

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 17, 1985

All-County Letter No. 85-126

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP FORM: THE DFA 285-A2 APPLICATION FOR
FOOD STAMPS - PART 2 (12/85)

REFERENCE: ALL-COUNTY LETTER NO. 85-47, DATED APRIL 24, 1985, AND
ERRATA TO ALL-COUNTY LETTER NO. 85-47, DATED MAY 16, 1985

This letter advises you of a revision to the first page of the DFA 285-A2.
This letter also transmits:

- o Advance copies of the revised first page only of the English and Spanish versions of the DFA 285-A2 (12/85) - Attachment A.
- o An outline of the changes from the prior (6/85) version - Attachment B.
- o Revised form instructions for remaining (6/85) stock - Attachment C.
- o Revised form instructions for (12/85) stock - Attachment D.

Implementation

The DFA 285-A2 (12/85) does not obsolete the (6/85) version; therefore, all County Welfare Departments (CWDs) may continue using (6/85) stock until that stock is depleted.

DFA 285-A2 Forms Instructions

1. Until the county implements the (12/85) version of the DFA 285-A2, the county shall continue using the (6/85) Handbook forms instructions issued in All-County Letter (ACL) No. 85-45, dated April 24, 1985. However, the county shall replace the attachment to the Errata to ACL No. 85-47, dated May 16, 1985 with Attachment C, which supplements the narrative with information about changes in the Work Exemption Codes, effective September 1, 1985. NOTE: As long as the correct determination of work registration exemption is made by the CWD, no error will be charged for the annotation of an incorrect code on the form.

2. Attachment D contains forms instructions for the DFA 285-A2 (12/85), which address key areas and supplement the Food Stamp Manual and individual County Handbooks, and replace the instructions for the (6/85) version outlined in #1 above, effective with the county's implementation of the (12/85) version.
3. Vertical lines identify changes or additions to the forms instructions.

Printing County Forms

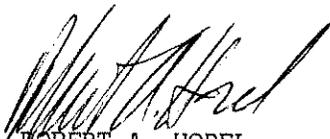
Those CWDs printing their own stock should contact Ms. Elizabeth Allred, Food Stamp Coordinator, 744 P Street, M.S. 15-52, Sacramento, CA 95814, (916) 445-6907, for copies of the English and Spanish versions of DFA 285-A2 (12/85) that may be used as masters. Those counties requiring translations of the DFA 285-A2 (12/85) in languages other than Spanish should contact Ms. Jeanne Rodriguez, Manager, Language Services Unit, at (916) 323-9562.

Ordering

Orders for the English and Spanish versions of the DFA 285-A2 (12/85) should be submitted on the GEN 727B, County Forms Order, according to normal procedures. The DSS Warehouse will start shipping orders when the current (6/85) stock is depleted.

Should you have any questions, please contact Ms. Elizabeth Allred at 744 P Street, M.S. 15-52, Sacramento, CA 95814, (916) 445-6907.

Sincerely,



ROBERT A. HOREL
Deputy Director
Welfare Program Operations

Attachments

cc: CWDA

APPLICATION FOR FOOD STAMPS - PART 2

IMPORTANT: SEE PAGE 5 FOR INFORMATION CONCERNING YOUR RIGHTS AND RESPONSIBILITIES.

INSTRUCTIONS: Please complete the following questions in ink. Answer the questions honestly and completely. You may complete this form at home and mail it or bring it to the Food Stamp Office. Another member of your household or an adult who knows you may complete and return it to us. If it is completed by an adult who is not a member of your household, attach a written authorization signed by the head of household or another household member. **IF YOU NEED MORE SPACE, ATTACH ANOTHER SHEET OF PAPER.**

| COUNTY USE ONLY | |
|---|--|
| CASE NUMBER | |
| WORKER | DATE RECEIVED |
| <input type="checkbox"/> NEW APPLICATION | EXPEDITED SERVICE |
| <input type="checkbox"/> RECERTIFICATION | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOCUMENTATION GUIDELINES Identity, residency, SSN, alien status, 60 or over, disabled | |

1 NAME (HEAD OF HOUSEHOLD)

ADDRESS: NUMBER, STREET, ROUTE NUMBER CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

2 A. Has anyone living in the home received food stamps this month or the previous month? IF YES, WHERE? YES NO

B. Have you or anyone in your home been found to have committed Intentional Program Violation or signed either a waiver of right to an administrative disqualification hearing or a disqualification consent agreement? YES NO

3 Provide the following information on each person living in the home, including yourself. You must list all people in the home whether or not they want food stamps. For each person who is not a citizen, you must provide verification of alien status. (Any non-citizen who does not show proof of eligible alien status will not be eligible for food stamps.)

| | | |
|-----------------------------------|------------|--|
| 1. NAME (HEAD OF HOUSEHOLD) | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |
| 3. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |
| 4. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |
| 5. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |
| 6. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |
| 7. NAME | BIRTHDATE | U.S. CITIZEN |
| SOCIAL SECURITY NUMBER * | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | CIRCLE SEX | |
| | M F | |

Work Registration Information or Non-Household Member Code

- Work Exemption Codes (63-407.21)**
- a. Under 18/60 or older
 - b. Mentally/physically disabled
 - c. WIN registered
 - d. Cares for child under 6 or incapacitated person
 - e. UIB registered
 - f. Participant in drug/alcohol program
 - g. 30 hour week/min. x 30
 - h. Meets eligible student criteria
 - i. GA, non-WIN PA, or Refugee Resettlement Program registered
 - DFA 285-C

- Non-Household/Excluded Member Codes (63-402)**
- 1. Separate household (.12, .13) (Purchase/prepare)
 - 2. Separate Household (.15) (Elderly/disabled)
 - 3. Roomer (.211)(must be listed in 12).
 - 4. Live-in attendant (.212)
 - 5. SSI/SSP recipient (.213)
 - 6. Ineligible student (.214)
 - 7. Other (.215) (Shared living quarters)
 - 8. Ineligible alien (.221)
 - 9. Boarder (.3)(must be listed in 12).
 - 10. SSN disqualified (.222)
 - 11. IPV disqualified (.223)
 - 12. Workfare sanctioned (.224)
 - 13. Questionable citizenship (403.312)

4 Does anyone purchase and prepare meals separately from others in the home? YES NO
IF YES, WHO? WHEN?

5 Is anyone currently on strike? YES NO
IF YES, WHO?

6 Has anyone become unemployed in the last 60 days? YES NO
IF YES, WHO? WHEN?

7 Has anyone sold, traded, or given away anything of value in the last 3 months? YES NO
IF YES, EXPLAIN WHO AND WHAT:

Date household member went on strike: _____

Vol. Quit: Yes No

Household Size: _____

* Any person that does not provide a social security number will be disqualified from receiving food stamps. Disclosure of a Social Security Number (SSN) is required by the Food Stamp Act of 1977, as amended by Public Law 97-98, for each food stamp household member. These SSNs will be used to check identity, prevent duplicate participation and to make changes. The SSNs and any other information provided, will also be used in computer matching and program reviews or audits to ensure issuance of benefits to eligible individuals participating in the Food Stamp Program or other federal assistance programs; such as: school lunch, Cash Aid or Medi-Cal. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

SOLICITUD DE ESTAMPILLAS PARA COMIDA -- PARTE 2

IMPORTANTE: VEA LA PÁGINA 5, LA CUAL CONTIENE INFORMACIÓN RESPECTO A SUS DERECHOS Y RESPONSABILIDADES.

INSTRUCCIONES: Por favor conteste las siguientes preguntas con tinta. Conteste las preguntas honesta y completamente. Puede completar esta forma en su casa y enviarla por correo o traerla a la Oficina de Estampillas para Comida. Otro miembro de su hogar o un adulto que le conozca puede completarla y devolvérsela. Si es completada por un adulto que no sea miembro de su hogar, adjunte una autorización escrita firmada por el/la jefe de familia u otro miembro del hogar. **SI NECESITA MÁS ESPACIO, POR FAVOR ADJUNTE OTRA HOJA.**

| SÓLO PARA USO DEL CONDADO | |
|--|--|
| CASE NUMBER | |
| WORKER | DATE RECEIVED |
| <input type="checkbox"/> NEW APPLICATION | EXPEDITED SERVICE |
| <input type="checkbox"/> RECERTIFICATION | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOCUMENTATION GUIDELINES Identity, residency, SSN, alien status, 60 or over, disabled | |

1 NOMBRE (JEFE DE FAMILIA): _____

DOMICILIO: NÚMERO, CALLE, NO. DE RUTA _____ CIUDAD _____ ESTADO _____ ZONA POSTAL _____

DIRECCIÓN DE CORREO (SI ES DIFERENTE) _____

2 A. ¿Ha recibido alguien que viva en el hogar estampillas para comida durante este mes o el mes anterior? SÍ NO
SI ES ASÍ, ¿DÓNDE? _____

B. ¿Se ha determinado que usted o cualquier otra persona en su hogar ha cometido una Violación Intencional del Programa o ha firmado una renuncia al derecho a una audiencia administrativa de descalificación o a un acuerdo de consentimiento para descalificación? SÍ NO

3 Proporcione la siguiente información respecto a cada persona que viva en el hogar, incluyéndose a sí mismo. Debe anotar a todas las personas que vivan en el hogar, sin importar si quieren estampillas para comida. Debe proporcionar verificación del estado legal de cada persona que no sea ciudadana. (Cualquier persona que no sea ciudadana, que no muestre comprobante de que su estado legal como extranjera la califica, no será elegible para estampillas para comida.)

| | | |
|-----------------------------|------------------------------------|---|
| 1. NOMBRE (JEFE DE FAMILIA) | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | | <input type="checkbox"/> SÍ <input type="checkbox"/> NO |
| 2. NOMBRE | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | RELACIÓN CON EL/LA JEFE DE FAMILIA | MARQUE CON UN CÍRCULO CUAL SEXO M F |
| 3. NOMBRE | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | RELACIÓN CON EL/LA JEFE DE FAMILIA | MARQUE CON UN CÍRCULO CUAL SEXO M F |
| 4. NOMBRE | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | RELACIÓN CON EL/LA JEFE DE FAMILIA | MARQUE CON UN CÍRCULO CUAL SEXO M F |
| 5. NOMBRE | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | RELACIÓN CON EL/LA JEFE DE FAMILIA | MARQUE CON UN CÍRCULO CUAL SEXO M F |
| 6. NOMBRE | FECHA DE NACIMIENTO | CIUDADANO DE LOS E.U. |
| NO. DE SEGURO SOCIAL* | RELACIÓN CON EL/LA JEFE DE FAMILIA | MARQUE CON UN CÍRCULO CUAL SEXO M F |

Work Registration Information or Non-Household Member Code

- Work Exemption Codes (63-407.21)**
- a. Under 18/60 or older
 - b. Mentally/physically disabled
 - c. Win registered
 - d. Cares for child under 6 or incapacitated person
 - e. UIB registered
 - f. Participant in drug/alcohol program
 - g. 30 hour week/min. + 30
 - h. Meets eligible student criteria
 - i. GA, non-WIN PA, or Refugee Resettlement Program registered
 - DFA 285-C

- Non-Household/Excluded Member Codes (63-402)**
- 1. Separate household (.12, .13) (Purchase/prepare)
 - 2. Separate Household (.15) (Elderly/disabled)
 - 3. Roomer (.211)(must be listed in .12)
 - 4. Live-in attendant (.212)
 - 5. SSI/SSP recipient (.213)
 - 6. Ineligible student (.214)
 - 7. Other (.215) (Shared living quarters)
 - 8. Ineligible alien (.221)
 - 9. Boarder (.3)(must be listed in .12)
 - 10. SSN disqualified (.222)
 - 11. IPV disqualified (.223)
 - 12. Workfare sanctioned (.224)
 - 13. Questionable citizenship (403.312)

4 ¿Hay alguien que compre y prepare comidas aparte de las demás personas en el hogar? SÍ NO
SI ES ASÍ, ¿QUIÉN? _____ ¿CUÁNDO? _____

5 ¿Hay alguien que actualmente esté en huelga? SÍ NO
SI ES ASÍ, ¿QUIÉN? _____

6 ¿Hay alguien que se haya quedado sin empleo en los últimos 60 días? SÍ NO
SI ES ASÍ, ¿QUIÉN? _____ ¿CUÁNDO? _____

7 ¿Hay alguien que haya vendido, cambiado, o dado cualquier cosa de valor en los últimos 3 meses? SÍ NO
SI ES ASÍ, EXPLIQUE QUIÉN Y QUÉ _____

Date household member went on strike: _____

Vol. Quit: Yes No

Household Size: _____

*Se descalificará del programa de estampillas para comida a cualquier persona que no proporcione su número de seguro social. El Acta de Estampillas para Comida de 1977, según enmienda de la Ley Pública 97-98, requiere el número de seguro social (SSN) de cada miembro del hogar para efectos de estampillas para comida. Estos números de seguro social van a usarse para comprobar su identidad, para prevenir duplicación, y para hacer cambios. Los números de seguro social y cualquier otra información proporcionada también van a usarse en cotejo por computadora y revisiones o auditorías de programas para asegurar que los beneficios se expidan a personas elegibles que participen en el Programa de Estampillas para Comida u otros programas de asistencia federal, tales como: almuerzos escolares, Asistencia Monetaria o Medi-Cal. La participación fraudulenta en el Programa de Estampillas para Comida puede causar prosecución criminal o civil o demandas administrativas.

DFA 285-A2, Application for Food Stamps - Part 2 (12/85)

The DFA 285-A2 is Part 2 of the food stamp application form completed by all households when first applying for food stamps and at recertification. Part 2 is used to gather information to determine the household's eligibility for food stamps. The application also contains information for the household concerning hearing rights, reporting responsibilities, the penalty warnings, and the certification. In addition the application informs the household that repayment of benefits is required for any overissuance of benefits which occurred from the reporting of incorrect or incomplete information.

The Application for Food Stamps - Part 2 contains the following changes, which are limited to the first page:

1. The County Use Only Section is revised as follows:
 - o Work exemption codes now parallel those in the regulation Section 63-407.21a-i, effective September 1, 1985.
 - o d is revised to "Cares for child under 6..."
 - o e is deleted and
 - o f to j are lettered e to i.
2. Question 4 revises the narrative to: "Does anyone purchase and prepare meals..."
3. Question 6 is revised to request unemployment information during the last 60 days. This change corrects the typographical error on the prior revision.

DFA 285-A2 (6/85)

FORM INSTRUCTIONS
(For the Eligibility Worker)

APPLICATION FOR FOOD STAMPS - PART 2

Purpose:

The DFA 285-A2 is Part 2 of the food stamp application form completed by all households when first applying for food stamps and at recertification.

Part 2 is used to gather information to determine the household's eligibility for food stamps. The application also contains information for the household concerning hearing rights, reporting responsibilities, the penalty warnings and the certification section.

Preparation:

| Question | Manual Section | Information Requested | EW Action |
|-----------------|--|-----------------------|--|
| County Use Only | 63-300.1 63-300.5 63-402.1 63-402.2 63-402.3 63-403.312 63-407 | N/A | Complete requested information. Date received is the date Part 2 is received in the appropriate office. Check box if application is new or recertification, and check appropriate box if applicant is eligible for expedited service. Follow verification requirements for the type of application process appropriate to the applicant. |

The county-use section of Question (3) is to be used as a summary of household composition completed at the end of the interview. In the space provided, enter the appropriate code or date for all persons listed in Question (3). *For all household members exempted from work registration, enter the work exemption code. For all other household members, note the date that each member registers for work. Enter the nonhousehold or excluded member code for all persons not determined to be household members.

- *NOTE: (1) Typographical errors occur at Work Exemption Codes "b" and "c" on the Spanish version only. The codes should read: "b. Mentally/physically disabled" and "c. WIN registered." Document the folder to clearly show which exemption applies.
- (2) Effective September 1, 1985, Work Exemption Codes were revised as follows: "d." was revised to "...under 6...". "e" was deleted entirely and "f" to "j" were relettered to "e" to "i". These changes affect English and all foreign language versions of the DFA 285-A2 (6/85).

DFA 285-A2 (12/85)

| Question | Manual Section | Information Requested | EW Action |
|----------|----------------|-----------------------|-----------|
|----------|----------------|-----------------------|-----------|

DFA 285-A2 (12/85)

FORM INSTRUCTIONS
(For the Eligibility Worker)

APPLICATION FOR FOOD STAMPS - PART 2

Purpose:

The DFA 285-A2 is Part 2 of the food stamp application form completed by all households when first applying for food stamps and at recertification.

Part 2 is used to gather information to determine the household's eligibility for food stamps. The application also contains information for the household concerning hearing rights, reporting responsibilities, the penalty warnings and the certification section.

Preparation:

| Question | Manual Section | Information Requested | EW Action |
|-----------------|--|-----------------------|--|
| County Use Only | 63-300.1 63-300.5 63-402.1 63-402.2 63-402.3 63-403.312 63-407 | N/A | Complete requested information. Date received is the date Part 2 is received in the appropriate office. Check box if application is new or recertification, and check appropriate box if applicant is eligible for expedited service. Follow verification requirements for the type of application process appropriate to the applicant. |

The county-use section of Question (3) is to be used as a summary of household composition completed at the end of the interview. In the space provided, enter the appropriate code or date for all persons listed in Question (3). For all work registration, enter the appropriate work exemption code. For all other household members, note the date that each member registers for work. Enter the nonhousehold or excluded member code for all persons not determined to be household members.

| Question | Manual Section | Information Requested | EW Action |
|----------|--|--------------------------------------|--|
| | | | Enter number of persons to be included in the household as the Household Size. |
| 1. | 63-300.513 63-300.515 63-401 63-402.5 | Head of Household's Name and Address | Verify the applicant's identity and residency in the county. When an authorized representative applies on behalf of a household, the identity of both the authorized representative and the head of household shall be verified. |
| 2A. | 63-102 i. 63-503.13 | Previous Participation | Determine if first-month benefits should be prorated and if any individual is participating in an existing certified household. Determine appropriate budgeting method, either prospective or retrospective. |
| 2B. | 63-805.11 63-805.12 20-300.31 | Disqualification Status | <p>If checked yes, determine name(s) of individual(s) disqualified. Annotate method of IPV disqualification, number of months of disqualification and type of documentation obtained. Count all income and resources of this individual (s) as available to the household.</p> <p>Do not include in the household any individual(s) currently disqualified from the Food Stamp Program.</p> <p>Note: If checked yes, CWD's shall refer to the food stamp disqualification file to determine eligibility of Food Stamp Program applicants prior to certification and to determine the appropriate penalty to impose based on past disqualification in the case under consideration.</p> |

| Question | Manual Section | Information Requested | EW Action |
|----------|--|-----------------------|---|
| 3. | 63-402.2 63-402.7 63-404 63-503.442 | Household Composition | SSN - Do not include in the household any individual refusing to comply with the Social Security Number requirements. (Note exception for expedited service.) |
| | 63-300.4 63-300.512 63-300.532 63-403 63-403.4 63-503.442 | | <p>Note: Once the worker clearly determines that an individual is unable or unwilling to provide verification of their social security number, instruct the applicant that the CWD will not continue efforts to obtain verification or other information on that individual except that all resources and a portion of the income of this individual counts to the household.</p> <p>Alienage/Citizenship - Note if any individual is an alien and document the type of verification provided to determine the alien's eligible status. Do not include in the household any individual who is unable to provide acceptable documentation of alien status. Note if a CA-6 was completed by the household and sent to INS.</p> <p>Do not include in the household any individual whose U.S. citizenship is questionable and verification is not provided.</p> |

| Question | Manual Section | Information Requested | EW Action |
|---------------|--|--|---|
| 3. (cont.) | 63-102 e. 63-409.112 63-502.332 63-502.35 63-503.3 | If the worker discovers that an individual is under an order of deportation, the CWD is required to inform the local INS office. | <p>Note: Once the worker clearly determines that an individual is unable or unwilling to provide verification of their alien status, that individual shall be classified as an ineligible alien. Instruct the applicant that the CWD will not continue efforts to obtain such documentation or other status information on that individual except that all resources and a portion of the income of this individual counts toward the household.</p> <p>Sixty/Disabled - Note if any household member is age 60 or older, or will become age 60 in the month of application, or is receiving disability or blindness payments under Title II of the Social Security Act, and document that a DFA 285-C was given to the household. Household is entitled to allowable medical deductions and excess shelter costs. Also, use the net income eligibility test for any household with such an elderly or disabled member.</p> |

| Question | Manual Section | Information Requested | EW Action |
|---------------|--|---------------------------------------|--|
| 3. (Cont.) | 63-300.4 63-402.1 63-402.2 63-402.3 63-403.312 | | <p>Relationship - Identify the ages and relationships of all persons listed in Question (3) to determine eligibility as a household member. The application provides only a key to the relationships of individuals in the home and the subject should be pursued to the extent necessary in the interview to determine correct household composition.</p> <p>Note: Information is required on all persons living in the home in order to determine who should be considered a household member and if there excluded members whose income and resources should be considered available to the household. Once the worker clearly determines that an individual does not fall into either of these categories, collection of information on this individual cannot be further pursued.</p> |
| 4. | 63-300.531 63-402.1 63-402.215 | Purchase and Prepare Separately | <p>If checked yes, determine if the individual(s) meets the criteria for separate household. Document accordingly in county-use section.</p> |
| 5. | 63-402.9 | Strikers | <p>If checked yes, determine if the individual meets the definition of a striker. If the individual is a striker, enter date household member went on strike. Two separate eligibility determinations must be made: One based on circumstances immediately prior to involvement in the strike action, and one based on current circumstances.</p> |

| Question | Manual Section | Information Requested | EW Action |
|----------|---|--|---|
| 6. | 63-408 | Voluntary Quit | <p>If checked yes, determine the date the individual last worked (to establish the date of voluntary quit) and if the action meets criteria for voluntary quit. Check the applicable box in county-use section. Apply the 90 day disqualification period beginning with the date of application.</p> <p>If the disqualification period has not expired, deny the application.</p> <p>If the application is filed during the second month of disqualification, the CWD shall use the same application for certification for any subsequent month(s) if all other eligibility criteria are met.</p> |
| 7. | 63-501.6 | Transfer of Resources | <p>Determine if program eligibility is affected by any resource transfer. If yes, deny the application and disqualify the household for the appropriate number of months.</p> |
| 8. | 63-402.8 | Food Distribution Program | <p>If checked yes, verification of participation in the Food Distribution Program (FDP) is necessary as no household shall be allowed to participate simultaneously in the Food Stamp Program and an FDP operated by an Indian reservation. If participation is confirmed in the FDP, the application for the Food Stamp Program must be denied.</p> |
| 9. | 63-102 e. 63-409.112 63-502.3 63-503.3 | Disabled Veterans/ Surviving Spouses/ Children | <p>If checked yes, determine if the individual meets definition of disabled person and document that a DFA 285-C was given to the household. Household is entitled to excess shelter costs and allowable medical deduction. Also, use the net income eligibility test for any household with an elderly or disabled member.</p> |

| Question | Manual Section | Information Requested | EW Action |
|----------|---|---------------------------|--|
| 10. | 63-102 e. 63-300.531 63-402.15 | Separate Household Status | If separate household status is requested, document request in county-use section. Determine if individual(s) requesting separate household status qualify because of (1) a permanently disabled individual's inability to purchase and prepare meals separately or (2) shared living quarters with separate food purchase and meal preparation. |
| 11. | 63-402.214 63-406 | Students | If checked yes, apply student eligibility criteria to determine eligibility as a household member. Check applicable box in county-use section. |
| 12. | 63-402.1 63-402.134 63-402.211 63-402.3 | Roomers and Boarders | Check the status of each person listed here to determine if he/she meets the definition of a roomer, boarder, or household member. Boarders are ineligible to participate as separate households and may participate as a household member only if requested by the household. Roomers must be separate households. Document status in county-use section. |
| 13. | 63-102 g. 63-102 s. 63-402.4 63-402.6 63-503.46 63-503.47 63-503.48 | Residents of Institutions | Determine if eligible institution. Check applicable box in county-use section. Note: Residents of drug or alcoholic treatment centers must apply through an authorized representative who must be an employee of and designated by the institution administering the treatment/rehabilitation program. |

| Question | Manual Section | Information Requested | EW Action |
|----------|---|--|--|
| 14. | 63-102 s. 63-300.518 63-403 63-503.49 | Sponsored Aliens | If checked yes, determine if individual(s) is subject to sponsored alien provisions. Document that a CA 22 was given to the sponsored alien in order to obtain necessary information about sponsor to determine the alien's eligibility and benefit level. |
| 15A. | 63-501.1 63-501.2 63-501.3 63-501.4 63-501.7 63-501.9 63-503.44 63-503.45 63-503.46 | Resources (Households not classified as Public Assistance (PA) only) | Document resources, making appropriate exclusions. Check, if exempt, in the box provided. |
| 15B. | 63-501.51 63-501.52 | Motor Vehicles (Households not classified as PA household only) | Evaluate vehicles for resource exemption. Enter in the space provided the source used for determining vehicle valuation. Document valuation in county-use Section A. For all nonexempt vehicles, compute values in Section B. In the space provided, identify vehicle by entering the appropriate number. Note: Sections 15A and 15B must be completed by the applicant unless everyone in the household is a current AFDC recipient. |
| | 63-409.12 63-501.3 63-501.8 | Resource Eligibility Test (Households not classified as PA households only) | Enter in the space provided the total amount of resources. Determine if resources exceed Maximum Resource Standard. Check applicable box. Households in which all members receive AFDC are automatically food stamp resource eligible. If resources exceed standard for households in which all members do not receive AFDC, deny application. |

| Question | Manual Section | Information Requested | EW Action |
|----------|---|-----------------------|--|
| 16.A | 63-300.511 63-402.92 63-402.93 63-502.1 63-502.2 63-503.212 63-503.22 63-503.23 63-503.24 63-503.4 | Wages | For each source of earned income, check if exempt in the box provided. Also for each source, note the date and amount of pay stubs viewed. Document in the county-use section whether or not income is considered anticipated or from a terminated source for purposes of the budget calculation. Note: Enter the greater of either the striker's prestrike earnings (as they were one day prior to participation in the strike) or anticipated income (for example, strike benefits and temporary employment during the strike). |
| 16B. | 63-300.511 63-502.1 63-502.2 63-503.41 63-503.42 | Self-employment | Compute earned income from self-employment using cost and income information provided by the household and at time of recertification, any cost and income information available in the case file. |
| 16C. | 63-300.511 63-502.1 63-502.2 63-503.212 63-503.22 63-503.23 63-503.24 63-503.4 | Other Income | Check that each income source is checked yes or no. For all yes answers, check that all other information is provided. In the space provided, check any income amount which is exempt. Document verification of gross non-exempt income in the county-use section. Document in the county-use section whether or not income is considered anticipated or from a terminated source for purposes of the budget calculation. |

| Question | Manual Section | Information Requested | EW Action |
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| County Use Only | 63-409.11 63-502.1(a) 63-503.212 63-503.32 63-1101.6 | Gross Income Test/Gross Income Eligibility Status | If applicable to the household, total all nonexempt income and compare to the current Maximum Gross Monthly Income Eligibility Standards. Check appropriate box. If gross income exceeds standard, deny application. |
| County Use Only | 63-402.15 | Separate Household Income Test/Eligibility for Separate Household | Determine if any household with an elderly and permanently disabled individual meets the separate household income test. Check appropriate box, Yes or No, for entitlement to separate household status. |
| 17. | 63-300.52 63-502.34 63-503.25 | Dependent Care | If checked yes, determine if the household is eligible for a dependent care income deduction. Use the actual dependent care expense up to the current maximum as an income deduction. |
| 18. | 63-300.516 63-502.35 63-503.25 | Housing Costs | If household has housing expenses, calculate allowable costs. Document in county-use section verification of all housing costs. Enter in the space provided total allowable housing costs. |
| 19. | 63-300.516 63-502.353 63-502.36 63-503.25 | Utilities | Check that each listed utility is checked yes or no. Document in the county-use section verification of client utilities. If the household is billed separately for heating and cooling costs the household may elect actual or Standard Utility Allowance (SUA). In the county-use section check household's choice (actual or SUA). A household is entitled to the standard telephone deduction if it is billed separately for a telephone and is not entitled to the SUA. |

| Question | Manual Section | Information Requested | EW Action |
|----------------|---|--|--|
| 19. (Cont.) | | | Enter in the space provided total utility costs to be used in the budget. |
| 20. | 63-502.2 63-502.36 63-503.25 | Vendor Payments/ Shared Living Expenses | If checked yes, determine if any such payments should be excluded from the household income. Determine if housing and/or utility costs should be prorated. Check the appropriate box to indicate if the SUA is prorated. |
| 21. | 63-102 m. 63-505.21 63-505.221 | Migrant Farmworkers | If checked yes, determine if individual(s) meet(s) definition of migrant farmworker(s). Determine if household is exempt from retrospective budgeting. Document in county-use section. |
| 22. | | Ethnic Origin and Primary Language | Circle appropriate code in the county use section for ethnic origin and primary language. |
| 23. | 63-102 c. 63-102 m. 63-504.712 63-504.72 | Prepared Meals | Determine if any household member is eligible to receive delivered meals or to use a communal dining facility. Mark the household identification (ID) card accordingly. |
| 24. | 63-300.513 63-402.6 63-402.62 63-402.64 63-504.71 63-504.711 | Authorized Representative | If the household designates an authorized representative verify that he/she meets authorized representative eligibility requirements. Include the name of the authorized representative on the household identification (ID) card. |
| | 63-300.4 63-300.41 63-505.1 63-505.2 63-505.3 63-505.4 63-505.5 | Rights and Responsibilities | Explain the household's rights and responsibilities. Check the box for the reporting responsibilities applicable to the household; that is, if the household will be monthly reporting or nonmonthly reporting. |

| Question | Manual Section | Information Requested | EW Action |
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| 24. (Cont.) | 63-402.611 63-503.476 63-505.1 63-805.1 | Penalty Warning/ Certification | Have the applicant/recipient read these sections (or read them to him/her). Check that both copies of page 5 of the application contain all required signatures and dates. Give the second copy of page 5 to the household. |