

FOOD STAMP APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

CASE NAME	CASE NUMBER	SCREENED BY	DATE APPLICATION FILED	MONTH	DAY	YEAR
			DATE OF SCREENING	MONTH	DAY	YEAR

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing, using the front of this form, on the day of application.
2. State results of screening in Part Four; and if qualified for expedited application processing, conduct a Full Eligibility Interview and complete Part Five (on reverse) within five calendar days of application.
3. If Full Eligibility Interview determines Household eligible for Food Stamp Benefits:
 - Make benefits available to client within five calendar days after the date of application.
 - Send/Provide client with the CNS "Approval Notice" or manual "Action Taken Notice" within five calendar days after the application date.
 - Follow-up on all pended verification before issuance of on-going benefits beyond the initial expedited issuance period.
 - Determine if Household qualifies for Working Families Food Stamp Initiative (WFFSI).

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING FOOD STAMP BENEFITS THIS MONTH?
NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO.

YES IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

NO IF NO, CONTINUE WITH PART TWO.

PART TWO – CHECK YES OR NO

** In determining GROSS INCOME, exclude non-countable income such as child support payments made to a person outside the household.

SECTION A	<i>CHECK YES OR NO</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND	IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <u>COMPLETE PART FOUR.</u>	IF NO, CONTINUE WITH SECTION B.
	HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION B	ARE HOUSEHOLD'S TOTAL GROSS INCOME ** DURING MONTH OF APPLICATION PLUS THE HOUSEHOLD'S LIQUID RESOURCES LESS THAN THEIR MONTHLY RENT/MORTGAGE PLUS UTILITY EXPENSES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Rent/Mortgage: \$ _____ Income: \$ _____	IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <u>COMPLETE PART FOUR.</u>	IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING <u>UNLESS QUALIFIED UNDER PART THREE.</u>
	*Heat/AC: _____ Resources: _____		<u>GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR.</u>
	*Utilities: _____		
	*Telephone: _____		
	Total Expenses: \$ _____ Totals: _____		

* Use HT/AC Standard Utility Allowance (SUA) if household incurs costs, received HEAP this year, or anticipates receipt of HEAP.

PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?
 AND

YES **NO**

IF NO, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING. COMPLETE PART FOUR.

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:

(1) WAS TERMINATED BEFORE APPLICATION? **YES** **NO CONTINUE WITH B2.**

OR

(2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION? **YES** **NO**

IF YES TO QUESTION A, AND YES TO EITHER QUESTION B1 OR QUESTION B2, HOUSEHOLD **QUALIFIES** FOR EXPEDITED PROCESSING, IF NO TO BOTH B1 & B2 HH DOES **NOT QUALIFY**, COMPLETE PART FOUR IN EITHER SITUATION.

PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE

<input type="checkbox"/> QUALIFIED FOR EXPEDITED APPLICATION PROCESSING. CONDUCT A FULL ELIGIBILITY INTERVIEW AND COMPLETE PART FIVE – VERIFICATION, DISPOSITION AND DATE OF INTERVIEW (ON REVERSE).	<input type="checkbox"/> NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING.
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NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A, B AND C

VERIFICATION - CHECK YES OR NO

SECTION A	<p>1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED.</p> <p>2. HAS HOUSEHOLD RECEIVED EXPEDITED PROCESSING OF FOOD STAMP BENEFITS IN THE PAST?</p> <p>3. IF YES TO QUESTION 2, HAS ALL PREVIOUSLY PENDED VERIFICATION ALREADY BEEN SUBMITTED, OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING FOOD STAMP BENEFITS UNDER NORMAL PROCESSING (NO PENDED VERIFICATION), SINCE THE LAST EXPEDITED PROCESSING?</p>	<p><input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET. GO TO QUESTION 2.</p> <p><input type="checkbox"/> YES GO TO QUESTION 3.</p> <p><input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p>	<p><input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED. GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B.</p> <p><input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, FOOD STAMP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____</p>
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SECTION B	DATE OF ELIGIBILITY INTERVIEW:	WORKER NAME:
	<i>PLEASE COMPLETE FOR NON-CA FS HOUSEHOLDS ONLY</i>	
	<p>1. IS ANY <u>ADULT</u>* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$217.50 OR MORE PER WEEK?</p> <p style="text-align: center;">OR</p> <p>2. ARE ANY TWO (2) <u>ADULT</u>* MEMBERS OF YOUR HOUSEHOLD <u>EACH</u> EITHER WORKING 20 OR MORE HOURS PER WEEK <u>OR</u> EARNING \$145 OR MORE PER WEEK?</p> <p><small>* (Also Minor Heads of FS Household)</small></p>	<p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR WFFSI.</p> <p><input type="checkbox"/> NO IF NO GO TO QUESTION 2.</p> <p><input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFFSI.</p>

AGENCY DISPOSITION OF FOOD STAMP BENEFIT ELIGIBILITY - CHECK APPROPRIATE BOXES

SECTION C	<p><input type="checkbox"/> ELIGIBLE</p> <p><input type="checkbox"/> ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full second month's benefit)</p> <p><input type="checkbox"/> ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus second month's benefit)</p> <p><input type="checkbox"/> INELIGIBLE: Indicate reason :</p> <p style="margin-left: 20px;"><input type="checkbox"/> HOUSEHOLD IS INELIGIBLE FOR THE PROGRAM DUE TO PROGRAM RULES (provide explanation in comments.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> VERIFICATION OF IDENTITY NOT PROVIDED (SEE A1 ABOVE)</p> <p style="margin-left: 20px;"><input type="checkbox"/> HH DID NOT SUBMIT ALL REQUIRED NON-IDENTITY VERIFICATION (SEE A3 ABOVE)</p> <p>Other Denial Reason/Comments</p> <p>_____</p> <p>_____</p>	
	DATE OF FINAL DISPOSITION ON FOOD STAMP BENEFIT ELIGIBILITY:	WORKER NAME: