



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #17-15-OPE

(This Policy Directive Replaces PD #15-02-OPE)

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

Date: July 26, 2017	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.

REVISIONS TO THE ORIGINAL PROCEDURE

This Policy Directive is being revised to:

- Inform staff that applicants whose application interviews are started after 4:00 PM and applicants whose conditional placements are not known will no longer be assigned to the East River Job Center (37).
- Update the application process for applicants who start applications after 4:00 PM and applicants whose conditional placements are not known.
- Remove all references to Job Center 37.
- Remove the Non-Center 078 Workflow process (Attachment B) and any reference to that workflow.

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.

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

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. Additionally, HDU assists applicants in completing the CA application, and screens applications for Immediate Needs (IN) and Expedited Supplemental Nutrition Assistance Program (E-SNAP) benefits. HDU staff resolves processing issues and refer applicants to mandated appointments (i.e. BEV, OCSE).
- 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 and/or DHS at PATH 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.

All family members must be present during the initial application for shelter only.

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 the family fits the DHS criteria to be referred to HDU.

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 completing the 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.

Note: Families who return to PATH may submit missing documentation to the HDU JOS/Worker. Documentation submitted at PATH will be scanned and indexed into the case record.

Updated

DHS Case Distribution Worker administers the CARES interview.

If the family is not diverted by HDU, the family will be referred to DHS Case Distribution and the outcome is recorded in CARES. At the conclusion of the interview, the DHS Case Distribution 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 routes 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), Denied (RJ) or Closed (CL). 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

Refer to [PD #15-21-ELI](#).

interview, including any necessary referrals. Refer to the Revision to Shelter Arrears Policy and Repayment Agreements (PD #15-21-ELI) for further instructions.

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 the 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 Case Distribution/Family Worker.

Actions Required for all Ongoing CA Applications at PATH

Updated

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.

New

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 whether the application is started before or after 4:00 PM. Applicants who start the application process before 4:00 PM and whose conditional placement is known will have their second contact with an HDU JOS/Worker the same day. Applicants who start the application process after 4:00 PM and/or whose conditional placement is not known will have their second contact with an HDU JOS/Worker the next day.

Updated

Applications processed at PATH will initially be assigned to Center 078 as a temporary center designation 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 Case Distribution/Family Worker.

Note: Applicants who receive their conditional placement will have their second contact with HDU on the same day. Applicants who must return to PATH to receive their conditional placement will have their second contact with HDU the next day.

Screenings for Immediate Needs and Expedited SNAP:

Refer to [PD #17-01-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.
- The Documentation Requirements and/or Assessment Follow-Up (**W-113K**) to return to PATH if the CA application is started **after** 4:00 PM or the family's conditional placement is not known.
 - The HDU JOS/Worker must check the *Must See Worker Upon Return*;
 - Print the W-113K: and
 - Provide the address to PATH on the W-113K.

New

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 / AFIS Freedom Referral 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.

Refer to [PB #17-31-OPE](#). **Note:** If the onsite AFIS unit is closed or not operable, an AFIS Freedom referral 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**).

Applications started before 4:00 PM that require a BEV referral.

Applications started before 4:00 PM: 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 Grant (ING) 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) unit 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 #15-08-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 HDU JOS/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 #17-08-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 HDU 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;
 - Applications started **after** 4:00 PM, issue the applicant a **W-113K** to return to PATH the next day;
 - Make a case note in CARES to refer the applicant to HDU at the conclusion of their interview with the DHS Family Worker.
- Click **Next** at the **Print Forms** screen;

Refer to Attachment A

New

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.

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 applications started **before** 4:00 PM, 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.

Applications started before 4:00 PM - 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 34 – 40, for detailed instructions.

New

The family's conditional placement is not assigned by 4:00 PM.

Note: If the conditional placement is not assigned by 4:00 PM, the Job Center designation will remain as **Center 078**. Issue the applicant a **W-113K** to return to PATH. Provide the address to PATH on the **W-113K**. Scan and index the **W-113K** into the case record.

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

The family's conditional placement is not assigned by 4:00 PM.

Note: If a conditional placement was not assigned by 4:00 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.

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

Note: Refer to the instructions on **pages 8-10**.

- 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 pad 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.

New

Applications started after 4:00 PM – Next Day Return Appointment to PATH

The instructions contained in this section are for applicants who are not diverted and the CA application is started **after** 4:00 PM **or** the family’s conditional placement is **not known**.

Upon returning to PATH on the second day, the applicant will be routed to the DHS Case Distribution/Family Worker to receive shelter placement. When shelter placement is assigned, the DHS Case Distribution/Family Worker will use Q-Matic to queue the applicant to an HDU JOS/Worker.

The HDU JOS/Worker will update the applicant’s Present Address and center designation on the **Site Determination** screen in POS. The applicant’s responsible Job Center is based on the zip code of the DHS assigned shelter.

Note: For applications where any program status is **SI** or **AC**, access the **Change Case Data Activity** in POS to change the center designation. If the application is in **AP** status, access **Application Modification** in POS to change the center designation.

HDU SUPERVISOR RESPONSIBILITIES

Refer to the HDU Supervisor responsibilities on **page 11**.

Incomplete CA Applications at PATH

The HDU Supervisor is responsible for reviewing the **HDU Applications 078** queue at 4:00 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 34** under the section heading *CA Application Interview Activity* to change the mailing address and/or complete the CA application.

Not diverted family without a conditional placement does not return to complete the CA application.

If the family does receive a conditional placement by 4:00 PM and does not return to HDU to complete the CA application, 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 Case Distribution/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 Case Distribution/Family Worker. The center designation for the family's CA application will remain as **Center 078**. Refer to the instructions in **Attachment A** that begin on **page 34** under the section heading *CA Application Interview Activity*.

New

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

When an applicant reports to the Job Center to comply with the

documentation requested on the **W-113K**.

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 #17-08-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 DEAF/HARD-OF-HEARING 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 #16-14-OPE](#) and [PD #16-16-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	<p>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.</p> <p>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.</p> <p>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.</p>
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 #17-31-OPE](#)
[PD #17-08-SYS](#)
[PD #17-01-ELI](#)
[PD #15-21-ELI](#)
[PD #15-08-ELI](#)
[PB #14-97-OPE](#)
[Fax Flash 14-51](#)
[PD #14-13-OPE](#)
[PB #13-50-OPE](#)
[PD #13-09-ELI](#)
[PD #13-08-ELI](#)
[PB #12-97-OPE](#)
[PD #12-14-EMP](#)
[PB #11-117-SYS](#)
[PB #11-04-ELI](#)
[PB #08-21-OPE](#)
[CD #05-10](#)

ATTACHMENTS

Attachment A Paperless Office System (POS) Screens: Center
078 Workflow

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.

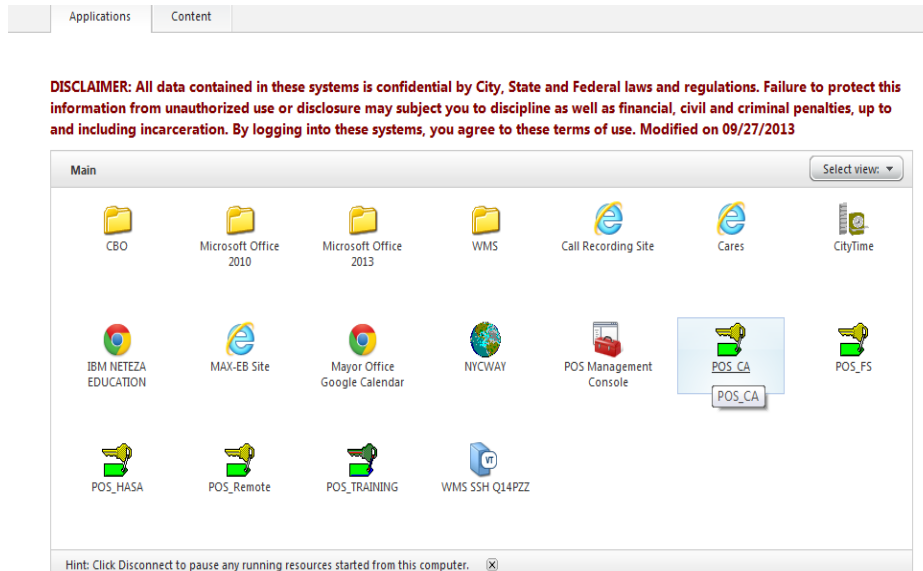
Double click on the **POS Portal** icon on your desktop.

POS Portal icon



In the HRA Portal – **Applications** screen, select the **POS CA** icon.

HRA Portal –



Enter the assigned LAN ID and password (see screen shot on the following page):

Attachment A

LAN ID Sign in– first login

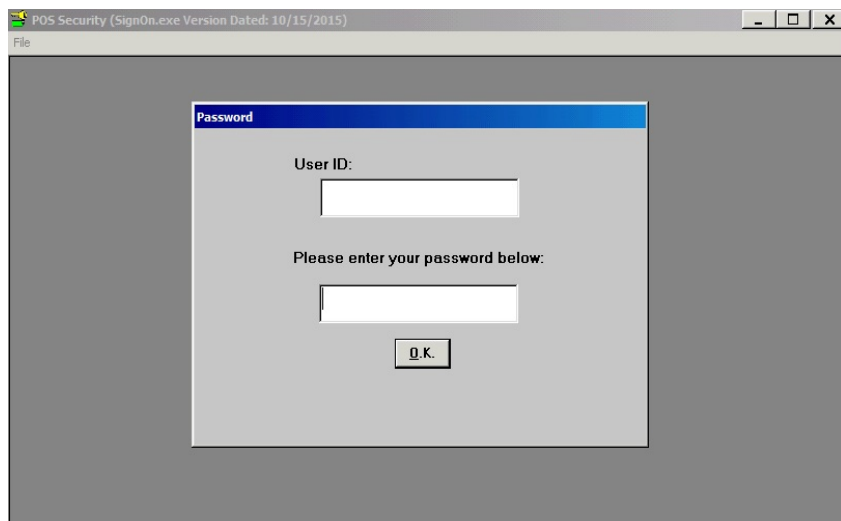


LAN ID - continued



Enter the assigned WMS ID and password.

WMS Sign in – second log in



CA Application Intake Activity

Complete the following on the Tracking Language Access Indicators screen:

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

Tracking Language Access Indicators

Refer to [PD #16-16-OPE](#) and [PD #16-14-OPE](#).

The screenshot shows a web browser window with the title "PaperScan Office System - [Site Determination]". The main content area displays a form titled "Tracking Language Access Indicators". The form includes the following fields and controls:

- "Applicant/Participant in:" dropdown menu
- "Preferred Language for speaking:" dropdown menu
- "Preferred Language for Written Notices:" dropdown menu
- "Does the applicant/participant want to use HRA's Free Interpreter Services?" with radio buttons for "Yes" and "No"
- "If YES, Which of HRA's Interpreter Services is being used?" dropdown menu
- "If No, provide reason stated by applicant/participant:" dropdown menu
- "Continue" button

At the bottom of the form, there is a question: "Is anyone in the household a US Citizen?" with radio buttons for "Yes" and "No". 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 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 Case Distribution/Family Worker.

2. Select **PATH** from the **HDU Location** dropdown menu;

Attachment A

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 **Undomesticated?** checkbox and the **Residential Address** fields;
4. Enter all other requested information and run the requested clearances on the screen; and
5. Click **Next**.

Site Determination

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; and
2. Click **Next**.

Attachment A

WMS Address Check

Version 15.2.1 - Paperless Office System - [WMS Address Check] 10:14:15 AM Thursday, December 18, 2014

File Edit Tools Window Help

Residential Address: Is the applicant undischarged? Yes No

House No.: [23] Street: [None] City: [Brooklyn] State: [NY] Zip Code: [11288 0000] Apt.: []

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

Care ID: [] Alternate Phone: [] Contact Person: []

House No.: [] Street: [None] City: [] State: [] Zip Code: [00000 0000] Apt.: []

Authorized Representative

Name: [] Alternate Phone: [] Contact Person: []

House No.: [] Street: [None] City: [] State: [] Zip Code: [00000 0000] Phone Number: []

WMS Address Check. *Highlight All Cases Listed Below Please Research Members Carefully 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 15.2.1 - Paperless Office System - [Adults in Household] 4:52:44 PM Tuesday, August 12, 2014

File Edit Tools Window Help

Adults

Last Name: [] First Name: [] Middle Name: [] Relationship: [] See: []

Individual is a:

Spouse of Carehead/Paper CA MA SNAP None

Suffix: [] D.O.B.: []

Required for Applying Adults ONLY

SSN: [] Birth Certificate No.: []

County of Birth: [] Other Name(s): []

Marital Status: [] Receiving SSI: []

Multi Ethnic Fields

Hispanic/Latino: Yes No

Native American or Alaska Native: Yes No

Asian: Yes No

Black or African American: Yes No

Native Hawaiian/Other Pacific Islander: Yes No

White: 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

Attachment A

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

Children in Household

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

Applies For
 CA
 MA
 SNAP
 None

Alliated Suffix
D.O.B.

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

Multi Ethnic Fields
Hispanic/Latino
Asian
Native Hawaiian/Other Pacific Islander
Native American or Alaska Native
Black or African American
White

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 18.2.1 - Paperless Office System - [Gathering Statistics] 5:00:44 PM Tuesday, August 12, 2008

Is Anyone In The Household Pregnant? Yes/No

Search Next Previous

Attachment A

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] 10:21:00 AM Thursday, December 10, 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	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

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] 3:13:00 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 Number Information

Suffix	CIN	Name	Relation	DOB	SSN	Val	Sex	Elem/	HB	CA	MA	SNAP	AFIS/ST
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suffix Level Information

Registration Number: Unit Worker: Update Unit Worker

Suffix Case Name File Date

Category Primary Language CMS Notice Language Language Read

Print Release 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] 11:33:04 AM Friday, July 11, 2014

File Edit Tools Window Help

Suffix: Individual Inquiry Code: WMS Message via DLTP
IC18P01 ADD11 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 Active Applying Bill Entry or Extension (None)
SNAP File Date: CA File Date: 4 SNAP Suffix: SNAP Status: NA SNAP EAP: B
CA MA Notice
Suffix Case Name Cal. Stat. EAP Stat. EAP Language Language Household Status
1 John ID: 0 NA 0 English English Name (None) (None)
Next CA Recert date: Last CA Recert date: Last MA Recert date:

Case Member Information

Suff. Ln.	DN	Name	Relation	DOB	SSN	Val Sec.	Class/	HB	CA	MA	SNAP	AFIS/
1												

Next Previous

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

Address Information –

Version 18.2.1 - Paperless Office System - [Address Information] 11:33:06 AM Friday, July 11, 2014

File Edit Tools Window Help

Present Address Is the applicant/participant undomiciled? Yes No
St No/Ds/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/Ds/Name: (None) State: Zip Code: Phone:

Email Address
Delete Email Address: Yes No
Email: Verified: Yes No
Resend Verification:

Next Previous

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

Case Number	Suf	Case Name	App No	Cu	MA Resp	Case Type	CA Stat	MA Stat	SNAP Stat	Closing Date	Mail Adh Ind
01							AP	NA	NA		N

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 selected CIN match is indicated by the arrow. You may highlight the suggested CIN match or choose another appropriate CIN from the clearance.

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

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](#)

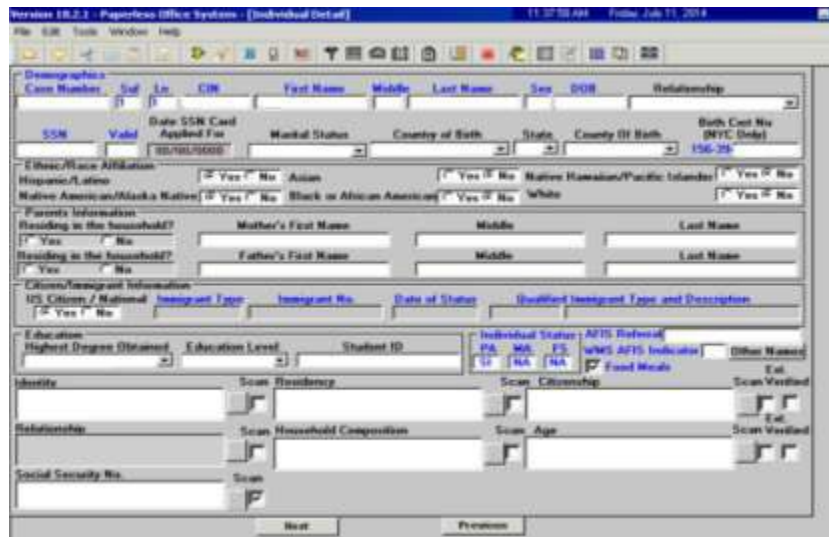


Complete the following on the **Individual Detail** screen:

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

Refer to [PD #13-09-ELI](#) and [PD #17-08-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 36).



Attachment A

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

1. Record the answers to the questions asked and complete the **Response to Question** windows, 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

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:		Yes	No
Is Employed? (Including Self-Employing)	<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"/>	

Complete the following on the **Current Income** screen:

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"/>	
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 On 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
Life 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 Bids 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] 11:53:20AM 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 not be recorded in the Current Income window.

<input type="radio"/> Yes <input type="radio"/> No Employment	<input type="radio"/> Yes <input type="radio"/> No Receiving Child Support
<input type="radio"/> Yes <input type="radio"/> No Self Employment	<input type="radio"/> Yes <input type="radio"/> No Public Assistance Benefits
<input type="radio"/> Yes <input type="radio"/> No Unemployment Benefit (UIB)	<input type="radio"/> Yes <input type="radio"/> No Other
<input type="radio"/> Yes <input type="radio"/> No Worker's compensation	<input type="radio"/> Yes <input type="radio"/> No Incarceration
<input checked="" type="radio"/> Yes <input type="radio"/> No Social Security Benefits	<input type="radio"/> Yes <input type="radio"/> No Recent Hospital Release
<input type="radio"/> Yes <input type="radio"/> No 551	<input type="radio"/> Yes <input type="radio"/> No Military Service
<input type="radio"/> Yes <input type="radio"/> No Disability	<input type="radio"/> Yes <input type="radio"/> No Shelter/ Soup Kitchen
<input type="radio"/> Yes <input type="radio"/> No Survivors	<input type="radio"/> Yes <input type="radio"/> No Depleted Savings / Assets
<input type="radio"/> Yes <input type="radio"/> No Dependents	<input type="radio"/> Yes <input type="radio"/> No Bartering/ Parahanding
<input type="radio"/> Yes <input type="radio"/> No Retirement	<input type="radio"/> Yes <input type="radio"/> No Support From Family and Friends
<input type="radio"/> Yes <input type="radio"/> No NYS Disability	<input type="radio"/> Yes <input type="radio"/> No Rehabilitation Release
<input type="radio"/> Yes <input type="radio"/> No Veteran's Benefits	<input type="radio"/> Yes <input type="radio"/> No Agency/ Church/ Community Org.
	<input type="radio"/> Yes <input type="radio"/> 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

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

Yes No

Is Anyone In Your Household An Immigrant Who Was Sponsored For Admission Into The US?

Does The Step Parent/Grandparent Of Any Children Who Live With You Have Any Resources Or Income From Any Kind?

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] 11:58:11 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? Yes No

Has Title Or Registration To A Motor Vehicle(s) Or Other Vehicle(s)? Yes No

Has Saving Bonds? Yes No

Has Own Home Or Cooperative Or Condominium Apartment? Yes No

Is Eligible For An Income Tax Refund? Yes No

Has Cash On Hand? Yes No

Has A Checking Account(s)? Yes No

Has A Saving Account(s) Or C.D. (Cert. Of Deposit)? Yes No

Has A Credit Union Account(s)? Yes No

Has Stocks, Bonds, Certificates Or Mutual Funds? Yes No

Has An IRA, KEOGH, 401 K, Or Deferred Compensation Account(s)? Yes No

Has an irrevocable burial trust? Yes No

Has a burial fund? Yes No

Has A Burial Space? Yes No

Has Real Estate Including Income-Producing And Non-Income-Producing Property? Yes No

Has An Annuity? Yes No

Is Named The Beneficiary Of A Trust? Yes No

Expects To Receive A Trust Fund, Lawsuit Settlement, Inheritance Or Income From Any Other Sources? Yes No

Has An "IN TRUST" Account(s)? Yes No

Has A Safe Deposit Box? Yes No

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? Yes No

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? Yes No

Has Resources Other Than Those Listed Above? Yes No

Total Amount of PA Household (Available and Countable) Cash Resources (such as cash on hand, checking and savings accounts and certificates of deposit)

Spanish Next Previous

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

The screenshot shows the 'Medical' screen of the Paperless Office System. The title bar reads 'Version 18.2.1 - Paperless Office System - [MEDICAL]' and the date is 'Friday, July 11, 2014'. The main area contains a table of questions with 'Yes' and 'No' columns. The questions are:

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 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 Recovery 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"/>

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

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**.

The screenshot shows the 'Shelter (Housing) Expenses' screen of the Paperless Office System. The title bar reads 'Version 18.2.1 - Paperless Office System - [SHELTER (HOUSING) EXPENSES]' and the date is 'Friday, July 11, 2014'. The main area contains a table of questions with 'Yes' and 'No' columns. The questions are:

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 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 Electrically And/Or Gas Bill Separate From Your Rent Or Mortgage?		<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have 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 Assess?		<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"/>

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

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

Version 18.2.1 - Paperless Office System - [OTHER EXPENSES] 11:20:25 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 Five Months' Court-Ordered Support For A Child Under 18?	<input type="checkbox"/>	<input type="checkbox"/>
Does Or Plans To Buy Meals From A Home Delivery Or Commercial Dining Service?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in 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] 9:43:45 AM Wednesday, August 13, 2014

File Edit Tools Window Help

ARE 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 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

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

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

Other Information

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 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 Correction 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"/>

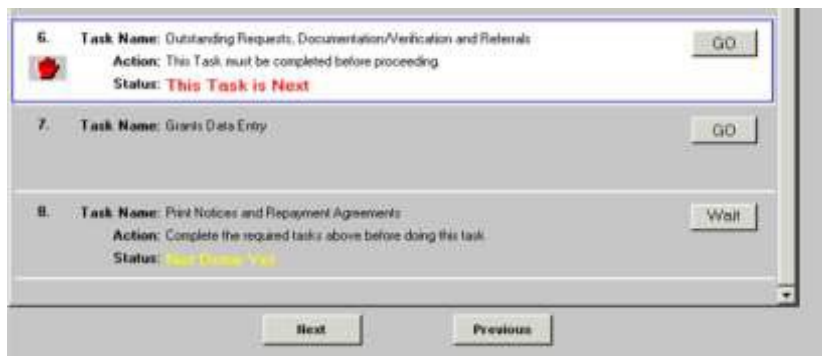
Complete the following on the **SI Grant Requests and Issuance** screen:

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



SI Grant Requests and Issuance (continued)

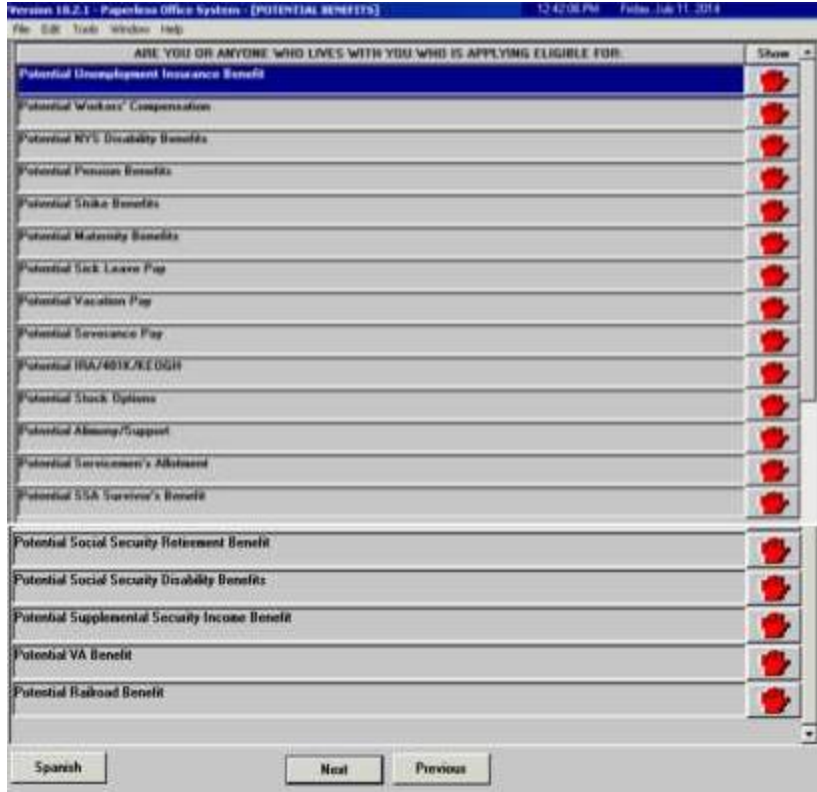


Complete the following on the **Potential Benefits** screen (see screen shot on the following page):

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

Attachment A

Potential Benefits



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

Child/Teen Health Program Script

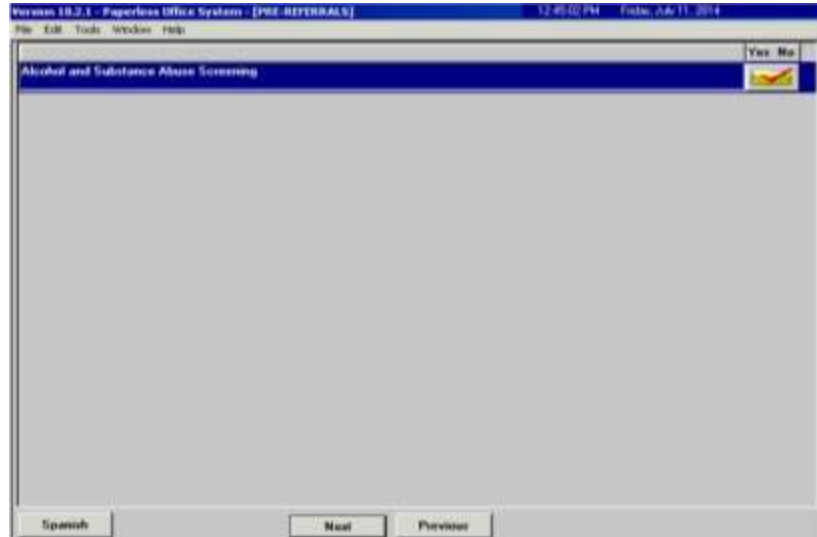


Attachment A

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



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 35-36.

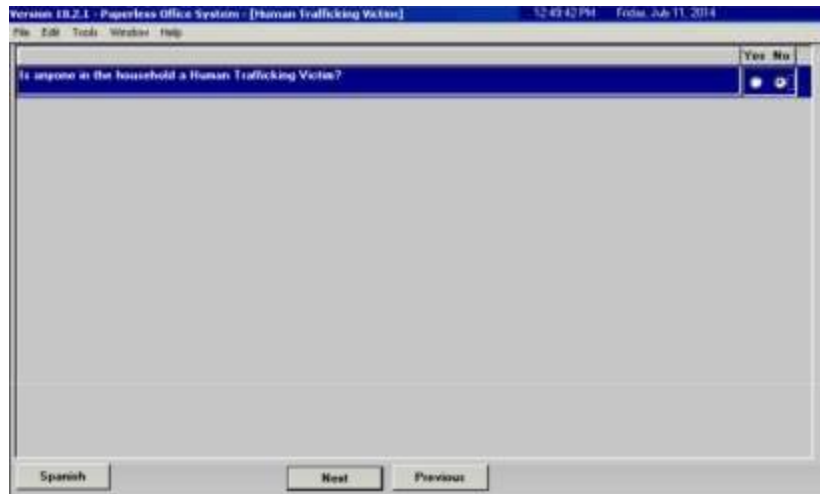
POS Alcohol and Drug Abuse Screening – Response to Question

A screenshot of a software window titled "Response to Question". The window has a blue header bar with the title and a "Who" dropdown menu. Below the header is a text area containing 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 those factors and to alert 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 the text are ten numbered questions, each with "Yes" and "No" radio button options. The questions are: 1. If you have received temporary assistance in the last two (2) years, did you have problems in complying with work rules? 2. Have you lost a job or gotten into trouble at work within the last two (2) years? 3. Have you had any legal problems within the last two (2) years? 4. Have you ever attempted to cut down on your alcohol or drug use? 5. Have you felt the need to take a drink or use drugs when you awaken? 6. Have you ever been annoyed by people making comments about your drinking or drug use? 7. Have you ever been treated for the following medical problem: Hepatitis C, Liver Disease or Tuberculosis? 8. Have you ever felt guilty about your drinking or drug use? 9. Have you ever been in treatment for alcohol and/or substance abuse? 10. Would you like information about alcoholism and/or substance abuse? At the bottom of the window, there are two more questions with "Yes" and "No" radio button options: "Did the client/applicant refuse to answer screening questions?" and "Is a Drug/Alcohol Assessment Referral necessary?". At the very bottom of the window are "OK" and "Cancel" buttons.

Attachment A

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**.

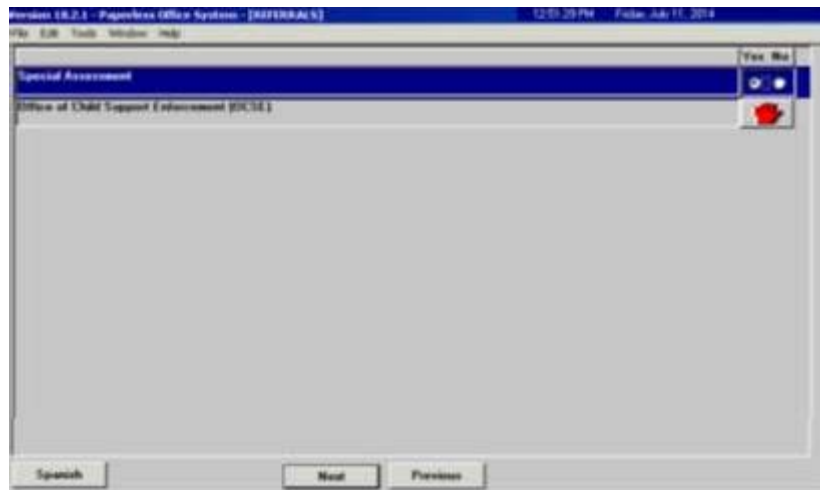


Complete the following on the **Referrals** screen:

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

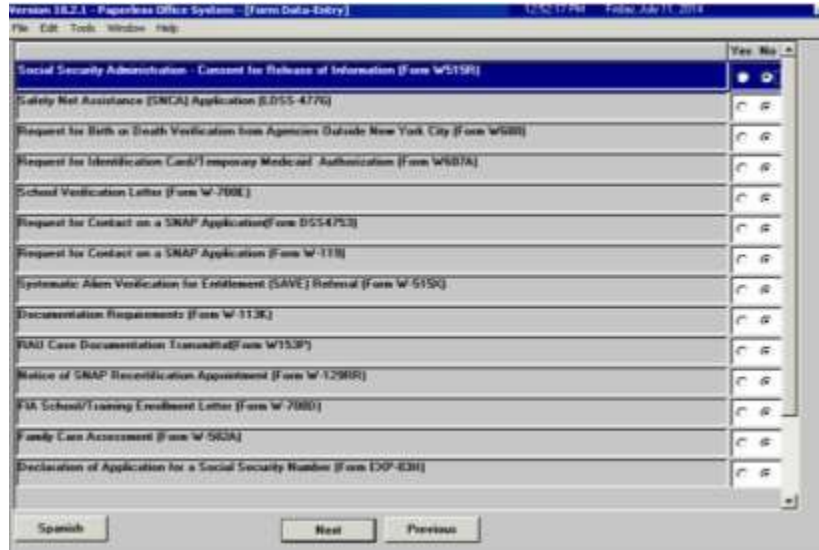
Refer to
[PB #14-97-OPE](#),
[PB #12-97-OPE](#),
[PD #12-14-EMP](#), and
[PD #15-08-ELI](#).



Attachment A

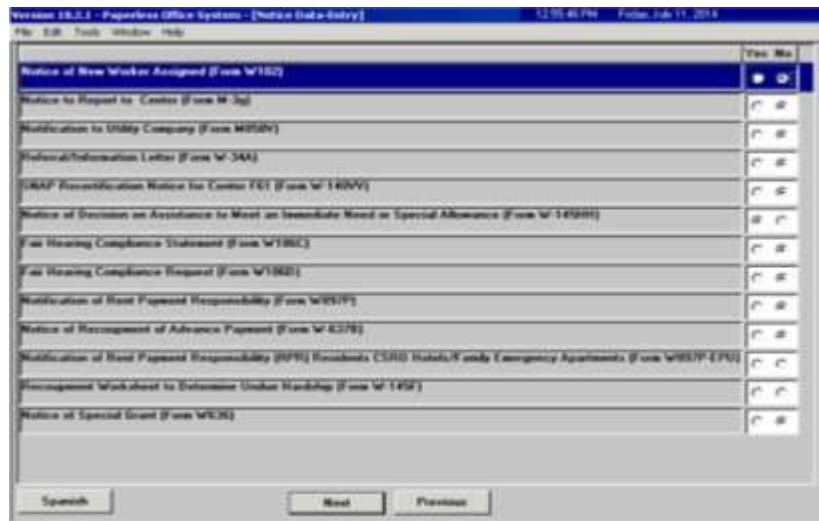
Click **Next** on the **Form Data-Entry** screen:

Form Data-Entry –



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

Notice Data-Entry –



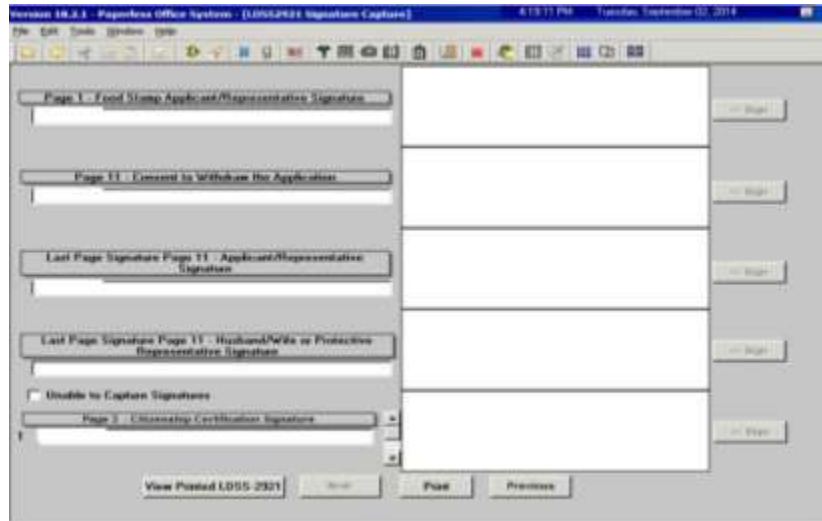
Complete the following on the **LDSS2921 Signature Capture** screen (see screen shot on the following page):

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

Attachment A

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



The screenshot shows the 'LDSS2921 Signature Capture' window. It features a list of signature capture pages on the left and a large white area on the right for the signature. The pages listed are: Page 1 - Food Stamp Applicant/Representative Signature, Page 11 - Consent to Withdraw the Application, Last Page Signature Page 11 - Applicant/Representative Signature, Last Page Signature Page 11 - Husband/Wife or Protective Representative Signature, and Page 3 - Community Certification Signature. There are 'Show' buttons next to each page name. At the bottom, there are buttons for 'View Printed LDSS 2921', 'Next', and 'Previous'.

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 the 'Expedited Processing' window. It displays a list of questions with 'Show' buttons. The questions are: 'Have You Or Anyone Who Is Applying Received SNAP Benefits This Month?', 'Has The SNAP Household Received Expedited SNAP Benefits In The Past?', and 'Has Anyone Who Is Applying For SNAP Had Income or Expect to Receive Income From Any Sources (Such As Employment, SSI, SSD, UI, Or Contributions) This Month?'. Below the questions is a text area with the instruction: '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 as a food related immediate need grant?'. At the bottom, there are buttons for 'Spanish', 'Next', and 'Previous'.

Attachment A

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

**Previewing Form
DSS3938**

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 –

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] 11:33:15 AM Friday, July 11, 2014

Suffix: Individual Agency Code: WMS Message via OLTP
ICUPDI A0011 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
SNAP File Date: CA File Date: SNAP Suffix: SNAP Status: RA SNAP EAP: 0
Suffix: Case Name: CA: MA: Notice: Language: English: English: Name: Probe:
Next CA Recert date: List CA Recert date: Last MA Recert date:

Case Member Information
Suff Ln: CIN: Name: Relation: DOB: SSN: Val: Sex: Clon/ NH: HE: CA: MA: SNAP: AFIS/O: SI: MA: RA:

Next Previous

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

Expedited Processing

Version 18.2.1 - Paperless Office System - [Expedited Processing] 3:13:14 PM Tuesday, September 02, 2014

Have You Or Anyone Who Is Applying Received SNAP Benefits This Month? [Yes/No]

Was The SNAP Household Received Expedited SNAP Benefits In The Past? [Yes/No]

Has Anyone Who Is Applying For SNAP Had Income or Expect to Receive Income From Any Sources (Such As Employment, SSI, SSD, UI, Or Contributions) This Month? [Yes/No]

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 as a food related immediate need grant? [Yes/No]

Search Next Previous

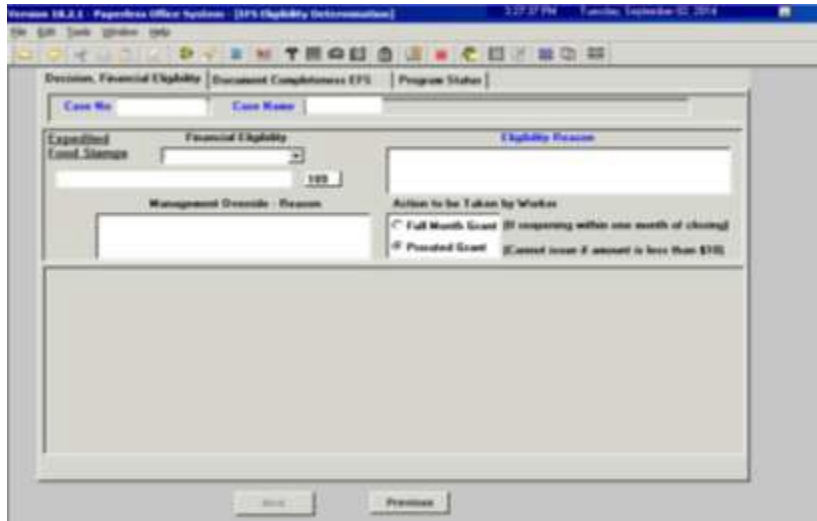
Complete the following on the **EFS Eligibility Determination** screen (see screen shots on the following page):

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

Attachment A

2. Click the **Run Rules** button on the *Program Status* tab; and
3. Click **Next**.

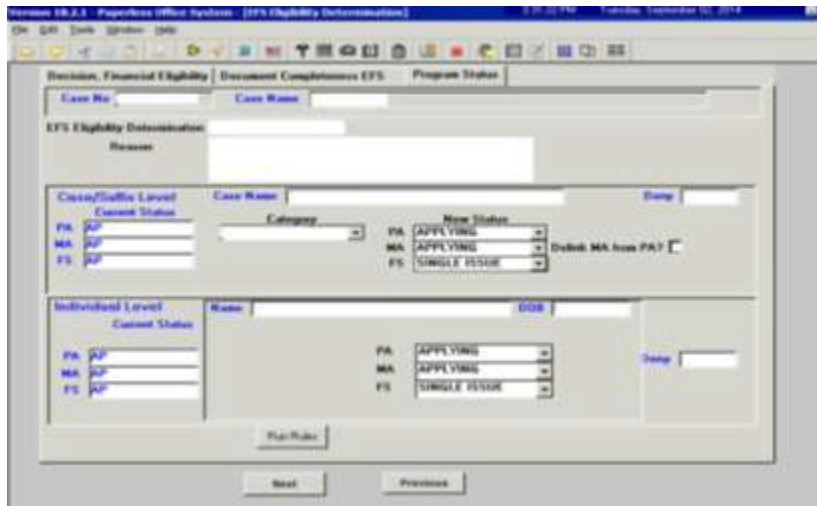
EFS Eligibility Determination – Decision, Financial Eligibility tab



EFS Eligibility Determination – Document Completeness EFS tab



EFS Eligibility Determination – Program Status tab



Attachment A

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

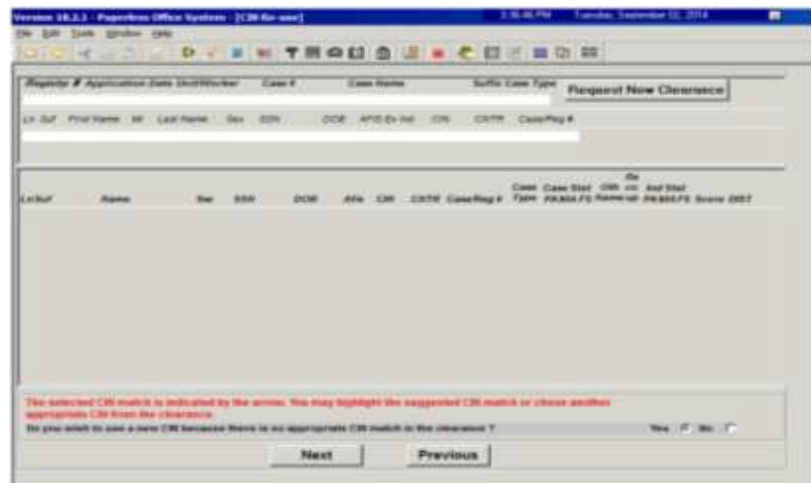
Document Completeness



CIN Re-use

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

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



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

Case Number Re-Use

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



Attachment A

Complete the following on the **Existing Budgets**:

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

Existing Budgets

Version 18.2.1 - Paperless Office System - [Existing Budgets] 3:30:27 PM Tuesday, September 12, 2014

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

Case No.:

POG Sub Budget No.	Authn. Available	Additional Budget?	WWS Budget No.	Type	Save Date	Effective Dates	Description

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

Version 18.2.1 - Paperless Office System - [TAD Data - Eligibility] 3:30:37 PM Tuesday, September 12, 2014

WWS Data POG Data

Case No. Sub Center Unit Worker RCHT SBC Prog. No. Asslt. No. Case No.

Language WSE Indicator Notice Language Notice Budget # LFLN ARSR CNS Long Road

SNET Indicator 60 Mo 24 Mo Unit Exemption Eng Indicator ENG DATES From / / To / / Show/Hide Ind FR DR

Category	Prg	Status	Status Reason	From Date	To Date
PA	APPL VING			EG-06-0000	??
MA	APPL VING			EG-06-0000	??
FE	APPL VING			EG-06-0000	??

Individual Status

Individual Name	Line#	DOB	Prg	Status	Status Reason	Title
			PA	AP		06/06/2014
			MA	AP		06/06/2014
			FE	AP		06/06/2014

Attachment A

Complete the following on the **CBIC Payee Status Window** screen:

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

CBIC Payee Status Window

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

The screenshot shows the 'CBIC Payee Status Window' interface. At the top, it displays 'Version 18.2.1 - Paperless Office System - [CBIC Payee Status Window]' and the date 'London, November 12, 2014'. The main area contains several input fields: 'Reverse Case Number', 'Suffic', 'Category', 'FS Status', 'Casehead/Payee name', 'Relationship Code', 'Casehead/Payee CN', and 'CBIC Payee CN'. Below these fields is a question: 'Is the "Casehead/Payee CN" listed above the value as the "CBIC Payee CN"?'. To the right of the question are radio buttons for 'Yes' and 'No'. A message box labeled 'MESSAGE' is positioned below the question. At the bottom of the window are 'Next' and 'Previous' buttons.

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

PA Single Issuance Benefit

The screenshot shows the 'PA Single Issuance Benefit' interface. At the top, it displays 'Version 18.2.1 - Paperless Office System - [PA Single Issuance Benefit]' and the date 'London, November 12, 2014'. The main area features a table with columns: 'Case Name', 'Case Number', 'Reverse Case Number', 'Suffic', 'State Form Proposed', 'IS Center', and 'Category'. To the right of the table is a 'Benefit Type' section with radio buttons for 'PA' and 'FS'. At the bottom of the window are 'Next' and 'Previous' buttons.

Complete the **FS Single Issuance Benefit** screen, if applicable (see screen shot on the following page):

Attachment A

FS Single Issuance Benefit

Version 18.2.1 - Paperless Office System - [FS Single Issuance Benefit] 4:31:07 PM Tuesday, September 02, 2014

Case Name Case Number House Case Number Suffix Date From Prepared By Center Category Benefit Type
PK
FI

Issuance Code	Amount	From	To	Bank Up Grant	Check A/D/E	Funding Location	Replace Benefit	Authorization Number

Total Amount

Next Previous

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

Version 18.2.1 - Paperless Office System - [Non-Food Emergency/Special Grant] 4:31:42 PM Tuesday, September 02, 2014

Case No Suffix Center Unit Worker Case Name

Problem Delete

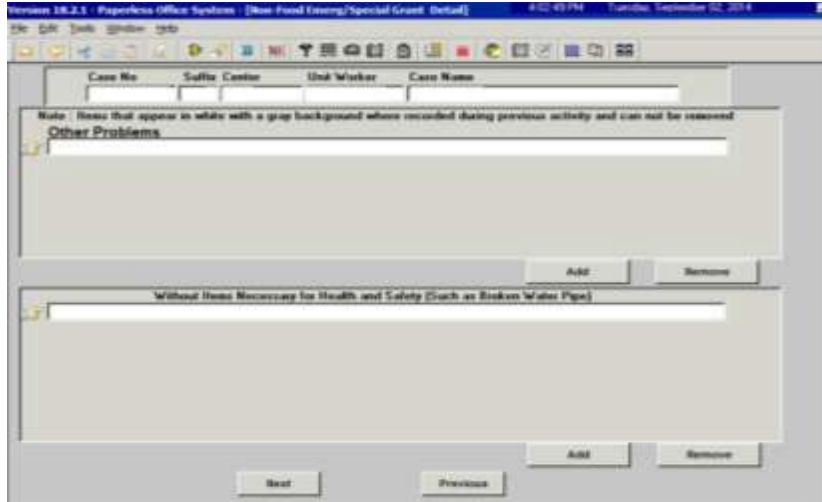
Next Previous

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**.

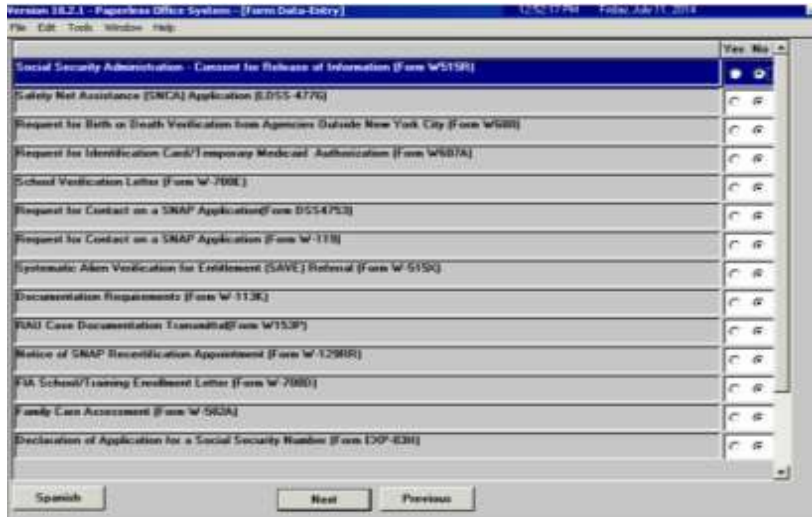
Attachment A

Non-Food Emergency/
Special Grant Detail



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

Form Data-Entry –
IN/ESNAP Issuance
activity



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

Notice Data-Entry –
IN/ESNAP Issuance activity



Attachment A

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



Complete the following on the **No Food – Reason for No Immediate Grant Window** screen, if applicable:

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

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

Attachment A

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 **IN/ESNAP Issuance** activity is submitted by an HDU JOS/Worker once the center designation is changed from **078** to the responsible Job Center or once it is known that the case will remain designated as center **078**.

Approval Elements



The screenshot shows a software application window titled "Version 18.3.1 - Paperless Office System - [Approval Elements]". The window displays three identical rows of input fields for "Disapproved Element". Each row includes a text area for "Disapproved Reason", a "Review Comment Log" field, and an "Approval" dropdown menu with an "Add Comment" button. At the bottom of the window, there are navigation buttons: "Next via COM", "Next", "Previous", and "Return Back to Workflow".

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**.

New

Note: If the conditional placement is not assigned by 4:00 PM, select the **No** radio button to the question “Ready to select center?” and click **OK**.

Job Center Selection

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

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

Household Screen

The screenshot shows a complex form titled "Household Screen" from a software application. It includes sections for "Control Information" (District, Center, Worker, Case Number), "Present Address" (Street Number, Direction, Name, Type, Apt #, City, State, Zip Code, Phone), "SNAP Information" (Active/Applying status, SNAP File Date, CA File Date, SNAP Status, SNAP KAP), and "Case Member Information" (a table with columns for Staff Ln, CIN, Name, Relation, DOB, SSN, Val Ser, and checkboxes for various statuses). A "Next" button is located at the bottom center.

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 4:00 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 –

The screenshot shows a software window titled "Version 10.2.1 - Paperless Office System - [Address Information]". The window contains several sections for data entry:

- Present Address:** Includes a question "Is the applicant/participant undomiciled?" with "Yes" and "No" radio buttons. Fields include "St No/Du/Name", "State", "Zip Code", "Type", "Apt #", "City", "Phone", and "Years Of Stay" (with "Months" sub-field).
- Mailing Address:** Includes a "Delete Mailing Address" checkbox. Fields include "Care of Name", "St No/Du/Name", "State", "Zip Code", "Type", "Apt #", "City", and "Phone".
- Email Address:** Includes a "Delete Email Address" checkbox. Fields include "E-mail" and "Verified" (with "Yes" and "No" radio buttons). A "Based Verification" checkbox is also present.

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

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](#).

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

Refer to [PD #15-08-ELI](#).

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.

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).

Attachment A

Referrals –

Version 18.2.1 - Paperless Office System - [REFERRALS] 12:57:29 PM Friday, July 11, 2014

File Edit Tools Window Help

Special Assessment Yes No

Office of Child Support Enforcement (OCSE)

Spanish Next Previous

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 – Applications started before 4:00 pm

Version 18.2.1 - Paperless Office System - [Form Data-Entry] 12:57:29 PM Friday, July 11, 2014

File Edit Tools Window Help

	Yes	No
Social Security Administration - Consent for Release of Information (Form W-515R)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Net Assistance (SNCA) Application (8,055-4776)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Birth or Death Verification from Agencies Outside New York City (Form W-500)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Identification Card/Temporary Medical Authorization (Form W-507A)	<input type="checkbox"/>	<input type="checkbox"/>
School Verification Letter (Form W-700E)	<input type="checkbox"/>	<input type="checkbox"/>
Request for Contact on a SNAP Application (Form D55475.2)	<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-515S)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Requirements (Form W-113K)	<input type="checkbox"/>	<input type="checkbox"/>
FINI Case Documentation Transmittal (Form W-153P)	<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-700I)	<input type="checkbox"/>	<input type="checkbox"/>
Family Case Assessment (Form W-502A)	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Application for a Social Security Number (Form DOP-EBH)	<input type="checkbox"/>	<input type="checkbox"/>

Spanish Next Previous

Applications started after 4:00 pm and/or conditional placement is not known:

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

1. Select **Yes** to Documentation Requirements (Form **W-113K**);

Forms Data Entry -
Applications started after
4:00 pm

2. In the **Response to Question** screen, check the *Must See Worker Upon Return* box and click **OK**.

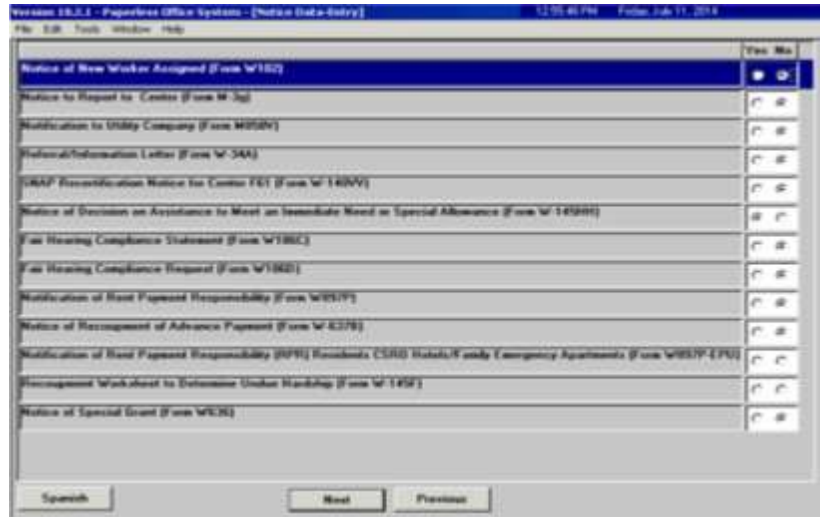
3. Print the **W-113K** and include the PATH address; and
4. Scan and index the **W-113K** into the case record.

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 –



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

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.

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

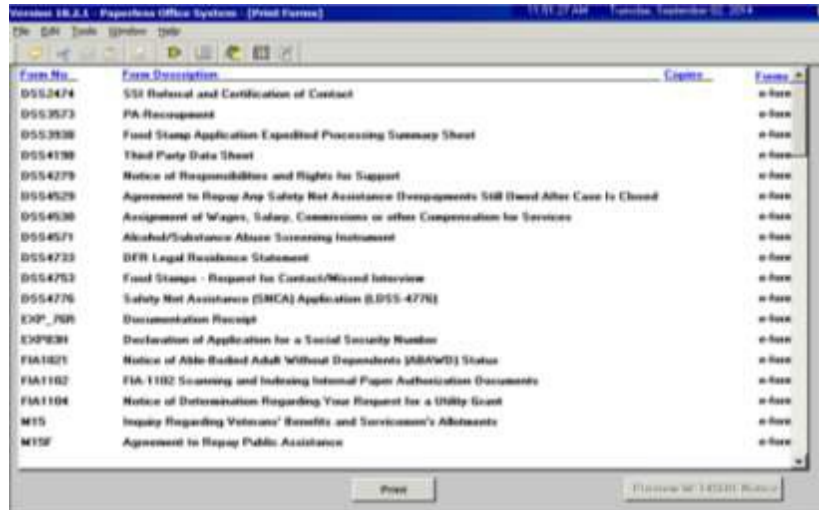
Finger Imaging– AFIS –



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 –



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.

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

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 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.

Attachment A

Approval Elements

