	MAI	WAL MATER	AL TRANSMITTED				
MANUAL: INCOME	MAINTENAL	NCE	CHANGE NUMBER:	5			
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PAGES	CHAPTER DATED		PAGES	CHAPTER	DATED		
25 - 26	1	9/95	25	1	10/95		
			26	1	9/95		
i - ii	4	9/95	i	4	10/95		
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,			11	4	10/95		
			12	4	9/95		
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iii - iv	10	8/95	iii	10	10/95		
45 - 46	10	8/95	iv	10	8/95		
59 - 60	10	8/95	45	10	8/95		
			46 - 46 b	10	10/95		
			59	10	10/95		
			60	10	8/95		
Appendix A	10	8/95	Appendix A	10	10/95		
Appendix B B-3	10	8/95	Appendix B B-3	10	10/95		
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65 - 66	23	9/95	65	23	9/95		
115 - 116	23	9/95	66	23	10/95		
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×			116	23	10/95		
			N 1				
ES-FS-1	FORM	7/80	ES-FS-1	FORM	10/95		
ES-FS-2	FORM	3/90	ES-FS-2	FORM	10/95		
DATE: August,	1995	TO: A	ll Income Maintena	nce Manual	Holders		

This change is to add the child support deduction for Food Stamp income, to update the income levels, deduction caps, and maximum coupon allotment. Please review Section 10.4,B,5.

OLD ECONOMIC SERVICES MANUAL

Chapter 70,000, Appendix E has been eliminated as it is no longer needed.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

individual applies for and is determined eligible for benefits.

The Worker must determine if any member(s) of the applicant benefit group has been disqualified and the length of the disqualification period.

M. BEGINNING DATE OF ELIGIBILITY

The beginning date of eligibility is the date of application when the application is made in an initial month. Benefits for the initial month are prorated from the date of application, over the number of days remaining in the month.

Initial month means the first month following any period of more than one month in which the benefit group was not participating.

If a benefit group reapplies after a break in participation of one month or less, the beginning date of eligibility is the first day of the month of application. If a benefit group applies in WV, but received Food Stamps in another state, the beginning date of eligibility is the first day of the month following the last month of eligibility in the other state.

If the benefit group fails to provide the information requested on an ES-6 within the 30-day time limit, but provides it within 60 days of the original application date, date of eligibility is the date the information was provided. See item A.

N. REDETERMINATION SCHEDULE

When Food Stamp benefits are issued under an AFDC/U case number, the redetermination period coincides with the AFDC/U redetermination.

For all other cases, the Worker decides when the redetermination is due. It may be scheduled to coincide with Medicaid or TRIP redeterminations or the LIEAP heating season. This date is entered in the data system at the time of approval and redetermination. The client's certification period must be the longest possible period, based on the following guidelines:

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10/95

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Utility Expenses	FS	When the benefit group chooses to claim expenses in excess of the SUA, and this results in an income deduction or a larger deduction. When an increase of more than \$25 is reported, and expenses in excess of the SUA are claimed. When excess expenses cannot be verified within processing time limits, the SUA is used, if the client is otherwise eligible for it. When the expense is for an unoccupied home.	Current bills or receipts
5. Child Support Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.	FS	Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid.	wage withholding, signed receipt

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Standard Work Deduction

BUDGETING METHOD

INCOME DISREGARDS AND DEDUCTIONS

Earned Income

Income Received For A Non-Benefit Group Member

10.5

AFDC/U

1.

Α.

В.

 Medical Deduction for Residents of Group Living Facilities

Allowable medical expenses which can be identified apart from food and shelter payments are deducted.

d. Categorically Eligible, Retroactive SSI Approvals

When all of the following conditions are met, the benefit group must have benefits restored to compensate the client for a medical deduction he did not receive:

- The benefit group becomes Categorically Eligible due to retroactive approval of SSI benefits.
- The individual approved for SSI is entitled to a medical deduction.
- The client started receiving Food Stamps prior to being found eligible for SSI.

Benefits must be restored for the period for which the individual is authorized to receive SSI benefits or the date of the Food Stamp application, whichever is later.

4. Dependent Care Deduction

A deduction is allowed for payment for the care of a child or other dependent, when the expense is necessary for a benefit group member to accept, continue or seek employment or training, or pursue education which is preparatory to employment. Persons enrolled in an institution of post-secondary education, in a course of study designed to lead to any degree, are considered to be pursuing education which is preparatory to employment. Persons taking only elective classes or some specialized classes, or who do not have a declared major do not qualify for this deduction.

The deduction cannot exceed the dependent care caps found in Appendix B. Third-party payments made for dependent care are not used as a deduction.

Dependent care expenses are deducted from educational funds to the extent that they are earmarked and/or used for such expenses. See item D,7. Dependent care expenses deducted from educational funds are deducted

EXAMPLE: A benefit group member has a court order to pay \$150 per month child support and he verifies only \$50 per month in payments. His child support deduction is \$50.

EXAMPLE: A benefit group member has a court order to pay \$100 per month child support and to provide medical coverage available through his employer. He did not make a payment for 10 months and owes \$1,000 in arrearages. His employer deducts \$100 per month child support, \$50 aggearages and \$25 per month for medical insurance for the child. His child support deduction is \$175.

EXAMPLE: Same situation as above, except the order requires \$50 per month alimony and \$100 per month rent to his ex-wife's landlord, which the court order stipulates is part of his child support obligation. The child support deduction is \$275.

When the child support amount paid each month varies, a minimum 3-month total is averaged to project over the certification period. When the payment record is less than 3 months, the deduction is based on anticipated payments, excluding arrearages.

For child support paid by disqualified individuals, see 10.4,D.

6. Shelter/Utility Deduction

After all other exclusions, disregards and deductions have been applied, 50% of the remaining income is compared to the total monthly shelter and utility costs. If the shelter/utility costs exceed 50% of the remaining income, the amount in excess of 50% is deducted. The deduction cannot exceed the shelter/utility cap found in Appendix B.

EXCEPTION: The cap on the shelter/utility deduction does not apply when the Food Stamp benefit group includes an individual who is elderly or disabled, as defined in Chapter 12.

The expense must be allowed only if the benefit group is obligated to pay, and the cost is paid with the resources of the benefit group. The deduction applies whether the expense is paid from excluded or non-excluded resources. When the bill has not been paid for several months, and the Worker questions the

- Step 4: Subtract the Standard Deduction found in Appendix B.
- Step 5: Subtract allowable medical expenses in excess of \$35.
- Step 6: Subtract the Dependent Care Deduction up to the maximums found in Appendix B.
- Step 7: Subtract the amount of legally obligated child support actually paid.
- Step 8: Calculate 50% of the remaining income and compare it to the actual monthly shelter/utility cost, shelter/SUA amount, or HSS amount.

Step 9:

c	p y:		
	£ 8	No One Elderly or Disabled	At Least One Person Elderly or Disabled
	Shelter/ Utility Equal To Or Less Than Step 8.	No further computation is needed. The amount from Step 7 is the countable income.	No further computation is needed. The amount from Step 7 is the countable income.
	Shelter/ Utility Greater Than Step 8.	The amount in excess of 50%, not to exceed the shelter/ utility cap, is deducted to arrive at countable income.	The amount in excess of 50% is deducted, without regard to the shelter/utility cap, to arrive at countable income.

- Step 10: Compare the countable income to the maximum net income in Appendix A for the benefit group size. This net income test does not apply to Categorically Eligible benefit groups. See Chapter 1.
- 3. Determining the Amount of the Benefit

NOTE: The coupon allotment may calculate to \$0. However, as long as the income is below the income limit the case must not be denied.

WV	INC	OME
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CHAPTER 10 - INCOME

APPENDIX B

Г	1	2	3	4	5	6	7	8
10/94		\$134						\$139
10/95		\$138					\$247	\$143

* Began

** For Each Dependent

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
52	Utility Costs	N	3	Numeric

Enter the total monthly utility costs, of the Food Stamp benefit group.

When Block 50 is coded for use of the SUA, the amount entered here is not used by the system in computing the Food Stamp shelter/utility deduction. However, the actual amount of the utilities must be shown, since this amount is used to update the amount of the SUA.

When a benefit group shares a residence, utility costs and the SUA with another benefit group and a member is disqualified due to an enumeration penalty, the benefit group's prorata share of the SUA is entered here. See Block 50 for instructions to code the prorata shares.

If the case is certified for AFDC/U, but not for Food Stamps, enter the amount of expenses for utilities, taxes or upkeep. Make no entry if the client has none of these expenses.

ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	Y - FS Only	Y	FS	50, 51, 47, 76, 53, 54, 57

23.13 WEKR Transactions

A WEKR transaction is used to obtain Food Stamps for benefit groups under the following circumstances:

- Initial Issuance: Special procedures are required to issue the first month's coupon allotment to eligible benefit groups in the following situations:
 - when an individual or family, which is receiving another C-219 system benefit, applies and is found eligible for Food Stamps, effective the month of application. Because the case is already active in the data system, it is not possible to issue Food Stamps for the month of application from the C-219 system. Therefore, a WEKR transaction is used to issue the initial Food Stamp allotment.
 - When the time limit for acting on an application expires after the deadline date, but before the first of the next month, a WEKR transaction is used to issue the first month's Food Stamps.
- Restoration of Lost Benefits

A WEKR transaction is used to replace or supplement Food Stamps when a benefit group qualifies for restoration of lost benefits.

Disasters

In times of a disaster, affecting large numbers of individuals, State Office staff may approve use of a WEKR transaction to issue Food Stamps.

When data is entered by a WEKR transaction, Food Stamps are mailed the next work day.

WEKR transactions are not retained in the data file. After transmission, the entry is removed immediately. However, the transaction appears on the Food Stamps Authorizations Mailed printout.

When a WEKR transaction is necessary, the Worker prepares the ES-5 as follows:



STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton Governor Gretchen O. Lewis Secretary

DAT	E:		You may call the state office in Charleston
NAM	IE:	2 19 N 1 1 1 1 2 2	toll-free by dailing 1-800-642-8589.
ADD	RESS:		
		to the second se	
Dear	·	22 2	
	are rec		ousehold within ten (10) days of the time you learn of the
[]	1.	If you move, your new address	
[]	2.	Change in rent and/or utilities	
[]	3.	Anyone in the household has a change of income of	more than \$25
[]	4.	You begin receiving income from another source	
[]	5 .	A car or other licensed vehicle is obtained by anyone	in your household
[]	6.	If anyone moves in or out of your household	
[]	7.	You have an increase in your checking account, saving of more than \$2,000 or \$3,000 if someone is over ag	ng account, etc. which would bring your assets to a total e 60.
[]	8.	Changes in medical expenses (over age 60, Social S recipients only) of over \$25.	Security disability or Supplemental Security Income
[]	9.	You begin paying legally obligated child support to so changes.	omeone outside the home, or the legally obligated amou
Plea infor	se che	eck the boxes outside the changes you are reporting ar n. Return this form to the DHHR office as soon as pos	nd complete the back of this form with the new sible. This will help make sure you get the correct amou

Sincerely,

of Food Stamps your household is entitled to receive.

APPENDIX A - INCOME LIMITS

	TRIP	478	707	757	807	857	406	957	1,007	1,057	1,107
	C/U 1858 SON	1,075	1,454	1,833	2,212	2,592	2,971	3,350	3,729	4,108	4,487
	c/u 100% son	581	786	991	1,196	1,401	1,606	1,811	2,016	2,221	2,426
	C/U PAY- MENT	149	201	253	312	360	413	462	477	477	477
STIM	300% FPL	1,868									
INCOME LIMITS	200% FPL	1,245									
	185% FPL	1,152	1,547	1,941	2,336	2,731	3,125	3,520	3,915	4,309	4,704
WEEDINGTON W	150% FPL	934	1,254	1,574	1,894	2,214	2,534	2,854	3,174	3,494	3,814
	1338 FPL	828	1,112	1,396	1,680	1,963	2,247	2,531	2,815	3,098	3,382
	1204 FPL	747	1,003								
	100¢ FPL	623	836	1,050	1,263	1,476	1,690	1,903	2,116	2,330	2,543
	NUMBER OF Persons	1	2	6	8	S	9	7	80	6	10
							J.C. IN.			Water and	

_			,	_					_		_
LIEAP		685	920	1,155	1,389	1,624	1,859	2,093	2,328	2,563	2,797
EMER.	ASST.	355	533	995	711	819	939	1,046	1,165	1,273	1,394
SSI	MAX	458	687					\$1,254	\$1,874	418	
	SLIMB		837-1,003				HO HO	1	CSMA - \$1,	MAX. FMS/each - \$418	- \$175
	5	623	836					Min.	Max.	MAX.	OLE
MNIT	6 Mos.	1,200	1,650	1,740	1,872	2,160	2,478	2,766	2,862	3,162	3,462
W	1 Mo.	200	275	290	312	360	413	461	11.0	527	547
r Test	Q 9 H	1,028	1,380	1,732	2,084	2,436	2,788	3,140	3,492	3,844	4,196
MP GROSS/NET TEST	LEN	623	836	1,050	1,263	1,476	1,690	1,903	2,116	2,330	2,544
FOOD STAME	GROSS	810	1,087	1,364	1,642	1,919	2,196	2,474	2,751	3,029	3,307
MAXIMUM	ALLOTMENT	119	218	313	397	472	566	626	716	806	896
NUMBER	PERSONS	1	2	3	4	S	9	7	60	6	10