	MAI	NUAL MATER	IAL TRANSMITTED	***************************************		
MANUAL: INCOM	E MAINTENAI	NCE	CHANGE NUMBER:	70		
DELETE			INSERT OR CHANGE			
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED	
21 - 22	1	9/95	21 - 22	1.	3/97	
25 - 26	1	12/96	25 - 26 a	1	3/97	
3 - 4	2	9/95	3	2	3/97	
11	2	2/96	4	2	9/95	
12	2	3/96	11	2	2/96	
12 a	2	2/96	12	2	3/97	
			12 a	2	2/96	
i	4	10/95	i	4	10/95	
ii	4	9/95	ii	4	3/97	
15	4	1/97	15	4	1/97	
16	4	9/95	16	4	3/97	
5	6	9/96	5	6	9/96	
6	6	1/97	6 - 7	6	3/97	
7	6	9/96	8	6	9/96	
1 - 2	9	9/95	1	9	3/97	
9 - 10	9	12/96	2 - 2 a	9	9/95	
10 a	9	1/97	9	9	12/96	
			10 - 10 g	9	3/97	
1	13	9/95	1 - 3	13	3/97	
2 - 4	13	12/96	4	13	12/96	
25	23	9/95	25	23	9/95	
26	23	12/96	26	23	3/97	
210 a	23	9/95	210 a	23	3/97	
211 - 214	23	9/95	211 - 213	23	3/97	
			214	23	9/95	

					IM-NL-A	BAWD-1	FORM	3/97
DATE:	February,	1997	TO:	All	Income	Maintena	nce Manual	Holders

This change implements the Food Stamp work requirement policy that applies to able-bodied adults without dependents (ABAWD). An ABAWD is any individual age 18 or over and not yet 51 who is not living in the same home with a child under age 18.

The initial 3 months of eligibility without having to meet the ABAWD work requirement do not have to be consecutive. The second three months of eligibility must be consecutive.

The State requested a waiver from USDA for this provision in counties that have unemployment rates of greater than 10% or where a lack of jobs could be demonstrated. Waiver approval was received for 41 counties. These counties are Non-Issuance Limited Counties (NILC's) because ABAWD's living in these counties can continue to receive benefits, as long as otherwise eligible, for an unlimited number of months without meeting the ABAWD work requirement. NILC's must still take action to identify individuals who meet the definition of an ABAWD, whether exempt or meeting the ABAWD work requirement, and code them appropriately in the system.

The time limit applies only to ABAWD's living in the following counties:

Berkeley	Kanawha	Ohio
Cabell	Mercer	Pendleton
Hampshire	Mineral	Putnam
Hardy	Monongalia	Wood
Jefferson	Morgan	

These counties are referred to as Issuance Limited Counties (ILC's) because of this policy. A second waiver request to exclude these counties has been submitted and is still pending. If any of the counties are approved for waiver, all counties will be notified immediately.

For all ABAWD's residing in ILC's and who were recipients of Food Stamps on December 1, 1996, the 36-month period began December 1, 1996 and will end November 30, 1999. For applicants residing in ILC's who apply after December, 1996, the 36-month period of consideration begins with the receipt of the first full month's benefits. Therefore, for active cases, the first individuals who may become ineligible are those due for redetermination in March, 1997.

For ABAWD's living in NILC's who then move to an ILC, the 36-month period begins with the receipt of the first full month's benefits while residing in the ILC. When an ABAWD moves from an

NILC to an ILC, the ILC must be notified that the benefit group contains an ABAWD because a redetermination must be completed.

When an ABAWD moves from an ILC to an NILC, he retains the same 36-month period but no time limit is imposed. This is necessary in case he moves to an ILC or the county becomes an ILC.

In addition to the requirement that all counties identify all individuals meeting the definition of an ABAWD and to code them in the data system, special notice requirements apply to all counties. On approval, all ABAWD's must be notified of the work requirement and whether it applies to them or not, the time limits on eligibility explained, and that they may continue to be eligible if they meet the work requirements or become exempt. For closures or denials, all ABAWD's must be informed of the requirements for regaining eligibility and the criteria for becoming exempt. This information has been combined on one insert, the IM-NL-ABAWD, which must be included when an ES-NL-A or ES-NL-C is sent to a benefit group containing an ABAWD.

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

The Worker must send written notification to the affected benefit group and the authorized representative 30 days prior to the date of the disqualification. The letter must include: the fact that disqualification of the authorized representative is proposed, the reason for the action, the benefit group's right to a Fair Hearing, the telephone number of the office and the name of the person to contact for additional information.

This disqualification provision does not apply to drug and alcoholic treatment centers and GLF's which act as authorized representatives for their residents.

F. WHO MUST SIGN

More than one signature is never required for a Food Stamp application.

If an applicant for, or recipient of TANF or WV WORKS is applying for Food Stamps, Food Stamp benefits cannot be denied solely because of the absence of the two signatures required for TANF or WV WORKS. The rules governing who must sign are the same as below.

The individual who is interviewed signs the application. If more than one individual is interviewed, both may, but are not required, to sign.

G. CONTENT OF THE INTERVIEW

All Food Stamp applicants must be screened for Expedited Service on the day the application is made, whether the client is applying for Food Stamps only or Food Stamps in combination with any other Program.

NOTE: For Food Stamp purposes, the applicant may bring any person he chooses to the interview.

All individuals who apply for Food Stamps are interviewed in a face-to-face contact, unless the application is taken by SSA, or unless the Food Stamp applicant requests the office interview be waived due to the following:

- He is unable to appoint an authorized representative; and
- There is no benefit group member able to come to the office because of transportation difficulties or similar hardships. Hardship conditions include, but are not limited to, illness, care of a benefit group member, hardships due to residence in a rural area,

prolonged severe weather, work or training hours which prevent participation in an office interview.

In this instance only, the intake interview may be conducted by telephone. It is an option to conduct the intake interview by a scheduled home visit.

In addition to the responsibilities in Section 1.2, the Worker has the following additional responsibilities during the intake interview:

- Explain all aspects of the Food Stamp Program including application processing time limits, basis of initial and ongoing issuance, method of issuance, date benefits should be received, how to use the Food Stamps.
- Explain the client's option to use the SUA or actual utility costs.
- Explain the requirement for determining the Head of Household, and record the selection.
- Explain QR requirements.
- Explain the Department's employment programs and the requirements for keeping job/training appointments, accepting employment or training, registering for FSE&T and the consequences for failing to comply with the requirements.
- Explain the definition of an ABAWD when appropriate, the time limits, the work requirements and exemptions. See Section 9.1, A.

H. DUE DATE OF ADDITIONAL INFORMATION

Additional information is due 30 days from the date of the ES-6.

I. AGENCY TIME LIMITS

Data system action must be taken and, if eligible, the client must receive his first Food Stamps within 30 days of the date of application, unless Expedited Service applies. See item O.

If an individual applies for Food Stamps and TANF or WV WORKS, and it is not possible to act on both applications in time to meet the Food Stamp processing time limit, the Food Stamp application is processed using separate case number. If the

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. 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 time in which the benefit group was not participating.

See Section 7.7,A for cases closed due to failure to submit a QR form in the required time limit.

EXCEPTION: For migrant and seasonal farm workers, the initial month is the first month following any break in certification of more than 30 days.

If a benefit group applies in WV, but received Food Stamps for the same month in another state, the beginning date of eligibility is the first day of the month following the last month of receipt from the other state.

NOTE: An ABAWD who loses eligibility and becomes eligible to participate after case closure must reapply and benefits are prorated from the date of application, with the exception of migrant farm workers stated above. See Section 1.3,E for reapplications not requiring a new form.

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, the date of eligibility is the date the information was provided. See item A.

N. REDETERMINATION SCHEDULE

When Food Stamp benefits are issued under a TANF or WV WORKS case number, the redetermination period coincides with the TANF or WV WORKS 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:

- One Month: Very unstable circumstances in which a change in income and/or benefit group composition is expected to occur frequently.
 This includes Expedited Service cases which apply prior to the 16th of the month and do not provide the necessary verifications prior to approval.
- Up to 3 Months: Benefit groups with relatively stable circumstances, but still subject to change.

NOTE: Benefit groups eligible for a certification period of three months or less have their certification periods increased by one month if they are approved after the 15th day of the month of application. This does not apply to Expedited Service cases which have verification postponed, but does not apply to ABAWD's.

EXAMPLE: If a benefit group, which is not eligible for Expedited Service, but is eligible for a 3-month certification period, applies in June and is not approved until late June (after the 15th) or early July, the certification period includes June through September.

Cases receiving a child support deduction that have not established a 3-month record of child support payments are certified for up to 3 months until a 3-month payment record is established.

An individual who meets the ABAWD definition and who is not working or not exempt as found in Section 9.1,A, and living in an ILC, must have an initial certification period of no longer than 3 months. After the initial 3 months, the certification period should be based on individual circumstances.

- Up to 6 Months: Benefit groups in which there is little likelihood of change in income and benefit group status.
- Up to 12 Months: Benefit groups consisting entirely of unemployable persons, or persons age 60 or over with stable income. Also included in this group are self-employed persons with stable income and farm employees with the same employer, or whose annual salaries are on a scheduled monthly basis and which do not change as the amount of work changes.

- 12 Months: QR cases, except those described in the NOTE for Up to 6 Months and those for whom a child support payment record has not been established.
- Up to 24 Months: Benefit groups consisting entirely of elderly or disabled adults. However, a contact

B. PROCEDURES FOR COUNTY TRANSFERS AND CASE CLOSURES

The following information provides procedural instructions for case actions common to all programs.

1. County Transfers

When a recipient moves to another county, data system action is taken immediately to transfer the case and change the address. The county office in the client's new location must be notified by office automation of case name, case number, new address, effective date of the transfer and any other pertinent information the new county of residence needs before receipt of the case record, such as vendor payment status, redetermination due or overdue, etc. The county office in the new location must also be notified when the Food Stamp benefit group contains an ABAWD. A redetermination must be completed when an ABAWD moves from an NILC to an ILC.

The Worker forwards the case record to the new county, within 10 days. A memorandum is attached to the case record. In addition to case name and case number, the memorandum must include the new address, type of benefit and/or services being received and the date the case is due for redetermination. If the client is in a nursing facility, this is indicated. A copy of this memorandum is retained in the closed files of the originating office. If the case is active with Social Services, CSED or Work and Training, the Worker must notify the other units of the transfer by DHS-1.

2. Case Closures

When a client's circumstances change so that he becomes ineligible, the case is closed. In some situations, the case is automatically closed by the data systems. However, most case closures are completed by the Worker. Case closures usually involve failure to continue to meet an eligibility requirement. These are addressed in the Program-specific items which follow. The closures described below are related to general requirements, common to all Programs.

a. Automatic Closures

Cases are automatically closed by the data systems under the following circumstances:

- A C-219 system case, with an F prefix, does not have a redetermination completed by the deadline date in the month the case is due for redetermination.
- Phase II of TM ends. Special coding of Block 49 or 55 in the C-219 system is required. See Chapter 23.
- Extended Medicaid coverage ends. Special coding of Block 49 or 55 in the C-219 System is required. See Chapter 23.
- Medically Needy non-spenddown cases, not redetermined in the sixth month of eligibility.
- Medically Needy spenddown cases at the end of the POC, whether spenddown was met or not.

b. Closure Due To Loss of Contact

Loss of contact occurs when the client moves and does not notify the Department. The Worker may become aware of this when the check, Food Stamps, medical card or other correspondence is returned.

The Worker must first check the address in the data system. If it is not correct, the Worker must correct it and release the benefits to the correct address.

If the address is correct, the Worker sends an ES-6 to the client requesting his new address and noting Please Forward on the envelope. If the ES-6 is returned as undeliverable, or, if the client does not report his new address by the date indicated on the form, the case is closed, after proper notice.

c. Closure Because Client Moves To Another State

When the client moves to another state and his address is known, the Worker must complete the appropriate notification letter for case closure and send it to the client. In addition, the Worker must include the following statement on the form: "If you want to apply for benefits in (new state), please take this letter with you to show that your West Virginia benefits have been stopped."

The notification must state that the benefit group continues to be eligible for Food Stamps. See Chapter 6.

7. Selling Food Stamps

Complaints are referred to the USDA field office in Charleston.

8. Food Stamps Returned To The County Office By The Client

NOTE: The following procedures are not intended to circumvent client notification procedures found in Chapter 6.

When Food Stamps are returned to the county office, the Worker determines if the amount is a full or a partial month's allotment. Unused Food Stamps may not be redeemed for cash.

Returned Food Stamps are forwarded to the Financial Clerk who disposes of them as follows.

- When a full month's allotment is returned, Form ES-FS-11 is completed and the Food Stamps returned to the State Office within 30 days.
- When a partial month's allotment is returned to repay an overissuance, a claim must be established. See Chapter 20.
- When a partial month's allotment is returned for some reason other than an overissuance, Form FNP-135 is completed and submitted to the Food Stamp Issuance Unit in OFS, along with the Food Stamps which were cancelled by the Financial Clerk.
- Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change, except that the client is not required to report the change.

10. Change in Work Registration Status

When a change is reported that results in a previously exempt individual having to register for work, the Worker must take immediate action to register that person. The Worker is responsible for ensuring on an ongoing basis that the participation status of each recipient, mandatory or exempt, is correct in the system. See Chapters 13 and 23.

11. Change in Work Hours (ILC Only)

When an ABAWD reports a change in their work hours to less than 20 hours per week, the Worker must immediately determine if the client remains eligible. See Section 9.1,A.

E. CORRECTIVE PROCEDURES

1. Restoring Lost Benefits

NOTE: Restored benefits are used to offset existing claims prior to issuing any remainder to the client.

The agency must restore benefits which were lost due to:

- Errors made by the Department; or
- Action taken due to failure of the client to act responsibly when good cause is established later; or
- Through no fault of the Department or client, a sudden change in the client's circumstances that occurred and was reported in the last 10 days of the month, requires action to correct the allotment for the following month; or
- When an IPV disqualification penalty was established against a benefit group and was subsequently reversed.

NOTE: Lost benefits are not restored for the month in which the change occurred under any circumstances. If the non-QR client fails to report a change within 10 days of the date the change occurred, and the change would have increased benefits, benefits are not restored. Action is taken based on the date the change is reported.

The client is notified of restored benefits by form ES-FS-6. This form is self-explanatory and must be mailed to the client with a copy of the ES-NL-B1. A copy is filed in the case record.

2. When Lost Benefits Are Not Restored

Lost benefits are not restored when:

- The client fails to take required actions without good cause.
- Benefits are lost due to the client's failure to provide correct and timely information.
- When the client requests restoration of lost benefits, but fails to provide documentation to verify the loss.

Benefits are not restored under any circumstances for periods of time in excess of those described in item 3 below.

3. Time Limits For Restoring Benefits

Benefits are not restored for more than twelve months prior to whichever of the following occurred first:

			*	

4.1	INTRO	ODUCTION	L
	A.	CLIENT RESPONSIBILITY	2
	В.	WORKER RESPONSIBILITIES	3
4.2	VERI	FICATION REQUIREMENTS	Į
	Α.	ASSETS	1 1 5 5 5 5 5
		10. Funds Received For Replacement Or Repair Of An Asset	5
	В.	INCOME 1. Earned Income 2. Unearned Income 3. Savings Bond Received As A Gift 4. Lump Sum Payment 5. IRS Information 6. Savings Bond Received Received 6. Savings Bond	7 3 3 3 3
	C.	INCOME DEDUCTIONS) L
	D.	DEPRIVATION FACTOR INFORMATION	2
		Public Work	3

WV INCOME MAINTENANCE MANUAL

Ε.	WORK	REQUIREMENTS	15
	1. 2.	Non-Obvious Illness Or Impairment	15
	4.	For An Ill, Handicapped Or Disabled Person	15
	3.	Pregnant And Child Is Due Within The Next 6	
	4	Calendar Months	15
	4.	Good Cause For Leaving Or Refusing Employment	16
	5.	Good Cause For Voluntarily Quitting	то
		Employment	16
	6.	Hours of Work or Participation	16
F.	ENUMI	ERATION	17
	1.	Application For SSN	17
	2.	SSN Of Individuals Who Have A Number	17
	3.	SSN Of Individual Referred To SSA	17
a	(A) mm	CODICAT DELAMEDADO	
G.	1.	GORICAL RELATEDNESS	18
	2.	Disability, Blindness	18
	۷.	Pregnancy	18
Η.		RAL FACTORS	19
	1.		19
	2.	Residence	19
	3.	Application For Potential Resources	20
	4.		20
	5.	Specified Relationship	21
	6.	Tax-Exempt Status Of GLF	22
	7.	Out-Of-Pocket Medical Expenses	22

E. WORK REQUIREMENTS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Non-Obvious Illness Or Impairment Of An Individual	FS, AFDC/U, WV WORKS	Prior to exempting the individual from JOBS or FSE&T requirements. AFDC/U Only: In addition, at 6-month intervals, beginning with the first month of exemption, or at each redetermination, whichever is earlier.	Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision.
		FS Only: In addition, at yearly intervals beginning with the first month of exemption.	
2. An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person	FS, AFDC/U, WV WORKS	Prior to exempting the individual from participation, at redetermination	Definitive statement from physician, licensed psychologist; MRT decision
3. Pregnant And Child Is Due Within The Next 6 Calendar Months	AFDC/U, WV WORKS	Prior to exemption	Statement from physician or other licensed health care provider, which shows the expected date of delivery.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES
			OF VERIFICATION
4. Good Cause For Leaving Or Refusing Employment	FS	When a benefit group member leaves or refuses employment and claims he had good cause.	Employer's statement, grievance board decisions, statements of witnesses, Employment Services decision
5. Good Cause For Voluntarily Quitting Employment	FS	When an applicant, who is Head of Household, voluntarily quits employment within 60 days of the application date, or a recipient, who is Head of Household, quits a job at any time.	Employer's statement, grievance board decisions, statements of witnesses, Employment Services decision
6. Hours of Work or Participation	FS	When a benefit group member is an ABAWD in an ILC at application, redetermination, when a QR is due or any time a change in hours is reported.	Pay stubs, written statement from employer, work record sheet, ES-17, FSE&T records

B. ES-NL-6 - NOTICE OF WITHDRAWAL OF APPLICATION

If the applicant withdraws his application, the Worker must give or mail him an ES-NL-6.

C. ES-NL-A

NOTE: The ES-NL-A must always be used with a Hearing/Pre-Hearing Conference Request Form, ES-NL-A1, and the appropriate computation forms.

The ES-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken. The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

Improper Completion of the Form

<u>Proper Completion of the Form</u>

The action taken in your case is: your application has been denied.

The action taken on your case is: your Food Stamp application has been denied. You do not meet the Food Stamp eligibility requirements.

The action was taken because: failure to cooperate.

The action was taken because: you did not verify the amount of your earnings by 2/10/95. Income must be verified before a Food Stamp case can be approved. The penalty for not doing this is denial of the application.

The Department's policies requiring this action are found in Chapter 1 of the Manual.

The Department's policies requiring this action are found in Section(s) _____ of the Income Maintenance Manual.

In the space provided, the Worker must indicate the name, address and telephone number of local agencies or organizations which provide legal services without charge. Refer to Appendix A.

The information, which must be contained on the ES-NL-A, is found below, by program.

1. Approvals

a. Food Stamps

Include: the month of approval, the amount of the coupon allotments, pro-rated and ongoing, the length of the certification period, the approximate date of coupon receipt, the reason for the approval, the Manual section on which the decision is based and any other action being taken on the case. If retroactive benefits are being issued by a WEKR transaction, the amount of these benefits must be noted with an explanation.

For an individual meeting the definition of an ABAWD, the Worker must tell him if he lives in an ILC or an NILC. The Worker must include form IM-NL-ABAWD-1 as an insert explaining the ABAWD work requirement, the time limit, the exemptions and how to regain eligibility.

If the Food Stamp case is approved for one month only, the ES-FS-3a must be sent with the ES-NL-A to advise the client that a reapplication is necessary.

b. AFDC/U and WV WORKS

Include: the month of approval, the amount of the AFDC/U or WV WORKS payments, prorated and ongoing, the approximate date of check receipt, the reason for the approval, the Manual section on which the decision is based and any other action being taken on the case.

c. Medicaid

The date that the medical coverage begins, and ends, the approximate date of receipt of the medical card, the reason for the approval, the Manual section on which the decision is based and any other action being taken on the case.

For Poverty-Level Pregnant Women Only: The fact that she remains eligible for 2 months after the month in which her pregnancy ends.

2. Denials

The Worker completes the ES-NL-A by indicating the program for which benefits are being denied; the reason for denial, the name of the person whose income, assets or other circumstances prevent approval; the Manual section on which the denial is based.

When an ABAWD is denied after the first or second 3-month period, form IM-NL-ABAWD-1 must be included to inform him of the ABAWD work requirement, the time limit, the exemptions and how to regain eligibility. See Section 9.1,A.

NOTE: If the denial is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. In addition, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person."

NOTE: If the case being denied would have been an AFDC/U absence case, or any child has an absent parent the following statement must be shown on the denial letter: "You may still receive help in locating and obtaining support from the absent parent(s) of your child(ren). Please call the telephone number shown above and ask to speak to a CSE Worker. You may also write or visit your local Human Resources Office for help."

For Food Stamp Denials Only: When the applicant has an SSI application pending with SSA, the Food Stamp denial notice must explain the possibility of Categorical Food Stamp Eligibility if his SSI application is approved. He must be advised to contact the Department upon SSI approval.

For Medicaid Cases With Unmet Spenddowns: When the client does not meet his spenddown within the application processing time limits, but is eligible in every other way, a NEWDN or DENIL transaction using reason code 0136 produces a client notification letter to explain the denial to the client. See Section 23.19,F.

D. ES-20

If the application is not acted on within the required time limit, the Worker must send an ES-20 to the applicant, informing him of the required information which has not been received by the Department. The ES-20 is sent at the time of the expiration of the maximum allowable time for acting on the application. A copy of the ES-20 must be filed in the case record.

This Chapter contains the policy for determining the following:

- Food Stamp Eligibility Determination Groups
- AFDC/U Eligibility Determination Groups
- Medicaid Eligibility Determination Groups for all coverage groups.

9.1 FOOD STAMP ELIGIBILITY DETERMINATION GROUPS

A. THE BENEFIT GROUP

1. Who Must Be Included

A Food Stamp benefit group may be composed of any of the following individuals or groups of individuals, provided that such individuals or groups who live together are not residents of institutions or boarding houses.

An individual cannot be a member of more than one Food Stamp benefit group in any month.

EXCEPTION: Shelters for battered women and children. See Chapter 14.

Throughout this Section the word customarily is used to mean over 50% of meals on a monthly basis. When a child is eligible for free or reduced-price meals at school, these meals are considered provided by the person with whom the child resides.

NOTE: For all the following possible benefit groups, an individual who meets the definition of an ABAWD in item j below can only receive benefits when he is otherwise eligible and:

- Is meeting the work requirements outlined in item 2 below; or
- Is residing in a non-issuance limited county (NILC); or
- Regains eligibility after meeting the ABAWD work requirement, becoming exempt, or moving to an NILC.

The following shows the make-up of a Food Stamp benefit group.

a. Individuals Living Alone

These individuals are a benefit group.

- b. Individuals or Groups of Individuals Living With Others
 - (1) Purchase and Prepare Together

A group of individuals, for whom food is customarily purchased and prepared together is a benefit group.

(2) Purchase and Prepare Separately

Individuals or groups of individuals living with others, but who customarily purchase food and prepare meals separately are a benefit group. Customarily purchasing and preparing food separately means that, during the certification period, the client actually purchases and prepares his food separately from the others in the household, except for an occasional shared meal. This occasional sharing of food does not interfere with his separate benefit group status.

c. Exceptions

The following individuals living with others, or groups of individuals living together, must be considered as customarily purchasing food and preparing meals together, i.e., being in the same benefit group, even if they do not do so. Two of the following groups show exceptions to the general rule of being in the same benefit group.

(1) Spouses

For these purposes, spouse means individuals:

 Who are married to each other under state law; or Who are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors or tradespeople

- Foster children are considered boarders. They may be included or excluded, depending upon the benefit group's wishes.
- Individuals furnished meals and lodging, but paying less than a reasonable amount. See item 3. These individuals are considered members of the same benefit group as the person who provides room and board.

c. Live-in Attendants

Individuals who reside with a benefit group to provide medical, housekeeping, child care or other similar personal services may be a separate benefit group. If the live-in attendant is a relative, other than a parent or child, who moved in with the benefit group to provide these services, the individual is considered a live-in attendant. If the relative lived in the home prior to the need for these services or would live with the benefit group whether or not the services were provided, the attendant is considered a member of the benefit group.

NOTE: If the live-in attendant is a parent or child of a member of the benefit group containing the individual who needs the personal service, the parent/child policy in item 1,c,(3) takes precedence over the live-in attendant policy.

d. Ineligible Aliens

Individuals who do not meet the citizenship or eligible alien status are ineligible to participate in the Program and may not be a separate benefit group. When a client indicates inability or unwillingness to provide documentation of alien status, that client is classified as an ineligible alien. Eligibility is determined for the remaining benefit group members. See Chapter 18.

e. Students

Persons who meet the Food Stamp definition of a student are ineligible to participate in the Program and may not be a separate benefit group. See item 4 below for the definition of a student and for exceptions to the restriction on student participation.

f. Disqualified Individuals

Persons who are disqualified for the following reasons are ineligible and may not be a separate benefit group:

- Disqualified for IPV
- Failed to comply with enumeration requirement
- Received multiple benefits simultaneously because of a fraudulent statement or representation with respect to identity or place of residence. This is determined by IFM or conviction in a state or federal court.
- Convicted in a federal, state or local court of exchanging Food Stamps for illegal drugs, firearms, ammunition or explosives
- Individuals fleeing to avoid prosecution, or confinement after conviction, for a crime or attempt to commit a crime, that is a felony under the law of the place from which the individual is fleeing.
- Individuals violating a condition of probation or parole.
- An ABAWD who resides in an ILC who has exhausted his first 3-month eligibility limit in his 36-month period and does not meet any of the exemption or participation requirements.
- An ABAWD who resides in an ILC who has exhausted his second 3-month eligibility limit in his 36-month period and does not meet any of the exemption or participation requirements.

g. Unborn Children

The benefit group cannot receive Food Stamps for an unborn child.

h. Work Requirement Sanctioned Individuals

Persons against whom a sanction is imposed for failure to comply with work requirements found in Chapter 13 may not be separate benefit groups, even when living with others not affected by the sanction.

i. Others

Other individuals who share living quarters with the benefit group, but who do not customarily purchase and prepare food with them. These individuals may apply as a separate benefit group. However, the parent/child/parental control relationship described in item 1,c,(2) and (3) must be considered.

j. Able-Bodied Adults Without Dependents (ABAWD)

NOTE: All work requirements in Chapter 13 apply to ABAWD.

(1) Definition of ABAWD

An ABAWD is any individual age 18 or over and not yet 51 who is not living in the same home with a child under age 18.

(2) Definition of ABAWD Work Requirement

An ABAWD is ineligible if, for a 36-month period, they received food stamps for 3 months, not necessarily consecutively, and unless exempt as found in item (8), did not:

- Work at least 20 hours per week, averaged monthly; or
- Participate in and comply with a work program such as, but not limited to, JTPA, FSE&T. This does not include job search or job search training as part of a work program, at least 80 hours per month.

They can only participate when they meet these requirements and are otherwise eligible.

Prorated or partial months do not count toward the three month limit. A partial month is any month in which the ABAWD receiving a full month's benefits fails to meet the work requirement or becomes exempt during the month.

EXAMPLE: An ABAWD who is meeting the work requirement loses his job the second week of February. February is not counted toward his 3-month limit.

EXAMPLE: An ABAWD applies on January 15 and is approved for a prorated allotment. He did not meet the work requirement in January. January is not counted toward his 3-month limit.

(3) Issuance Limited Counties (ILC's)

The 3-month time limit for these individuals applies only in the following counties:

Berkeley Kanawha Ohio
Cabell Mercer Pendleton
Hampshire Mineral Putnam
Hardy Monongalia Wood
Jefferson Morgan

These counties are Issuance-Limited Counties (ILC's).

(4) Non-Issuance Limited Counties
 (NILC's)

All other counties are Non-Issuance Limited Counties (NILC's).

(5) The 36-Month Period

The 36-month period for all ABAWD's residing in ILC's and who were recipients of Food Stamps on

December 1, 1996 begins in December, 1996. For an applicant who resides in an ILC, the 36-month period begins with the receipt of the first full month's benefits. For an applicant or recipient residing in an NILC who subsequently moves to an ILC, the 36-month period begins with the receipt of the first full month's residence and receipt of benefits in the ILC. Should an ABAWD move from an ILC into an NILC, his 36-month period continues uninterrupted, in case he should move back to an ILC or the county becomes an ILC. The following charts and examples illustrate the 36-month period.

36-Month Period for All Recipients Residing in an ILC on December 1, 1996

EXAMPLE: An ABAWD is residing in an ILC and was receiving benefits on December 1, 1996. His 36-month period begins December 1, 1996 and ends November 30, 1999. During this period, he is eligible to receive benefits for 3 months without meeting the work requirement.

1996												DEC
1997	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1998	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1999	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	

36-Month Period for Applicant Who Receives First Full Month in 3/97

EXAMPLE: An ABAWD in an ILC applies and receives his first full month's benefits in March, 1997. His 36-month period of consideration begins March, 1997 and ends February, 2000. He uses his first two months of eligibility without meeting the ABAWD work requirement in March and April, 1998, and the third month in July, 1998. His eligibility ends in July.

1997			MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1998	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1999	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2000	JAN	FEB										

36-Month Period for Applicant Who Receives First Full Month in 10/97

EXAMPLE: An ABAWD resides in an NILC and moves to an ILC on September 15, 1997. He becomes subject to the work requirement and 3-month limit and his 36-month period begins October 1, 1997. He uses his 3 months of eligibility without meeting the ABAWD work requirement in October, November and December, 1997. His eligibility ends December, 1997. He moves back to an NILC in January, 1998 and becomes eligible again. His 36-month period continues uninterrupted through August, 2000.

1997				1.50						OCT	NOV	DEC
1998	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1999	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2000	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT			

(6) Additional 3 Months of Eligibility

Once an individual has reached the three month time limit, he may regain eligibility by working 80 hours in a 30-day period, or through a month's participation in employment or training activities. His eligibility

continues as long as he meets the ABAWD work requirement and is otherwise eligible.

If an individual then loses employment or ceases participation in a work program, eligibility can continue for up to 3 consecutive months without meeting the work requirement. After the second 3-month period of eligibility is exhausted, the only way for the individual to regain eligibility is to comply with the work requirement, become exempt as specified in item (8) below or move to an NILC.

(7) Regaining Eligibility

Individuals denied under this policy can regain eligibility by:

- No longer meeting the definition of an ABAWD
- Moving to an NILC
- Meeting the ABAWD work requirement
- Becoming exempt as specified in item (8) below.

There is no limit on the number of times an individual may requalify through any of these methods.

(8) Exemptions

Receiving Food Stamps while exempt does not count toward the 3-month limit. An individual is exempt if he:

- Is responsible for the care of an incapacitated person; or
- Is receiving Unemployment Compensation as the result of registering with BEP; or
- Is medically certified as physically or mentally unfit for

- employment by a doctor or other health care practitioner; or
- Is a pregnant woman regardless of the expected date of delivery; or
- Is a regular participant in a drug addiction or alcoholic treatment and rehabilitation program; or
- Is a student enrolled at least half-time in an institution of higher education; or
- Is hired for work at least 30 hours per week; or
- Is hired for work paying the equivalent of at least 30 hours times the minimum wage per week.

EXAMPLE: An ABAWD residing in an ILC is a recipient of Food Stamps on December 1, 1996 with a redetermination due in March, 1997. At the March redetermination, it is determined the individual did not meet the ABAWD work requirement and was not exempt for December, January and February. His eligibility ends in March.

EXAMPLE: An ABAWD moves from an NILC to an ILC and a redetermination is completed in March. His 36-month period begins March 1. He is certified through May, when it is determined he did not meet the ABAWD work requirement for March, April and May. His eligibility ends in May.

EXAMPLE: The same individual in the example above moves back to an NILC and applies for Food Stamps in August. If otherwise eligible, he is eligible for Food Stamps as long as he resides in the NILC or as long as the county remains an NILC.

EXAMPLE: An ABAWD receives Food Stamps in January and February, 1997

without meeting the ABAWD work requirements. These are his first and second months of eligibility. He finds part-time employment of 20 hours per week in March. If otherwise eligible, he receives until October, when his job ends. He receives Food Stamps in November, his third month of eligibility, without meeting the work requirements and November is his last month of eligibility.

EXAMPLE: The same individual in the example above has worked 80 hours in January, 1998. If otherwise eligible, he regains eligibility for Food Stamps. In May, 1998, he loses the job. He may regain eligibility for up to 3 consecutive months without meeting the ABAWD work requirement or being otherwise exempt.

3. The Determination Of A Boarder

Although boarders are considered non-benefit group members, they may not receive Food Stamps as a separate benefit group. They may, at the request of the benefit group, be included with them. To

13.1 INTRODUCTION

This Chapter outlines the work and training requirements for the Food Stamp Program, TANF and WV WORKS Programs, 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.

70

3/97

13.2 FOOD STAMP WORK REQUIREMENTS

Work requirements apply to all individuals who are mentally and physically fit and over age 15 and not yet age 60.

The work requirements in this Chapter also apply to ABAWD's. See Section 9.1,A.

The work requirements include cooperating with FSE&T, not voluntarily leaving employment, not refusing an employment offer, registering with BEP, and providing information on employment status and job availability. The specifics are outlined in Sections 13.3 - 13.5. The requirements are not separate and apart from each other. Sequential penalties for failure to meet any of these requirements are listed in Section 13.6.

The following individuals are exempt from the work requirements and are not subject to a penalty for failure to comply.

NOTE: When any registrant loses eligibility for an exemption, the Worker must determine of the client meets any other exemption criteria or becomes mandatory. Appropriate coding must be entered in the data system.

- Those under age 16. Those who reach age 16 and lose the exemption must be registered at the next redetermination, unless exempt for some other reason.
- A person age 16 or 17 who is attending school or enrolled in an employment training program on at least a half-time basis. Persons who lose this exemption must register at the next redetermination, unless exempt for some other reason.
- Those age 60 or over.
- A parent, or other member of the benefit group who has the responsibility for the care of a child under the age of 6 or of an incapacitated individual, whether or not the person receiving the care resides with the client and whether or not the incapacitated person is a member of the Food Stamp benefit group. Unborn children are not considered children under the age of 6. Separate families included in the same benefit group may have one person from each family exempted.

EXAMPLE: A man and woman apply for Food Stamps. They have one child, age 5. The man receives RSDI based on his disability and is, therefore, exempt from registration. He is, however, able to care for the child, so the mother becomes mandatory.

EXAMPLE: Mr. and Mrs. B apply for Food Stamps. They have 4 children, 2 from her previous marriage and 2 from his. All the children are under age 6. He is receiving Black Lung benefits and is exempt from work registration, but is able to care for the children. She is mandatory for work registration.

EXAMPLE: An ABAWD is eligible to participate because he has not used any of his initial 3 months of eligibility without meeting the ABAWD work requirement. He then voluntarily quits his job and the first sanction of a 3-month minimum is applied. See Section 13.6. The 3 month sanction is applied regardless of his ABAWD status.

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 receiving UCI, as a result of registering with BEP. 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 individual refuses to register with W&T, the Worker must evaluate the appropriate application of Food Stamp work requirement penalties. Any person losing this exemption must register withing 10 calendar days after the change is reported, unless a penalty is applied, or unless the client is exempt for some other reason.
- Individuals who are employed or self-employed and working a minimum of 30 hours per week, or receiving weekly earnings equal to the federal minimum wage multiplied by 30 hours. An employed person who is laid off, fired, goes on strike, quits or changes to employment of less than 30 hours per week, or ceases earning wages equal to the federal minimum wage times 30 must register within 10 calendar days after the change is reported, unless a penalty is applied or the client is exempt for some other reason.

STATUS	CODE
A student who is exempt according to provisions in Chapter 9	E7 (V7 volunteer)
An individual who is employed full- time	E8 (V8 volunteer)
A 16- or 17-year-old who is not Head of Household, or who is attending school or enrolled in a training program at least half-time	E9 (V9 volunteer)
An AFDC/U benefit group member who is exempt from JOBS participation, but who volunteers for FSE&T registration; or	Y
A member of the FS benefit group, who is not included in the AFDC/U payment, but who receives Food Stamps under a C or U case number, and who volunteers for FSE&T registration.	

Benefit Code 4.

Max. Length = 2 Alpha

Entries depend upon the type of case as follows

a. Food Stamp Recipients

> Code: AO

Individuals who receive Food Stamps only in an A, B, D, C or U case must be coded as above to prevent the individual from appearing on the medical card and from being included in the check amount.

Code: AB

This code must be used for ABAWD's regardless of their county of residence to prevent the individual from appearing on the medical card and from being in the check amount. See Section 9.1.

b. AFDC/U

The following chart indicates appropriate benefit codes.

The first letter of the code for eligible children refers to the relationship of that child (son or daughter) to his natural parents. This is used, even though the payee may be another relative.

The second letter designates the specific deprivation factor. The mother's relationship code, M, or the father's F is be followed by D, I, J, X, G, P, Z, O or U to indicate the reason the children are deprived of parental support. In the list of codes for adults, the codes M through OM are used only for adults who qualify as caretaker relatives of eligible dependent children.

23.20 C-219 SYSTEM REASON CODES FOR FOOD STAMPS

The following reason codes are used for Food Stamp benefits in A, B, D, C, U and F cases.

If action is the result of information gained form a QR form, use $6_$ prefix in place of $5_$. If no computer-generated letter is desired, use $4_$ prefix in place of $5_$.

PENDING

500 Special code to pend applications under PENDG or NEWPN 800 Special code used with PENDG or NEWPN transactions when the case is approved for a Combined Issuance prior to deadline in the month of application.

SPECIAL SITUATIONS

cg 200 First closure letter for not returning QR form
cg 201 Second and final closure letter for not returning QR
form

APPROVALS

Used for F approvals and to add Food Stamps to A, B, D, C and U cases. Also A, B, D and F redeterminations.

- 501 Multiple-months certification
 - 502 Single-month certification
 - 503 Multiple-months certification based on Categorical Eligibility
 - 504 Single-month certification based on Categorical Eligibility
 - 505 Categorically Eligible, for \$0 benefits
 - 506 Financially eligible, for \$0 benefits
 - 507 ABAWD again eligible to participate after end of first 3-month period of eligibility
 - 508 ABAWD again eligible to participate for second 3-month period of eligibility
 - 509 ABAWD again eligible to participate after second 3-month limit

l ^a		per tal and an analysis of
cg: computer-generated Letters	cg 31: c-g & Block 31 Required	31: Block 31 Required

cg

cg

DENIALS

- 510 Excess assets, \$2,000 limit
- 511 Excess assets, \$3,000 limit
- 512 Excess earned income
- 513 Excess unearned income
- 514 Failure to meet minimum eligibility requirements
- 515 Refusal to register, or participate in FSE&T or JOBS
- 516 Failure to comply with enumeration requirements
- 517 Failure to provide required verification
- 518 Loss of contact
- 519 Inclusion in another benefit group
- 520 Voluntary Quit
- 521 ABAWD has exhausted first 3-month time limit
- 522 ABAWD has exhausted second 3-month time limit

WITHDRAWAL

cg 525 Withdrawal of FS application only

TRANSFERS

- 526 Transfer regardless of status of F, A, B or D case from one county to another, regardless of status
- 527 Transfer from F To A, B or D

NO BENEFIT CHANGE

- 529 Food Stamp case changes, NO change in allotment
- cg 039 Change in address, no other changes

INCREASES

- cg 31 530 Reduction in earned income, Block 31 must designate person
 - 531 Loss of earned income
- cg 31 532 Reduction in unearned income, Block 31 must designate person
 - 533 Loss of unearned income
- cg 31 534 Addition to the benefit group, Block 31 must designate person
 - 535 Combination of income and benefit group changes
 - 536 Increase in dependent care deduction
 - 537 Increase in medical deduction

cg: computer-generated Letters	cg 31: c-g & Block 31 Required	31: Block 31 Required

- 538 Increase in shelter deduction
- 539 Increase in utility deduction
- 540 Onset of SUA
- 541 Removal of person with income, non-cooperation/FSE&T
- 542 Removal of person with income, moved out
- 543 Removal of person with income, enumeration-related
- 544 Addition of ABAWD who regains eligibility after 3-month limit
- 545 Addition of ABAWD who regains eligibility for second 3 months
- 546 Addition of ABAWD who regains eligibility after second 3-month limit

DECREASES

cg	31	550	Unset of	ea	rned in	come -	BT	ock 31	mu	st de:	signate person	1
cg	31	551	Increase	in	earned	income	- •	Block	31	must	designate	
			person									

- cg 31 552 Onset of unearned income Block 31 must designate person
- cg 31 553 Increase in unearned income Block 31 must designate person
 - 554 Reduction in benefit group
 - 555 Removal of person, no income, non-cooperation/FSE&T
 - 556 Removal of person, with no income, enumeration
 - 557 Combination of income and benefit group changes
 - 558 Decrease in dependent deduction
 - 559 Decrease in medical care deduction
 - 560 Decrease in shelter deduction
 - 561 Decrease in utility deduction
 - 562 End of eligibility for SUA
 - 563 Removal of ineligible ABAWD 1st 3 months expired
 - 564 Removal of ineligible ABAWD 2nd 3 months expired

CLOSURES

- 570 Excess assets, \$2,000 limit
- 571 Excess Assets, \$3,000 limit
- 572 Onset of excess earned income
- 573 Earned income increased to excess
- 574 Excess unearned income
- 575 Inclusion in another benefit group
- 576 Death, one-member benefit group only
- 577 Failure to comply with eligibility requirements
- 578 Refusal to register for FSE&T

cg: computer-generated Letters cg 31: c-g & Block 31 Required 31: Block 31 Requ	red
---	-----

70

579	Failure to comply with FSE&T requirements after
	registration
580	Voluntary Quit
581	Moved to another state
582	Loss of contact
583	Certified for one month only
584	F cases only, benefits included in A, B, D, C or U
	benefit group
585	Failure to appear for redetermination
586	Failure to provide required verification
587	Recipient's Request only if no other reason given
HILLSTRUCK PRODUCT	

REPAYMENT-RELATED CODES

588 First 3-month ABAWD time limit is reached 589 Second 3-month ABAWD time limit is reached

	900000	_		
590	Increase	due	to	end of repayment
591	Increase	due	to	repayment adjustment
592	Increase	due	to	addition of previously sanctioned
	persons			
595	Decrease	due	to	start of repayment
596	Decrease	due	to	repayment adjustment
597	Decrease	due	to	sanction

cg: computer-generated Letters | cg 31: c-g & Block 31 Required | 31: Block 31 Required

C-219 SYSTEM REASON CODES FOR AFDC/U, GA FOR DA, MEDICAID

PENDING

999 Special Code to pend applications under PENDG or NEWPN

APPROVALS

cg cg cg		001 002 003 004	Deprivation based on absence Deprivation based on death Deprivation based on incapacity Deprivation based on unemployment of principal wage earner
cg	31	006 009 010 011 012 015 016 019	SSI Approval, Block 31 must designate date medicaid eligibility begins Reopen, Phase I, TM (6 Months), hours worked Reopen, Phase I, TM (6 months), earnings Reopen, Phase I, TM (6 months), loss of disregards Reopen, 4 months Extended Medicaid, child/spousal support Approval for MR/DD Waiver Approval for HCB Waiver
			WITHDRAWALS
cg cg		020 525 022	[18] [[- 18] [- 18
			TRANSFERS
		031	Transfer from U to C Transfer from C to U Transfer to another county
			NO BENEFIT CHANGE
	31	037 038 039 999	Automatic CAO referral for active cases Redetermination completed, no change Change of address, no other changes Change, other than address, with no change in benefits

cg: computer-generated Letters cg 31: c-g & Block 31 Required 31: Block 31 Required	cg:	computer-generated Letters	cg 31: c-g & Block 31 Required	31: Block 31 Required
---	-----	----------------------------	--------------------------------	-----------------------

IMPORTANT FOOD STAMP INFORMATION FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS

The welfare reform law enacted in August, 1996 changed some eligibility requirements for the Food Stamp Program that may affect you if you are:

- Between the ages of 18 and 51; and
- Are not living with a child under age 18.

You may receive Food Stamp benefits for no more than 3 months out of 36 months if you are otherwise eligible and you:

- Do not work at least 20 hours per week, averaged monthly; or
- Do not participate in a work program such as JTPA for at least 20 hours per week.

NOTE: This time limited eligibility policy does not apply in all counties of West Virginia. Your Worker must tell you whether you live in a county with time limited eligibility. These counties are subject to change.

If you lose eligibility because of the time limit, you can become eligible again after you work or participate in a work program for at least 80 hours in a 30-day period. If you become eligible again this way, you can continue to receive Food Stamps for as long as you meet all other eligibility requirements including the work requirements. Should you lose your job again, you may be eligible for up to an additional 3 consecutive months without having to meet the work requirement.

You are exempt or become exempt from this work requirement and may continue to receive Food Stamps if otherwise eligible and if one of the following applies to you:

- You are under age 18 or over age 50;
- You are living with a child under the age of 18;
- You are responsible for the care of an incapacitated adult;
- You have been medically certified as unfit for work by a doctor;
- You are receiving Unemployment Compensation and are registered with B.E.P.;
- You are pregnant;
- You are a student enrolled at least half-time in an institution of higher education;
- You are a regular participant in a drug addiction or alcoholic treatment and rehabilitation program;
- You are hired for work of at least 30 hours per week;
- You are hired for work paying the equivalent of at least 30 hours times the minimum wage per week.

If you have any questions, please contact the county office listed on the enclosed notice.