

2.2 FOOD STAMPS

Case maintenance and corrective procedures specific to the Food Stamp program are outlined in this Section.

A. SOURCES OF INFORMATION

In addition to the sources listed in Section 2.1, the following are specific to the Food Stamp Program.

- Report Form, OFS-FS-2

The OFS-FS-2 serves 2 purposes. It provides the client with a means to report changes and serves as the 12-month review form for cases certified for more than 12 months, according to Section 1.4,N. The information in this Section (item A) applies when the form is used to report changes. Its use as a 12-month review form is described in item B below.

The OFS-FS-2 is mailed with computer-generated notification letters.

When the Worker receives an OFS-FS-2, he makes any appropriate changes in the data system. When the information is unclear or follow-up is needed, the Worker contacts the client before taking action. Another OFS-FS-2 must be sent to clients who submit a completed OFS-FS-2.

When the information provided on the OFS-FS-2 results in a change in benefits, proper notification is sent. See Chapter 6. Along with this notification, the Worker requests additional verification needed, if any, and states that failure to provide verification will result in the increased benefits reverting to the original allotment.

When the household does not provide the required verification, the Worker takes the necessary action to change the benefits. Changes reverting to the original coupon allotment because of the client's failure to verify are subject to 13 days advance notice.

- Data System Printouts

See Chapter 3 for IEVS information.

All Food Stamp reports are found in MOBIUS.

B. REPORTING REQUIREMENTS

Reportable changes must be reported within 10 days of the date the change becomes known to the AG. Form OFS-FS-2 is one means by which this may be done. See item A,1.

NOTE: When the Worker receives information about the Food Stamp AG during the certification period which requires additional clarification or verification, the Worker may request, but not require, that the client report to the office for an interview.

NOTE: When additional or clarifying information is needed, the Worker must first request the information by using the ES-6 or verification checklist. If the client does not provide the information within the time frame specified by the Worker, the appropriate action is taken after advance notice.

When a reported change results in a change in the income reporting requirements listed below, the client must receive a notice with instructions about the change in his income reporting requirement. This will be included on the change in benefit notice.

EXAMPLE: A WV WORKS AG receiving FS loses WV WORKS benefits due to earned income, but is still eligible for FS. With the WV WORKS closure notice, the AG is also informed that their income reporting requirement has changed from the requirement to report changes of reporting more than \$100 earned income and more than \$25 unearned income to only when gross earned and unearned income exceeds 130% FPL. The notice will state the correct 130% FPL amount for the AG size and the month the new reporting requirement is effective. To find 130% FPL for the appropriate AG size, use the FS gross test column in Appendix A of Chapter 10.

EXCEPTION: The AG is not required to report any mass changes in federal benefits, such as the yearly increase in RSDI or SSI benefits. RSDI/SSI increases are handled by the Department 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 penalized for failure to report these mass changes.

NOTE: This exception does not apply to an individual change affecting the level of a client's benefits, only to mass changes.

In determining eligibility and benefit amount, reportable changes include, but are not limited to:

- Income:

Income reporting requirements vary depending upon 2 factors; the presence of at least 1 WV WORKS recipient in the FS AG and the type of income, earned or unearned. The chart below outlines these factors and lists the client's income reporting requirements.

	INCOME	REPORTING	REQUIREMENTS	
	INCOME - EARNED, WITH OR WITHOUT UNEARNED	INCOME - UNEARNED ONLY	INCOME - EARNED AND/OR UNEARNED	INCOME - NONE
WV WORKS RECIPIENT IN FS AG	Earned - Changes of more than \$100 Unearned - Changes of more than \$50	Earned - Within 10 days of knowledge of onset Unearned - changes of more than \$50	Earned - Changes of more than \$100 Unearned - Changes of more than \$50	Earned or Unearned - Within 10 days of onset
NO WV WORKS RECIPIENT IN FS AG	When total gross earned and unearned income for the Income Group exceeds 130% FPL - by the 10 th calendar day of the month following the month in which the change occurs.	Earned - Within 10 days of knowledge of onset Unearned - Changes of more than \$50	When total gross earned and unearned income for the income group exceeds 130% FPL - by the 10 th calendar day of the month following the month in which the change occurs.	Earned or Unearned - Within 10 days of onset

Regardless of the income reporting requirement to which the AG is subject, all reported changes are acted on, taking into account notice requirements. In addition to income, all FS AG's who are not subject to the 130% FPL income reporting requirement must report the following:

- Changes in AG composition;
- The AG moves or there is a change of address;

- A change in the amount of rent or utilities when the AG moves;
- A change in the amount of assets;
- There is a change in a legal obligation to pay child support.

Action must be taken for AG's subject to the 130% FPL income reporting requirements when information is received from a source that is considered verified upon receipt. Verified upon receipt means that the information is not questionable and the provider is the primary source of the information. The only sources considered verified upon receipt are:

- BENDEX and SDX from SSA.
- SAVE from INS
- Unemployment Compensation from WV BEP
- Workers' Compensation from WV Workers' Compensation
- FSE&T's information that a client did not comply with work requirements
- IFM's determination of an IVP

Information from any other source does not require any follow up and no action is taken unless the client reports the information.

1. Timely Reporting And Follow-Up

To determine if a claim must be established or a lost benefit restored, a decision must be made as to whether or not a change was reported in a timely manner.

NOTE: When a client fails to report household expenses which would normally result in a deduction, the AG loses their entitlement to that deduction. They have a right to the expense once it is reported and verified, if necessary. Retroactive benefits are not issued.

Reported changes are effective the month following the month they are reported.

When the client does not report in a timely manner and the change could have been made earlier, a claim may be established. See Chapter 20.

Reportable changes must be reported within 10 days of the date the change becomes known to the AG. Benefits are not restored when the change which would have increased benefits is not reported within 10 days.

2. 12-Month Review of Eligibility

NOTE: The first cases affected by the 12-month review policy are those certified for more than 12 months beginning in October, 1996.

Cases with certification periods of more than 12 months must have a review completed by the end of the 12th month of eligibility. This review differs from the redetermination as follows:

- The 12-month review is accomplished by mail only; and
- No face-to-face interview is conducted; and
- Form OFS-FS-2 is used, instead of form OFS-2.

The data system automatically mails an OFS-FS-2 to the affected cases. The form is mailed by the first day of the 12th month. It must be returned by the 10th day of the 12th month. The Worker must check the form after it is returned to determine if any changes are necessary. Changes reported on the OFS-FS-2 are to be treated as changes reported during the certification period, not as changes reported during the completion of a redetermination, i.e., all adverse actions require 13 days advance notice.

The form is considered to be complete when all items that require a yes or no answer have one marked and appropriate detailed information is provided. Unless the client indicates on the form that the change is for one month only, the Worker must assume that the change is continuing. Verification is not requested on the OFS-FS-2. If a change is reported that requires verification, it must be requested using form ES-6. Failure to provide requested verification results in AG closure, after 13 days advance notice.

Failure to return a completed OFS-FS-2 results in case closure, after advance notice.

When the OFS-FS-2 is returned late, but is returned by the last day of the 12th month, no OFS-FS-2 is required for reapplication. Instead, the OFS-FS-2 is used as the application form. Benefits are not prorated when the form is returned by the last day of the 12th month.

The AG must be scheduled for redetermination at the same time it would have been due had the form been returned on time.

When the OFS-FS-2 is returned between the 1st day and the last day of the 13th month, no OFS-2 is required for reapplication. Instead, the OFS-FS-2 is used as the application form. Benefits for the 13th month must be prorated from the date the OFS-FS-2 is received. The AG must be scheduled for redetermination at the same time it would have been due had the form been returned on time.

When the OFS-FS-2 is returned after the last day of the 13th month, full application procedures must be followed, including completion of the OFS-2 and establishment of a new redetermination cycle.

C. AGENCY TIME LIMITS

1. Increase In Benefits

a. Addition of an AG Member or a Decrease in Income of \$50 or More

The change must be effective no later than the month following the month in which the change is reported. When the change is reported after the data system deadline, supplemental benefits must be issued and received by the 10th of the following month or by the AG's usual issuance cycle in that month, whichever is later. The supplemental benefits are issued based upon the date the information is reported, regardless of whether or not the report is timely. Supplemental benefits issued in this situation are not considered restored benefits as described in item E,1 below.

b. All Other Changes

For all other changes which result in an increase in benefits, except those described in item a above, changes are made as follows.

-□ If the next issuance date is more than 10 days after the date the change is reported, the change is effective the month following the report month.

- If the next issuance date is within 10 days of the date the change is reported, the change is effective 2 months after the report month.

The 10-day count includes the date of the report and takes the staggered benefit issuance date into consideration.

EXAMPLE: An AG reports an income decrease of \$30 on May 15th and next issuance is due on June 1. The change increases the benefit and is effective June.

EXAMPLE: An AG reports an increase in the rent amount on May 28th and the next issuance is due June 6th. Benefits will increase and the change is effective for July.

2. Decrease In Benefits

When the reported change results in a decrease in benefits, the change is effective the following month, if there is time to issue advance notice. If not, the change is effective 2 months after it occurs. No claim is established unless the client failed to report in a timely manner and this is the only reason the change could not be made within 13 days. See Chapter 20 for benefit repayment.

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.

The Worker must adhere to advance notice requirements when the name change involves an adverse action.

Any change in the payee's name which is made on RAPIDS screens ANID, ACPA, ACPR or AIRQ will deactivate the current EBT card as early as the evening of the day the change is entered in RAPIDS. This includes the addition/removal of an middle initial or spelling correction, even if the payee is the same person. A new card is then created. The result of a name change is that the individual cannot access benefits until the new card is received. This may be 5 days or more.

In addition, if the client reports non-receipt of the newly-issued card and the Worker issues another, the newly-issued card is deactivated and cannot be used if or when the client receives it. Cards are mailed from the vendor only on week days, federal holidays not included.

Workers must inform all clients at the time of a name change for any reason that the current card will be deactivated and they must plan for this benefit inaccessibility if there is not an authorized cardholder who can access benefits during this time. The Worker may delay the entry of the change to give the client time to access enough benefits to provide for the AG until the new card is received.

For EBT, changes in the payee, address and authorized cardholder can be made immediately since files are sent to the vendor overnight and changes are not restricted to RAPIDS deadlines.

2. Change In Category Or Deprivation Factor

When the client becomes eligible for WV WORKS or SSI, Categorical Eligibility may apply. See Chapter 1.

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

3. Change In AG

See item C,1,a above for changes in the AG which increase benefits. See item C,2 for changes in the AG which decrease benefits.

4. Change In Income

See item C,1,a and b above for changes in income which increase benefits. See item C,2 for income changes which decrease benefits.

When a client reports the loss of UCI income, the Worker must evaluate the circumstances to determine if the Food Stamp work penalty must be applied. The penalty is applied when the individual is exempt from Food Stamp work requirement due solely to the fact that

the client was registered with BEP. Good cause for failure to comply with a BEP requirement includes all situations described in Section 13.3,C. These are the same as good cause for voluntarily quitting a job.

NOTE: When a reported change in income results in a \$0 benefit amount, the AG is closed after proper notice. This applies whether or not the AG is categorically eligible.

5. Change Of Address

A change of address is made in the data system as soon as the client reports it. Any other changes which the client reports, in addition to the address change, are also acted on at the same time, when notice requirements permit.

When the address change is reported after the deadline date, Food Stamps cannot be held. For instructions about returned Food Stamps, see Chapter 21.

A change of address after deadline does not affect receipt of Food Stamps in an EBT account. When the client requests a replacement EBT card and his address has changed, the address change must be made before the new card is issued to insure the card is sent to the correct address. When EBT access is not available in the new area of residence, coupon conversion may be required. See item 12 below.

NOTE: For EBT, changes in the payee, address and authorized cardholder must be made immediately since files are sent to the vendor overnight and changes are not restricted to RAPIDS deadlines.

The data system issues form ES-CG-CM-1 when properly coded. This form must be returned in 10 days and requests information about shelter/utility expenses and household composition. When the form is not returned timely, the Worker must contact the client for the information using an RFI or form ES-6. See Chapter 6.

6. Continuation Of Benefits

When an WV WORKS or Medicaid AG, also certified for Food Stamps, is closed, and there is enough information to continue Food Stamps, the Food Stamps

must continue with no interruption in benefits. It is expected most AG's will continue to be eligible.

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

When there is not enough information to continue Food Stamps, an ES-6 or verification checklist is sent to request the additional information needed. If the AG does not respond, notice for closure of the Food Stamp AG is sent. See Chapter 6.

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

7. Selling Food Stamps

Complaints concerning a store trafficking FS, such as a retailer buying coupons or EBT benefits for cash or selling ineligible items are referred by the Worker to the USDA FNS Charleston Field Office at (304) 347-5944.

Complaints concerning a recipient who is trafficking FS benefits, must be referred to IFM by the Worker. See Section 20.2.

8. Food Stamp Benefits Returned To The County Office By The Client

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

a. Food Stamp Coupons

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

Returned Food Stamp coupons 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 coupons 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 coupons which were cancelled by the Financial Clerk.
- EBT Benefits

When the client wishes to return Food Stamp benefits which are in the EBT account, the client is referred to the RI when such staff is available in the local office. The RI completes a claim and removes the benefits from the EBT account, using the administrative terminal, and credits the benefits as a repayment on the claim. The client must sign form IFM-EBT-1. The RI completes the bottom of the form to indicate the benefits were removed.

If IFM staff is not available in the local office, a Supervisor in the local office completes the IFM-EBT-1, removes the benefits from the EBT account, using the administrative terminal. The Supervisor completes a referral through RAPIDS to IFM for the claim and forwards the original IFM-EBT-1 to the RI.

9. 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)

An ABAWD must report when his work hours are reduced to less than 20 hours per week, averaged monthly. Upon receipt of such a report, the Worker must immediately determine if the client remains eligible. See Section 9.1.A.

12. EBT Coupon Conversion Request

When an Assistance Group (AG) moves from an EBT area to a non-EBT area in which there is no access to Food Stamp benefits with EBT, and the AG is unable to use the remaining benefits before the move, the client may request that the balance of Food Stamp benefits in the EBT account be converted to coupons.

In addition, a coupon conversion may be requested for temporary absences from the EBT area for reasons such as, but not limited to, a family emergency. Coupon conversions for this reason are limited to 2 in a 6-month period.

Coupon conversion is only appropriate when the Worker determines that the AG is unable to use its benefits before the move occurs or is unable to shop at any retailer that accepts the WV EBT card. Counties within the State which have converted to EBT can be determined by accessing the EBT website at wvdhhr.org/ebt/. Information about other states which have implemented EBT can be accessed on the FNS website at fns.usda.gov. Only 4 states within the continental United States have not implemented EBT. Most retailers with point of sale (POS) equipment can accept the EBT card for Food Stamps, if authorized by USDA.

Coupons for account balances of \$2 or more, in even dollar amounts, are mailed to the AG within 7 days of the request for coupon conversion. The coupons are mailed by a contract vendor, not by the Food Stamp Unit in Charleston. The AG must use any remaining balance in the account within 7 days after conversion. Any amount remaining after 7 days is expunged, i.e., removed from the account, and is not available to the AG.

When coupon conversion is requested, the Worker checks the appropriate websites and advises the AG of locations where EBT is available to access Food Stamp benefits.

The EBT Unit notifies the Worker if additional information is required or if coupon conversion is not appropriate and cannot, for some reason, be completed.

If coupon conversion is appropriate, the following procedures apply:

- If the Food Stamps must be mailed to a different address, change the mailing in RAPIDS. The address change must be made prior to the request for coupon conversion. The Worker must record the coupon conversion request and reason on CMCC.
- Complete the Coupon Conversion Request form and forward by fax or GroupWise to the EBT Unit. The GroupWise address for the EBT staff is WVEBT. and the fax number is 558-5670. The form is available on the EBT website at intranet.wvdhhr.org/ebt/.
- Close the Food Stamp AG if the AG is moving out of state, after appropriate notice.

13. Change in EBT Authorized Cardholder

When the client wishes to change the authorized cardholder for EBT, the Worker must delete the current cardholder on RAPIDS screen AIRQ and enter the new cardholder's information, including the benefit(s) to which the cardholder has access. The client may terminate cardholder access immediately by calling the ARU or the DHHR Customer Service Center. Only DHHR Customer Service Center staff can inactivate a card.

When the client calls the ARU first to stop cardholder access, he must still notify the DHHR Customer Service Center or the local office Worker of the cardholder change.

NOTE: For EBT, changes in the payee, address and authorized cardholder must be made immediately since files are sent to the vendor overnight and changes are not restricted to RAPIDS deadlines.

14. Inactive, Dormant and Expunged EBT Accounts

a. Inactive Account - 45 Days

When the AG does not use Food Stamp benefits for 45 days, the Worker receives an alert and RAPIDS automatically sends a letter to notify the client of the inactivity. The Worker must contact the client to attempt to determine the reason for no account activity. If the client contacts the Worker and wishes to continue to receive benefits, the Worker resets the account activity date by use of the administrative function. If the client does not contact the Worker or if he requests AG closure, Food Stamp benefits are stopped after proper notice. Unused benefits remain in the account.

b. Dormant Account - 180 Days

When the AG does not use Food Stamp benefits in the account for 180 days, the account becomes dormant, i.e., inaccessible. An alert is sent to the Worker in the local office and, when there is a claim indicated on RAPIDS screen BVCL, an alert is also sent to the RI. A letter is automatically sent from RAPIDS to notify the client he cannot access his account, i.e., use benefits, unless he contacts the local office. The letter also informs the client that if he does not contact the local office within 13 days, benefits in the account will be applied to any outstanding Food Stamp claim(s). If the client contacts the local office, the Worker resets the account activity date and benefits cannot be applied to a claim(s) unless the client requests.

If there are no claims and the client does not contact the local office, the benefits remain in the account.

If the account activity date is not reset, the RI, after contact with the local office Worker to check for client contact, takes action to apply the benefits to any outstanding claim(s). Any benefits which are not applied to a claim(s) remain in the account until expunged. See item c.

NOTE: When the Worker is notified of a dormant account, and the AG is still active, the Worker must contact the client to determine if he wishes to continue to receive benefits. If the client does not respond, the AG is closed after proper notice. So long as the AG remains active, benefits are deposited into the EBT account. Closure of the Food Stamp AG does not affect or close the EBT account.

c. Expunged Accounts - 270 Days

When the AG does not use Food Stamps for 270 days, benefits are expunged, i.e., removed, from the EBT account. An alert is sent to the Worker in the local office and to the RI, when there is an open claim(s) indicated on RAPIDS screen BVCL. A letter is sent automatically from RAPIDS to notify the client that all benefits in his account have been expunged. Expunged benefits may be used to reduce any outstanding Food Stamp claims.

After benefits are expunged, any deposit into the account resets the activity date.

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 an AG and was subsequently reversed.

NOTE: Lost benefits are not restored for the month in which the change occurred under any circumstances. When supplemental benefits must be issued due to deadline constraints for increasing benefits, the supplemental benefits are not considered restored benefits, even when the change was not reported timely. See item C,1,a above.

EXAMPLE: A Food Stamp AG has a decrease in monthly income of \$75 beginning in June. The change is not reported until August, but it is after the data system deadline date to increase benefits for September. The change is made in the data system effective October and supplemental benefits are issued for the difference due for September. Benefits are not restored for June through August.

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:

- The date the Worker received a request from the AG for restoration of benefits; or
- The date the Worker is notified or otherwise discovers that a loss has occurred; or

- The date any judicial action determines that benefits were wrongfully withheld as follows:
 - If the judicial action is the first action the recipient has taken to obtain restoration of lost benefits, benefits are restored for a period of not more than twelve months from the date court action is initiated.
 - If the judicial action is a review of the Department's action, benefits are restored for the period of not more than twelve months from the date the Department received a request for restoration. When no request for restoration was received, benefits are restored for not more than a period of twelve months from the date the Fair Hearing was requested by the client.

NOTE: Whether restoration of benefits was requested or not, benefits are not restored for more than a period of twelve months from the date the Department is notified of or discovered the loss.

Benefits are restored for a period not to exceed twelve months prior to the date of notification, which is determined as follows:

- If a member of the AG participated in the ADH and contested the Department's position, the date of notification is the date the ADH was held.
- When the Department's position was not contested at the ADH, the date of notification is the date the court decision is received.

NOTE: Benefits lost due to the imposition of the disqualification period are restored, not those lost due to repayment of the overpayment.

EXAMPLE: The client tells the Worker on July 14, 1995 that he believes his coupon allotment is incorrect due to failure of the Worker to allow the client a deduction for reported medical expenses. On August 10th, the Worker discovers

that an error was made in the birthdate of one of the AG members when the case was approved, and a medical deduction should have been allowed since February, 1994. The Worker takes action to update the data system effective August, 1995. Benefits are restored for July, 1994 through July, 1995. Since the request for restored benefits was made in July, benefits can be restored for up to twelve months from June.

EXAMPLE: On May 1, 1992, an ADH was held. The individual accused of an IPV was present and denied charges made by the Department. The client was found guilty of having committed an IPV, and was removed from the AG effective June, 1992. On September 24, 1992, the disqualification was overturned by a court decision. The Department received the court's decision on October 15, 1992. Benefits can be restored up to twelve months prior to May, 1992, the date of the ADH. Benefits are restored to the date of the ADH since none were lost prior to that time. Since benefits were not actually lost until June, 1992, when the client was removed, benefits are restored for June, July, August, September and October.

EXAMPLE: On July 2, 1992, an ADH was held. No one from the Food Stamp AG was present to defend the accused member. The client was found guilty and removed from the benefit group effective August, 1992. On October 1, 1993 the Department is notified of the reversal of the disqualification. Benefits are restored for up to twelve months prior to October, 1993, so benefits are restored for October, 1992 (twelve months prior to October, 1993) through October, 1993 (the month the court decision was made).

4. Corrective Actions To Restore Benefits

When the Worker determines the AG is entitled to the restored benefits, he must:

- Take data system action to adjust the coupon allotment to the correct amount
- Identify the month(s) in which benefits have been lost

- Determine the amount of benefits to restore
- Offset lost benefits by the amount of any existing claim against the AG

NOTE: Initial allotments must not be used to offset a claim. See Chapter 1.

- Restore benefits within 30 days of the discovery.

EXCEPTION: When benefits are restored due to reversal of an IPV disqualification penalty, benefits must be restored within 45 days of the date of notification.

5. How Benefits Are Restored

Lost benefits are restored by issuing a one-time allotment to cover the amount of lost benefits.

However, the client may request that lost benefits be restored in monthly installments. The Worker determines if the request is reasonable.

When benefits must be restored to a AG and the composition has changed, benefits are issued to the AG containing a majority of the individuals who were in the AG at the time the loss occurred.

If the AG containing the majority cannot be located or otherwise determined, benefits are restored to the AG containing the person who was designated as the Head of Household at the time the loss occurred.

If this person cannot be located, benefits are not restored.

6. Returned Benefits

The Worker receives an alert when Food Stamps are returned to the State Office and returned to inventory. Upon receipt of the alert, the Worker reissues the FS to the client if appropriate.

NOTE: There is no time limit for a request by the client that returned FS coupons be reissued. When no adverse action notice has been issued to inform the client that he is ineligible for the FS, the FS must be reissued.

Benefits deposited into an EBT account are not returned unless the client chooses to do so. When a Food Stamp AG is closed, EBT benefits remain in the account until the AG uses the benefits or until there is no account activity for 270 days, i.e., no use of benefits. See Section 2.2,D,14 for expunged benefits.