

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION EXPEDITED PROCESSING SUMMARY SHEET

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| DATE APPLICATION FILED | MONTH | DAY | YEAR |
| DATE OF SCREENING | MONTH | DAY | YEAR |

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| CASE NAME | CASE NUMBER | SCREENED BY |
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INSTRUCTIONS FOR COMPLETING THIS FORM

1. Screen all applicants for expedited application processing Working Families SNAP Initiative (WFSNAPI), 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 within five calendar days of application.
3. If Full Eligibility Interview determines Household eligible for SNAP 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

PART ONE – CHECK YES OR NO

IS THE HOUSEHOLD ALREADY RECEIVING SNAP BENEFITS THIS MONTH? **YES** - IF YES, HOUSEHOLD DOES **NOT QUALIFY** FOR EXPEDITED PROCESSING **NO** - IF NO, CONTINUE WITH PART TWO

NOTE: IF "YES" IS CHECKED, BUT HOUSEHOLD ENTERED A DOMESTIC VIOLENCE SHELTER DURING THE MONTH OF APPLICATION, CONTINUE WITH PART TWO. COMPLETE PART FOUR

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.**

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| SECTION A | <p><i>CHECK YES OR NO</i></p> <p>DOES THE HOUSEHOLD HAVE \$100 OR LESS IN CASH, SAVINGS OR OTHER LIQUID RESOURCES, AND</p> <p>HAS THE HOUSEHOLD RECEIVED OR DOES IT EXPECT TO RECEIVE LESS THAN \$150 GROSS INCOME ** DURING THE MONTH OF APPLICATION?</p> | <input type="checkbox"/> YES – IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <u>COMPLETE PART FOUR</u> | <input type="checkbox"/> NO – IF NO, CONTINUE WITH SECTION B. |
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| SECTION B | <p>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?</p> <p>Rent/Mortgage: \$ _____ Income: \$ _____</p> <p>*Heat/AC: _____ Resources: _____</p> <p>*Utilities: _____</p> <p>*Telephone: _____</p> <p>*Homeless Shelter Deduction _____</p> <p>Total Expenses: \$ _____ Totals: _____</p> <p><small>* Use HT/AC Standard Utility Allowance (SUA) only if household incurs costs or received HEAP greater than \$20 during the month of application or within the previous 12 months of application.</small></p> <p><small>** Use the Homeless Shelter Deduction for "undomiciled" households who do not reside in a homeless shelter.</small></p> | <input type="checkbox"/> YES IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING. <u>COMPLETE PART FOUR</u> | <input type="checkbox"/> NO IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING <u>UNLESS</u> QUALIFIED UNDER PART THREE. <u>GO TO PART THREE IF A MIGRANT/SEASONAL FARMWORKER OTHERWISE, COMPLETE PART FOUR</u> |
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PART THREE – MIGRANT/SEASONAL FARM WORKER HOUSEHOLDS ONLY - CHECK YES OR NO

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| <p>A. IS THIS A HOUSEHOLD WITH NO MORE THAN \$100 IN LIQUID RESOURCES?</p> <p style="text-align: center;">AND</p> <p>B. THE ONLY INCOME FOR THE MONTH OF APPLICATION:</p> <p>(1) WAS TERMINATED BEFORE APPLICATION?</p> <p style="text-align: center;">OR</p> <p>(2) IS NEW, AND NO MORE THAN \$25 GROSS INCOME WILL BE RECEIVED WITHIN TEN DAYS AFTER APPLICATION</p> | <input type="checkbox"/> YES | <input type="checkbox"/> NO – IF NO, HOUSEHOLD DOES NOT QUALIFY FOR EXPEDITED PROCESSING. <u>COMPLETE PART FOUR</u> |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO CONTINUE WITH B2 |
| | <input type="checkbox"/> YES | <input type="checkbox"/> 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

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| <input type="checkbox"/> QUALIFIED FOR EXPEDITED APPLICATION PROCESSING. | <input type="checkbox"/> NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE | <input type="checkbox"/> NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING. |
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NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A

VERIFICATION - CHECK YES OR NO

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| SECTION A | 1. CAN APPLICANT'S IDENTITY BE VERIFIED? IF DOCUMENTARY EVIDENCE IS NOT READILY AVAILABLE, COLLATERAL CONTACTS ARE ACCEPTABLE. NO SPECIFIC DOCUMENT CAN BE REQUIRED. | <input type="checkbox"/> YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET GO TO QUESTION 2 | <input type="checkbox"/> NO IF APPLICANT IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL VERIFICATION OF IDENTITY IS PROVIDED GO TO QUESTION 2 |
| | 2. WAS THE HOUSEHOLD'S LAST ISSUANCE AN EXPEDITED ISSUANCE? | <input type="checkbox"/> YES GO TO QUESTION 3 | <input type="checkbox"/> NO IF DEEMED ELIGIBLE, HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B |
| | 3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED? | <input type="checkbox"/> YES IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED, CONTINUE TO SECTION B | <input type="checkbox"/> NO IF HH IS DEEMED ELIGIBLE, SNAP BENEFITS CANNOT BE ISSUED UNTIL ELIGIBILITY IS VERIFIED. ALLOW 10 DAYS FOR VERIFICATION TO BE SUBMITTED. DATE REQUESTED: _____ DATE SUBMITTED: _____ |

WORKING FAMILIES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM INITIATIVE

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| SECTION B | PLEASE COMPLETE FOR NON-TA SNAP HOUSEHOLDS ONLY 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? OR 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? | <input type="checkbox"/> YES – IF YES, HOUSEHOLD PRESUMPTIVELY QUALIFIES FOR WFSNAPI | <input type="checkbox"/> NO – IF NO, GO TO QUESTION 2 <input type="checkbox"/> NO – IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFSNAP |
| | <input type="checkbox"/> YES – IF YES, HOUSEHOLD PRESUMPTIVELY QUALIFIES FOR WFSNAPI | <input type="checkbox"/> NO – IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFSNAP | |

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| DATE ELIGIBILITY INTERVIEW: | WORKER NAME: |
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