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

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

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

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

CHECK YES OR NO

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?

YES – IF YES, HOUSEHOLD QUALIFIES FOR EXPEDITED PROCESSING.

COMPLETE PART FOUR

NO – IF NO, CONTINUE WITH SECTION B.

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

(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

** 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.

** Use the Homeless Shelter Deduction for “undomiciled” households who do not reside in a homeless shelter.
PART FOUR - RESULTS OF EVALUATION FOR EXPEDITED APPLICATION PROCESSING - CHECK ONE

☑ QUALIFIED FOR EXPEDITED APPLICATION PROCESSING. ☐ NOT QUALIFIED FOR EXPEDITED APPLICATION PROCESSING STOP HERE ☐ NOT ENOUGH INFORMATION IS PROVIDED ON THE APPLICATION TO DETERMINE IF ELIGIBLE FOR EXPEDITED PROCESSING.

NOTES:

PART FIVE - ELIGIBILITY INTERVIEW – COMPLETE SECTIONS A

VERIFICATION - CHECK YES OR NO

SECTION A

1. CAN APPLICANT’S IDENTITY BE VERIFIED?
   YES, IF ELIGIBLE BENEFITS CAN BE ISSUED PROVIDED ANY OUTSTANDING REQUIREMENTS HAVE BEEN MET
   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?
   YES
   NO
   GO TO QUESTION 3

3. IF YES TO QUESTION 2, HAS ALL RELEVANT VERIFICATION BEEN SUBMITTED?
   YES
   IF DEEMED ELIGIBLE HH CAN RECEIVE BENEFITS WITH ALL OTHER VERIFICATION PENDED,
   CONTINUE TO SECTION B
   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

SECTION B

PLEASE COMPLETE FOR NON-TA SNAP HOUSEHOLDS ONLY

1. IS ANY ADULT* (18 YEARS OF AGE OR OLDER) MEMBER OF YOUR HOUSEHOLD EITHER WORKING 30 OR MORE HOURS PER WEEK OR EARNING $217.50 OR MORE PER WEEK?
   YES – IF YES, HOUSEHOLD PRESUMPTIVELY QUALIFIES FOR WFSNAPI
   NO – IF NO, GO TO QUESTION 2

   OR

2. ARE ANY TWO (2) ADULT* MEMBERS OF YOUR HOUSEHOLD EACH EITHER WORKING 20 OR MORE HOURS PER WEEK OR EARNING $145 OR MORE PER WEEK?
   YES – IF YES, HOUSEHOLD PRESUMPTIVELY QUALIFIES FOR WFSNAPI
   NO – IF NO, HOUSEHOLD DOES NOT QUALIFY FOR WFSNAP

DATE ELIGIBILITY INTERVIEW: WORKER NAME: