

1.1 INTRODUCTION

This Chapter describes the application and redetermination processes for the Supplemental Nutrition Assistance Program (SNAP - formerly known as the Food Stamp Program), WV WORKS and all Medicaid coverage groups, except those related to long-term care. See Chapter 17. Also included is specific information about each benefit.

NOTE: Health Coverage Only – The applicant may designate a representative to act on their behalf. Such a designation must be in writing and include the applicant's signature. This also pertains to court orders and power of attorney. The power to act as an authorized representative is valid until the applicant or beneficiary modifies the authorization to the Department. The authorized representative is responsible to the same extent as the client being represented. This includes responsibility of confidentially or any information regarding the client provided by the agency and agree to the terms of the Rights and Responsibilities with respect to the appropriate program.

General requirements that are not specific to any Program or coverage group are included together. The general section is followed by a section describing all of the Department's application forms. Policies and procedures specific to each Program or coverage group are also included.

Data entry instructions for all programs are in the eRAPIDS User Guide.