

19.1 DEFINITIONS	1
19.2 EMERGENCY ASSISTANCE	2
A. INTRODUCTION	2
B. GENERAL ELIGIBILITY REQUIREMENTS	2
1. Emergency Need Requirements	2
2. Time Limitation	3
3. Citizenship	4
4. AG's Subject to a Penalty	5
5. Income	6
6. Assets	10
7. Available Community Resources	14
8. Medicaid and Food Stamps	17
9. Applicant's Acceptance of Social Services	17
10. Work Stoppage	18
11. Specific Eligibility Requirements for Federally Matched Emergency Assistance (Title IV-A)	18
12. Emergency Financial Assistance for Families Without Children	19
13. Defining the Elimination of the Emergency/ Vendor Refuses to Eliminate the Emergency	20
C. SPECIFIC ELIGIBILITY REQUIREMENTS	21
1. Shelter	21
2. Utilities and Bulk Fuel	28
3. Food	36
4. Household Supplies or Furnishings and Clothing	38
5. Child Care	39
6. Transportation	40
7. Emergency Medical Care	43
8. Emergency Needs Created by Natural or Man-Made Disasters or Disorders	44
9. Fire	46
D. APPLICATION PROCESS	47
1. The Intake Interview	47
2. Who Shall Make Application	47
3. The Benefit Group	48
4. Completion of Form ES-6, Notice of Information Needed	49
5. Decision on the Application	49
19.3 NON-EMERGENCY MEDICAL TRANSPORTATION	51
A. INTRODUCTION	51

B.	APPLICATION/REDETERMINATION PROCESS	51
1.	Content Of The Interview	51
2.	Agency Delays	51
3.	Beginning Date Of Eligibility	51
4.	Redetermination Schedule	52
5.	The Benefit	52
6.	Expedited Processing	53
7.	The Application Form	53
C.	THE CASE MAINTENANCE PROCESS	54
1.	Closures	54
2.	Change In Income	54
3.	Update In Case Information	54
D.	IVES	54
E.	VERIFICATION	54
F.	RESOURCE DEVELOPMENT	55
G.	CLIENT NOTIFICATION	55
H.	COMMON ELIGIBILITY REQUIREMENTS	55
1.	Residence	55
2.	Citizenship And Alien Status	55
3.	Cooperation With Quality Assurance	55
4.	Limitations On Receipt Of Other Benefits	55
5.	Non-duplication Of Benefits	55
6.	Enumeration	56
I.	ELIGIBILITY DETERMINATION GROUPS	56
1.	The Assistance Group (AG)	56
2.	The Income Group	56
3.	The Needs Groups	56
J.	INCOME	56
K.	ASSETS	56
L.	WORK REQUIREMENTS	56
M.	SPECIFIC ELIGIBILITY REQUIREMENTS	56
1.	Exceptions To Eligibility	56
2.	Transportation Requiring Prior Approval From BMS	57
3.	Requests Which Require Approval By The Worker	58
4.	Routine Automobile Transportation Request	59

5.	Requests For Transportation For Emergency Room Service	59
6.	Approved Transportation Providers	60
7.	Determining The Amount Of Payment	60
N.	BENEFIT REPAYMENT	63
O.	BENEFIT REPLACEMENT	64
19.4	RESERVED FOR FUTURE USE	65
19.5	INDIGENT BURIAL PROGRAM	153
A.	INTRODUCTION	153
B.	ELIGIBILITY REQUIREMENTS	153
1.	Residence	153
2.	Exception to the Residence Requirement	153
3.	Need	153
4.	Responsible Relatives	154
5.	Maximum Allowable Payment	154
6.	Interment Plans	155
7.	Application Submittal Deadline	157
C.	BURIAL RATE	157
D.	DEVELOPMENT OF RESOURCES	157
1.	Resources Obtained for Burials	158
2.	Resources Due the Department	159
3.	Resources Due the Funeral Director	162
E.	APPLICATION PROCESS	163
1.	General Instructions	163
2.	Liability of Responsible Relatives	163
3.	Completion of Form ES-BU-1, Application for Burial Benefits	164
4.	Completion of Form ES-BU-2, Affidavit of Responsible Relative	167
5.	Decision on the Application	168
F.	BURIAL PAYMENT PROCESS	169
1.	Responsibilities of the Funeral Director	169
2.	Responsibilities of the Income Maintenance Worker	169
3.	Responsibilities of the Financial Clerk	170
7.	CORRECTIVE ACTION	172

19.6 RESERVED FOR FUTURE USE	173
19.7 PUBLIC UTILITY PROGRAM	247
A. SPECIAL REDUCED RESIDENTIAL SERVICE RATE (20% UTILITY DISCOUNT PROGRAM)	247
1. Introduction	247
2. Operation	247
3. Application Form	248
4. Role of the Local Office	248
B. SEASONAL PROGRAMS	248
1. Introduction	248
2. Application Period	249
3. Eligibility Guidelines	249
4. Application Process	250
5. Determining the Amount of Payment	251
6. Payment Authorization Process	253
7. Notification to the Client	253
8. Verification	254
9. Effect Upon Other Programs	255
10. Fair Hearing	255
11. Program Ending Date	255
12. Forms	256
C. PROJECT HELPING HAND	256
1. Introduction	256
2. Application Period	256
3. Eligibility Guidelines	257
4. Application Process	257
5. Determining the Amount of the Payment	258
6. Payment Authorization Process	259
7. Notification to the Client	260
8. Verification	260
9. Effect Upon Other Programs	260
10. Fair Hearings	261
11. Forms	261
19.8 TEL-ASSISTANCE AND VERIZON'S ENHANCED TEL-ASSISTANCE PLAN	262
I. INTRODUCTION	262
A. STATE ADMINISTRATION	262
B. AREA ADMINISTRATION	262
C. ELIGIBILITY REQUIREMENTS	262

D.	APPLICATION PROCESS	263
1.	Mail-Out Application Kits	263
2.	Walk-In Applications	263
E.	REDETERMINATION PROCESS	265
1.	Categorically Eligible Households	265
2.	All other Tel-Assistance Households	265
F.	CLOSURE PROCESS	265
1.	Categorically Eligible Households	265
2.	All Other Tel-Assistance Households	265
G.	TELEPHONE COMPANY RESPONSIBILITY	265
1.	Notification Eligibility	265
2.	Question of Eligibility	266
3.	Hearing Process	266
H.	FORMS	266
I.	PARTICIPATING PHONE COMPANIES	266
II.	INTRODUCTION - VERIZON ENHANCED TEL-ASSISTANCE PLAN	
A.	STATE ADMINISTRATION	266a
B.	DISTRICT OFFICE ADMINISTRATION	266a
C.	ELIGIBILITY REQUIREMENT	266a
D.	APPLICATION PROCESS	266a
E.	CLOSURE PROCESS	266a
F.	VERIZON RESPONSIBILITY	266b
19.9	LINK-UP AMERICA	267
A.	INTRODUCTION	267
B.	STATE ADMINISTRATION	267
C.	AREA ADMINISTRATION	267
D.	ELIGIBILITY REQUIREMENTS	267
E.	APPLICATION PROCEDURE	267
F.	FORM	268

19.10 TRANSPORTATION REMUNERATION INCENTIVE PROGRAM	269
A. INTRODUCTION	269
B. GENERAL INFORMATION	269
C. ORGANIZATIONAL RESPONSIBILITIES	270
D. RELATIONSHIP TO TAXATION AND FINANCIAL ASSISTANCE PROGRAMS	270
E. CASE RECORD	271
1. TRIP Eligibility Block	271
2. TRIP Correspondence and Verification Block	271
F. ELIGIBILITY REQUIREMENTS: BENEFIT GROUPS/RESIDENCE	271
1. Benefit Groups	271
2. Separation of Eligible Individuals into Separate Benefit Groups	272
3. The Eligibility Requirements of Residence	273
4. Eligibility of Individuals in Special Living Arrangements	273
G. THE ELIGIBILITY REQUIREMENT OF AGE AND HANDICAP/DISABILITY	275
1. Age	275
2. Handicap/Disability	275
H. FINANCIAL ELIGIBILITY	276
1. Unearned Income	277
2. Earned Income	278
I. DETERMINATION OF TOTAL COUNTABLE INCOME	280
1. Determination of Financial Eligibility	280
2. Basis for Ticket Book Issuance	281
3. Purchase Requirement	281
4. The Eligibility Requirement of Client Cooperation	281
J. VERIFICATION	282
1. General Instructions for Verification	282
2. Verification of Age	282
3. Verification of Disability or Handicap	282
4. Verification of Income	283
5. Verification for Extra Benefits (MI/AA)	283

K.	ELIGIBILITY DETERMINATION SYSTEM	284
1.	The Declaration Process	284
2.	ES-TR-1 Application and Redetermination Form	284
3.	Client Notification	284
4.	ES-TR-7 Identification Card	284
L.	THE APPLICATION PROCESS	285
M.	INITIATION OF APPLICATION PROCESS	285
N.	THE FORMAL APPLICATION	285
O.	RESPONSIBILITIES OF THE ECONOMIC SERVICE WORKER IN PROCESSING APPLICATIONS	285
P.	SPECIAL PROCEDURES IN PROCESSING APPLICATIONS	287
Q.	THE REDETERMINATION PROCESS	287
1.	Completion of Redetermination	287
2.	Control of Redeterminations	288
3.	Relationship to Food Stamp Redetermination	289
4.	Procedure When the Redetermination is Incomplete	289
5.	Procedure When the ES-TR-1 is Not Returned	289
6.	Responsibilities of the Worker	289
R.	SPECIAL PROCEDURES IN PROCESSING REDETERMINATIONS	289
1.	More Than One TRIP Case in Home Due for Redetermination	289
2.	Case Transfer During Month of Redetermination	290
S.	THE CASE MAINTENANCE PROCESS	290
1.	Initiation of Case Maintenance	290
2.	Transfer of Cases	290
3.	Case Closures	290
T.	RESPONSIBILITY OF THE ECONOMIC SERVICE WORKER	291
U.	SPECIAL PROCEDURES IN THE CASE MAINTENANCE PROCESS	291
1.	Non-Receipt of Authorization Card	291
2.	Mail Issuance from County Office Not Received	292
3.	Lost Authorization Card	292
4.	Stolen Authorization Card and TRIP Tickets	292
5.	Lost TRIP Tickets	292
6.	Notification to Issuance Clerk	292
7.	Ineligibility for Mail Issuance	293
8.	Refund of Purchase Requirement	293

V.	EXTRA TRIP BENEFITS DUE TO SPECIAL CIERCUMSTANCES . . .	294
1.	Authorized Attendant (AA)	294
2.	Multiple Issuance (MI)	295
3.	Requirements for Eligibility	295
4.	Usage	296
5.	Procedures for Approval of Extra Benefits for AA/MI	296
6.	Accountability and Reporting of AA/MI Issuance . .	297
W.	THE TRIP DATA SYSTEM	298
19.11	INCOME CHART	299
APPENDIX A	EMERGENCY ASSISTANCE INCOME	A-1
APPENDIX B	WEST VIRGINIA COUNTIES SERVED BY AMERICAN ELECTRIC POWER	B-1
APPENDIX C	COUNTIES SERVED BY WEST VIRGINIA - AMERICAN WATER COMPANY	C-1
APPENDIX D	BORDER HOSPITALS	D-1