

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 160		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
FORM ES-2			FORM OFS-2		9/30/99
FORM CAF					
DATE: NOVEMBER, 1999 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS					

This change is being made to begin use of the new form OFS-2. It is a replacement for the ES-2 and the current CAF shelf document.

An initial supply of the forms will be distributed to each county as soon as they are printed. Upon receipt of the initial supply, all copies of forms ES-2 and CAF must be destroyed. They are obsolete upon receipt of the OFS-2 supply.

The OFS-2 was developed by a group of State Office- and District-level staff and was later sent to each supervisor for suggestions for improvements. The suggested changes were made where appropriate prior to sending the form to print.

Thanks to the following group members for their months of work: Debbie Mullins, RAPIDS; Brenda Crawford, OFS Policy Unit; Melissa Hastings, IFM, Ohio County; Karen Thornton, OFS Legal Counsel; Frank McCartney and Marilyn Trout, QA; Mike Stanley, WV WORKS Supervisor, McDowell County; James Kautz, Client Services. Valerie Taylor, who has since left the Department, also participated actively. She was a Worker in Kanawha County. Also, thanks to all Supervisors statewide who took the time to review the form and provide comments.

NOTE: The OFS-2 was designed to be as much like corresponding RAPIDS screens as possible to make entry into RAPIDS easier for the staff. However, IT IS NOT INTENDED TO REPLACE THE NORMAL RAPIDS INTERACTIVE INTERVIEW PROCESS AND MUST NOT BE USED AS SUCH EXCEPT WHEN RAPIDS IS INACCESSIBLE.

Corresponding changes will be made to Chapter 1 to include the new form and to update it for RAPIDS procedures as soon as possible.

INSTRUCTIONS

1. You must use a pen when answering the questions. **DO NOT** use a pencil.
2. This form is designed to be completed by you. You may have a friend or relative help you with this form, but **YOU** are responsible for the information provided on the form. If you need additional help completing this form, leave the items blank and a Worker will assist you.
3. You can authorize someone outside your household to apply for Food Stamps and/or use your Food Stamps for you. If you wish to designate such a person, please list the person you authorize on page 22.
NOTE: This person may or may not live with you.
4. If you make a mistake, please draw a line through the mistake, and then write the correct answer. Initial the corrected answer.

	\$502.44	DM
For Example:	Income -	\$581.04
5. "The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

OFS -2 APPLICATION/REDETERMINATION

The application will be considered if it contains a minimum of the Name, Address, and Signature below. The amount of Food Stamp benefits will be determined from the date of application. The amount of cash assistance will be determined from the date eligibility requirements are met, including signing the Personal Responsibility Contract (PRC) and participating in orientation.

I understand that it is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving benefits to which I am not by law entitled.

I understand my responsibility to provide complete and truthful information.

Person Providing Information:

(First Name)	(MI)	(Last Name)	(Signature)	(Date)

If you are not the person requesting assistance, do you live in the home with the applicant? YES NO

Applicant(s) Name if Different From Above:

(First Name)	(MI)	(Last Name)	(Signature - If Available)	(Date)

(First Name)	(MI)	(Last Name)	(Signature - If Available)	(Date)

SECTION II EXPEDITED SERVICES

You may qualify for expedited processing of your Food Stamp application. If eligible, this means that you will receive coupons no later than seven (7) days after the date you apply. Answers to the following questions will determine if you qualify for this service.

- A) Do you (the household) have \$100 or less in cash, savings, or checking? YES NO
- B) Household Monthly Gross Income (Before Taxes): \$ _____
- C) Monthly Utilities: \$ _____
- D) Monthly Rent/Mortgage: \$ _____
- E) Are you a migrant/seasonal farm worker? YES NO
- F) Has your source of income been terminated? YES NO
- G) Will you receive more than \$25 from a new source in the next 10 days? YES NO

SECTION III HOUSEHOLD COMPOSITION

Complete a box for each person who lives in your home. Complete all information for each person. Begin with **YOURSELF** on Page 4. **If MORE THAN five (5) persons are in the home, extra sheets are available.**

NOTE: For Nursing Home or other specialized medical care, complete for **YOURSELF** and **YOUR SPOUSE** and **DEPENDENTS** in the home.

Citizen/Alien/Age Declaration

I certify under penalty of perjury, by signing my name below, that I am a United States Citizen or alien in lawful immigration status. This declaration of citizenship or alien status is a condition of eligibility for WV WORKS, Medicaid, and Food Stamps. Any household member for whom citizenship is not declared is not eligible to receive benefits. However, his income and assets will be considered available to the remaining members of the household.

(Name)

_____/_____/_____
(mo) (day) (yr)

III-B Co-Applicant /Other Household Member

Legal Name:

First Middle Last

Applicant's Social Security Number (SSN):

_____/_____/_____
 (mo) / (day) / (yr)

If this person does not have a SSN, list the date this person applied:

_____/_____/_____
 (mo) / (day) / (yr)

Birthdate:

Relationship to Applicant:

YES NO

Is this person known by any other name(s)?

If yes, list other name:

YES NO

Does this person live with you?

If no, where does this person live?

Marital Status (please check one):

Single/Never Been Married Married
 Divorced Separated
 Widowed

If this person is under age 18, has this person been declared an adult?

YES NO

United States Citizen?

YES NO

If no, complete the following:

INS Number:

Country of Citizenship:

U.S. Entry Date:

_____/_____/_____
 (mo) / (day) / (yr)

Sponsor Name:

Sponsor's Address:

Alien Status:

Alien Status Date:

_____/_____/_____
 (mo) / (day) / (yr)

Does this person speak English?

YES NO

If no, what language does this person speak?

Is this person currently attending school?

YES NO

If yes:

Name/Address of School:

Full-time Part-time

Does this person have a High School diploma or GED equivalent?

YES NO

If no, last grade this person completed:

12 11 10 9 8 7 6 5
 4 3 2 1 K

Did this person have any schooling after High School or GED?

YES NO

If yes, does this person hold any degrees, licenses or certificates?

YES NO

Please specify:

Does this person receive any of the following?

SSI YES NO

Foster Care YES NO

Adoption Assistance YES NO

NO If YES, date began: (mo) / (day) / (yr)

NO If YES, date began: (mo) / (day) / (yr)

NO If YES, date began: (mo) / (day) / (yr)

Does this person intend to reside in WV?

YES NO

Is this person under the control of the courts and work without pay?

YES NO

If this person is not a parent, is he/she acting as a parent to anyone under age 18?

YES NO

III-B Other Household Member

Legal Name:

First _____ Middle _____ Last _____

Applicant's Social Security Number (SSN):

_____/_____/_____

If this person does not have a SSN,
list the date this person applied:

(mo) ____ / (day) ____ / (yr) ____

Birthdate:

(mo) ____ / (day) ____ / (yr) ____

Is this person known by any other name(s)?

 YES NO

If yes, list other name: _____

Does this person live with you?

 YES NO

If no, where does this person live? _____

Marital Status (please check one):

 Single/Never Been Married Married
 Divorced Separated
 WidowedIf this person is under age 18, has this person been
declared an adult? YES NO

United States Citizen?

 YES NO

If no, complete the following:

INS Number: _____

Country of Citizenship: _____

U.S. Entry Date:

(mo) ____ / (day) ____ / (yr) ____

Sponsor Name: _____

Sponsor's Address: _____

Alien Status: _____

Alien Status Date:

(mo) ____ / (day) ____ / (yr) ____

Does this person speak English?

 YES NO

If no, what language does this person speak? _____

Is this person currently attending school?

 YES NO

If yes:

 Full-time Part-time

Name/Address of School: _____

Does this person have a High School diploma or
GED equivalent? YES NO

If no, last grade this person completed:

 12 11 10 9 8 7 6 5
 4 3 2 1 KDid this person have any schooling after High School
or GED? YES NOIf yes, does this person hold any degrees,
licenses or certificates? YES NO

Please specify: _____

Does this person receive any of the following?

SSI YES NO
Foster Care YES NO
Adoption Assistance YES NO NO If YES, date began: (mo) ____ / (day) ____ / (yr) ____
 NO If YES, date began: (mo) ____ / (day) ____ / (yr) ____
 NO If YES, date began: (mo) ____ / (day) ____ / (yr) ____

Does this person intend to reside in WV?

 YES NOIs this person under the control of the courts and
work without pay? YES NOIf this person is not a parent, is he/she acting as a
parent to anyone under age 18? YES NO

III-B Other Household Member

Legal Name:

First _____ Middle _____ Last _____

Applicant's Social Security Number (SSN):

_____/_____/_____
(mo) / (day) / (yr)

If this person does not have a SSN,
list the date this person applied:

_____/_____/_____
(mo) / (day) / (yr)

Birthdate:

Is this person known by any other name(s)?

YES NO

If yes, list other name:

 YES NO

Does this person live with you?

If no, where does this person live?

 Single/Never Been Married Married
 Divorced Separated
 Widowed

Marital Status (please check one):

If this person is under age 18, has this person been
declared an adult?

YES NO

United States Citizen?

YES NO

If no, complete the following:

INS Number:

Country of Citizenship:

U.S. Entry Date:

_____/_____/_____
(mo) / (day) / (yr)

Sponsor Name:

Sponsor's Address:

Alien Status:

Alien Status Date:

_____/_____/_____
(mo) / (day) / (yr)

Does this person speak English?

YES NO

If no, what language does this person speak?

Is this person currently attending school?

YES NO

If yes:

Name/Address of School:

Full-time Part-time

Does this person have a High School diploma or
GED equivalent?

YES NO

If no, last grade this person completed:

12 11 10 9 8 7 6 5
 4 3 2 1 K

Did this person have any schooling after High School
or GED?

YES NO

If yes, does this person hold any degrees,
licenses or certificates?

YES NO

Please specify:

Does this person receive any of the following?

SSI

YES

Foster Care

YES

Adoption Assistance

YES

NO If YES, date began: ____/____/____
(mo) / (day) / (yr)
 NO If YES, date began: ____/____/____
(mo) / (day) / (yr)
 NO If YES, date began: ____/____/____
(mo) / (day) / (yr)

Does this person intend to reside in WV?

YES NO

Is this person under the control of the courts and
work without pay?

YES NO

If this person is not a parent, is he/she acting as a
parent to anyone under age 18?

YES NO

Is this application for anyone who needs or is already receiving nursing home or other specialized medical care? YES NO

If yes, who?

Name State/County of Residence (Prior to Admittance) Date Admitted

Facility Name:

Facility Address:

Is this person still residing there? YES NO

Is this person expected to return home within six (6) months of date of admission: YES NO

Does he/she have a spouse living in the community? YES NO

If yes, spouse's name/address: _____

Does the person living in the nursing home or specialized care facility provide money to the spouse living in the community? YES NO
If yes, how much? \$ _____

Is anyone in your household who was an SSI recipient in the past not receiving SSI now? YES NO

If anyone in your household is a child under the age of 13 months, was the child's mother eligible for and receiving Medicaid at the time of the child's birth? YES NO
Has the child always lived with its mother? YES NO

SECTION VI HOUSEHOLD MEMBERS/LEGAL HISTORY

Read each statement carefully and answer YES or NO to EACH statement. If you answer "YES" to a question, then list the name of the household member(s) to whom the "YES" answer applies.

YES NO (1) Is any member(s) of your household violating their probation or parole?
Member(s): _____

YES NO (2) Is any member(s) of your household currently fleeing from law enforcement officials?
Member(s): _____

ASSETS	YES	NO	OWNER'S NAME(S)	LOCATION	ACCOUNT NUMBER(S)	CURRENT VALUE	HOW DIVIDED
Savings Accounts							
Checking Accounts							
Money Market Accounts							
Credit Union							
Cash on Hand							
Christmas Club							
Stocks							
Bonds/Savings Bonds							
Certificates of Deposit							
Trust Funds							
IRA/Keogh							
Profit Sharing							
Escrow Account/Home Sale							
Funeral/Burial Funds							
Burial Plots							
Livestock							
Business Equipment							
Property (Including Life Estates & Dower Rights)							
Homestead Property							
Non-Homestead Property							
Other Real Estate							
Mobile Home							
Farm/Tractor Equipment							
Mineral Rights							
Personal Collections							
Camper/Trailer							
ATV or 3-4 Wheeler							
Snowmobile							
Airplane							
Boat							
Other (Please list):							

VEHICLES (Include ALL automobiles, motor homes, trucks, and/or motorcycles.) continued

Year/Make/Model of Vehicle: _____
Name(s) on Vehicle Registration: _____
Is this vehicle in your possession? YES NO
Monthly Payment Amount: \$ _____
Number of Payments left: _____
Is it licensed? YES NO
License Number: _____
State in which it is licensed: _____
Do you have the right to sell this vehicle without the agreement
of any other parties who share ownership? YES NO

Year/Make/Model of Vehicle: _____
Name(s) on Vehicle Registration: _____
Is this vehicle in your possession? YES NO
Monthly Payments Amount: \$ _____
Number of Payments left: _____
Is it licensed? YES NO
License Number: _____
State in which it is licensed: _____
Do you have the right to sell this vehicle without the agreement
of any other parties who share ownership? YES NO

Year/Make/Model of Vehicle: _____
Name(s) on Vehicle Registration: _____
Is this vehicle in your possession? YES NO
Monthly Payment Amount: \$ _____
Number of Payments left: _____
Is it licensed? YES NO
License Number: _____
State in which it is licensed: _____
Do you have the right to sell this vehicle without the agreement
of any other parties who share ownership? YES NO

Year/Make/Model of Vehicle: _____
Name(s) on Vehicle Registration: _____
Is this vehicle in your possession? YES NO
Monthly Payment Amount: \$ _____
Number of Payments left: _____
Is it licensed? YES NO
License Number: _____
State in which it is licensed: _____
Do you have the right to sell this vehicle without the agreement
of any other parties who share ownership? YES NO

SECTION VIII EARNED INCOME ONLY

anyone in your household employed or self-employed? YES NO

If **YES**, complete the following for each person who is self-employed or employed.

If **NO**, go to the next section titled UNEMPLOYMENT HISTORY.

1) Name of person who is employed: _____

Job Title: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Employment Begin Date: _____ (mo) / (day) / (yr)

How Often Paid? Every 2 Weeks Once a Week

Twice a Month Once a Month

Other (Specify): _____

Number of Hours Worked each Pay Period: _____

Gross Payment Amount: (For Pay Period As Stated At Right) \$ _____

Are earnings expected to stop: YES NO

If so, when? _____ (mo) / (day) / (yr)

2) Name of person who is employed _____

Job Title: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Employment Begin Date: _____ (mo) / (day) / (yr)

How Often Paid? Every 2 Weeks Once a Week

Twice a Month Once a Month

Other (Specify): _____

Number of Hours Worked each Pay Period: _____

Gross Payment Amount: (For Pay Period As Stated At Right) \$ _____

Are earnings expected to stop: YES NO

If so, when? _____ (mo) / (day) / (yr)

3) Name of person who is employed _____

Job Title: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

Employment Begin Date: _____ (mo) / (day) / (yr)

How Often Paid? Every 2 Weeks Once a Week

Twice a Month Once a Month

Other (Specify): _____

Number of Hours Worked each Pay Period: _____

Gross Payment Amount: (For Pay Period As Stated At Right) \$ _____

Are earnings expected to stop: YES NO

If so, when? _____ (mo) / (day) / (yr)

Are there expenses related to this employment?

YES

NO

If yes, Type and Amount:

Is anyone in your household blind with work-related expenses?

YES

NO

If yes, what type of expenses?

Amount of Monthly expenses?

\$ _____

Has anyone in your household received a lump sum payment in the last three (3) months?

YES

NO

If yes, received from whom and for what reason?

Date Received:

(mo) / (day) / (yr)

Ongoing?

YES

NO

Earned?

YES

NO

Gross Amount:

\$ _____

Any Expenses Involved?

If yes, Type and Amount:

CASE COMMENTS: (For Office Use Only - DO NOT WRITE IN THIS AREA)

SECTION IX EMPLOYMENT HISTORY continued : Complete the following for all other household members. List the most recent **two (2)** places of employment.

Co-Applicant's Name: _____

Name of Employer: _____

Employer's Address: _____

Job Title/Occupation: _____

Reason No Longer Employed: _____

Length/Dates of Employment: _____

From (mo) / (day) / (yr) To (mo) / (day) / (yr)

Type of Employment:

Part-Time Full-Time Temporary

Hourly Wage: \$ _____

Name of Employer: _____

Employer's Address: _____

Job Title/Occupation: _____

Reason No Longer Employed: _____

Length/Dates of Employment: _____

From (mo) / (day) / (yr) To (mo) / (day) / (yr)

Type of Employment:

Part-Time Full-Time Temporary

Hourly Wage: \$ _____

Other Household Member's Name: _____

Name of Employer: _____

Employer's Address: _____

Job Title/Occupation: _____

Reason No Longer Employed: _____

Length/Dates of Employment: _____

From (mo) / (day) / (yr) To (mo) / (day) / (yr)

Type of Employment:

Part-Time Full-Time Temporary

Hourly Wage: \$ _____

Name of Employer: _____

Employer's Address: _____

Job Title/Occupation: _____

Reason No Longer Employed: _____

Length/Dates of Employment: _____

From (mo) / (day) / (yr) To (mo) / (day) / (yr)

Type of Employment:

Part-Time Full-Time Temporary

Hourly Wage: \$ _____

SECTION XI UNEARNED INCOME: Please complete this section for EVERYONE who lives in your home. Check YES or NO and fill in the requested information. Does anyone in your household, including all children, receive any of the following income?

INCOME SOURCE	YES	NO	PERSON FOR WHOM INCOME IS RECEIVED	INCOME BEFORE DEDUCTIONS	HOW OFTEN RECEIVED	BEGIN DATE
Adoption Assistance						
Annuities/Payments						
Assistance from Another State						
Black Lung						
Charitable/Contribution from Other Sources						
Child Support						
Spousal Support (Alimony)						
Dividends						
Foster Care or Guardianship Payments						
Interest						
Military or Other Allotment						
Money from Other Person(s)						
Non-LIEAP Energy Assistance						
Payments from Sale of Property						
Railroad Retirement						
Supplement <input type="checkbox"/> Non-Hud Rent/Utility <input type="checkbox"/> Hud Rent/Utility						
Royalties (Gas, Oil, etc.)						
Sick/Disability Benefits						
Social Security						
Supplemental Security Income (SSI)						
Trust Fund Payments						
Unemployment Compensation						
United Mine Workers (UMW)						
Veterans Benefits <input type="checkbox"/> VA Compensation <input type="checkbox"/> VA Pension						
Worker's Compensation Type: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>						
Other Retirement/Pensions						
Other:						

Does anyone in your household, or an institutionalized individual, pay or is required to pay guardian, committee, power of attorney, or attorney fees?

YES NO

If yes, type of fee: _____

To whom paid? _____

For whom paid? _____

Amount: \$ _____

SECTION XV MEDICAL EXPENSES

Does anyone in your household have any medical expenses (Food Stamps ONLY)?

YES NO

1.	NAME: _____				
	<u>EXPENSE TYPE</u>	<u>BILLED AMOUNT</u>	<u>BILLED FOR/PAID</u>	<u>FREQUENCY</u>	<u>DATE OF SERVICE</u>
		\$			/ /
		\$			/ /
		\$			/ /
		\$			/ /
2.	NAME: _____				
	<u>EXPENSE TYPE</u>	<u>BILLED AMOUNT</u>	<u>BILLED FOR/PAID</u>	<u>FREQUENCY</u>	<u>DATE OF SERVICE</u>
		\$			/ /
		\$			/ /
		\$			/ /
		\$			/ /

SECTION XVI MEDICAL/HEALTH INSURANCE/REIMBURSEMENTS

Does anyone in your household have health insurance coverage?

YES NO

Names of persons covered: _____

Who carries the insurance policy? _____

Relationship to Owner: _____

Insurance Provider's Name: _____

Insurance Provider's Address: _____

Group Name: _____

Premium Amount: \$ _____

How often paid? _____

Policy Begin/End Date:

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Has anyone in your household voluntarily stopped health insurance for a child within the last six (6) months?

YES NO

If yes, for whom? _____

How much was paid for the insurance that stopped? \$ _____

SECTION X SHELTER EXPENSES

Does anyone in your household have shelter costs or does an institutionalized individual who intends to return home have shelter costs for maintaining a home or apartment?
 YES NO

Fill in all the information about the following expenses: **DO NOT COMPLETED SHADED AREAS.**

EXPENSE	PERSON'S NAME THE BILL IS IN	PERSON'S NAME WHO PAYS THE BILL	MONTHLY AMOUNT	CUSTOMER ACCOUNT NUMBER	TO WHOM PAID
Mortgage			\$		
Property Tax			\$		
Rent			\$		
Lot Rent			\$		
Structure Insurance			\$		
Special Property Assessments			\$		
Mobile Home Loan			\$		
Land Contract Payment			\$		
Repair Costs			\$		
Gas (Natural)			\$		
Propane Tank Rental Fee			\$		
LP Gas			\$		
Fuel Oil/Kerosene			\$		
Coal			\$		
Electricity			\$		
Water			\$		
Sewer			\$		
Wood/Wood Products			\$		
Telephone			\$		
Trash Removal			\$		
Other:			\$		

CHILD'S NAME	NON-CUSTODIAL PARENT'S	ADDRESS	MARRIAGE DATE	ABSENCE DATE
	NAME:		/ /	/ /
	SSN:		(mo/day/year)	(mo/day/year)
	NAME:		/ /	/ /
	SSN:		(mo/day/year)	(mo/day/year)
	NAME:		/ /	/ /
	SSN:		(mo/day/year)	(mo/day/year)
	NAME:		/ /	/ /
	SSN:		(mo/day/year)	(mo/day/year)
	NAME:		/ /	/ /
	SSN:		(mo/day/year)	(mo/day/year)
Good Cause Claimed for not cooperating with Child Support Enforcement?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Non-Custodial Parent's Place of Employment:

Non-Custodial Parent's Wages:

\$ _____

Is the Non-Custodial Parent(s) Court Ordered to provide medical support?

YES

NO

SECTION XXI LEGAL GUARDIAN/PROTECTIVE PAYEE/AUTHORIZED REPRESENTATIVE

Does anyone in your household have a legal guardian, power of attorney (POA), or committee?

YES

NO

If yes, complete the following:

Name:

Address:

Telephone Number:

Does your household have a protective payee (substitute):

YES

NO

If yes, name of protective payee?

Address:

Telephone Number:

Does your household have an authorized representative?

YES

NO

If yes, name of authorized representative?

Address:

Telephone Number:

SECTION XXII MILITARY SERVICE RECORD

Is or has anyone in your household been in the Military?

YES

NO

If yes, complete the chart on the following page.

If no, please go to the next section titled Potential Resources.

