

**MANUAL MATERIAL TRANSMITTED**

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**DATE:** November, 1996

**TO:** All Income Maintenance Manual Holders

This change implements new work requirements and penalties for the Food Stamp Program as required by the recent welfare reform law. These requirements and penalties apply to all individuals in the benefit group over the age of 15 and not yet

information to continue the Food Stamp certification, an F number is opened with no interruption in benefits. This also applies to Food Stamp cases certified under an A, B or D case number. A new ES-2 is not required. See Chapter 2.

- Categorically Eligible benefit groups, as defined in item R,3, do not require a new ES-2 when all of the following conditions are met:
  - They had an AFDC/U or GA for DA application pending; and
  - They were denied Food Stamps; and
  - Subsequent to that denial, they are determined eligible to receive AFDC/U or GA for DA; and
  - They are otherwise Categorically Eligible.

The Worker provides benefits using the original application and any other pertinent information provided subsequent to that application. Benefits are paid from the date for which AFDC/U or GA for DA eligibility is established or the date of the original Food Stamp application, whichever is later. The client cannot be required to complete a new ES-2. The Worker may update the ES-2 information by mail or by telephone. Changes in the information on the original ES-2 must be shown in the shaded areas marked For Office Use Only.

- When an individual's Food Stamp work requirement penalty expires, he is added to the benefit group without having to complete an ES-2, unless he is the sole benefit group member.

#### B. COMPLETE APPLICATION

When the applicant signs an ES-2 which contains, at a minimum, his name and address, his application is complete.

An application is considered incomplete when the applicant chooses not to sign the ES-2. When this occurs, it is a withdrawal and appropriate data system action and client notification must be completed. The recording on the ES-2, must specify that the client did not want to sign the application and the reason for his decision. The client should always be encouraged to sign the application to avoid a misunderstanding that he was denied the right to apply.

not restored when the change which would have increased benefits is not reported within 10 days.

C. AGENCY TIME LIMITS

The agency must act on reported changes effective with the next month's benefit, when advance notice requirements permit. Benefits must be restored to the client or repaid to the agency when changes cannot be made in a timely manner. See Chapter 20.

D. TYPES OF CHANGES

1. Change In Case Name

The case may be changed from one payee to another at the request of the individuals involved or when a change in circumstances requires it. This includes, but is not limited to, marriage, divorce, or when the payee leaves the home.

2. Change In Category Or Deprivation Factor

When the client becomes eligible for AFDC/U, SSI or GA for DA, Categorical Eligibility may apply. See Chapter 1.

In addition, Food Stamps may be changed from an F number to an A, B, D, C or U number.

When case circumstances change so that the benefit group becomes eligible for additional disregards or deductions, the Worker must make data system changes and determine if supplemental benefits are required. See Chapters 10 and 23.

3. Change In Benefit Group

The addition of an eligible individual to the benefit group is made effective the month after the change is reported. When the data system deadline has passed, benefits are restored for the month following the month in which the change was reported. When the addition results in a decrease in benefits, it is effective the month after the change is reported if there is time to issue advance notice. If not, the change is effective 2 months after it occurs, but no claim is established unless the client failed to report in a timely manner, and this is the reason the change could not be made within 13 days.

**EXAMPLE:** An AFDC client reports assets of \$1,200. Verification of assets was requested and provided. This was the only change in the circumstances of the benefit group. The assets are excessive for receipt of AFDC. Since all necessary information is available to determine Food Stamp eligibility, an F case is opened and Food Stamp benefits are uninterrupted.

A new ES-2 is not required. See Chapter 1 for establishing the redetermination date.

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### 13.1 INTRODUCTION

This Chapter outlines the work and training requirements for the Food Stamp Program, AFDC/U Program, and the Medicaid Program. It designates the members of the benefit group to whom the requirements apply and the penalty for failure to meet the requirements.

benefits and is exempt from work registration, but is able to care for the children. She is mandatory for work registration.

**EXAMPLE:** Two sisters live together. They each have two children under age 6. They are in the same benefit group. Both women are exempt for caring for children under the age of 6.

**NOTE:** An individual needed to care for an incapacitated person must register within 10 calendar days after reporting a change, such as when the disabled person recovers or leaves the home. When a benefit group member is exempt because of the age of a dependent child, and the child has his 6th birthday during the certification period, the individual is required to register at the next regularly scheduled redetermination, unless exempt for some other reason.

- Individuals who receive UCI, or who have applied for these benefits, if that individual was required to register with BEP for work as part of the UCI application. This includes persons receiving benefits under the Trade Readjustment Act (TRA).

If an individual's UCI benefits are suspended, he must register for work within 10 calendar days after the change is reported, unless a penalty is applied, or unless exempt for some other reason.

- Individuals who are physically or mentally unfit to engage in full-time employment. Should the client become able to work, he must register at the next redetermination, unless exempt for some other reason.
- Regular participants in a drug addiction or alcoholic treatment and rehabilitation program, either on a resident or non-resident basis. Any person leaving the treatment program must register within 10 calendar days after the change is reported, unless exempt for some other reason.
- A student enrolled at least half-time in any recognized school, training program, or institution of higher education, provided that the student has met one of the exceptions to the restriction on student participation listed in Chapter 9. Any person losing this exemption must register at the next redetermination, unless the client is exempt for some other reason.
- AFDC/U recipients who are subject to and complying with any JOBS requirement, including JOBS enrollment. If the

### 13.3 VOLUNTARY QUIT (FS)

#### A. VOLUNTARY QUIT REQUIREMENTS

The Voluntary Quit requirement is applicable when all of the following conditions exist:

- The individual left full-time employment, other than self-employment, of his own volition.
- The individual who left employment was not exempt from the work requirement at the time of the quit.

**NOTE:** An individual who is exempt from work requirements enrollment due to employment loses this exemption immediately upon leaving employment. The client is, therefore, subject to the work requirement penalty even though he was exempt while employed.

**NOTE:** Those persons exempt from the Food Stamp work requirement at the time of the quit due to JOBS registration or receipt of or registration for UCI benefits are exempt from the Food Stamp penalty. However, failure to comply with JOBS or UCI requirements results in the penalties listed in Section 13.6.

- The individual quit the most recent job within 60 days prior to the date of application, or anytime thereafter, without good cause. See Section 13.3,C.

**NOTE:** An individual who meets the above conditions and is an employee of federal, state or local government is considered to have voluntarily quit a job without good cause when the individual participates in a strike against such government and is dismissed because of participation in the strike.

#### B. ACTIONS WHICH ARE NOT VOLUNTARY QUILTS

The following actions are not considered Voluntary Quit actions:

- Leaving a job entailing less than 30 hours per week.
- Reduction in the number of hours of employment for the same employer, at the request of the employee, as long as after the reduction he is employed 30 hours or more per week.

- Eighty (80) percent of the federal minimum wage, if neither the federal nor the State minimum wage is applicable.
- The employment in question is on a piece-rate basis and the average hourly yield the employee can reasonably expect is less than the applicable hourly wages specified above.
- The individual, as a condition of employment, is required to join, resign from or refrain from joining, any legitimate labor organization.
- The work is at a site subject to a work stoppage as a result of a strike or lockout at the time of the offer, unless the strike has been enjoined under section 208 of the Labor Management Relations Act (Taft-Hartley Act) or Section 10 of the Railway Labor Act.

In addition, employment considered suitable unless the benefit group member involved can demonstrate or the Worker otherwise becomes aware that:

- The degree of risk to health and safety is unreasonable.
- The individual is physically or mentally unfit to perform the employment, as established by documented medical evidence or reliable information provided by another identifiable source.
- The employment offered is not in the client's major field of experience. This is applicable only within the first 30 days of registration.
- The distance travelled to the employment from the client's residence is unreasonable, considering the expected wage and the time and cost of commuting. Employment is not considered suitable if daily commuting time exceeds two hours per day, not including the transporting of a child to and from a child care facility. Nor is employment considered suitable if the distance to the place of employment prohibits walking and neither public nor private transportation is available to transport the individual to the job site.

- Grievance committees or organizations

If the individual and the Worker are both unable to obtain the needed verification because the cause for the quit resulted from circumstances that, for good reason, cannot be verified, such as a resignation from employment due to discrimination, unreasonable demands by an employer, or because the employer cannot be located, the individual must not be sanctioned. The situation must be thoroughly explained on the ES-2, when questionable information cannot be verified, but the individual is participating in the Program.

providing supporting documentation for a Hearing resulting from a W&T sanction.

2. Worker Responsibilities

- Determine which benefit group members are required to enroll with FSE&T. Those exempt are specified in Section 13.2.
- Code the data system to reflect the registration status of each benefit group member.
- Notify W&T by means of a DHS-1 of a change of the following:
  - When a client's enrollment status changes from mandatory to exempt
  - When a client moves from one benefit group to another;
  - When a client is removed from the benefit group;
  - When the benefit group or client transfers to another county.
- Apply the appropriate penalty, based on W&T's decision about good cause.

The Worker must send an ES-NL-C within 10 days after W&T's request for a sanction.

- Explain work requirements, the client's rights and responsibilities and penalties for failure to comply.
- Reassess the client's enrollment status within 30 days, when questioned by W&T. The Worker's decision is final after the reassessment.
- When an AFDC/U benefit group member fails to cooperate with JOBS or UCI, the appropriate penalty is applied.

Good cause provisions apply. These are the same as good cause for voluntarily quitting a job.

13.5 OTHER WORK REQUIREMENTS

A. WORK REGISTRATION

All individuals must register with BEP for employment at the time of application, unless exempt according to Section 13.2, or they have good cause. They must register every 12 months thereafter. If the client lives in a county in which FSE&T is operating, the registration requirement is met by cooperating with FSE&T. Otherwise, they must register with BEP.

B. INFORMATION ON EMPLOYMENT STATUS AND JOB AVAILABILITY

All individuals must provide the Department or BEP with sufficient information to allow the determination of their employment status and their availability for a job, unless exempt according to Section 13.2, or they have good cause.

C. REFUSAL OF EMPLOYMENT OFFER

No individual may refuse without good cause to accept an offer of employment unless the employment does not meet the suitability requirements outlined in Section 13.3,C.

DUE TO THE DELETION  
OF SECTIONS 13.7 THROUGH SECTION 13.14,

(PAGES 15 - 26)

SECTION 13.15 BEGINS ON PAGE 27.

THESE SECTIONS ARE RESERVED

FOR FUTURE USE.

## XX. RIGHTS AND RESPONSIBILITIES

Read each statement carefully and answer yes or no to each statement.

### FOOD STAMP PROGRAM

Yes No

1) I **understand** the food stamps are to be used by me and my family to purchase food or seeds. I cannot sell my food stamps or use someone else's food stamps. The food stamps will not be used for any other purpose.

Yes

No

2) I **understand** the monthly allotment of food stamps will be received through the U.S. Mail. Unless I immediately notify the local Health and Human Resources Office otherwise, it will be assumed that the food stamps have been received by me each month.

Yes

No

3) I **understand** if I am found (by court action or an administrative disqualification hearing) to have committed an act of intentional program violation, I will be disqualified from participating in the food stamp program as follows: **first offense** - one year; **second offense** - two years; **third offense** - permanently. In addition, I will have to repay any benefits received for which I was not eligible.

Yes

No

4) I **understand** I will have to repay any food stamp benefits issued to me that I was not eligible for.

If you believe you have been discriminated for the Food Stamp Program because of race, color, national origin, age, sex, disability, religion, or political beliefs, write to:  
United States Department of Agriculture  
Secretary of Agriculture, Washington, D.C. 20250

Yes

No

5) I **understand** if any member of my household:

A) is found guilty in a federal, state, or local court of trading food stamps for firearms, ammunition, or explosives, then the guilty party is **permanently disqualified**.

B) is found guilty of trading food stamps for controlled substances, that the **first offense** is disqualification of the guilty party for two years, and the **second offense** is permanent disqualification.

C) makes a false statement or misrepresentation of identity and/or residence to receive multiple benefits at the same time, then the guilty party will be disqualified for **10 years**.

D) is found guilty of trafficking in \$500.00 or more in food stamps, then the guilty party will be **permanently disqualified** from the food stamp program.

### MEDICAL ASSISTANCE ONLY

Yes No

6) I **understand** if the applicant requires care in a medical institution or nursing facility that no assets may be transferred out of the applicant's name 36 months prior to application without receiving fair market value for the assets, as it could result in a period of ineligibility.

### MEDICAL ASSISTANCE ONLY, AID TO FAMILIES WITH DEPENDENT CHILDREN, AND SSI MEDICAL COVERAGE

Yes No

7) I **understand** by accepting Medical Assistance under any aid/program category, I agree to give back to the State any and all money that is received by me or anyone listed on this application from an insurance company for repayment of medical and /or hospital bills for which the Medical Assistance program has or will make payment. In addition, I **agree** that all medical payments or medical support paid or owed due to a court order for me or anyone listed on this application must be sent to the State to repay past or current medical expenses paid by the State. This includes insurance settlement resulting from an accident. I **further agree** to notify the local Department of Health and Human Resources office if I or anyone listed on this application is involved in any accident. I **understand** that this assignment of rights continues as long as I or anyone listed on this application receives Medicaid and is based on 42 CFR 433.147 and 433.148.