

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP BENEFITS EXPEDITED PROCESSING SCREENING SHEET

			TODAY'S DATE	MONTH	DAY	YEAR
CASE NAME	CASE NUMBER	SCREENED BY	DATE APPLICATION FIELD	MONTH	DAY	YEAR

PART ONE – CHECK YES OR NO

HAS THE HOUSEHOLD RECEIVED FOOD STAMP BENEFITS THIS MONTH? **YES STOP** **NO**
NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO. HOUSEHOLD INELIGIBLE FOR EXPEDITED PROCESSING CONTINUE WITH PART TWO

PART TWO – CHECK YES OR NO

SECTION A	HAS HOUSEHOLD RECEIVED EXPEDITED PROCESSING OF FOOD STAMP BENEFITS IN THE PAST?	<input type="checkbox"/> YES IF YES, ANSWER SECTION B	<input type="checkbox"/> NO CONTINUE WITH PART THREE
SECTION B	IF "YES", HAS ALL PREVIOUSLY PENDED VERIFICATION BEEN SUBMITTED SINCE THE LAST EXPEDITED PROCESSING? OR HAS THE HOUSEHOLD BEEN CERTIFIED FOR ONGOING BENEFITS UNDER NORMAL PROCESSING STANDARDS SINCE THE LAST EXPEDITED PROCESSING?	<input type="checkbox"/> YES IF YES, CONTINUE WITH PART THREE	<input type="checkbox"/> NO HOUSEHOLD INELIGIBLE FOR EXPEDITED PROCESSING

PART THREE – CHECK YES OR NO

DOES THE HOUSEHOLD APPEAR OTHERWISE ELIGIBLE FOR FOOD STAMP BENEFITS BASED ON THE FOOD STAMP BENEFITS PROGRAM INCOME/RESOURCES LIMITATIONS, i.e., CAR, BANK ACCOUNTS, etc.), LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION? **YES** CONTINUE WITH PART FOUR **NO STOP** HOUSEHOLD INELIGIBLE FOR EXPEDITED PROCESSING

PART FOUR – CHECK YES OR NO

SECTION A	<i>CHECK YES OR NO</i> DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME DURING THE MONTH OF APPLICATION?	<input type="checkbox"/> YES IF YES, CONDUCT AN ELIGIBILITY INTERVIEW, Date of Eligibility Interview _____	<input type="checkbox"/> NO IF NO, CONTINUE WITH SECTION B.
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? Rent/Mortgage: \$ _____ Income: \$ _____ *Heat/AC: _____ Resources: _____ *Utilities: _____ *Telephone: _____ Total Expenses: \$ _____ Totals: _____ Date of Eligibility Interview _____ *Use HT/AC Standard Utility Allowance (SUA) if household incurs costs, received HEAP this year, or anticipates receipt of HEAP.	<input type="checkbox"/> YES IF YES, CONDUCT AN ELIGIBILITY INTERVIEW	<input type="checkbox"/> NO HOUSEHOLD INELIGIBLE FOR EXPEDITED PROCESSING <u>UNLESS</u> QUALIFIED UNDER PART FIVE.

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

A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES? **YES** **NO STOP** HOUSEHOLD INELIGIBLE FOR EXPEDITED PROCESSING

AND

B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:
 (1) WAS TERMINATED BEFORE APPLICATION? **YES** **NO**
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, CONDUCT AN ELIGIBILITY INTERVIEW.
 Date of Eligibility Interview _____

AGENCY DISPOSITION OF EXPEDITED PROCESSING ELIGIBILITY BASED ON ASSESSMENT AND INTERVIEW.

ELIGIBLE ELIGIBLE (Applied on or before 15th of month; zero benefit due to proration) ELIGIBLE (Applied after 15th of month; zero first month's benefit due to proration; full 2nd month's benefit) ELIGIBLE (Applied after 15th of month; prorated first month's benefit plus full second month's benefit) INELIGIBLE (Indicate reason)

COMMENTS/REASON: _____

FOOD STAMP BENEFITS EXPEDITED PROCESSING SCREENING SHEET INSTRUCTIONS

- Screen all applicants using the LDSS-3938: Food Stamp Benefits Expedited Processing Screening Sheet on the day of application.
- Conduct an Eligibility Interview within five calendar days of application.
- If eligible for expedited processing, make benefits available to client within five calendar days of application.
- Send/Provide client with the LDSS-3152 “Action Taken Notice” if eligible for expedited processing.
- Follow-up on all pended verification before issuance of on-going benefit.