

1.3 APPLICATION FORMS

The forms listed below are used to make an application for SNAP, WV WORKS and Health Coverage Programs which include Medicaid, WV CHIP, and qualified health plans. Within the Medicaid Program, some coverage groups use special forms. No Program-specific instructions for completion or usage are described here. Refer to application procedures under each Program and coverage group.

A. DFA-2 and inROADS

The DFA-2 and the inROADS application serve these purposes:

- It is used for gathering client information. This data is used to determine eligibility and the need for other services offered by the Department.
- It is a fact sheet containing relevant information about the AG and other members of the household who are not included in the benefit.
- It serves as a legal document and may be used in any court case.

NOTE: See the inROADS User Guide.

1. DFA-2 Generated by eRAPIDS

The DFA-2 is generated by eRAPIDS after completion of the interactive interview and is the primary application form. Since this form is used for all 3 major Programs, denial of an application for one Program may lead to approval for another.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the DFA-2, Form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when an DFA-5 has been signed.

NOTE: Special forms need not be completed if a DFA-2 is completed for another Program or coverage group. However, when the client is only interested in applying for one of these programs, that special application is used as found below.

2. DFA-2 Shelf Document

When circumstances do not permit completion of the application process in eRAPIDS, the DFA-2 shelf document is used to make an application for most DFA Programs.

B. DFA-RR-1

The DFA-RR-1 is required each time a DFA-2 or DFA-5 is completed. The client must read, or have read to him, all the statements preceding his signature before signing the form. He must also indicate his understanding of, or agreement with, each statement by checking the appropriate block beside the statement.

The Worker must provide any explanation and information the client needs to understand the statements. After completing all applicable sections, the client signs the form. Failure to sign the form results in ineligibility.

NOTE: When a client checks “no” to an item, it does not result in immediate ineligibility. The client has to actually fail to comply with the requirement in order to result in ineligibility.

EXAMPLE: The client applying for SNAP benefits checks “no” to the statement concerning the requirement to cooperate with Quality Control. The AG is eligible and benefits are approved. QC selects the case for review in the second month. The client refuses to cooperate and, only then, is notice of closure sent.

NOTE: In all situations where case information is released to another organization or agency, the information must have form DFA-CI-1 attached to it.

NOTE: The rights and responsibilities are included with the inROADS application.

C. DFA-SNAP-1

The DFA-SNAP-1 is used for SNAP-only applications. No DFA-RR-1 is required. The inROADS application and DFA-2 are also used for this program.

Printing a DFA-2 after the interview is not required if a signed DFA-SNAP-1 is received.

D. DFA-QSQ-1

The DFA-QSQ-1 is used for QMB, SLIMB and QI-1 applications only. The form is self-explanatory. No DFA-RR-1 is required. When Low Income Subsidy (LIS) files are received from SSA, applicants who are not current Medicare Premium Assistance (MPA) recipients are issued a DFA-QSQ-1 through eRAPIDS. The inROADS application is also used for these coverage groups.

E. DFA-RFA-1

The DFA-RFA-1 may be used to protect the date of application for SNAP benefits, WV WORKS, Medicaid and Emergency Assistance. The form is considered complete when it contains, at a minimum, the applicant's name, address and signature. The DFA-RFA-1 may be used to screen for Expedited Service for SNAP benefits, but no action may be taken to approve or deny benefits for any program based on the information provided on the DFA-RFA-1. The DFA-RFA-1 should be used when the client is in the local office and time does not permit conducting an interview on the date the client wishes to apply for benefits. If the applicant does not follow through with the application requirements for the benefits requested, the correct action is withdrawal of the request in eRAPIDS. See appropriate program section for requested benefits.

When an application is requested by mail, the DFA-2 or other appropriate program application must be sent. The DFA-RFA-1 must not be mailed to the client.

F DFA-SLA-1 and DFA-SLA-2

The Single-Streamline Application allows individuals to apply with the Department by mail, phone, electronically, Marketplace, inROADS, or in person for all health coverage.

The DFA-SLA-1 and DFA-SLA-2 are the shelf documents used to apply for health coverage only. These applications collect information needed to determine eligibility on the basis of MAGI.

The DFA-SLA-1 is used for a family or when there is more than one individual in the household. The DFA-SLA-2 is used by a single individual.

NOTE: WV-KIDS-1 is no longer being used; however, if one is received in local office, a SLA-1 must be sent to the client and the KIDS-1 can be used to protect the date of application. The SLA-1 must be returned and processed for benefits to be issued if received within 30 days.

G. DFA-SLA-S1

The DFA-SLA-S1 is the supplement used in addition to the DFA-SLA-1 or DFA-SLA-2 to collect additional information required to determine eligibility on a basis other than MAGI.

The DFA-SLA-S1 is a supplement only and is not used as an application.

H. REAPPLICATIONS NOT REQUIRING A NEW FORM

NOTE: When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG must not be required to make an additional application for SNAP benefits. SNAP eligibility must be determined based on the information provided for the other programs.

Even though a new application form is not required, the client must indicate his interest in having the benefit reopened and provide information necessary to determine eligibility. The Worker must record such information in eRAPIDS Case Comments.

1. Medicaid and WV WORKS

Reapplications do not require completion of a new application form when all of the following conditions are met:

NOTE: AG's reopened without completion of an application form must remain in the same redetermination cycle in effect when the case was last closed.

For Medicaid AGs, when the last case action was a denial due solely to failure to meet spenddown within the application processing time limit, the POC and/or POE is backdated, if appropriate, based on the date the client requests reconsideration of his application.

- The reapplication occurs no later than the end of the second month following the month of the most recent AG closure.
- The AG was closed for reasons other than failure to complete a redetermination, and a redetermination was not due the effective month of closure.
- The AG, Needs Group and Income Group composition, income and other eligibility factors have not changed significantly.
- The category of relatedness (Medicaid) has not changed.
- The information provided by the client is not **questionable**.
- The latest application form contains the appropriate signatures.

NOTE: AFDC and SSI-Related Medicaid AG's which do not have a spenddown, but are closed due to a change in the AG's circumstances which results in a spenddown, are not required to reapply or complete an DFA-2 or DFA-MA-1 for the new POC which follows AG closure. See Section 2.16.

NOTE: When the latest application form is a DFA-SLA-1 or a DFA-QSQ-1, the AG may only be reopened for a Medicaid coverage group for which such forms are appropriate.

2. SNAP Benefits

A new application form may not be required when benefits are approved or reopened after the denial of an application and/or redetermination. See Section 1.4 for details and time limits.

When the client requests benefits following the denial of an application or redetermination beyond these time limits, a new application form and interview is required.

When benefits are closed due to a change in circumstance, other than a missed redetermination, and the client requests his benefit be reopened within the certification period, no new application form is required when the client has not missed an issuance. When no issuance has been missed, the AG remains in the original certification period.

If the AG has missed an issuance and is not eligible for reinstatement of benefits, a new application form and interview is required. If the application is approved, the AG will be assigned a new certification period.

EXAMPLE: An application is made on June 10th and a DFA-6 is issued with a due date of June 20th. The client does not provide the requested verification and the application is denied. On July 20th, the client provides the information and the Worker is able to determine eligibility for the AG. Benefits are approved as of July 20th and no new application form is required.

EXAMPLE: Same example as above, except that the requested verification is not returned until August 20th. The benefit may not be approved until the client completes a new application and interview.

EXAMPLE: A client reports the start of a new job on July 1st. A DFA-6 is issued with a due date of July 10th. The client does not provide the requested information by that date and the benefit is closed effective July 31st. On July 30th the client provides the requested information and benefits are reopened effective August 1st. No new application form or interview is required. The AG remains in the original certification period.

EXAMPLE: Same example as above except that the information is not returned until August 5th. Benefits may not be approved until the client completes a new application and interview. The AG will be assigned a new certification period if the application is approved.

I. ADDITION OF ANOTHER BENEFIT TO AN ACTIVE CASE WHEN NEW APPLICATION FORM IS NOT REQUIRED

When a member of the SNAP AG applies for WV WORKS or Medicaid, or when an active WV WORKS or Medicaid AG member applies for SNAP benefits, a new application form is not required when all of the following conditions are met:

- The latest application or redetermination for the existing Program or coverage group was completed using a DFA-2 or inROADS application.
- Sufficient information about eligibility requirements for the new Program or coverage group is on the latest DFA-2 or inROADS application.
- Verification required for the new Program or coverage group is contained in or recorded in eRAPIDS or the case record.
- The DFA-2 or inROADS application contains the signatures required for the new Program or coverage group.
- Program sections on the DFA-RR-1 were previously completed.

NOTE: A recording must justify the lack of a DFA-2 or inROADS application.

EXAMPLE: A WV WORKS recipient does not receive SNAP benefits at the time of approval in November. In January, she decides to apply for SNAP benefits. In checking the case record, the Worker finds that the DFA-2 mentions that there are two of her adult nephews in the home, but that information about them was not collected, since it was not needed for the WV WORKS application. Since the food is purchased and prepared for everybody together, the nephews are required to be included in the same SNAP AG. Since the latest DFA-2 does not reflect any information about the nephews, a new DFA-2 is required for the SNAP application.

EXAMPLE: An AFDC-Related Medicaid client applies for SNAP benefits after receiving Medicaid only for several months. The DFA-RR-1 section dealing exclusively with the SNAP Program was not previously completed. A new DFA-2 and DFA-RR-1 are required.

NOTE: At redetermination for one Program or coverage group, the client may want to apply for an additional benefit. If so, the same DFA-2 or inROADS application is used as an application for the new benefit and a redetermination for the active AG, regardless of the Program or coverage group.