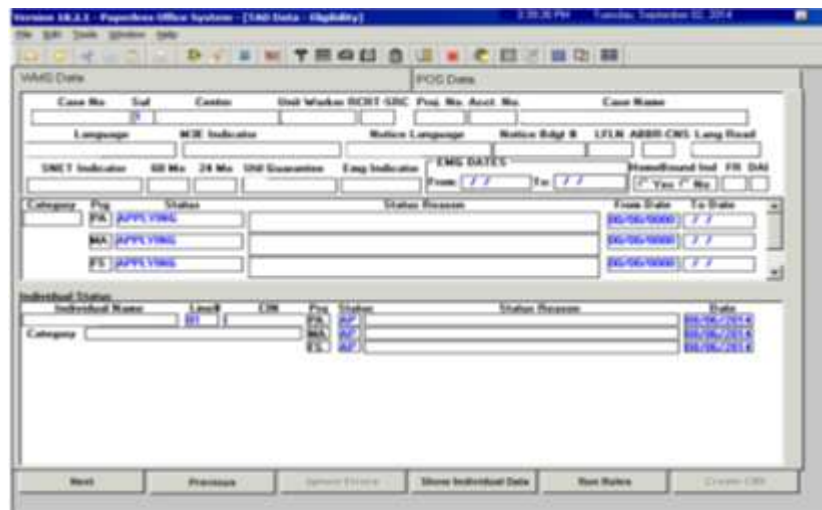
Existing Budgets



Complete the following on the **TAD Data – Eligibility** screen:

1. Click on the **Show Individual Data** button and update the applicant information as necessary; and
2. Click **Next**.

TAD Data - Eligibility



Complete the following on the **CBIC Payee Status Window** screen (see screen shot on the following page):

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Attachment A

CBIC Payee Status Window

Refer to [PD #13-50-OPE](#).

Version 18.2.1 Paperless Office System - [CBIC Payee Status Window] 1:57 PM Tuesday, September 10, 2014

Reason Case Number: [] Suffix: [] Category: [] FS Status: []

Casehead/Payee Code: [] Relationship Code: []

Casehead/Payee EIN: [] CBIC Payee EIN: []

Is the "Casehead/Payee EIN" listed above the case as the "CBIC Payee EIN"? Yes No

If Open TI is down, go to WMS Screen WISECR (Case Number PA/FS Paper Inquiry) using the case number collected in the Case Number Bio-Data window or the application registration number if no case number was issued and retrieve the CBIC Payee EIN and answer the question above.

MESSAGE

Next Previous

Complete the **PA Single Issuance Benefit** screen, if applicable:

PA Single Issuance Benefit

Version 18.2.1 Paperless Office System - [PA Single Issuance Benefit] 1:58 PM Tuesday, September 10, 2014

Case Name	Case Number	Reason Case Number	Suffix	Date Form Prepared	IS Center	Category

Benefit Type: PA FS

Next Previous

Complete the **FS Single Issuance Benefit** screen, if applicable:

FS Single Issuance Benefit

Version 18.2.1 Paperless Office System - [FS Single Issuance Benefit] 1:59 PM Tuesday, September 10, 2014

Issuance Code	Amount	From	To	Bank-Up Check/C/D/E Used	Routing Location	Replaces Benefit	Authorizations	Paper Number
1	[]	[]	[]	[]	[]	[]	[]	[]
2	[]	[]	[]	[]	[]	[]	[]	[]

Total Amount: []

Benefit Type: PA FS

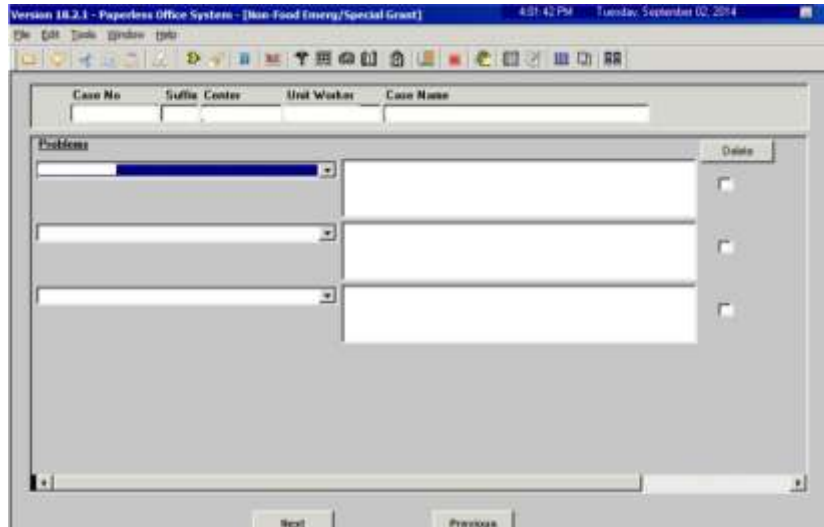
Next Previous

Attachment A

Complete the following on the **Non-Food Emergency/Special Grant** screen, if applicable:

1. If the applicant states that s/he has a non-food emergency or an immediate need, select the problem from the dropdown menu;
2. Enter a detailed description of the problem; and
3. Click **Next**.

Non-Food Emergency/ Special Grant



The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Non-Food Emery/Special Grant]" with a timestamp of "4:01:42 PM Tuesday, September 02, 2014". The window contains a form with the following elements:

- Four input fields at the top labeled "Case No.", "Suffix Center", "Unit Worker", and "Case Name".
- A table with a header "Problems" and a "Delete" button. The table has three rows, each with a dropdown menu, a text input field, and a checkbox.
- At the bottom of the window, there are "Next" and "Previous" buttons.

Complete the following on the **Non-Food Emergency/Special Grant Detail** screen, if applicable (see screen shot on the following page):

1. If the applicant states a problem that is not listed in the dropdown menu on the **Non-Food Emergency/Special Grant** screen, enter the problem in the **Other Problems** field; and
2. Click **Next**.

Attachment A

Non-Food Emergency/ Special Grant Detail

This screenshot shows a software interface for entering data. At the top, there is a header bar with the text 'Version 18.2.1 - Paperless Office System - [Non-Food Emergency/Special Grant - Detail]' and a timestamp '4:02:43 PM Tuesday, September 02, 2014'. Below the header, there are input fields for 'Case No.', 'Suffix Center', 'Unit Worker', and 'Case Name'. A note states: 'Note: Items that appear in white with a gray background were recorded during previous activity and can not be reentered'. Below this note is a large text area labeled 'Other Problems' with an 'Add' button to its right. Another large text area is labeled 'Without Items Necessary for Health and Safety (Such as Broken Water Pipe)' with an 'Add' button to its right. At the bottom of the screen, there are 'Next' and 'Previous' buttons.

Click **Next** on the **Form Data-Entry** screen:

Form Data-Entry – IN/ESNAP Issuance activity

This screenshot shows a list of document types for issuance. The window title is 'Version 18.2.1 - Paperless Office System - [Form Data-Entry]' with a timestamp '1:52:17 PM Friday, July 19, 2014'. The list includes the following items, each with a 'Yes' and 'No' column:

Document Type	Yes	No
Social Security Administration - Consent for Release of Information (Form W-519R)	<input type="checkbox"/>	<input type="checkbox"/>
Safety Net Assistance (SNCA) Application (D/55-477G)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Birth or Death Verification from Agencies Outside New York City (Form W600)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Identification Card/Temporary Medical Authorization (Form W607A)	<input type="checkbox"/>	<input type="checkbox"/>
School Verification Letter (Form W-700L)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Contact on a SNAP Application (Form D554753)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Contact on a SNAP Application (Form W-11B)	<input type="checkbox"/>	<input type="checkbox"/>
Systematic Alien Verification for Entitlement (SAVE) Referral (Form W-515Q)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Requirements (Form W-113K)	<input type="checkbox"/>	<input type="checkbox"/>
RAI Case Documentation Transmittal (Form W153P)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of SNAP Recertification Appointment (Form W-1290R)	<input type="checkbox"/>	<input type="checkbox"/>
FIA School/Training Enrollment Letter (Form W-700G)	<input type="checkbox"/>	<input type="checkbox"/>
Family Case Assessment (Form W-562A)	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Application for a Social Security Number (Form DDP-43B)	<input type="checkbox"/>	<input type="checkbox"/>

At the bottom of the screen, there are 'Spanish', 'Next', and 'Previous' buttons.

Attachment A

Click **Next** on the **Notice Data-Entry** screen:

Notice Data-Entry –
IN/ESNAP Issuance
activity

Form No.	Form Description	Yes	No
	Notice of New Worker Assigned (Form W102)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Notice to Report to Center (Form W103)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification to Utility Company (Form W105N)	<input type="checkbox"/>	<input type="checkbox"/>
	Federal/Information Letter (Form W106)	<input type="checkbox"/>	<input type="checkbox"/>
	ESNAP Recertification Notice for Center FCI (Form W109V)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form W109H)	<input type="checkbox"/>	<input type="checkbox"/>
	Fee Hearing Compliance Statement (Form W108C)	<input type="checkbox"/>	<input type="checkbox"/>
	Fee Hearing Compliance Request (Form W108D)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification of Rent Payment Responsibility (Form W105P)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Recoupment of Advance Payment (Form W105R)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification of Rent Payment Responsibility (RPI) Residents, CSRD Hotels, Family Emergency Apartments (Form W105P-EPA)	<input type="checkbox"/>	<input type="checkbox"/>
	Management Worksheet to Estimate Unpaid Rent (Form W105F)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Special Grant (Form W103L)	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following on the **Print Forms** screen:

1. Select the form(s) to be printed, as required; and
2. Click **Print**.

Print Forms –
IN/ESNAP Issuance
activity

Form No.	Form Description	Print
DSS2474	SSI Refusal and Certification of Contact	<input type="checkbox"/>
DSS3573	FA Recoupment	<input type="checkbox"/>
DSS3938	Food Stamp Application Expedited Processing Summary Sheet	<input type="checkbox"/>
DSS4138	Third Party Data Sheet	<input type="checkbox"/>
DSS4279	Notice of Responsibilities and Rights for Support	<input type="checkbox"/>
DSS4529	Agreement to Repay Any Safety Net Assistance (overpayments SNA) owed After Case is Closed	<input type="checkbox"/>
DSS4538	Assignment of Wages, Salary, Commissions or other Compensation for Services	<input type="checkbox"/>
DSS4571	Alcohol/Substance Abuse Screening Instrument	<input type="checkbox"/>
DSS4723	DFR Legal Residence Statement	<input type="checkbox"/>
DSS4753	Food Stamps - Request for Contact/Mixed Interview	<input type="checkbox"/>
DSS4776	Safety Net Assistance (SNA) Application (DSS-4776)	<input type="checkbox"/>
EXP_76R	Documentation Receipt	<input type="checkbox"/>
EXP93R	Declaration of Application for a Social Security Number	<input type="checkbox"/>
FIA1021	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status	<input type="checkbox"/>
FIA1102	FIA 1102 Scanning and Indexing Internal Paper Authorization Documents	<input type="checkbox"/>
FIA1104	Notice of Determination Regarding Your Request for a Utility Grant	<input type="checkbox"/>
M15	Inquiry Regarding Veterans' Benefits and Servicemans' Allowance	<input type="checkbox"/>
M15F	Agreement to Repay Public Assistance	<input type="checkbox"/>

Complete the following on the **No Food – Reason for No Immediate Grant Window** screen, if applicable (see screen shot on the following page):

1. Record the answer to the question asked and enter a detailed comment in the **Additional Details** field, as required; and
2. Click **Next**.

Attachment A

No Food – Reason for No Immediate Grant Window

Problem:

Problem Details:

During the interview, it was indicated that the applicant has no food, however, no immediate need grant was issued in this activity. Please indicate the reason below.

Reason for not issuing Immediate Need Grant for Food Emergency:

Additional Details:

Next Previous

Suspend the **IN/ESNAP Issuance** activity on the **Approval Elements** screen.

1. Enter a detailed case comment;
2. Click **File**; and
3. Click the **Suspend** button.

Note: The **/ESNAP Issuance** activity is submitted by an HDU JOS/Worker once the center designation is changed from **078** to the responsible Job Center.

Approval Elements

Disapproved Element: Approval:

Disapproval Reason: Review Comment Log:

Disapproved Element: Approval:

Disapproval Reason: Review Comment Log:

Disapproved Element: Approval:

Disapproval Reason: Review Comment Log:

Next via COM Next Suspend Previous

Attachment A

CA Application Interview Activity – 2nd Contact

Complete the following on the **Job Center Selection** window:

Refer to the [Job Center Zip Code Region Guide](#)

1. Select the **Yes** radio button to the question “*Ready to select center?*”;
2. Enter the zip code of the shelter in the **Shelter Zip Code** field;
3. POS will pre-fill the **Center** field; and
4. Click **OK**.

Note: If the conditional placement is not assigned by 5:00 PM, select **East River #37** from the **Center** dropdown menu.

Job Center Selection

The screenshot shows a dialog box titled "Job Center Selection". It has a "Case Number:" label followed by a text input field. Below that is the question "Ready to select center?" with two radio buttons: "Yes" (which is selected) and "No". Underneath are two more input fields: "Zip Code:" followed by a text box, and "Center:" followed by a dropdown menu. At the bottom of the dialog are two buttons: "OK" and "Cancel".

Click **Next** on the **Household** screen:

Household Screen

The screenshot shows a complex software interface titled "Household Screen". At the top, it says "Version 18.2.1 - Paperless Office System - [Household Screen]" and "11:33:19 AM Friday, July 11, 2014". Below the title bar is a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main area is divided into several sections:

- Suffix Information:** Suffix: Individual, Agency Code: WMS Message via OSTEP, ICUPED1, ADDET CLEARANCE PERFORMED REPORT SCHEDULED.
- Control Information:** District, Center, Worker, Case Number.
- Present Address:** Street Number, Direction, Name, Type, Apt #, City, State, Zip Code, Phone.
- Suffix Information:** Active, Applying, SNAP File Date, CA File Date, SNAP Suffix, SNAP Status, SNAP EAP.
- Table:** A table with columns: Suffix, Case Name, CA, MA, Notice, Language, Handicap Status. The first row shows "John" and "English".
- Case Member Information:** Next CA Recert date, Last CA Recert date, Last MA Recert date.
- Table:** A table with columns: Suffix Ln, CIN, Name, Relation, DOB, SSN, Val Sec, Clav/HH, HB, CA, MA, SNAP, AFIS/O. The first row shows "1" and "SI NA NA".

At the bottom are "Next" and "Previous" buttons.

Attachment A

Complete the following on the **Address Information** screen:

1. If the conditional placement is known:
 - a. Select **No** to the question “*Is the applicant/participant undomiciled?*”
 - b. Enter the shelter address assigned to the applicant in the **Present Address** fields; and
 - c. Click **Next**.

Note: If the conditional placement is not assigned by 5:00 PM, verify the mailing address with the applicant. If the applicant does not return to meet with the HDU JOS/Worker and a mailing address was not obtained from the applicant during their first contact with the HDU JOS/Worker, contact the DHS supervisor to obtain a mailing address/emergency contact address for the applicant.

Address Information –
2nd contact

Version: 10.2.1 - Paperless Office System - [Address Information] 11:33:56 AM Friday, Jul 11, 2014

File Edit Tools Window Help

Present Address Is the applicant/participant undomiciled? Yes No

St No/Du/Name: [] [] [] Type: [] Apt #: [] City: []

State: [] Zip Code: [] Phone: []

Years Of Stay: [] Months: []

Mailing Address Duplicate Form

Care of Name: [] Type: [] Apt #: [] City: []

St No/Du/Name: [Name] [] State: [] Zip Code: [] Phone: []

Delete Mailing Address Yes No

Email Address Email: [] Verified: Yes No

Resend Verification

Delete Email Address Yes No

Next Previous

Complete the following on the **Referrals** screen (see screen shot on the following page):

Refer to [PB #14-97-OPE](#), and [PB #12-97-OPE](#).

Refer to [PD #10-08-ELI](#).

1. Make all referral appointments, as required; and
2. Click **Next**.

Note: If a Special Assessment referral is needed, the referral must be made in NYCWAY using Action Code **991S** (Referral/Reschedule) and the worker must only make the Special Assessment and BEV referrals.

Attachment A

Refer to [PD #12-14-EMP](#).

Note: If a substance abuse referral is needed, the referral must be made in NYCWAY using Action Code **915G** (CASAC Assessment – Applicant).

Referrals – 2nd contact

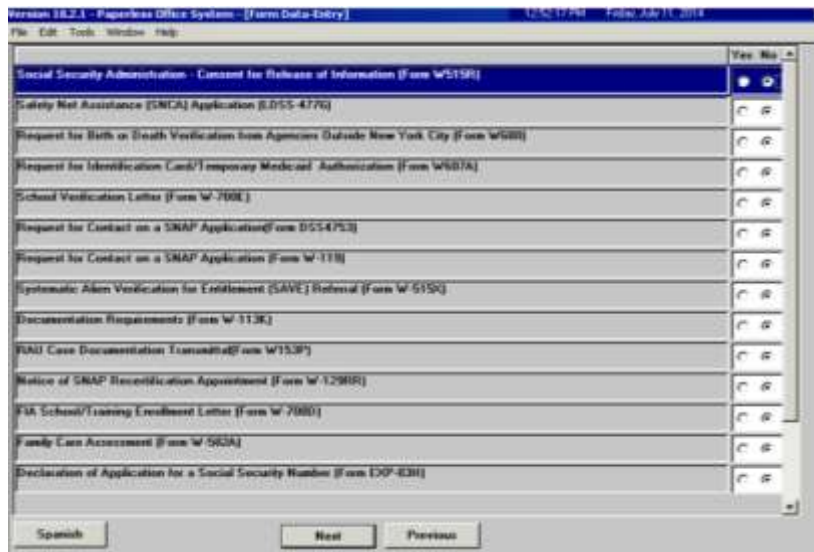


Complete the following on the **Form Data-Entry** screen:

1. Record a response for each form listed;
2. Enter the requested information in the form(s) that must be completed, as required; and
3. Click **Next**.

Note: A separate SAVE Referral (**W-515X**) must be generated for each non-citizen in the household.

Form Data-Entry – 2nd contact



Attachment A

Complete the following on the **Notice Data-Entry** screen:

1. Record a response for each notice listed;
2. Enter the requested information in the notice(s) that must be completed, as required; and
3. Click **Next**.

Notice Data-Entry – 2nd
contact

Notice No.	Status
Notice of New Worker Assigned (Form W102)	
Notice to Report to Center (Form W-30)	
Notification to Utility Company (Form W102N)	
Federal/Information Letter (Form W-3AA)	
SNAP Recertification Notice for Center FGI (Form W140NV)	
Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form W1420H)	
Fair Hearing Compliance Statement (Form W186L)	
Fair Hearing Compliance Request (Form W186I)	
Notification of Rent Payment Responsibility (Form W517F)	
Notice of Recoupment of Advance Payment (Form W427B)	
Notification of Rent Payment Responsibility (RPT) Residents CSRD Hotels/Family Emergency Apartments (Form W517F-EPN)	
Recoupment Worksheet to Estimate Under Handicap (Form W145F)	
Notice of Special Grant (Form W436)	

Complete the following on the **Finger Imaging – AFIS** screen (see screen shot on the following page):

1. Choose the radio button that describes the household member listed;

Refer to [PD #13-08-ELI](#).

Note: If an individual is required to be finger imaged and the onsite AFIS is closed or not operable, an AFIS referral to the responsible Job Center must be made. Select “*Required to be finger imaged*” to generate the **W-519** for the individual.

2. Click **Print**; and
3. Click **Done**.

Attachment A

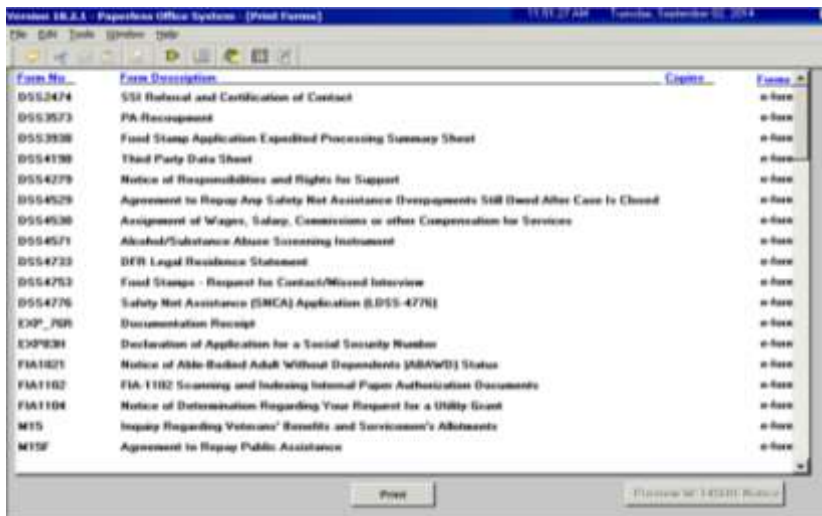
Finger Imaging– AFIS – 2nd contact



Complete the following on the **Print Forms** screen:

1. Select the form(s) to be printed, as required;
2. Click **Print**; and
3. Click **Next**.

Print Forms – 2nd contact



The **CA Application Interview** activity will automatically close when the HDU JOS/Worker clicks Next on the **Print Forms** screen. POS moves the case to the **HDU Applications** queue for the responsible Job Center that was designated on the **Job Center Selection** window.

Attachment A

Complete the following on the **Approval Elements** screen:

4. Click **File**;
5. Click the **Complete** button;
6. Select your Supervisor from the list of supervisors;
7. Enter a detailed case comment; and
8. Click **OK**.

Note: The HDU Supervisor will complete any required actions on the **Approval Elements** screen once the HDU JOS/Worker has changed the center designation from **078** to the responsible Job Center during the applicant's second contact with HDU.

Approval Elements



The screenshot shows a software window titled "Approval Elements" with a standard Windows-style title bar. The window contains three vertically stacked panels, each representing a "Disapproved Element". Each panel includes a text input field for the element name, a "Disapproval Reason" field, and a "Review Comment Log" field. To the right of each panel are "Approval" and "Edit" buttons, and below them is an "Add Comment" button. At the bottom of the window, there are navigation buttons: "Back via COM", "Next", "Cancel", "Previous", and a "Return Work to Disposal" button.

Attachment B

Paperless Office System (POS) Screens: Non-Center 078 Workflow

The POS instructions for the CA Application activities in this attachment are a supplement to the training you have received as an HDU JOS/Worker. The required action for every field on each screen is not included in this document. Please speak with your supervisor if you have questions regarding an action that must be performed on a screen if the instructions are not provided in this document.

Logging into POS

Double click on the **POS Portal** icon on your desktop.

POS Portal icon



Click on the **POS (Paperless Office Systems)** button on the **Welcome to POS** screen.

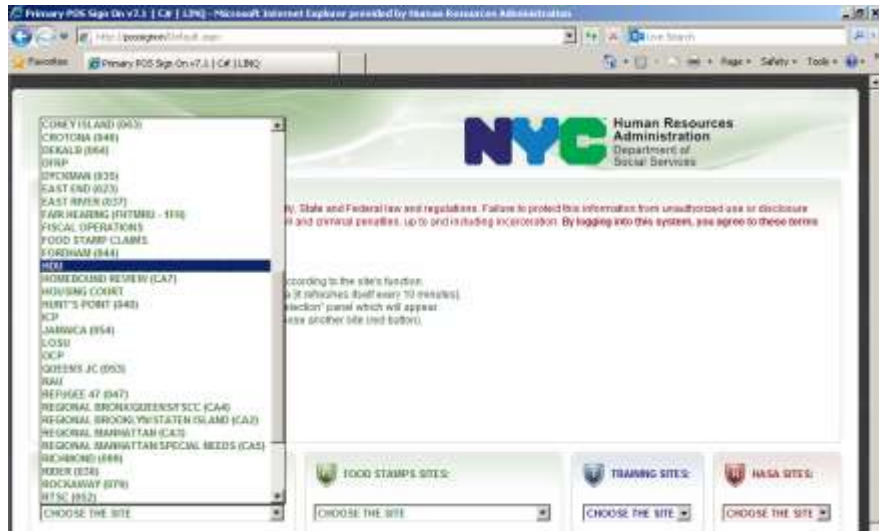
Welcome to POS screen



Attachment B

On the first **POS Sign On** screen, select **HDU** from the **CA Sites** dropdown menu.

POS Sign On – first screen



On the second **POS Sign On** screen, click on the **Connect to Centers: 078** link.

POS Sign On – second screen



Attachment B

CA Application Intake Activity

Complete the following on the **Tracking Language Access Indicators** screen (see screen shot on the following page):

1. Record the answers to the questions asked; and
2. Click **Continue**.

Tracking Language Access Indicators

Refer to [PD #14-18-OPE](#) and [PD #14-24-OPE](#).

The screenshot shows a web browser window with the title "Tracking Language Access Indicators". The form contains the following elements:

- HDU Location: [dropdown menu]
- Applicant/Participant ID: [text input field]
- Preferred Language for speaking: [dropdown menu]
- Preferred Language for Written Notices: [dropdown menu]
- Does the applicant/participant want to use HHA's Free Interpreter Services?: [Yes] [No] (radio buttons)
- If YES, which of HHA's Interpreter Services is being used?: [dropdown menu]
- If No, provide reason stated by applicant/participant: [text input field]
- Continue: [button]

Below the form, there are three buttons: Next, Refer for Intake, and Referral.

Complete the following on the **Site Determination** screen (see screen shot on page 5) for a family that is:

Diverted:

Refer to the [Job Center Zip Code Region Guide](#).

1. Select the responsible Job Center in the **Center** field according to the zip code of the applicant's residential address;
2. Select **PATH** from the **HDU Location** dropdown menu;
3. Select the **Yes** radio button for the question "*Was the applicant diverted by HDU or already placed by DHS?*";
4. Enter the diverted address in the **Residential Address** fields;
5. Enter all other requested information and run the requested clearances on the screen; and
6. Click **Next**.

Attachment B

Not Diverted **and** the application is started after 4:00 PM

or

Not NoVA Eligible **and** their conditional placement is **not known**:

1. Select East River 037 in the **Center** field;

Note: If the Not NoVA Eligible family's borough of exclusion is Queens, ask the applicant to choose a Job Center in another borough and select that location as the responsible Job Center.

2. Select **PATH** from the **HDU Location** dropdown menu;
3. Select the **No** radio button for the question "*Was the applicant diverted by HDU or already placed by DHS?*";
4. POS will pre-fill the **Undomiciled?** checkbox and the **Residential Address** fields;
5. Enter all other requested information and run the requested clearances on the screen; and
6. Click **Next**.

Not NoVA Eligible **and** their conditional placement is known:

Refer to the [Job Center Zip Code Region Guide](#).

1. Select the responsible Job Center in the **Center** field according to the zip code of the DHS shelter address;
2. Select **PATH** from the **HDU Location** dropdown menu;
3. Select the **Yes** radio button for the question "*Was the applicant diverted by HDU or already placed by DHS?*";
4. Enter the DHS shelter address the **Residential Address** fields;
5. Enter all other requested information and run the requested clearances on the screen; and
6. Click **Next**.

NoVA Eligible:

Refer to the [Job Center Zip Code Region Guide](#).

1. Select the responsible Job Center in the **Center** field according to the zip code of the HRA DV shelter's safe address;
2. Select **PATH** from the **HDU Location** dropdown menu;
3. Select the **Yes** radio button for the question "*Was the applicant diverted by HDU or already placed by DHS?*";
4. Enter the HRA DV shelter's safe address in the **Residential Address** fields;
5. Enter all other requested information and run the requested clearances on the screen; and
6. Click **Next**.

Attachment B

Site Determination

The screenshot shows the 'WMS Address Check' screen in the 'Paperless Office System'. The title bar indicates the version is 18.2.1 and the date is Thursday, December 18, 2014, at 3:00:53 PM. The interface includes a menu bar (File, Edit, Tools, Window, Help) and a toolbar. The main form area contains the following sections:

- HDU Location:** PATH. A dropdown menu for 'Was the applicant diverted by HDU or already placed by DHS?' has 'Yes' selected.
- Residential Address:** Includes 'Undomiciled?' (checkbox), 'Center:' (HHA Application Intake at PATH/DHS 3), 'House No.', 'Street Or/Name/Type', 'Apt.', 'City', 'State: NY', 'Zip Code', and 'Phone'.
- Special Situations:** 'Is there a Special Situation / Handicap?' (dropdown), 'Initial Clearance' (checkbox), and 'Is there anyone currently living in the household who was not listed on the case(s) displayed on WMS inquiry screen?' (Yes/No).
- Program Assistance For:** Includes checkboxes for 'CA', 'MA', 'SNAP', 'Child Care in Lieu of CA', and 'One Shot Deal One-Time Emergency Payment Only'. A note asks 'You may be eligible for SNAP benefits. Would you also like to apply for SNAP?' with Yes/No options.
- Language Proficiency:** Fields for 'Language Spoken' (English), 'Language Read' (English), and 'Language Written' (English), each with 'Can you speak/read/write English?' (Yes/No) and 'Do you need an interpreter?' (Yes/No) questions.
- Other:** 'Is everyone in the household a US Citizen?' (Yes/No).

At the bottom, there are three buttons: 'Next', 'Refer for Intake', and 'Referral'.

Complete the following on the **WMS Address Check** screen (see screen shot on the following page):

1. Select a response to the question “*Does the applicant have a mailing address?*”;
 - a. If **Yes** is selected, enter the mailing address in the **Mailing Address** fields; or
 - b. If **No** is selected, the General Post Office (GPO) address for the Bronx will pre-fill in the **Mailing Address** fields;

Note: A mailing address must be entered if **Undomiciled?** was checked on the **Site Determination** screen. A mailing address may also be entered for Diverted families, but it is not required.

2. Click the **WMS Address Check** button; and
3. Click **Next**.

Attachment B

WMS Address Check

Version 18.2.1 - Paperless Office System - [WMS Address Check] 10:14:55 AM Thursday, December 18, 2014

File Edit Tools Window Help

Residential Address Is the applicant undischarged? Yes No

House No.: 21 Street Dr./Name/Type: [None] Apt.: [None]

City: Brooklyn State: NY Zip Code: 11208 0000

Mailing Address Does the applicant have a mailing address? Yes No

Care ID: [None] Alternate Phone: [None] Contact Person: [None]

House No.: [None] Street Dr./Name/Type: [None] Apt.: [None]

City: [None] State: [None] Zip Code: 00000 0000

Authorized Representative

Name: [None] Alternate Phone: [None] Contact Person: [None]

House No.: [None] Street Dr./Name/Type: [None] Apt.: [None]

City: [None] State: [None] Zip Code: 00000 0000 Phone Number: [None]

WMS Address Check *Highlight All Case Load Rates Whose Household Members Currently Live With The Applicant*

Next Previous

Complete the following on the **Adults in Household** screen:

1. Enter all requested information for each **adult** in the household:

Note: If there are multiple adults, click on the vertical scroll bar for a blank data entry field and repeat step one until all adults in the household have been recorded; and

2. Click **Next**.

Adults in Household

Version 18.2.1 - Paperless Office System - [Adults in Household] 4:53:44 PM Tuesday, August 12, 2014

File Edit Tools Window Help

Adults

Last Name: [None] First Name: [None] Middle Name: [None] Relationship: [None] See

Individual is a: Spouse of Carehead/Payer Carehead Payer Name of the above

Applying For: CA MA SNAP Name

Suffix: [None] D.O.B: [None]

Required for Applying Adults ONLY

SSN: [None] Birth Certificate No.: [None]

County of Birth: [None] Other Name(s): Yes No

Medical Status: [None] Receiving SSI: Yes No

Multi Ethnic Fields

Hispanic/Latino: Yes No Asian: Yes No Native Hawaiian/Other Pacific Islander: Yes No

Native American or Alaska Native: Yes No Black or African American: Yes No White: Yes No

List Parents' Names Even If Not On Birth Certificate

Mother's - Maiden Name: [None] First Name: [None] Middle Name: [None]

Father's - Last Name: [None] First Name: [None] Middle Name: [None]

Next Previous

Attachment B

Complete the following on the **Children in Household** screen:

1. Enter all requested information for each **child** in the household:

Note: If there are multiple children, click on the vertical scroll bar for a blank data entry field and repeat step one until all children in the household have been recorded; and

2. Click **Next**.

Children in Household

The screenshot shows a web-based data entry form titled "Children". At the top, there are input fields for "Last Name", "First Name", "Middle Name", "Relationship to First Carehead/Parent", and "Sex". Below these are two main sections: "Applying For" and "Required for Applying Children ONLY".

Applying For: Includes checkboxes for "CA", "MA", "SNAP", and "None".

Required for Applying Children ONLY: Includes fields for "SSN", "Marital Status", "County of Birth", "Other Name(s)", and "Birth Certificate No.". There is also an "Alliated Suffix" field.

Multi Ethnic Fields: Includes checkboxes for "Hispanic/Latino", "Asian", "Native Hawaiian/Other Pacific Islander", "Native American or Alaska Native", "Black or African American", and "White".

At the bottom, there is a section titled "List Parents' Names Even if Not On Birth Certificate" with fields for "Mother's - Maiden Name", "Father's - Last Name", "First Name", and "Middle Name". "Next" and "Previous" buttons are located at the very bottom.

Attachment B

Complete the following on the **Gathering Statistics** screen, if applicable:

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Gathering Statistics

Version 18.2.1 - Paperless Office System - [Gathering Statistics] 5:03:44 PM Tuesday, August 12, 2014

File Edit Tools Window Help

Is Anyone In The Household Pregnant? Yes No

Spanish Next Previous

Complete the following on the **Food Stamp Household Composition** screen:

1. Record the answer to the question asked; and
2. Click **Next**.

Food Stamp Household Composition

Version 18.2.1 - Paperless Office System - [Food Stamp Household Composition] 10:21:56 AM Thursday, December 10, 2014

File Edit Tools Window Help

Does this person buy food and/or prepare meals with Cashhead Suffie

Suffix	First Name	Last Name	Mid	Relation	Yes	No
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>

Next Previous

Attachment B

Complete the following on the **Case Login** screen:

1. Enter all requested information on the screen;
2. Click **Xmit**; and
3. Click **Done**.

Note: The **CA Application Interview** activity will launch automatically when the HDU JOS/Worker clicks **Done** on the **Case Login** screen.

Case Login

Version 18.2.1 - Paperless Office System - [Case Login] 11:31:04 AM Monday, December 29, 2014

File Edit Tools Window Help

Worker ID: _____ Center ID: _____ District: _____

Present Address

Street Number: _____ Direction: _____ Name: _____ Type: _____ Apt #: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Case Member Information

Suff Ln	CIR	Name	Relation	DOB	SSN	Val Sec	Class/NI	HB	CA	MA	SNAP	AFIS/ST

Suffix Level Information

Registration Number: _____ Unit Worker: _____ Update Unit Worker

Suffix: _____ Case Name: _____ File Date: _____

Category: _____ Primary Language: _____ CMS Notice Language: _____ Language Read: _____

Print Referral Form Done Xmit Previous

CA Application Interview Activity

Click **Next** on the **Household** screen:

Household Screen

Version 18.2.1 - Paperless Office System - [Household Screen] 11:31:04 AM Friday, July 11, 2014

File Edit Tools Window Help

Suffix Individual Integrity Code WMS Message via OLT
ICUPD1 A0041 CLEARANCE PERFORMED REPORT SCHEDULED

Control Information

District: _____ Center: _____ Worker: _____ Case Number: _____

Present Address

Street Number: _____ Direction: _____ Name: _____ Type: _____ Apt #: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Suffix Information Active Applying NI-1 S-RTV in Sanction (print)

SNAP File Date: _____ CA File Date: _____ SNAP Suffix: _____ SNAP Status: NA SNAP EAP:

Suff	Case Name	CA	MA	Notice	Language	Language	Handicap Status	
1	John	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	English	English	None

Next CA Recert date: _____ Last CA Recert date: _____ Last MA Recert date: _____

Case Member Information

Suff Ln	CIR	Name	Relation	DOB	SSN	Val Sec	Class/NI	HB	CA	MA	SNAP	AFIS/ST
1												

Next Previous

Attachment B

Click **Next** on the **Address Information** screen:

Address Information

Version 18.2.1 - Paperless Office System - [Address Information] 11:27:58 AM Friday, July 11, 2014

File Edit Tools Window Help

Present Address Is the applicant/participant undomiciled? Yes No

St No/Du/Name: [] [] [] Type: [] Apt #: [] City: []

State: [] Zip Code: [] Phone: []

Years Of Stay: [] Months: []

Mailing Address

Delete Mailing Address: Yes No

Care of Name: [] Type: [] Apt #: [] City: []

St No/Du/Name: [None] [] State: [] Zip Code: [] Phone: []

Email Address

Email: [] Verified: Yes No

Resend Verification:

Delete Email Address: Yes No

Next Previous

Complete the following on the **Address Suffix Level Data** screen:

1. Enter all requested information on the screen;
2. Click on the **Other Residents** button; and
3. Click **Next**.

Address Suffix Level Data

Version 18.2.1 - Paperless Office System - [Address Suffix Level Data] 11:28:36 AM Friday, July 11, 2014

File Edit Tools Window Help

Miscellaneous Suffix Information

Why does the applicant need cash assistance? []

Please provide the details in the box on the right.

Preferred Language for Speaking: [English] Preferred Language for Written Notices: [English] Do You Require Free Interpreter Services? Yes No

Client Is: Primary Tenant Secondary Tenant Temporary Housing/Undomiciled

Other Residents

Case Number	Case Name	Apt No	Cl	Resp	MA Case Type	CA MA SHAP	Closing Date	Mail Addr Ind
01						AP NA NA		N

Next Previous

Attachment B

Complete the following on the **CIN Re-use** screen:

1. Evaluate the clearance to determine the correct CIN to select; and
2. Click **Next**.

CIN Re-use

Refer to [PD #05-17-OPE](#) and [PB #14-17-ELI](#)

The screenshot shows the 'CIN Re-use' screen. It features a table with columns: LA Ref, First Name, MI, Last Name, Sex, SSN, DOB, APR, DOB, CIN, CIN, Case Reg #. Below the table, there is a red warning message: "The selected CIN match is indicated by the asterisk. You may highlight the suggested CIN match or choose another appropriate CIN from the clearance." At the bottom, there are 'Next' and 'Previous' buttons.

Complete the following on the **Case Number Re-Use** screen:

1. Evaluate the clearance to determine the correct WMS case number to select; and
2. Click **Next**.

Case Number Re-Use

Refer to [PB #13-16-SYS](#)

The screenshot shows the 'Case Number Re-Use' screen. It features a table with columns: View Detailed Clearance, Case #, Case Name, SSN, DOB, CR, Case PAMA/FS, Individual PAMA/FS, Select. Below the table, there is a checkbox labeled "Disregard all Matches, use a New Case Number". At the bottom, there are 'Next' and 'Previous' buttons.

Attachment B

Complete the following on the **Individual Detail** screen

1. Enter all requested information and complete any **Response to Question** windows; and
2. Click **Next**.

Refer to [PD #13-09-ELI](#) and [PD #14-26-SYS](#) if the household contains non-citizens.

Note: The **Alien Checklist** screens must be completed for each applicant in the household that is not a United States citizen. The HDU JOS/Worker must generate a separate Systematic Alien Verification for Entitlements (SAVE) Referral (**W-515X**), on the **Form Data-Entry** screen, to request a SAVE clearance for each non-citizen in the household (refer to pages 24-25).

Individual Detail

The screenshot shows the 'Individual Detail' form in the Paperless Office System. The form is organized into several sections:

- Demographics:** Case Number, SSN, Date SSN Card Applied For, Medical Status, Country of Birth, State, County of Birth, Birth Cert No (NYC Date).
- Ethnic/Race Affiliation:** Hispanic/Latino, Asian, Native American/Alaska Native, Black or African American, White.
- Parents Information:** Residing in the household?, Mother's First Name, Middle, Last Name, Father's First Name, Middle, Last Name.
- Citizens/Immigrant Information:** US Citizen / Natural, Immigrant Type, Immigrant No., Date of Status, Qualified Immigrant Type and Description.
- Education:** Highest Degree Obtained, Education Level, Student ID.
- Individual Status:** PA, MA, FS, LI, NA, NA.
- Other Fields:** Identity, Relationship, Social Security No.

Buttons for 'Next' and 'Previous' are located at the bottom of the form.

Complete the following on the **Interview Guide** screen (see screen shot on the following page):

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Attachment B

Interview Guide



Complete the following on the **Absent/LRR's** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Absent/LRR's



Complete the following on the **Employment Information** screen (see screen shot on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Attachment B

Employment Information

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:		Yes	No
Is Employed? (Including Subcontracting)		<input type="radio"/>	<input type="radio"/>
Is Self-Employed?		<input type="radio"/>	<input type="radio"/>
Is Unemployed? (Currently Not Working)		<input type="radio"/>	<input type="radio"/>
Could You Accept a Job Today?		<input type="radio"/>	<input type="radio"/>
Participating in a Strike?		<input type="radio"/>	<input type="radio"/>
Is Anyone in the Household a Migrant or Seasonal Farm Worker?		<input type="radio"/>	<input type="radio"/>
Has Child Or Dependent Care Expenses?		<input type="radio"/>	<input type="radio"/>
Is Needed in the Home to Care for a Child Under the Age of 6 or an Incapacitated Person?		<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

Complete the following on the **Current Income** screen (screen shot continued on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Current Income

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU RECEIVES:		Yes	No
Unemployment Insurance Benefits?		<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI) Benefits?		<input type="radio"/>	<input type="radio"/>
Social Security Disability Benefits?		<input type="radio"/>	<input type="radio"/>
Foster Care Payments (Received)?		<input type="radio"/>	<input type="radio"/>
Social Security Dependent Benefits?		<input type="radio"/>	<input type="radio"/>
Social Security Survivor's Benefits?		<input type="radio"/>	<input type="radio"/>
Social Security Retirement Benefits?		<input type="radio"/>	<input type="radio"/>
Railroad Retirement Benefits or Railroad Retirement Dependent Benefits?		<input type="radio"/>	<input type="radio"/>
Retirement Benefits (Pensions)?		<input type="radio"/>	<input type="radio"/>
Dividends/Interest From Stocks, Bonds, Saving, ETC?		<input type="radio"/>	<input type="radio"/>
Worker's Compensation?		<input type="radio"/>	<input type="radio"/>
NYS Disability Benefits?		<input type="radio"/>	<input type="radio"/>
Veteran's Pensions/Benefits/Aid And Attendance?		<input type="radio"/>	<input type="radio"/>
GI Dependency Allowance?		<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

Attachment B

Current Income continued

Public Assistance Grant? Yes No

Education Grants Or Loans? Yes No

Rental Income (Received)? Yes No

Boarders/Lodgers Income (Received)? Yes No

Contributions/Gifts (Received - NOT Excess Rent, Tuition or Household Expenses)? Yes No

Child Support Payments (Received)? Yes No

Alimony/Support (Received)? Yes No

Private Disability Insurance Health/Accident Insurance Policy Income? Yes No

No Fault Insurance Benefits? Yes No

Union Benefits (Including Strike Benefits)? Yes No

Loans (Received), Annuity Mortgage Loans Only? Yes No

Has Other Income? Such as Training Allowance, Income from a Trust, Spina Bids etc... Yes No

Spanish Next Previous

Complete the following on the **Past Maintenance** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Past Maintenance

Version 18.2.1 - Paperless Office System - [Past Maintenance] 11:53:00AM Fri, Jul 11, 2014

File Edit Tools Window Help

How have you been supporting yourself/household in the past? Answer Yes to all that apply. (One Yes required)

Important Note: This window is only intended to record income (and maintenance) that occurred in the past and has ended. You will be required to supply an END DATE for any income you enter here. Income that is still being received should only be recorded in the Current Income window.

Yes No Employment

Yes No Self Employment

Yes No Unemployment Benefit (UB)

Yes No Worker's compensation

Yes No Social Security Benefits

Yes No 551

Yes No Disability

Yes No Saver's

Yes No Dependents

Yes No Stipend

Yes No NYS Disability

Yes No Veteran's Benefits

Yes No Receiving Child Support

Yes No Public Assistance Benefits

Yes No Other

Yes No Incarceration

Yes No Recent Hospital Release

Yes No Military Service

Yes No Shelter/ Soup Kitchen

Yes No Depleted Savings / Assets

Yes No Hustling/ Panhandling

Yes No Support From Family and Friends

Yes No Rehabilitation Release

Yes No Agency/ Church/ Community Org.

Yes No Training Allowance

Spanish Next Previous

Complete the following on the **Grand Parent/Step Parent/Immigrant** screen (see screen shot on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Attachment B

Grand Parent/Step Parent/Immigrant

Version 18.2.1 - Paperless Office System - [Grand Parent/Step Parent/Immigrant] 11:55:22 AM Friday, July 11, 2014

File Edit Tools Window Help

Is Anyone In Your Household An Immigrant Who Was Sponsored For Admission Into The US? Yes No

Does The Step Parent/Grandparent Of Any Children Who Live With You Have Any Resources Or Receive Income Of Any Kind? Yes No

Spanish Next Previous

Complete the following on the **Resources** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Resources

Version 18.2.1 - Paperless Office System - [RESOURCES] 11:58:10 AM Friday, July 11, 2014

File Edit Tools Window Help

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING

	Yes	No
Has Life Insurance?	<input type="radio"/>	<input type="radio"/>
Has Title Or Registration To A Motor Vehicle(s) Or Other Vehicle(s)?	<input type="radio"/>	<input type="radio"/>
Has Saving Bonds?	<input type="radio"/>	<input type="radio"/>
Has Own Home Or Cooperative Or Condominium Apartment?	<input type="radio"/>	<input type="radio"/>
Is Eligible For An Income Tax Refund?	<input type="radio"/>	<input type="radio"/>
Has Cash On Hand?	<input type="radio"/>	<input type="radio"/>
Has A Checking Account(s)?	<input type="radio"/>	<input type="radio"/>
Has A Saving Account(s) Or C.D. (Cert. Of Deposit)?	<input type="radio"/>	<input type="radio"/>
Has A Credit Union Account(s)?	<input type="radio"/>	<input type="radio"/>
Has Stocks, Bonds, Certificates Or Mutual Funds?	<input type="radio"/>	<input type="radio"/>
Has An IRA, KEOGH, 401 K, Or Deferred Compensation Account(s)?	<input type="radio"/>	<input type="radio"/>
Has an irrevocable burial trust?	<input type="radio"/>	<input type="radio"/>
Has a burial fund?	<input type="radio"/>	<input type="radio"/>
Has A Burial Space?	<input type="radio"/>	<input type="radio"/>
Has Real Estate Including Income Producing And Non-Income-Producing Property?	<input type="radio"/>	<input type="radio"/>
Has An Annuity?	<input type="radio"/>	<input type="radio"/>
Is Named The Beneficiary Of A Trust?	<input type="radio"/>	<input type="radio"/>
Expects To Receive A Trust Fund, Legal Settlement, Inheritance Or Income From Any Other Sources?	<input type="radio"/>	<input type="radio"/>
Has An "IN TRUST" Account(s)?	<input type="radio"/>	<input type="radio"/>
Has A Safe Deposit Box?	<input type="radio"/>	<input type="radio"/>
Has anyone (including your spouse, even if not applying or living with you) given away any cash, or sold/transferred any real estate, income or personal property in the past 36 months?	<input type="radio"/>	<input type="radio"/>
Has anyone (including your spouse, even if not applying or living with you) ever created a trust in the past or transferred any assets to a trust within the past 60 months?	<input type="radio"/>	<input type="radio"/>
Has Resources Other Than Those Listed Above?	<input type="radio"/>	<input type="radio"/>
Total Amount of PA Household (Available and Countable) Cash Resources (such as cash on hand, checking and savings accounts and certificates of deposit)	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

Attachment B

Complete the following on the **Medical** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Medical

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING/RE-CERTIFYING		Yes	No
Has Daily Activity Limited because of an Illness/Temporary Disability or is Blind, Sick or Disabled?	<input checked="" type="radio"/>	<input type="radio"/>	
Has Paid Or Unpaid Medical Bills For The Three Months Preceding The Month Of This Application?	<input type="radio"/>	<input type="radio"/>	
Has Any Type of Health/Hospital/Accident Insurance or Revenues Assistance in Paying Medical Expenses?	<input type="radio"/>	<input type="radio"/>	
Is Pregnant?	<input type="radio"/>	<input type="radio"/>	
Is In A Hospital, Nursing Home Or Other Medical Institution?	<input type="radio"/>	<input type="radio"/>	
Has Any Medical Bills Or Medically Related Expenses?	<input type="radio"/>	<input type="radio"/>	
Is Or Was Drug Or Alcohol Dependent?	<input type="radio"/>	<input type="radio"/>	
Has Been In A Car Accident Or Work Related Accident In The Past Two Years?	<input type="radio"/>	<input type="radio"/>	
Is Any Adult In The Household Homebound or requiring a home visit?	<input type="radio"/>	<input type="radio"/>	

Complete the following on the **Shelter (Housing) Expenses** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Shelter (Housing) Expenses

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING/RE-CERTIFYING		Yes	No
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input checked="" type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expenses?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have An Electricity And/Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have An Air Conditioning Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input type="radio"/>	
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?	<input type="radio"/>	<input type="radio"/>	
Are There Rent, Mortgage or Tax Asses?	<input type="radio"/>	<input type="radio"/>	
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>	
Did The Household receive a HEAP payment totaling greater than \$20 in the current month or in the immediately preceding 12 months?	<input type="radio"/>	<input type="radio"/>	

Attachment B

Complete the following on the **Other Expenses** screen:

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Other Expenses

Version 18.2.1 - Paperless Office System - [OTHER EXPENSES] 12:28:25 PM Friday, July 11, 2014

File Edit Tools Window Help

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING

	Yes	No
Are You Able To Prepare Meals At Home ?	<input type="checkbox"/>	<input type="checkbox"/>
Has Additional Expenses? Specify	<input type="checkbox"/>	<input type="checkbox"/>
Pays Tuition and/or Fees?	<input type="checkbox"/>	<input type="checkbox"/>
Pays Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Pays Alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Does At Least Four Months' Court-Ordered Support For A Child Under 18?	<input type="checkbox"/>	<input type="checkbox"/>
Eats Or Plans To Buy Meals From A Home Delivery Or Commercial Dining Service?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone on the case have Child Support obligations and/or arrears?	<input type="checkbox"/>	<input type="checkbox"/>

Spanish Next Previous

Complete the following on the **Education/Training** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Education/Training

Version 18.2.1 - Paperless Office System - [EDUCATION / TRAINING] 9:43:47 AM Wednesday, August 13, 2014

File Edit Tools Window Help

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING

	Show
Education and Training Information?	<input type="checkbox"/>
Is Anyone Applying Between Age 11 And 20 ?	<input type="checkbox"/>

Spanish Next Previous

Attachment B

Complete the following on the **Disposition/Withdrawal** screen:

1. Select the appropriate checkbox in the **EXEPTION STATUS** section;
2. Select the appropriate checkbox in either:
 - a. The **JOS DISPOSITION** section if the household wishes to proceed with the CA application; or
 - b. The **WITHDRAWAL** section if the household wishes to withdraw the CA application; and
3. Click **Next**.

Disposition / Withdrawal

The screenshot shows a software interface titled "Disposition / Withdrawal". It is divided into several sections:

- Case Head:** Fields for "Applicant:" and "Date of Birth:".
- Case Level Exception Status:** A list of checkboxes including "MESA Case, Employment Assessment is Not Required", "Elder Care", "Respite Care", "One Shot Deal", "Case is a Child Case in Loss of Public Assistance (PA), Spousal Emp Access is Required", and "Case is Not Except, Employment Assessment is Required".
- Wishes to Withdraw Case From:** Checkboxes for "PA - Public Assistance", "FS - Food Stamp Benefits", and "MA - Medical Assistance".
- Reasons:** Checkboxes for "Sufficient Income", "Family Resources", "Financial Resources", "Community Resources", "Child Care Support", and "Other (Specify Below)".
- Continue with Application:** A checked checkbox.
- Other programs to withdraw from:** Checkboxes for "One-Time / Emergency Payment Only (One Shot Deal)" and "Child Case in Loss of PA". Below this is a question: "Should you like to Continue with an Application for ongoing PAF?" with radio buttons for "YES" and "NO".
- WITHDRAW MY APPLICATION/JOB PROFILE FOR:** Checkboxes for "PA - Public Assistance", "FS - Food Stamp Benefits", "MA - Medical Assistance", "One-Time / Emergency Payment Only (One Shot Deal)", and "Child Case in Loss of PA".

At the bottom, there are "Next" and "Previous" buttons.

Complete the following on the **Other Information** screen (see screen shot on the following page):

1. Record the answers to the questions asked and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Attachment B

Other Information

Version 18.2.1 - Paperless Office System - [OTHER INFORMATION] 12:23:18 PM Friday, AA/11/2014

Question	Yes	No
Have You Or Any Member Of Your Household Been Convicted Of Making A Falsehood Statement Or Representation Of Residence In Order To Receive Temporary (Cash) Assistance In Two Or More States?	<input checked="" type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Who Is Applying Moved Into This County From Another New York State County Within The Past Two Months?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Received Benefits For Which They Were Not Entitled, Which Have Not Been Fully Repaid To This Or Another Agency?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone Who Lives With You Ever Been Found Guilty Of And/Or Been Disqualified For Temporary Assistance And/Or SNAP Benefits Because Of Fraud/Intentional Program Violation?	<input type="radio"/>	<input type="radio"/>
Do You Or Does Anyone Who Lives With You Receive Any Type Of Assistance Or Services Now?	<input type="radio"/>	<input type="radio"/>
Have You Or Does Anyone Who Lives With You Receive Assistance Or Services In The Past?	<input type="radio"/>	<input type="radio"/>
Have You Sold, Transferred Or Given Away Any Of Your Property To Anyone To Get Temporary Assistance Or SNAP Benefits?	<input type="radio"/>	<input type="radio"/>
Are You Or Any Member Of Your Household Facing Prosecution, Confinement Or Conviction For A Felony?	<input type="radio"/>	<input type="radio"/>
Are You Or Any Member Of Your Household Violating Probation Or Parole?	<input type="radio"/>	<input type="radio"/>
Have You Or Anyone In Your Household Ever Been In The U.S. Military?	<input type="radio"/>	<input type="radio"/>
Has Your Spouse Ever Been In The U.S. Military?	<input type="radio"/>	<input type="radio"/>
Is Anyone In The Household A Dependent Of Someone Who Is Or Was In The U.S. Military?	<input type="radio"/>	<input type="radio"/>

Search Next Previous

Complete the following on the **SI Grant Requests and Issuance** screen (screen shot continued on the following page):

1. The JOS/Worker must click on every button labeled **GO**, in numerical order, and complete the task item before moving on to the next task;
2. The JOS/Worker is not required to click on the buttons that are labeled **NA**; and
3. Click **Next**.

SI Grant Requests and Issuance

Version 18.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 12:25:01 PM Friday, AA/11/2014

File Edit Tools Help

Instructions

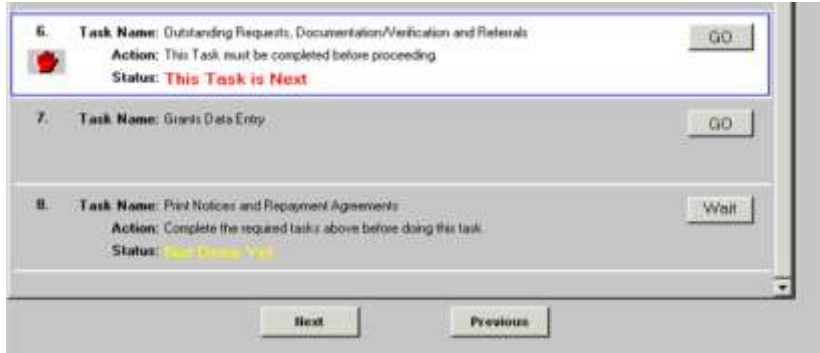
The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding Status: Completed	GO
3.	Task Name: Request Details Action: This Task must be completed before proceeding Status: Completed	GO
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding Status: Completed	GO
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding Status: No Action Required	NA

Attachment B

SI Grant Requests and Issuance continued



6. **Task Name:** Outstanding Requests, Documentation/Verification and Referrals GO
Action: This Task must be completed before proceeding
Status: **This Task is Next**

7. **Task Name:** Grants Data Entry GO

8. **Task Name:** Print Notices and Repayment Agreements Wait
Action: Complete the required tasks above before doing this task
Status: **Not Done Yet**

Next Previous

Complete the following on the **Potential Benefits** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Potential Benefits



Version: 18.2.1 - Paperless Office System - [POTENTIAL BENEFITS] 12:47:08 PM Fri, Jul 11, 2014
File Edit Tools Window Help

ARE YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING ELIGIBLE FOR:

	Show
Potential Unemployment Insurance Benefits	
Potential Workers' Compensation	
Potential NY's Disability Benefits	
Potential Pension Benefits	
Potential Strike Benefits	
Potential Maternity Benefits	
Potential Sick Leave Pay	
Potential Vacation Pay	
Potential Severance Pay	
Potential IRA/401K/403B	
Potential Stock Options	
Potential Alimony/Support	
Potential Servicemen's Allowance	
Potential SSA Survivor's Benefit	
Potential Social Security Retirement Benefit	
Potential Social Security Disability Benefits	
Potential Supplemental Security Income Benefit	
Potential VA Benefit	
Potential Railroad Benefit	

Spanish Next Previous

Attachment B

Complete the required task on the **Child/Teen Health Program Script** screen and click **Next**:

Child/Teen Health Program Script

Version: 18.2.1 - Paperless Office System - [CHILD/TEEN HEALTH PROGRAM SCRIPT] 11:07:35 AM Thursday, December 18, 2014

File Edit Tools Window Help

Now I'm going to tell you about a program that can protect the health of your children. It's called the Child/Teen Health Program, or CTHP. CTHP is free for children under 21 who have Medicaid.

Your children need regular checkups, even if they're healthy. Checkups can help identify problems like asthma and lead poisoning, and can show if a child needs any other medical or dental treatment. Medicaid doctors, clinics, and health plans will do the checkups free. If health problems are found, your child will get any additional health care that is needed.

The CTHP Fact Sheet, in English and Spanish, and the List of Participating Clinics and Hospitals are in your packet. The Fact Sheet explains the Child/Teen Health Program and gives a toll-free CTHP telephone number. The List of Participating Clinics and Hospitals lists some places you can take your children for medical, dental or vision exams.

If you call the CTHP number you can get help finding CTHP doctors or clinics near where you live. The doctors or clinics can help you to arrange transportation to and from your appointment and they can tell you how to get a travel reimbursement.

Note To Worker

Have you read ALBUD to this applicant the statement about the Child/Teen Health Program? Yes No

Next Previous

Complete the following on the **Pre-Referrals** screen:

1. Click on the show button and complete the **Response to Question** window, as required; and
2. Click **Next**.

Pre-Referrals

Version: 18.2.1 - Paperless Office System - [PRE-REFERRALS] 12:49:02 PM Friday, July 11, 2014

File Edit Tools Window Help

Alcohol and Substance Abuse Screening Yes No

Spanish Next Previous

Attachment B

Complete the following on the **POS Alcohol and Drug Abuse Screening Response to Question** window:

1. Record the answers to the questions asked; and
2. Click **OK**.

Refer to
[PD #12-14-EMP](#).

Note: If a substance abuse referral is needed, the referral must be made in NYCWAY using Action Code **915G** (CASAC Assessment – Applicant).

POS Alcohol and Drug Abuse Screening – Response to Question

Response to Question

POS Alcohol and Drug Abuse Screening

Who: [dropdown]

Read this statement to the applicant/client before asking the question:

We are asking the following questions in order to understand factors, such as alcohol or substance abuse, that might make it hard for you to work and become self-sufficient. We use this form to help you recognize these factors and to assist you and your family, if needed. Depending upon your responses to the questions, you may be referred for an alcohol/substance abuse assessment.

Ask the applicant/client the following questions and record his/her answer:

1. If you have received temporary assistance in the last two (2) years, did you have problems in complying with work rules? Yes No
2. Have you lost a job or gotten into trouble at work within the last two (2) years? Yes No
3. Have you had any legal problems within the last two (2) years? Yes No
4. Have you ever attempted to cut down on your alcohol or drug use? Yes No
5. Have you felt the need to take a drink or use drugs when you awaken? Yes No
6. Have you ever been accused by people making comments about your drinking or drug use? Yes No
7. Have you ever been treated for the following medical problem: *Hepatitis C, Liver Disease or Tuberculosis*? Yes No
8. Have you ever felt guilty about your drinking or drug use? Yes No
9. Have you ever been in treatment for alcohol and/or substance abuse? Yes No
10. Would you like information about alcoholism and/or substance abuse? Yes No

Did the client/applicant refuse to answer screening questions? Yes No

Is a Drug/Alcohol Assessment Referral necessary? Yes No

OK Cancel

Complete the following on the **Human Trafficking Victim** screen:

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Human Trafficking Victim

Version: EB.2.1 - Paperless Office System - [Human Trafficking Victim] 12:43:42 PM From: July 11, 2014

File Edit Tools Window Help

Is anyone in the household a Human Trafficking Victim? Yes No

Spanish Next Previous

Attachment B

Complete the following on the **Referrals** screen:

1. Record the answers to the questions asked;
2. Complete the **Response to Question** windows;
3. Make the referral appointments, as required; and
4. Click **Next**.

Note: If a Special Assessment referral is needed, the referral must be made in NYCWAY using Action Code **991S** (Referral /Reschedule) and the worker must only make the Special Assessment and BEV referrals.

Referrals

Refer to [PB #14-97-OPE](#), [PB #12-97-OPE](#), and [PD #10-08-ELI](#).

Also refer to [PB #11-04-ELI](#) if the family is seen by NoVA.

	Yes	No
Bureau of Eligibility Verification (BEV)		
Special Assessment	Yes	
Office of Child Support Enforcement (OCSE)		

Complete the following on the **Form Data-Entry** screen (see screen shot on the following page):

1. Record a response for each form listed;
2. Enter the requested information in the form(s) that must be completed, as required; and
3. Click **Next**.

Note: A separate SAVE Referral (**W-515X**) must be generated for each non-citizen in the household.

Attachment B

Form Data-Entry

	Yes	No
Social Security Administration - Consent for Release of Information (Form W515R)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Net Assistance (SNCA) Application (3/1/55-4/7/6)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Birth or Death Verification from Agencies Outside New York City (Form W588)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Identification Card/Impoverished Medicaid Authorization (Form W581A)	<input type="checkbox"/>	<input type="checkbox"/>
School Verification Letter (Form W-708)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Contact on a SNAP Application (Form D554/53)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Contact on a SNAP Application (Form W-113)	<input type="checkbox"/>	<input type="checkbox"/>
Systematic Alien Verification for Entitlement (SAVE) Referral (Form W-515R)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Requirements (Form W-113R)	<input type="checkbox"/>	<input type="checkbox"/>
RAD Case Documentation Transmittal (Form W153P)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of SNAP Recertification Appointment (Form W-129HR)	<input type="checkbox"/>	<input type="checkbox"/>
FIA School/Training Enrollment Letter (Form W-708)	<input type="checkbox"/>	<input type="checkbox"/>
Family Case Assessment (Form W-582A)	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Application for a Social Security Number (Form D5P-63H)	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following on the **Notice Data-Entry** screen (see screen shot on the following page):

1. Record a response for each notice listed;
2. Enter the requested information in the notice(s) that must be completed, as required; and
3. Click **Next**.

Notice Data-Entry

	Yes	No
Notice of New Worker Assigned (Form W-152)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notice to Report to Center (Form W-3)	<input type="checkbox"/>	<input type="checkbox"/>
Notification to Utility Company (Form W528N)	<input type="checkbox"/>	<input type="checkbox"/>
Federal Information Letter (Form W-3AA)	<input type="checkbox"/>	<input type="checkbox"/>
SNAP Recertification Notice for Center FEI (Form W-140VV)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form W-145HH)	<input type="checkbox"/>	<input type="checkbox"/>
Fair Hearing Compliance Statement (Form W186C)	<input type="checkbox"/>	<input type="checkbox"/>
Fair Hearing Compliance Request (Form W186D)	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Rent Payment Responsibility (Form W557P)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Recoupment of Advance Payment (Form W-627B)	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Rent Payment Responsibility (RPR) Residents CSRD State/Family Emergency Apartments (Form W557P-EP)	<input type="checkbox"/>	<input type="checkbox"/>
Recoupment Worksheet to Estimate Unpaid Renting (Form W-145F)	<input type="checkbox"/>	<input type="checkbox"/>
Notice of Special Grant (Form W52N)	<input type="checkbox"/>	<input type="checkbox"/>

Attachment B

Complete the following on the **Finger Imaging – AFIS** screen:

1. Choose the radio button that describes the household member listed;

Note: If an individual is required to be finger imaged and the onsite AFIS is closed or not operable, an AFIS referral to the responsible Job Center must be made. Select “*Required to be finger imaged*” to generate the **W-519** for the individual.

2. Click **Print**; and
3. Click **Done**.

Finger Imaging– AFIS

Refer to [PD #13-08-ELI](#).

Version 18.0.1 Paperless Office System - [Finger Imaging - AFIS] 12:01:31 PM Friday, July 11, 2014

File Edit Tools Window Help

Finger Imaging Notice (Form W-519)
State regulations require all case members who are 18 years of age and older and main heads of households applying for or seeking reevaluation of Cash Assistance, including applicants for emergency assistance, to be finger-imaged.

An individual is exempt from this requirement if they fall into one of the following categories:

- Adult payers on "child only" cases (e.g. a grandparent who is applying for Receiving Cash Assistance on behalf of his/her grandchild)
- Individuals physically unable to comply with this requirement because of permanent injury or disability
- Applicants/Participants under 18 years of age unless they are payers for their own cases or siblings
- SSD recipients who are applying for one that deal Emergency Assistance to Adults (EAA) grant (only if all members of the household are in receipt of SSD)
- Community Care Facility residents

The applicant is not present at the interview.

Required to be finger imaged.

I am exempt from finger imaging because I meet one of the above exemption criteria.

I do Not agree to be finger imaged. I am applying/seeking reevaluation for Cash Assistance and realize that, by not agreeing to be finger imaged, I will become ineligible and my case will be rejected or closed as appropriate.

Done Print Previous

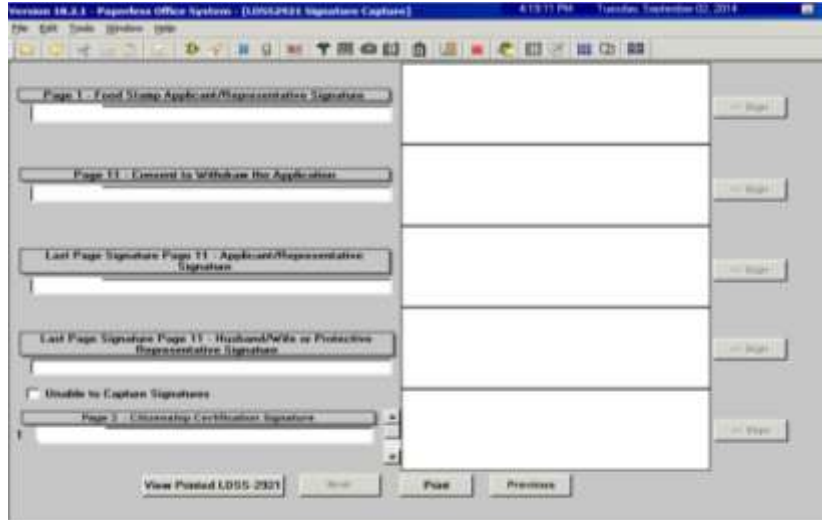
Complete the following on the **LDSS2921 Signature Capture** screen (see screen shots on the following page):

1. Click **Print**;
2. Capture all required signatures; and
3. Click **Next**.

Note: If the household contains more than eight individuals, the worker will need to print the Statewide Common Application (**LDSS-2921**) and manually capture the signatures for individuals nine and above. The entire **LDSS-2921**, that contains the captured required signatures, is scanned and indexed into the applicant's electronic case record.

Attachment B

LDSS2921 Signature Capture



Complete the following on the **Expedited Processing** screen:

1. Click on each show button and complete the **Response to Question** windows, as required; and
2. Click **Next**.

Expedited Processing



Attachment B

Click **Next** on the **Previewing Form DSS3938** screen:

Previewing Form DSS3938

The screenshot shows a software window titled "Previewing Form DSS3938" with the following content:

- Form Title: **FOOD STAMP APPLICATION EXPEDITED PROCESSING WORK SHEET**
- Fields: Date Application Filed, Date of Screening, Date of Eligibility Interview.
- Question: "Qualified for expedited processing?" with radio buttons for "Yes" and "No".
- Question: "Expedited Food Stamp Benefit Eligibility:" with radio buttons for "ELIGIBLE" (selected) and "INELIGIBLE".
- Section: "Reason:" with checkboxes for:
 - ELIGIBLE
 - ELIGIBLE (Applied on or before 15th of month; zero benefit due to prorated)
 - ELIGIBLE (Applied after 15th of month; zero first month's benefit due to prorated; full second month's benefit)
 - ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus full second month's benefit)
 - HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (see comments.)
 - VERIFICATION OF IDENTITY NOT PROVIDED
 - WE DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION
- Text Field: "Other Denial Reason/Comments"
- Question: "Is the household already receiving Food Stamp Benefits this month?" with radio buttons for "Yes" and "No".
- Buttons: "Next" and "Previous".

Complete the following on the **Print Forms** screen:

1. Select the **DSS-4279**;
2. Click **Print**; and
3. Click **Next**. POS moves the case to the **HDU Applications** queue for the responsible Job Center; and then launches the **Immediate Need (IN)/ Expedited SNAP (ESNAP) Issuance** activity if the applicant's responses during the **CA Application Interview** activity indicated a need for an IN or ESNAP issuance.

Print Forms

The screenshot shows a "Print Forms" window with a list of forms and a pop-up message:

Form No.	Form Description	Copies	Print
BEV100	BEV-100 Notice Real Property Ownership Appointment		e-form
DSS2474	SSI Referral and Certification of Contact		e-form
DSS2573	PA-Recoupment		e-form
DSS2938	SNAP Application Expedited Processing Summary Sheet		e-form
DSS4158	Third Party Data Sheet		
DSS4279	Notice of Responsibilities and Rights for Support		
DSS4529	Agreement to Repay Any Safety Net Assistance Over		
DSS4530	Assignment of Wages, Salary, Commissions or other E		
DSS4571	Alcohol/Substance Abuse Screening Instrument		
DSS4723	DPII Legal Residence Statement		
DSS4753	SNAP - Request for Contact/Mixed Interview		
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		e-form
EXP_769	Documentation Receipt		e-form
EXP834	Declaration of Application for a Social Security Number		e-form
FIA1021	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status		e-form
FIA1100	Child or Dependent Care Expenses		e-form
FIA1102	FIA-1102 Scanning and Indexing Internal Paper Authorization Documents		e-form
FIA1104	Notice of Determination Regarding Your Request for a Utility Grant		e-form

Pop-up message: "The case may be eligible for Expedited Food Stamps. POS will now suspend the Application Interview and start the IN/ESNAP Issuance activity for this case." with an "OK" button.

Buttons: "Next", "Print", "Previous", "Preview W/4000 Rules".

Attachment B

Immediate Need (IN)/ Expedited SNAP (ESNAP) Issuance Activity

Click **Next** on the **Household** screen:

Household Screen

Version 18.2.1 - Paperless Office System - [Household Screen] 11:33:54 AM Friday, July 11, 2014

Suffix: Individual Integrity Code: WMS Message via OLTP
PCUPD1 ADDET CLEARANCE PERFORMED REPORT SCHEDULED

Control Information
District: Center Worked: Case Number:

Present Address
Street Number, Direction, Name, Type, Apt #, City
State, Zip Code, Phone

Suffix Information
Action: Applying
SNAP File Date, CA File Date, SNAP Suffix, SNAP Status: NA, SNAP EAP: 0
CA, MA, Notice, Language, Handicap Status
Suffix: Case Name: CA: MA: Notice: Language: Handicap Status:
Next CA Recert date, Last CA Recert date, Last MA Recert date

Case Member Information
Suffix Ln, CIN, Name, Relation, DOB, SSN, Val Sec, Div/ HH, HB, CA, MA, SNAP, AFIS/S

Next Previous

Click **Next** on the **Expedited Processing** screen:

Expedited Processing

Version 18.2.1 - Paperless Office System - [Expedited Processing] 11:14 PM Tuesday, September 02, 2014

Have You Or Anyone Who Is Applying Received SNAP Benefits This Month?

Has The SNAP Household Received Expedited SNAP Benefits In The Past?

Has Anyone Who Is Applying For SNAP Had Income or Expect to Receive Income From Any Sources (Such As Employment, SSA, SSI, UI, Or Contributions) This Month?

ATTENTION TO THE INTERVIEWER: Based on the interview is there any indication that the applicant needs any non-food related personal item necessary for health and personal care or a food-related immediate need grant?

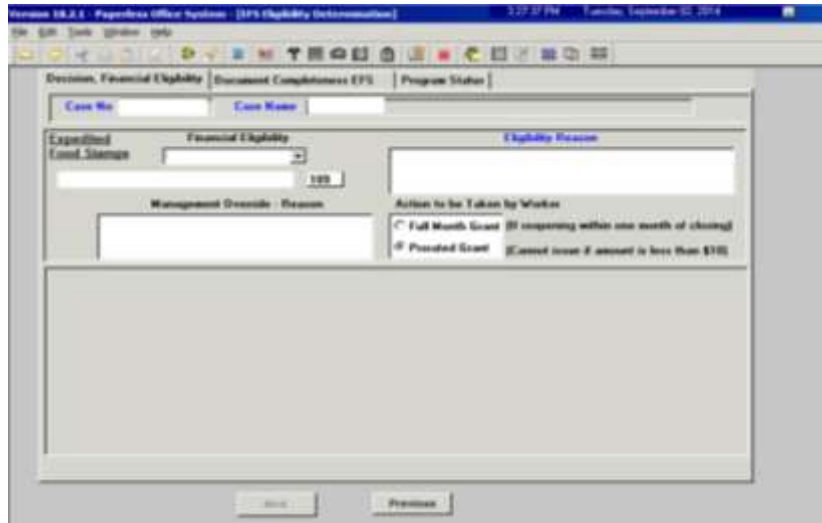
Spanish Next Previous

Complete the following on the **EFS Eligibility Determination** screen (see screen shots on the following page):

1. Review each tab (**Decision**, **Financial Eligibility**, **Document Completeness EFS**, and **Program Status**) to ensure that the information contained on them is accurate;
2. Click the **Run Rules** button on the **Program Status** tab; and
3. Click **Next**.

Attachment B

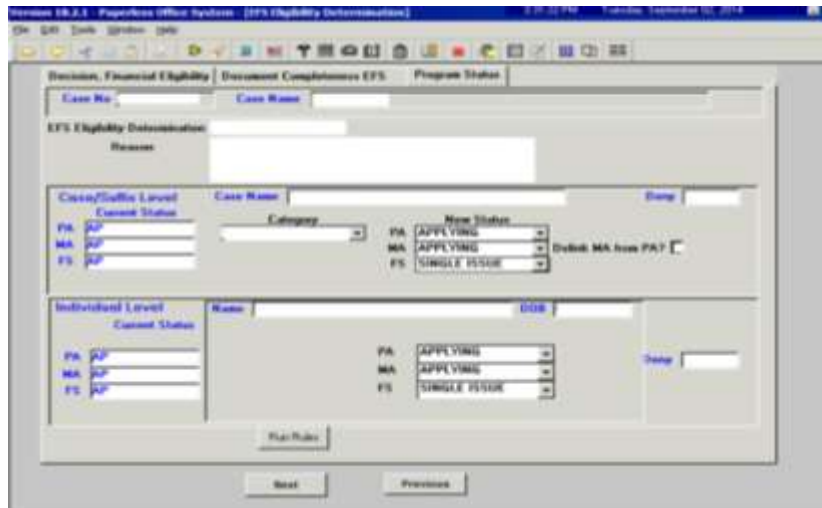
EFS Eligibility Determination – Decision, Financial Eligibility tab



EFS Eligibility Determination – Document Completeness EFS tab



EFS Eligibility Determination – Program Status tab



Attachment B

Click **Next** on the **Previewing Form DSS3938** screen:

Previewing Form DSS3938

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Previewing Form DSS3938]". The window displays a form titled "FOOD STAMP APPLICATION EXPEDITED PROCESSING WORKSHEET". The form contains the following fields and options:

- Date Application Filed: _____ Date of Screening: _____
- Date of Eligibility Interview: _____
- Qualified for expedited processing? Yes No
- Expedited Food Stamp Benefit Eligible: ELIGIBLE NOT ELIGIBLE
- Reason: ELIGIBLE
 ELIGIBLE (Applied on or before 15th of month; zero benefit due to prorating)
 ELIGIBLE (Applied after 15th of month; zero first month's benefit due to prorating; full second month's benefit)
 ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus full second month's benefit)
 HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (see comments.)
 VERIFICATION OF IDENTITY NOT PROVIDED
 HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION
- Other Serial Reason/Comments: _____
- Is the household already receiving Food Stamp Benefits this month? Yes No

At the bottom of the form, there are two buttons: "Next" and "Previous".

Click **Next** on the **Document Completeness** screen:

Document Completeness

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Document Completeness]". The window displays a screen with the following text:

INSTRUCTIONS: Please review the data elements with missing documents and missing forms listed below.

The missing documents for each data element listed below must be scanned and indexed before the application packet can be submitted electronically. To select a document for the data element, go back to the appropriate interview window by clicking on the GO button next to the data element. Then, scan, upload and index the document.

The missing forms listed below must be printed and the required signatures must be captured. To print the form(s), click on the GO button next to the form and the Print Forms window will appear. If the signature(s) cannot be captured electronically, the form(s) must be printed and the signatures must be captured on paper. The paper form(s) must be uploaded, scanned and indexed.

After you return to this window, the information will be updated based on the action taken.

All required documents have been scanned and indexed. All required documents have been printed.

At the bottom of the screen, there are four buttons: "Refresh", "Next", "Previous", and "Selected Document List".

Attachment B

Click **Next** on the **CIN Re-use** screen:

CIN Re-use

Refer to [PD #05-17-OPE](#) and [PB #14-17-ELI](#)

Version 18.2.3 - Paperless Office System - [CIN Re-use] 2:36 PM Toronto, September 12, 2014

Case #	Case Name	Suffix	Case Type	Request New Clearance

The selected CIN match is indicated by the asterisk. This may highlight the suggested CIN match or show another appropriate CIN from the clearance.

Do you wish to use a new CIN because there is no appropriate CIN match in the clearance? Yes No

Next Previous

Click **Next** on the **Case Number Re-Use** screen:

Case Number Re-Use

Refer to [PB #13-16-SYS](#)

Version 18.2.3 - Paperless Office System - [Case Number Re-use] 2:37 PM Toronto, September 12, 2014

The cases below represent previous case number for the entered applicant. The "Suggested Previous Relevant Case" is the best possible previous found by PDS. To view details on each case, click on the View button next to the case. In order to re-use a particular case number click on the "Select" check box next to the desired case. If you choose to disregard all or the matches, you must click on the "Disregard all matches" check box.

Applicant Information as Entered

Name	SSN	DOB

View Procedure
[Case # re-use by FA cases](#)
[General Case Re-use Procedures](#)

Suggested Previous Relevant Case

View Detailed Clearance	Case #	Case Name	SSN	DOB	Ctr	Case #/N/A/F/S	Individual #/N/A/F/S	Select

Other Possible Matches

View Detailed Clearance	Case #	Case Name	SSN	DOB	Ctr	Case #/N/A/F/S	Individual #/N/A/F/S	Select

Disregard all Matches, use a New Case Number

Next Previous

Complete the following on the **Existing Budgets** screen (see screen shot on the following page):

1. Click **New Budget** if the applicant household qualifies for the issuance of expedited SNAP benefits; and
2. Click **Next**.

Attachment B

Existing Budgets

Click on the 'New Budget' button to calculate a new budget. Manual Budget Required

Case No. _____

POG Sub Budget No.	Authz-izable	Authorized Budget?	WMS Bldg No.	Type	Start Date	Effective Dates	Description
--------------------	--------------	--------------------	--------------	------	------------	-----------------	-------------

Complete the following on the **TAD Data – Eligibility** screen:

1. Click the **Show Individual Data** button and update the applicant information as necessary; and
2. Click **Next**.

TAD Data - Eligibility

WMS Data POG Data

Case No. Sub Center Unit Number RCRT CSC Prog No. Acct No. Case Status

Language MSE Indicator Notice Language Notice Bldg # LFLN ASSN CWS Lang Recd

DNET Indicator SS No. J8 No. SNF Socurities Emp Indicator EMC DATES From To Personnel Ind PS Skt

Category Prg Status Status Reason From Date To Date

MA APPLYING

MA APPLYING

PS APPLYING

Individual Status

Individual Name Level CSM Prg Status Status Reason Date

Category

Complete the following on the **CBIC Payee Status Window** screen (see screen shot on the following page):

1. Record the answer to the question asked and complete the **Response to Question** window, as required; and
2. Click **Next**.

Attachment B

CBIC Payee Status Window

Refer to [PD #13-50-OPE](#).

Version 18.2.1 - Paperless Office System - [CBIC Payee Status Window] 10/13/14 Tuesday, September 02, 2014

Re-issue Case Number: [] Suffix: [] Category: [] FS Status: []

Casehead/Paper Case: [] Relationship Code: []

Casehead/Paper OR: [] CBIC Paper OR: []

Is the "Casehead/Paper OR" listed above the case as the "CBIC Paper OR"? Yes No

If System 11 is down, go to WWS Screen WSDCH (Case Number PA/FS Paper Input) using the case number collected in the Case Number To Do window or the application registration number if no case number was issued and retrieve the CBIC Paper OR and answer the question above.

MESSAGE

Next Previous

Complete the **PA Single Issuance Benefit** screen, if applicable:

PA Single Issuance Benefit

Version 18.2.1 - Paperless Office System - [PA Single Issuance Benefit] 10/13/14 Tuesday, September 02, 2014

Case Name	Case Number	Issue Case Number	Suffix	Date First Proposed	IS Center	Category

Benefit Type
 PA
 FS

Next Previous

Complete the **FS Single Issuance Benefit** screen, if applicable:

FS Single Issuance Benefit

Version 18.2.1 - Paperless Office System - [FS Single Issuance Benefit] 10/13/14 Tuesday, September 02, 2014

Issuance Code	Amount	From	To	Bank Slip Issued	Check/CDB	Reading Location	Replaces Benefit	Authorization Benefit	Paper Number
1	[]	[]	[]	[]	[]	[]	[]	[]	[]
2	[]	[]	[]	[]	[]	[]	[]	[]	[]

Total Amount: []

Benefit Type
 PA
 FS

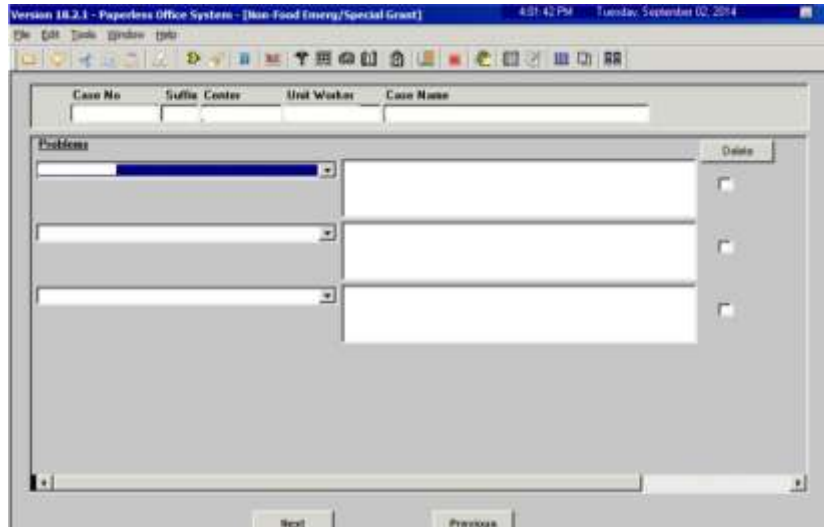
Next Previous

Attachment B

Complete the following on the **Non-Food Emergency/Special Grant** screen, if applicable:

1. If the applicant states that s/he has a non-food emergency or an immediate need, select the problem from the dropdown menu;
2. Enter a detailed description of the problem; and
3. Click **Next**.

Non-Food Emergency/ Special Grant



The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Non-Food Emery/Special Grant]" with a timestamp of "4:01:42 PM Tuesday, September 02, 2014". The window contains a form with the following fields:

- Case No. []
- Suffix Center []
- Unit Worker []
- Case Name []

Below these fields is a table with the following structure:

Problem	Delete
[Dropdown Menu]	<input type="checkbox"/>
[Dropdown Menu]	<input type="checkbox"/>
[Dropdown Menu]	<input type="checkbox"/>

At the bottom of the window, there are "Next" and "Previous" buttons.

Complete the following on the **Non-Food Emergency/Special Grant Detail** screen (see screen shot on the following page):

1. If the applicant states a problem that is not listed in the dropdown menu on the **Non-Food Emergency/Special Grant** screen, enter the problem in the **Other Problems** field; and
2. Click **Next**.

Attachment B

Non-Food Emergency/ Special Grant Detail

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [New Food Emerg./Special Grant - Detail]". The window contains a form with several sections. At the top, there are input fields for "Case No.", "Suffix Center", "Unit Worker", and "Case Name". Below these is a "Note" section with a gray background, containing the text "Other Problems" and a large empty text area. Underneath the note are "Add" and "Remove" buttons. The next section is titled "Without Items Necessary for Health and Safety (Such as Broken Water Pipe)" and also features a large empty text area with "Add" and "Remove" buttons. At the bottom of the form are "Next" and "Previous" buttons.

Click **Next** on the **Form Data-Entry** screen:

Form Data-Entry – IN/ESNAP Issuance activity

The screenshot shows a software window titled "Version 18.2.1 - Paperless Office System - [Form Data-Entry]". The window displays a list of various forms with checkboxes for "Yes" and "No" on the right side. The forms listed are:

- Social Security Administration - Consent for Release of Information (Form W-519R)
- Safety Net Assistance (SNCA) Application (D/55-477G)
- Request for Birth or Death Verification from Agencies Outside New York City (Form W68B)
- Request for Identification Card/Temporary Medical Authorization (Form W687A)
- School Verification Letter (Form W-708L)
- Request for Contact on a SNAP Application (Form D554753)
- Request for Contact on a SNAP Application (Form W-11B)
- Systematic Alien Verification for Entitlement (SAVE) Referral (Form W-515Q)
- Documentation Requirements (Form W-113K)
- RAI Case Documentation Transmittal (Form W153P)
- Notice of SNAP Recertification Appointment (Form W-1298R)
- FIA School/Training Enrollment Letter (Form W-708G)
- Family Care Assessment (Form W-562A)
- Declaration of Application for a Social Security Number (Form EXP-63B)

At the bottom of the screen are "Spanish", "Next", and "Previous" buttons.

Attachment B

Click **Next** on the **Notice Data-Entry** screen:

Notice Data-Entry –
IN/ESNAP Issuance
activity

Form No.	Form Description	Yes	No
	Notice of New Worker Assigned (Form W102)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Notice to Report to Center (Form W103)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification to Utility Company (Form W104)	<input type="checkbox"/>	<input type="checkbox"/>
	Federal/Information Letter (Form W105)	<input type="checkbox"/>	<input type="checkbox"/>
	ESNAP Recertification Notice for Center FC1 (Form W106)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (Form W107)	<input type="checkbox"/>	<input type="checkbox"/>
	Fee Hearing Compliance Statement (Form W108)	<input type="checkbox"/>	<input type="checkbox"/>
	Fee Hearing Compliance Request (Form W109)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification of Rent Payment Responsibility (Form W110)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Recoupment of Advance Payment (Form W111)	<input type="checkbox"/>	<input type="checkbox"/>
	Notification of Rent Payment Responsibility (RPR) Residents, CSRD Hotels, Family Emergency Apartments (Form W112)	<input type="checkbox"/>	<input type="checkbox"/>
	Management Worksheet to Estimate Unpaid Rent (Form W113)	<input type="checkbox"/>	<input type="checkbox"/>
	Notice of Special Grant (Form W114)	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following on the **Print Forms** screen:

1. Select the form(s) to be printed, as required; and
2. Click **Print**.

Print Forms –
IN/ESNAP Issuance
activity

Form No.	Form Description	Print
DSS2474	SSI Refusal and Certification of Contact	<input type="checkbox"/>
DSS3573	FA Recoupment	<input type="checkbox"/>
DSS3938	Food Stamp Application Expedited Processing Summary Sheet	<input type="checkbox"/>
DSS4138	Third Party Data Sheet	<input type="checkbox"/>
DSS4279	Notice of Responsibilities and Rights for Support	<input type="checkbox"/>
DSS4529	Agreement to Repay Any Safety Net Assistance (overpayments SNA) owed After Case is Closed	<input type="checkbox"/>
DSS4538	Assignment of Wages, Salary, Commissions or other Compensation for Services	<input type="checkbox"/>
DSS4571	Alcohol/Substance Abuse Screening Instrument	<input type="checkbox"/>
DSS4723	DFR Legal Residence Statement	<input type="checkbox"/>
DSS4753	Food Stamps - Request for Contact/Mixed Interview	<input type="checkbox"/>
DSS4776	Safety Net Assistance (SNA) Application (DSS-4776)	<input type="checkbox"/>
EXP_76R	Documentation Receipt	<input type="checkbox"/>
EXP93R	Declaration of Application for a Social Security Number	<input type="checkbox"/>
FIA1021	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status	<input type="checkbox"/>
FIA1102	FIA 1102 Scanning and Indexing Internal Paper Authorization Documents	<input type="checkbox"/>
FIA1104	Notice of Determination Regarding Your Request for a Utility Grant	<input type="checkbox"/>
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allowance	<input type="checkbox"/>
M15F	Agreement to Repay Public Assistance	<input type="checkbox"/>

Complete the following on the **No Food – Reason for No Immediate Grant Window** screen, if applicable (see screen shot on the following page):

1. Record the answer to the question asked and enter a detailed comment in the **Additional Details** field, as required; and
2. Click **Next**.

Attachment B

No Food – Reason for No Immediate Grant Window

The screenshot shows a web browser window titled "Paperless Office System - [No Food - Reasons for No Immediate Grant Window]". The page contains a "Problem:" field, a "Problem Details:" text area, and a "Reason for not issuing Immediate Food Grant for Food Emergency:" dropdown menu. Below these is an "Additional Details:" text area and "Next" and "Previous" buttons.

Complete the following on the **Approval Elements** screen:

1. Click **File**;
2. Click the Complete button;
3. Select your Supervisor from the list of supervisors;
4. Enter a detailed case comment; and
5. Click **OK**.

Note: The HDU Supervisor will complete any required actions on the **Approval Elements** screen.

Approval Elements

The screenshot shows the "Approval Elements" screen in the Paperless Office System. It features three rows, each with a "Disapproved Element" field, an "Approval" dropdown, and an "Add Comment" button. Below each row is a "Disapproval Reason" field and a "Review Comment Log" link. At the bottom, there are "Exit via CRM", "Next", "Back", and "Previous" buttons.